Funding Assistive Technology

Penny Reed, Ph.D. and Paula Walser, CCC-SLP, ATP

In this chapter of the manual we will address the funding options for assistive technology. These include the school district, Medical Assistance, insurance, and other private funders such as service clubs and groups.

Also included in this chapter are print and online references that provide additional information.

Funding Assistive Technology for Students with Disabilities

Penny R. Reed, Ph.D. and Paula Walser, CCC, SLP, ATP

As we approach the topic of funding for assistive technology, it is important to remember that only a few short years ago our major problem was the lack of appropriate technology. How wonderful it is that we now have a wide range of devices available and the prospect of many more being developed every day. These devices allow a student with a disability to do many things that were not possible in the past. As more and more devices become available, our challenges are to keep up with the rapid changes in the field, to train service providers to operate and appropriately utilize the technology devices and to obtain funding to pay for assistive technology.

Over ten years ago as the field of assistive technology was developing, the primary sources of funding were Medical Assistance (or Medicaid), private insurance, and service clubs. Trefler (1989) found that approximately 60% of clients had their technology paid for by Medicaid. Others received funding from private associations, insurance companies, and private donations from service clubs. Unfortunately, in many areas this is still true today.

Procuring funding from these sources is time consuming. Gathering the necessary information and writing the request for funding approval can take 15 to 20 hours of work. In addition, specialists who routinely deal with third party payers state that it is typical to be rejected on the first request. Therefore additional hours are required to further explain and justify the funding request for resubmission.

In an effort to make assistive technology more available to individuals with disabilities, the federal government has created several specific entitlements. These entitlements, or funding streams, include the public schools under the Individuals with Disabilities Education Act (IDEA) and Vocational Rehabilitation under the Rehabilitation Act of 1993. IDEA requires assistive technology to be provided as part of early intervention services, and as part of the special education, related services, or supplementary aid or service by local school districts. Schrag (1991) made it very clear that school districts may not "presumptively deny assistive technology" to a child until a determination is made that assistive technology is not an element of a Free Appropriate Public Education (FAPE) for that child. It is clear that school districts have a responsibility to make assistive technology devices and services available to students with disabilities who need such a device or service in order to benefit from their special education program. If assistive technology is needed to accomplish the goals and objectives listed in the child's IEP, then it must be provided.

However, IDEA does not prevent school districts from seeking funding from other sources to fund a portion of the technology devices they may find necessary for students with disabilities. It requires the school district to "provide" the assistive technology. In providing it, the school district may borrow it, rent it, or seek an outside or "third party" funding source. Before seeking outside funding, school district personnel should consider the amount of time that may be required to obtain such funding and the reason the technology is needed in the first place.

The reason the technology device is needed is important because there are almost no funding sources that will pay for equipment for the school to use to teach students new skills. Providing a basic range of devices for teaching purposes is clearly the school's responsibility, just as they provide computers, tape recorders, and other types of equipment for student without disabilities. This basic provision should

come from the school district's general budget or special education funding such as IDEA flow through or discretionary money.

There are instances where state grants may be available which will allow some of the money to be spent on equipment. The Technology Literacy Challenge Fund (TLCF) program is a recent example, however no longer in existence. TLCF made a significant difference in the availability of all technology in the schools including assistive technology. The TLCF program was a federal Title III program that went to every state education agency. The amount of money received by each state was determined by the state's Title I count. The state education agency distributed the funds in competitive grants to school districts. The federal guidelines for TLCF required that the school district describe how assistive technology was included in their technology plan. The description of the planned use of assistive technology was worth five points out of the possible 100 points in the application. Across the country the TLCF Funds dramatically increased the availability of technology for **all** students including those with disabilities. Although there is no comparable program available at the time of this writing, another opportunity may be offered in the near future.

In Wisconsin, in addition to TLCF, we had the governor's Technology Education for Achievement program (TEACH Wisconsin, www.teachwi.state.wi.us). It had two components, one was an allocation and the other was a competitive grant program. The allocation was based on the size of the school district and its economic base. Every school district that had a technology plan approved by the Department of Public Instruction received this allocation. A district technology committee developed the technology plan. In school districts where a special educator participated on the technology committee, there was a greater awareness of assistive technology and it was more likely to be included in the plan.

There are also federal grants available, but to obtain such grants, school district staff must spend a great deal of time and effort planning and writing the grant and they must have an idea that is sufficiently unique and clever to be selected over dozens of (sometimes hundreds of) other grant proposals.

Because this area is so competitive, the chances of obtaining federal funding through grants are very slim. In most cases, the time could be better spend in planning for the timely acquisition of needed devices through their normal budgeting process and by developing a system to share, trade, and cooperate with nearby districts. Having a range of assistive technology devices available for instructional purposes is a basic service requirement that school districts need to meet. They can best do this by working collaboratively to plan for the acquisition of an appropriate selection of devices over the next two to three years. The development of a statewide lending library of assistive technology hardware, software, and resource materials plus increased access to low cost assistive technology are two of the strategies being implemented by the Wisconsin Assistive Technology Initiative to meet this need. Other strategies include the

formation of Assistive Technology Planning Groups in each area of the state, the Used Equipment Marketplace, and special prices on various assistive technology products.

In addition to the basic array of technology devices, school districts have an additional responsibility that goes beyond basic training. Under IDEA school districts must make available the specific assistive technology devices and services that are needed by a child to benefit from his or her special education program. This could include use of a device off of school premises and outside of school hours, if needed. However, this does not always require a school district to make a large expenditure of dollars. In the vast majority of cases, a child's assistive technology needs can be met for under $500.

Table 1 illustrates the range of possibilities for meeting a child's need for assistive technology. Planning teams should not overlook the many "no," "low," and "mid" tech possibilities, as well as increased access to existing technology to meet student's needs. There are many ways to help the child to benefit from his/her special education program.

Table 1
Provision of Technology

Increased access to existing computer lab	0
Increased access to existing computer in classroom	0
Placement of an existing computer into the child's classroom	0
Sole use of an existing computer	0
Purchase of low tech items	$10-50
Purchase of a word processor that interfaces with a computer	$200-500
Addition of adaptive input or output peripherals to a computer	$50-1500
Purchase of specialized software	$20-500
Fabrication of a custom designed device	$100-300
Adaptation of an existing device	$50-300
Purchase of a computer	$600-3000
Purchase of an augmentative communication device	$200-8000
Purchase of a power mobility -device	$5000-30,0000

If the only possibility for meeting the child's need is one of the more expensive options, such as purchasing an augmentative communication device, there are some funding sources that may potentially be approached to purchase or to contribute to the purchase of a device.

Seeking outside funding for assistive technology is most appropriate when you are trying to obtain a device that will belong to the family rather than the school district. This allows the device to go with the child if he moves or graduates. Applying for funds from any of these sources takes a minimum of several hours of staff time to obtain forms, fill them out, copy existing reports or write new ones, gather any additional information that is needed, and submit the final packet of documentation. In some cases, for both entitlements and other funding sources, personal information about the family such as their income may be necessary in order to complete the forms. When that is the case, the family must be involved in completing the application.

One of the most frustrating aspects of obtaining funding is that many of the funding sources require written rejection from other sources. This requires a system of multiple requests for payment for a single device. Enders (1988) recommends these strategies for obtaining third party funding:

♦ Learn the specifics of the services delivery system from which you are trying to secure funding.

♦ Be aware that the entrance to all systems is controlled by gatekeepers, find out what they are looking for.

♦ Remember that all funding systems operate within a bureaucratic environment, you cannot change their timeline.

♦ Request funding or assistance in terms consistent with the purpose or mission of the system to which you are applying, e.g. medical assistance funds durable medical equipment.

  ♦ Conduct yourself in a professional manner.

♦ Educate the funding system about the effectiveness of your proposed purchase. Don't expect the person there to already know all about technology.

♦ Remember that systems work because of the efforts of the people within them. You can never be too nice.

♦ Remember that all systems have some sort of appeal procedure.

Patience and persistence as well as accuracy and thoroughness are needed to obtain outside funding. Markowicz and Reeb (1988) and Hofmann (1989) point out that the **major reasons for denial of claims** from Medicaid include:

  ♦ The request supplied incomplete or inaccurate information.
  ♦ The equipment or service was deemed not medically necessary.
  ♦ No diagnosis was indicated on prior authorization forms.
  ♦ The claim exceeded filing time limit.
  ♦ The equipment would not lead to an increase in self-care.
  ♦ Another device would be less costly, with no justification for the higher cost.
  ♦ There were typographical errors in the request.

These are all things that could have been corrected before submission. If you decide to take the time to seek funding for a device, take the time to do it well. Utilize the language that will help the funding source understand why they are the logical entity to provide funding for this piece of equipment and what effect this device will have on the child's life. Always have someone else read your completed application before mailing so that they can look for typographical errors and for statements that are unclear or unpersuasive.

IDEA
Remember that IDEA requires school districts to provide assistive technology devices and services that are necessary to allow the student to benefit from their special education program. They have a responsibility to make a basic array of equipment available for training purposes and to provide any individual piece of technology that is needed to meet the goals and objectives

in the IEP or IFSP for an individual child. **The requirement for school districts to provide assistive technology is not new.**

Assistive technology, although not mentioned specifically in P.L. 94-142, has, since 1975 been a responsibility of the school district if it was required in order for the child to receive a Free Appropriate Public Education (FAPE) (Golinker, 1992). When P.L. 94-142 was re-authorized in 1990 to become IDEA, assistive technology was one of several areas that were more clearly articulated by adding definitions and a more clearly defined directive.

Since 1990, the role of school districts has been further clarified by a series of policy letters from the US Office of Special Education and Rehabilitation Services that addressed questions that have been asked by individual families. A policy letter is a written, public response to a member of the general public who writes a letter to the Department asking for clarification on a section of the law. Courts pay great deference to agencies' interpretations of the laws they administer (Goodman,1995). Each letter has clarified a specific point:

♦ A child's need for assistive technology must be determined on a case-by-case basis. The IEP must include a specific statement about the needed AT and that it can be part of the child's specially designed instruction, related services, or a supplementary aid or service to help maintain a child with a disability in a regular classroom. School districts cannot presumptively deny assistive technology to a child with a disability. (August, 1990).

♦ If the IEP committee determines that a particular assistive technology device is required for home use in order for the child to receive FAPE, the technology must be provided by the school district (November, 1991).

♦ A hearing aid may be assistive technology and must be available to the child if it is determined by the IEP committee that it is needed for the child to benefit from his/her educational program (November, 1993).

♦ If parents provide a device for a child in order for his/her IEP to be implemented, the school must assume liability for the device (November, 1994).

♦ If a child with a disability needs eyeglasses to receive FAPE and the child's IEP specifies that the child needs eyeglasses, they must be provided by the school district. (1995).

Although the U.S. Office of Education was prohibited from using policy letters in the future, all of these points were incorporated into IDEA '97. In addition the requirement that every IEP team "consider" the need for assistive technology was added. (For more information on Consideration, see Chapter 1.) This is an important addition because in the past many educators had the mistaken idea that only "certain" children were candidates for assistive technology.

For parents, the IEP is the key to obtaining assistive technology through a school district. This often makes IEP meetings very stressful as the representative of the school district attempts to determine if the assistive technology is truly "needed" or just a "nice" addition. That point is the difference between receiving FAPE and not receiving FAPE.

However, if it is determined to be "needed", what the law requires is that the school district "provide" the AT, nothing in the law prevents school districts from seeking funding assistance

from outside sources as long as it is provided at no cost to the parents. They must remember, though that they cannot delay providing the needed assistive technology devices or services while they are seeking outside funding.

For more information on seeking funding of assistive technology through your school district, you can download *The Public school's special education system as a funding source: The cutting edge*. (Hager, Smith 2003) from http://www.nls.org/pdf/special-ed-booklet-03.pdf.or request a print copy from the Neighborhood Legal Services, Inc. 295 Main Street, Room 495, Buffalo, New York 14203 (716) 847-0650

Medicaid
The Medicaid program (Title XIX of the Social Security Act) is a program of medical assistance for low-income individuals and families, and is the primary source of health care coverage for America's poor. Medicaid, which is commonly referred to as "Medical Assistance" in Wisconsin, was created in 1965. Medicaid provides financial assistance to families with dependent children (Title IV-A), and the aged, blind and disabled receiving Supplemental Security Income (Title XVI). Medicaid provides reimbursement for the cost of health care services for more than 35 million people in the United States, half of whom are children (Golinker & Mistrett, 1997). Medicaid was the principal entitlement for funding for assistive technology before the revisions of IDEA and the Rehabilitation Act in 1993. Medicaid is financed jointly with state and federal funds and is administered by each state under Federal requirements and guidelines. States participate in Medicaid at their option.

The federal Medicaid law requires that certain basic services must be included in each state program. These include hospital services, laboratory and x-ray services. States may also provide a number of other items and services, if they choose to do so, including prescription drugs, physical therapy, speech, hearing, and language therapy, prosthetic devices, and durable medical equipment. There are wide

variations from state-to-state in the benefits offered, program eligibility standards, and reimbursement levels. One of the most important things to remember is that the term "assistive technology device" is not used by Medicaid, and should not be used in funding justifications or other documents submitted to Medical Assistance (Golinker & Mistrett, 1997).

Unfortunately, "medical necessity" is not clearly defined in all Medicaid programs. Golinker and Mistrett (1997) point out several other funding barriers, including: The existence of lists of covered or non-covered items are significantly out of date or incomplete. The lists often include similar equipment on both lists, demonstrating a lack of knowledge, skill, and discretion among Medicaid decision makers. All of this presents frustrating and unnecessary barriers to obtaining technology through Medical Assistance.

One important factor to remember is that there are specific restrictions within the Medicaid program that prevent states from severely restricting access to devices within the covered services the state provides (Golinker & Mistrett, 1997). For instance, Medicaid is not permitted to provide prosthetic devices that will address some nonfunctioning or malfunctioning body parts but not others. Therefore, Medicaid programs are not permitted to limit the scope of prosthetic

devices to those capable of meeting the needs of people with missing, nonfunctioning, or malfunctioning upper and lower limbs, but not nonfunctioning or malfunctioning oral-motor mechanisms. Medicaid programs are not permitted to provide coverage for an artificial larynx, which is one form of AAC device and not also provide funding for other types of AAC devices. Despite its complexity and its often frustrating slowness, Medicaid programs, including Wisconsin's Medical Assistance Program, remain one of the primary funding programs for assistive technology.

Vocational Rehabilitation
The original purpose of the Vocational Rehabilitation Act was to assure that all individuals with disabilities are able to live their lives as independently as possible. The 1993 revisions added assistive technology and a presumption of ability, meaning that vocational rehabilitation counselors must assume that all individuals regardless of the severity of their disability must be regarded as being able to work. Because of the revision, the state VR plan must now describe how a broad range of rehabilitation technology services will be provided at each stage of the rehabilitation process. It must also describe the manner in which assistive technology devices and services will be provided, or work site assessments will be made as part of the assessment for determining eligibility and the vocational rehabilitation needs of each individual.

Assistive technology may be provided as part of employment or independent living. The key to obtaining funding is the inclusion of assistive technology in the Individualized Written Rehabilitation Program (IWRP). The technology must be needed to enhance or improve independent skills in working or living. Students are not eligible for services from Vocational Rehabilitation Division until age 14. VRD should become involved through transition planning that is required to start by the time the student is 16 years old.

Medicare
Medicare is a federal health insurance program serving individuals over 65 years of age plus those with severe disabilities under 65. It covers health care costs and is divided into two parts. It is Part B that can be a source of funding for assistive technology for individuals who qualify for Social Security Disability Insurance (SSDI) for a-period of at least 25 months. Its requirements are similar to those for Medicaid. Medicare only pays for durable medical equipment (DME) which can withstand repeated use, is

primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the home. Examples of equipment covered include internal prosthetic devices, external braces, and artificial limbs or eyes. For more information, download *Medicare, Managed Care and AAC Devices*, a joint project between Assistive Technology Funding & Systems Change Project at the United Cerebral Palsy Associations and National Assistive Technology Advocacy Project http://www.nls.org/medihmo.htm

Social Security Benefits
In 1990 the U.S. Supreme Court (Zebley v. Sullivan) found that the childhood disability determination process used by Social Security was illegal. The law now provides that Supplemental Security Income (SSI) is available to children with serious disabilities, as based on

functional assessments. Because of this ruling, children can be any age, even newborn. Family income is a factor in eligibility, but value of house, land, vehicle, personal and household belongings, pensions, and work property are exempt.

In addition, Social Security Disability Insurance (SSDI) and Plan for Achieving Self-Support (PASS) can be a source of funding for some children. There are no age requirements, but PASS is most appropriate for students over 15. PASS allows a person with a disability to work, but set aside a portion of their earnings so that they are still eligible for SSI (or so they can receive higher payments). The money set aside must be used for job related expenses such as a job coach, attendant care, transportation, or assistive technology.

TEFRA, the Tax Equity and Fiscal Responsibility Act of 1982, makes children, infants through age six, eligible for assistance. TEFRA provides coverage for children deemed diagnostically eligible, using SSI definition, but who would be financially ineligible for SSI due to parental income. Children must meet medical necessity requirements for institutional care; however, the technology can be used to help maintain the child at home.

Private Health Insurance
Private insurance companies represent a major source of third party funding. Because they are private, their coverage varies a great deal. In 1978, over 1200 separate companies provided group hospital coverage to 88 million Americans and covered almost 100 million people for surgical services and doctors visits. They also wrote individual insurance health policies for 21 million people and surgical policies for 10 million (Hofmann, 1989). Those numbers have grown since that time.

Coverage for a computer or dedicated augmentative communication device by a private insurance company depends on the terms of the individual policy and its interpretation. Policies specifically mentioning "prosthetic services and supplies" are more likely to cover augmentative communication devices or other assistive technology than those that do not. The specific areas covered by the individual policy are the critical factor in seeking funding from private health insurance. Remember that the use of insurance cannot result in any cost to the family. And it cannot be required of the family to seek to use their insurance. It must be strictly voluntary.

In general, funding an assistive technology device through private health insurance will require a doctor's prescription, supported by a funding justification prepared by someone working with the family. The justification must explain how the device is a covered service, and it must describe the medical need for the device, just as is required by Medicaid and Medicare. It is not unusual for the request to be denied initially, although appeals may lead to a reversal of an adverse decision. Sadler (1996) recommends approaching all applicable insurance carriers simultaneously to avoid delays.

Steps to Securing Funding
Pressman (1987) recommends the following steps when you attempt to secure funding from a third party payer.

1. Locate an advisor who can support and guide you through the funding maze. This may be a social worker, therapist, vocational rehabilitation counselor, or virtually anyone who has knowledge and is willing to help you with jargon and paperwork.
2. Begin collecting information that will help you figure out where to submit your first request. If the family has private medical insurance that is the place to start, if the family is willing. Work together with the family to complete and submit the appropriate forms.
3. Get a good technology evaluation. Be sure you are asking for the best and most appropriate device for your need. A computer search through a database such as AbleData or a call to your Regional AT Consultant can help assure that you have explored all of the possibilities.
4. When making the request, make sure that you build in training and ongoing support, if funds will be needed for those, and set aside some money for software and a small contingency fund for repairs.
5. Use the right words when developing the justification. Medical Assistance does not fund based upon "educational need".
6. Be prepared for at least one denial, and be ready to make an appeal. A significant number of denials are overturned.
7. Include written information about the device for which you are seeking funding. Claim adjusters may know nothing about the device you need.

The heart of your application is the cover letter that explains exactly what you are requesting and why. The remainder of the packet that you will submit will be copies of evaluations and reports that support your request. Generally, the letter should contain the following information (Reed, 1991):

♦ A description of the child with age, diagnosis, prognosis (what is expected to happen), and his or her current level of functioning.

♦ An explanation of how the device will help. What the assistive technology will allow the child to do, its purpose (communication, recreation, vocational, homework, or some combination of these). Describe the settings in which it will be used and the advantages of this particular device. Be sure to explain why a cheaper device will not work. Include the total cost with shipping, support needs, software, additional parts, repair, etc.

♦ A chronological history of the evaluations that led to this conclusion. (Be sure to attach copies of those evaluations.) Include a doctor's examination and evaluations by speech/language pathologists, occupational therapists, physical therapists, psychologists, or teachers. Be sure you include the disciplines that work directly with the device you are requesting.

♦ End with an explanation of why the request is being made to this particular funding source. Explain the family financial situation, other funding sources that have been tried or exhausted and why some funding sources are not available to you.

Cohen (1987) points out that the wording of the letter is crucial. Subtleties in terminology are extremely important. A computer can be a "prosthetic device meeting basic medical needs" or a device which "enhances employment potential". It all depends on how you describe it. If at all

possible, it often helps to end the letter with a picture of the child using the device for which you are seeking funding.

MAKING THE REQUEST

Once you have decided where you are going to seek payment for an assistive technology device, it is time to think about the specific details that you will need to provide to the potential payer. In this section of the chapter, we are going to look first at what we will call medically based funding sources such as Medical Assistance, private health insurance, etc.

Components of a Medically Based Request
If you are pursuing funding through a medical payment plan such as Medical Assistance or private insurance, it is important to review the policy of the payment plan to ensure that the recommended technology device falls within the domains of that particular funding source. For example, in Wisconsin, devices used for facilitated communication or auditory integration therapy are considered to be experimental and will not be reimbursed from Medical Assistance.

Prior to considering the use of parent's private medical insurance to pay for an augmentative communication device it is of critical importance to obtain informed parental consent. Remember the requirement that schools provide a Free and Appropriate Public Education (FAPE) 'without charge' or 'without cost'. This means that a school district may not compel parents to file an insurance claim, when filing the claim would pose a realistic threat that the parents of the child with a disability would suffer a financial loss not incurred by similarly situated parents of non-disabled children. Financial losses include, but are not limited to the following-

- ♦ a decrease in available lifetime coverage or any other benefit under an insurance policy,
- ♦ an increase in premium under an insurance policy,
- ♦ an out-of-pocket expense such as the payment of a deductible amount incurred in filing a claim.[Source: 45 Fed. Reg. 86390 (Dec. 30,1980)]

With respect to augmentative and alternative communication systems, Wisconsin Medical Assistance has established specific policy defining the criteria that must be met to be considered for reimbursement:
- ♦ Functional communication-the individual must be able to demonstrate authorship of messages and be able to exchange thoughts and ideas with others;
- ♦ Basic and medically necessary-as defined within HSS code section 101.03;
- ♦ Self contained unit-Medical Assistance will not pay for a computer with software that provides augmentative communication, because they believe it could be used by the family for other purposes. They only fund dedicated augmentative communication devices.

Durable Medical Equipment
Under Medical Assistance guidelines, augmentative communication systems fall within the category. of durable medical equipment (DME). For Medical Assistance to pay for the DME the following criteria should be met:

1. Medically necessary for the person (i.e. must be required to prevent or treat a person's illness or injury).
2. Consistent with the person's symptoms or with prevention or treatment of that person's symptoms.
3. Not solely for the convenience of the consumer, their family, or providers.
4. Cost effective when compared to alternative medical services for the consumer.
5. The most appropriate type of service for the consumer.

The following is a list of frequently requested durable medical equipment that are not covered under medical assistance:

- cold air humidifiers
- air conditioners and air purifiers
- ring walkers
- intercom monitors
- exercise and physical fitness equipment
- whirlpools
- ramps
- van lifts or van modifications
- seat lift chairs
- elevators/stair gliders/stair lifts
- bolsters, wedges
- computers
- electric page turners

Prosthetic devices are covered if they replace all or part of an internal body organ or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ. An electronic speech aid (electrolarynx) has been accepted under Medical Assistance as a prosthetic device.

Getting Started
The first step in the funding process for Medical Assistance is completing the prior authorization. Medical Assistance has special forms for requesting prior authorization. A prior authorization is required for short and long term rentals, purchase of equipment, and repair of equipment. In Wisconsin, the Department of Health and Family Services use the following criteria to approve or turn down a request for prior authorization:

1. The medical necessity of the service;
2. The appropriateness of the service;
3. The cost of the service;
4. The frequency of providing the service;
5. The quality and timeliness of the service;

6. The extent to which less expensive alternative services are available;
7. The effective and appropriate use of available services;
8. The limitations imposed by pertinent federal or state statutes, rules, regulations or interpretations, including Medicare, or private insurance;
9. The need to ensure that there is closer professional scrutiny for care which is of unacceptable quality;
10. The flagrant or continuing disregard of established state and federal policies, standards, fees or procedures; and the professional acceptability of unproven or experimental care, as determined by consultants to the department.

The request for prior authorization must show that the device or service meets the above criteria. The type of additional information required when requesting a prior authorization will depend on the type of device or equipment. Traditionally, in addition to the completed prior authorization form, the following information must also be included:

1. The name, address, and medical assistance number of the recipient for whom the service or item is requested;
2. The name and provider number of the provider who will perform the service;
3. The name of the person or provider who is requesting prior authorization;
4. The attending physician's diagnosis including where applicable, the degree of impairment. The physician's order must also include a listing of the specific equipment including modification and show why the equipment is medically necessary;
5. A description of the service being requested, including procedural code, the amount of time involved, and the dollar amount were appropriate;
6. A justification for the provision of services. Include a justification for why the device will be rented or purchased;
7. An evaluation should be included which includes evidence that the proposed equipment is effective for the person -in the case of an augmentative communication user this would include documentation the device enables the user to communicate more effectively; and
8. Include any denials from third party insurance or other funding sources to demonstrate that you have attempted to procure funding from other sources.

Additional information. Depending on the type of service or equipment that is being requested, the written evaluations may be completed by a speech & language pathologist, physical therapist, occupational therapist, or other provider. The individual reports are typically lengthy and specific to professional content area, but combined provide all of the essential information.

Creating a Funding Request Portfolio
The request for funding is a very critical event. It is not just a quickly written letter or a single report. The following suggested content of a funding request portfolio is adapted from the Colorado Easter Seal Society's Center for Adapted Technology (Blakely, 1994). It applies to requests from many sources, not just medically based ones.

1. A letter from a doctor which should include:
    A. Information about the child's specific disability;
    B. An explanation of why assistive technology is important to the child's quality of life; and
    C. Specific technology requested - including access, if appropriate.
2. A letter from the parent which should include:
    A. A thorough description of the difference the assistive technology would make;
    B. Why technology is important to the child, the emphasis should not be education; and
    C. Goals which could be obtained.
3. Letters from professionals involved in the child's life that should include:
    A. Therapy/Instruction to be enhanced by equipment;
    B. Functional activities in which the child will be able to participate; and
    C. Goals which could be obtained.

4. Any of the following:
    A. Completed copies of the IEP;
    B. Evaluations - any evaluation which has been done within the last 2 years;
    C. Therapy progress reports if applicable to the technology being requested; and
    D. Long-term goals for use of the device.
5. Letter from the child, if that is possible, should include:
    A. Why this technology is important; and
    B. What the child hopes this technology will do for him/her.
6. Also included should be all denial letters the family has received
    A. Insurance;
    B. Private organizations;
    C. Philanthropic organizations; and
    D. Anything relevant to the denial of this technology.

Documenting Specific Evaluations

Kathleen Saunders of the Wisconsin Medical Assistance office developed a sample form for augmentative communication system evaluations for Wisconsin Medicaid applications (1997). (Located at end of chapter). Kathleen suggested including information concerning gross/fine motor skills, vision/hearing, oral motor, and cognition. Specific test scores reflecting receptive and expressive language abilities should also be included.

Augmentative Communication Evaluation
The augmentative communication system evaluation should also include an itemized description of each augmentative communication device considered. The description should include information concerning access method and accuracy of activation, mounting and positioning of device relative to access method, justification for acceptance or rejection of the device, and a listing of all critical components needed with the device. Description of how the device is used within all environments including home, work, community, and school should be included.

The augmentative communication system evaluation should also include a plan for implementation of the device during the trial period. You will need to specifically list goals and objectives for each week of the trial period. Document the vocabulary you intend to program during each trial week. You must keep functional communication as the end result and not just the "using" a device.

Remember that we need to document increased functional communication across environments as a result of use of the device. So our focus will need to be on how and what the individual will be able to do that he or she cannot do without the needed device.

Potential objectives. Following are several examples of potential objectives for a trial period. These are adapted from Kempka and Zientara (1993).

Medical need
- Student will communicate the need for assistance nine out of ten times he experiences pain (or other medical needs specific to the student you are writing about).
- Student will describe pain/discomfort in specific body parts during therapy.
- Student will communicate the need to be suctioned.
- Student will request to be repositioned
- Student will ask for help putting on his jacket before going outside on a cold day at least four out of five opportunities.

Feelings
- Student will learn and use four symbols for feelings with 90% accuracy as judged by the teacher and parent.
- Student will spontaneously communicate feelings four out of five opportunities during a one week period.

♦ Student will use the names of three people within her environment during functional communication tasks.

♦ Student will learn and use functionally ten messages related to social conversation on five randomly selected occasions.

♦ Student will learn to use greeting messages and follow-up questions with peers in regular classroom four out of five opportunities.

♦ Student will demonstrate at least five communicative intents.

♦ Student will request objects during play.

♦ Student will provide information concerning daily activities when he gets home.

♦ Student will use his device to successfully use the phone to complete routine tasks (order prescription, call for van).

♦ Student will indicate that he knows the answer to a question in class and then answer question correctly 80% of the time.

♦ Student will give a food order while in cafeteria or fast food restaurant.

Programming/authoring

♦ Student will program three new messages in the device.

♦ Student will author five new messages weekly to be programmed into the device.

♦ The student will use appropriate volume when using his device.

♦ The student will be able to switch from spell to communication mode on device.

♦ The student will give a written note to a teacher using print command.

Keeping accurate data on the functional use of the device across all environments can be a challenge, but it is absolutely essential. One way of facilitating this is to attach a data sheet to the device and ask communication partners to document target goals during each week of the trial period. Remember to include goals and objectives to increase the independence of the user in the operation of the device.

After the completion of the trial period, the data collected reflecting the use of the device should be written up and submitted to the Wisconsin Medical Assistance office. The report should include:

♦ A brief summary of student, diagnosis, and type of device used during trial.

♦ A summary of experience with the device including the length of time used, the access method, mounting protocol, and a listing of overall goals of the trial period.

♦ A week by week account of specific objectives met during the target weeks. Include examples of functional use across environments and document increased successful communication attempts. Document the number of messages that the device had programmed in each particular week and the growth the client has demonstrated by use of the additional vocabulary.

♦ Note how the student is beginning to learn how to operate the specific features of the device (print function, volume control, tool box, etc.), or increased his or her range, or

increased mean length of communication, or complexity of communication. (See sample at end of chapter).

Appealing a Denial under Medical Assistance

First requests for funding of assistive technology from Medical Assistance are frequently denied. Upon receipt of a denial of services for durable medical equipment you have the right to appeal their decision. You will appeal the decision through the fair hearing process. Murphy (1995) suggests your appeal should be in accord with the following.

1. The appeal must be in writing.
2. If you are currently receiving services you must appeal within 45 days after the denial.
3. If you are appealing a durable medical equipment denial you will need to do so within 45 days after notice is given.
4. After you have submitted the appeal follow-up with a call to the Office of Administrative Hearings to find out the time and location of the hearing.
5. If you need to postpone the hearing you may do this by phone and the hearing will be rescheduled.
6. If you need to cancel the hearing you must do so in writing and make sure this is done in advance of the hearing.

The Fair Hearing is a meeting between you, a representative from the opposing agency and the Fair Hearing Officer. All parties will be able to tell their story. A decision will be mailed to you by the Hearing Officer. Unless the record has been requested to be kept open for more information to be shared, the decision will be made within 90 days of when your request to have a fair hearing was received. (see sample letter of appeal for DME at end of chapter).

While all of these steps can seem overwhelming, Sadler (1996) reminds us that each time you complete one, you are that much closer to your ultimate goal of funding an AT device for a student with a disability.

Additional Sources of Funding

There are some other sources of funding that are sometimes utilized. Again, this can be time consuming, and is not necessarily a recommendation, but both foundations and service clubs have historically been a source of funding for assistive technology for individuals.

Foundations
There are thousands of foundations in the United States. The best way to begin to identify which one might be willing to fund an assistive technology device is to review one or more of the foundation directories. These are usually available at larger public libraries. In addition, Wisconsin's Marquette University is affiliated with the Foundation Center, a national network of library reference collections. The Marquette University library contains an extensive collection of directories as well as annual reports from state and national foundations. Other collections are available at UW Stevens Point and UW Madison libraries.

In general, foundations are either "general purpose" or "special purpose." Some special purpose foundations are dedicated to "handicapped individuals" or "technology" or "education." General purpose foundations may also have these interest areas as part of their focus. Any of these

interest areas may make them a possible funding source. Once you have selected several potential foundations, a letter of inquiry is the best way to begin. You will need to find out if they accept unsolicited requests, if so, when

requests are received, how to apply, etc. Based on the information you receive, you can target one and begin the application process.

Service Clubs
Service clubs are a very good source of financial assistance to purchase (or help purchase) assistive technology devices. These are groups of people who are looking for projects that they can support. A personal contact within the group is most helpful. However, if you don't know anyone personally, you can get to know them by approaching the group by telephone or letter and explain who you are and what you are seeking.

A list of all clubs is not possible, but the most common are: Elks, Kiwanis, Knights of Columbus, Lions, Moose, Optimists, Rotary, and Shriners. If you do not know anyone in these organizations, you can find a telephone number for them under Fraternal Organizations in the yellow pages of your telephone book.

Often the relationship that develops between the service club and the child or family that received funding is one of the added benefits. People enjoy raising money for a "good cause."

Conclusion
As technology continues to become a more and more significant part of our daily life, it will hopefully mean that assistive technology will be more available and more affordable. In addition, as basic computer software become more "user friendly" its features will be more assistive to the user with a disability. Speech output and speech recognition input are examples of this.

In addition, as schools become more comfortable with technology and more aware of their role in providing assistive technology, it is our hope that the necessary devices and services will become almost "automatic" and there will no longer be a need for special funding.

Resources on Funding

http://www.ucpa.org
Assistive Technology Funding and Systems Change Project (ATFSCP)
1660 L Street, NW. Suite 700
Washington, DC 20036
(202) 776-0406
This five year project has produced many useful documents on funding assistive technology. They can be found on the United Cerebral Palsy Association's website.

http://trace.wisc.edu/archive/fintech/fintech.html
This online handbook, put together by the George Washington University Regional Rehabilitation Continuing Education Program, in collaboration with the electronic Industries Foundation, covers many aspects of financing assistive technology. The handbook presents information on over nine different major funding sources.

http://www.empowermentzone.com/at_faqs.txt
This online document, produced by the Empowerment Zone, answers many frequently asked questions on assistive technology in great detail. It provides information on a number of different funding sources.

http://www.nls.org/natmain.htm
Neighborhood Legal Services, Inc.
495 Ellicott Square Building
295 Main Street
Buffalo, New York 14203
This project offers a number of different articles related to financing assistive technology. A special focus of the project is on legal issues related to assistive technology. An on line newsletter and booklet are offered as well.

http://www.katsnet.org/funding1.pdf
The Buck Stops Here: A Guide to Assistive Technology Funding in Kentucky
Kentucky Assistive Technology Service Network
Workforce Development Cabinet
Department for the Blind
Louisville, Kentucky
1 - 800 - 327 - 5287
Although this book speaks directly to funding in Kentucky, much of the information translates across states and is an excellent resource. The entire book can be downloaded from the above website.

AUGMENTATIVE COMMUNICATION SYSTEM EVALUATION
for Wisconsin Medicaid

Name: _____ D.O.B.: _____ Address: _____

Medicaid ID #: _____

Diagnoses: _____ Dates of Onset: _____

M.D. Order and Date: _____

Speech Pathologist: _____ Evaluation Date: _____

History: brief social and clinical _____
_____
_____
_____
_____
_____

Gross/Fine Motor: _____
_____
_____
_____
_____
_____
_____

Vision/Hearing: _____
_____
_____
_____
_____
_____

Oral/Motor: _____
_____
_____
_____
_____
_____

Cognition: _____
_____
_____
_____

Receptive Language: e.g., Peabody Picture Vocabulary Test-Revised (PPVT-R)
Receptive One Word Picture Vocabulary (ROWPVT)
Test for Auditory Comprehension of Language (TACL)
Non Speech Test for Receptive Language
Receptive/Expressive Emergent Language Scale (REEL)

Expressive Language: e.g., Receptive/Expressive Emergent Language Scale (REEL) Non
Speech Test for Expressive Language
Expressive One Word Picture Vocabulary Test(EOWPVT)

DEVICES CONSIDERED: itemize each separately and include:
Accuracy of Activation
Performance History
Mounting and Access - stress positioning
Justification for Acceptance or Rejection
All necessary Components

TRIAL PERIOD: INCLUDES TRIAL IN ALL PLACES OF USE, HOME/WORK/ SCHOOL
1) List each week separately with measurable, functional goals and specific measurable outcome
- avoid using percentages - speak to functional communication.
2) List mounting and component parts with cost.
3) Has 3rd party insurance denial been obtained prior to prior auth. request? ks9/95

Report of trial results with AAC Device

Re: Student name

DOB:MA#

This letter is a written request for approval of funding for the purchase of a
communication prostheses for   Student is a five year old boy with a diagnosis of
cerebral palsy and a seizure disorder. Due to excessive muscle tone throughout his body, Student
has no functional verbal speech, despite near age level receptive language skills. Please refer to
the augmentative communication evaluation report for specific evaluation results and
justification of a communication prosthesis for student.

Student was provided access to the   through a four week rental
agreement between the Company and the ABC School District. Student was accompanied by his
mother and father to an introduction to the prosthesis conducted by the ____ Company
representative. All classroom personnel were also in attendance at the initial training. The
following goals were set at the onset of the four week rental period. Student will:

1.   make 10 requests per day
2.   use at minimum five communicative intents per day
3.   identify 10 categories
4.   make requests using two symbol combinations - 10 per day
5.   initiate communication with adults, peers and family - 10 per day

Progress:
Week 1: Student using 16 location individual menu and two activity pages to spontaneously
make requests and describe feelings. _____ device accompanies student to Early
Childhood, day care and back home. Student was able to successfully communicate messages to
parents concerning activities completed during day from onset of introduction. Student is able to
directly access the
                    using forefinger of right hand.

Week 2: Activity pages were added to include favorite toys, home routines, games, and a family
page. Student is now using the _____ to give directions while being pushed in his chair,
while being positioned in the Early Childhood classroom and to his caregivers at home. Student
has also been introduced to an alphabet display to begin to spell his name and address. He has
demonstrated knowledge of use of dynamic display by independently navigating from menu to
activity pages.

Week 3: Student's parents again visited school for additional help and instruction in programming the

 Student is functionally using device within the Early Childhood program to choose snack, indicate discomfort, interact with peers, and to relay messages between off-ice and the classroom. Student has been introduced to the backspace and clear function keys as two symbol combinations have been added to overlays.

Student is successfully using both of these keys to edit incorrect messages. Approximately ten new activity pages were added this week to include vocabulary for field trips, grocery shopping, participation in a play, and many other activities.

Week 4: Additional messages for school and home are being added daily. Student is using the spontaneously without prompting. He has assumed responsibility for keeping the in close proximity and often is seen gesturing for his prosthesis so he can speak. Mrs. _____ reports that Student successfully used his device to complete a phone conversation with a Grandparent.

Summary and Justification:
Student demonstrates no functional verbal communication. Gestural communication is limited by motor constraints. Student has demonstrated effective use of the _____. He has excelled in vocabulary usage in a variety of contexts and in many different environments. Specific features of the

 which were critical for Student's use include: dynamic display, color coding of categories, flexibility for size of symbols, easy self correction, potential for spelling, ease of operation and ability to use within varying environmental conditions. This prosthesis is the most functional choice for Student as a communication prosthesis which will be able to grow with Student and continue to meet his need for the future.

APPEAL LETTER FOR DURABLE MEDICAL EQUIPMENT

EXAMPLE

January 12, 2008

Wisconsin Department of Health and Social Services
Office of Administrative Hearings
P.O. Box 7875
Madison, Wisconsin 53707-7875

To Whom It May Concern:

My name is Ms. Advocate and I'm Ms. Consumer's representative. On her behalf I'm appealing the denial sent on January 11, 1999 for a communication device for my client Ms. Consumer (999-99-9999) who resides at 1111 N. Plankinton Avenue, Milwaukee, Wisconsin, 53203.

Correspondence can be sent to:

Ms. Advocate
Advocates of Wisconsin
5555 ADA Drive
Milwaukee, Wisconsin 53203

Sincerely,

Ms. Advocate

Advocacy Specialist

cc: Ms. Consumer