

ASSISTIVE TECHNOLOGY FUNDING GUIDE

The Rhode Island Disability Law Center

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www.ridlc.org

The materials in this packet were written by the staff of the Rhode Island Disability Law Center (RIDLC) in the Spring of 2008. We anticipate changes in the law governing public funding programs will occur over time and our materials will need updating. Please do not hesitate to contact RIDLC to find out whether changes in the law have occurred or to give us feedback regarding the usefulness of these materials or the manner in which they are presented.

The Rhode Island Disability Law Center, Inc.

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The Rhode Island Disability Law Center receives funding from the following federal agencies: the U.S. Department of Health and Human Services (Administration on Developmental Disabilities of the Administration for Children and Families, Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, and Health Resources and Services Administration); the U.S. Department of Education (Rehabilitation Services Administration of the Office of Special Education and Rehabilitative Services); and the U.S. Social Security Administration.

AT PUBLIC FUNDING SOURCE GUIDE

AT is any item, piece of equipment or system that helps to increase, maintain or improve the functioning capacity of an individual with a disability. AT assists people with disabilities in their activities of daily living, at work or recreation.

AT can be something very complex, like a computer device that can “speak” for someone who cannot, or extremely simple, like a kitchen utensil with a handle that is easier to grip for someone who has arthritis. It can be common and easy to find in a local store, like a phone with larger, easier to read letters for someone with a visual impairment, or it can be very specialized and personalized, like a wheelchair with a lot of extra features to fit the shape and needs of an individual with a mobility impairment.

The materials in this packet are designed to help you find out if you can receive funding for the AT you need from any of these public programs. The chart on the next page lists the most relevant public programs that can help fund AT services and devices, based on the age of the person who needs the AT and the setting where the AT will be used.

To use this chart, you should locate your age in the chart and move across the columns to the setting (work, community or school), in which you will use your AT to see which programs may be able to provide funding. For example, if you are an adult who needs AT in order to work, the Vocational Rehabilitation (VR), the Veterans Administration (VA), Medicaid (MA) or Medicare (MC) may be able to help pay for your AT.

After you have identified the possible public funding programs that might fund the AT you need, you should review the fact sheets contained in this packet for each funding source for which you may be eligible. Each program fact sheet will give you some basic information about program eligibility guidelines, the kinds of AT funded, how to make a request for AT, and the appeal process that is available if you are denied help with funding your AT.

People with disabilities who need AT may also be able to obtain payment for AT by asserting their rights under several state and federal civil rights laws (e.g. the Americans with Disabilities Act, The Rhode Island Civil Rights of People with Disabilities Act). These laws do not guarantee provision of AT, but only support the use of AT as a way for covered entities to meet their obligations not to discriminate. Because these laws involve a different kind of inquiry to determine someone's rights, they are not covered in these materials. Individuals with questions about these laws should contact the Rhode Island Disability Law Center.

Public Sources of AT Funding

	Home	School	Work
0-3	Medicaid/EPSDT Early Intervention	--	--
3-5	Medicaid/EPSDT	Medicaid/EPSDT Special Education	--
School Age (5-21)	Medicaid/EPSDT	Medicaid/EPSDT Special Education Vocational Rehabilitation (if over 14)	Vocational Rehabilitation (if over 14)
Adults (18+ yrs)	Medicaid Medicare Veteran's Administration Independent Living	Vocational Rehabilitation Veteran's Administration Medicaid Medicare	Vocational Rehabilitation Veteran's Administration Medicaid Medicare



Rhode Island Disability Law Center, Inc.

AT FUNDING GUIDE

EARLY INTERVENTION

What agency runs the program?

The Rhode Island Department of Human Services (DHS) has primary responsibility for the Early Intervention Program. The Rhode Island Interagency Coordinating Council advises and assists the department in providing services.

Families may choose from among several Early Intervention Providers/ Early Intervention Specialty Providers. Call DHS at 401-462-2501 for a current list of providers.

Who can get services from the program?

Any child who is less than three years old and experiencing a developmental delay in one or more developmental areas *or* has certain disabling conditions is eligible for early intervention services.

Your child's eligibility for early intervention services ends at his or her third birthday. To ensure a child's transition from early intervention into an educational setting, the early intervention program must have a meeting with the family and the local school system before the child turns 30 months old. If a child is determined not to be eligible for special education services, the transition team shall refer the family and the child to the appropriate community resources.

What kinds of AT does the program provide?

Early Intervention programs both coordinate and provide services. When your child is determined to be eligible for EI services, your family will be assigned a service coordinator. The coordinator may talk to other professionals, such as an audiologist or an occupational therapist, depending on your child's disability. You will then meet with the service coordinators and the professionals to decide which services will enhance your child's development. The document that is written up in the meeting is called the Individual Family Service Plan (IFSP) and the group is called the IFSP team.

If you and the multidisciplinary IFSP team identify the need for AT to enhance your child's development, that AT should be included in the IFSP. Other services which may be identified in the IFSP include Audiology (including hearing aids), Occupational Therapy, Physical Therapy, Speech and Language Therapy, and Vision Services (including glasses.) The team then writes the services and/or equipment into an IFSP.

What is the cost of AT?

Early Intervention programs receive federal and state funds to pay for basic EI services including service coordination. Your child's early intervention program will seek reimbursement from Medicaid and private insurance for AT and other services. No eligible child is to be denied service because a parent cannot pay for a device or service.

It is the job of the Department of Human Services in cooperation with Interagency Coordinating Council, to assure there is no delay in the delivery of services because of conflicts over responsibility for payment.

How can I make a request for AT?

All decisions about which services are appropriate for an eligible child, including AT devices and services, are made through the IFSP process with the family's consent.

Parents are to be an important part of their child's IFSP team. At the IFSP team meeting you have the right to request a service such as AT as well as the right to decline any service which is offered by the program. You have the right to be fully informed of all recommendations for service or denial of service to your child and to have that information provided in your native language or other mode of communication. You must be given seven days notice of any meetings. You also have the right to have an advocate attend those meetings.

How can I appeal a denial of AT?

If you disagree with a decision made by the Early Intervention program, you may file a complaint with either DHS or with the administrator of the Early Intervention Program you are using. You may use an informal system of complaint resolution called mediation and/or the more formal system of a due process hearing.

Mediation: Mediation is a form of conflict resolution in which a mediator is called upon to attempt to reach a resolution of differences of opinion between parent(s) and early intervention service providers.

- Agreeing to mediation does not limit your right to a due process hearing. It does not extend, deny or delay the hearing timelines.
- Either party in the dispute, you or the early intervention program, may request mediation; however, it must be voluntary on the part of both parties. The mediation process must be completed within 14 days unless otherwise agreed to by the involved parties.
- If you reach an agreement in mediation, it is enforceable in court.

Hearing: In addition to mediation, either you or the program may make an initial hearing request, or you can reactivate a hearing request that you made before trying mediation.

- If you are requesting that DHS reactivate your hearing request because mediation did not work, the hearing must be completed

and the decision rendered within 30 days of your original request for a hearing.

- If you have chosen to skip mediation and proceed to a hearing, the hearing officer would also have to have to issue a decision within 30 days of your original request for a hearing.
- You may request a hearing on any matter about which you have received a notice which advises you that the early intervention program (a) has proposed, (b) has refused to begin or (c) had refused to change, the identification, evaluation or provision of services to your child.
- A written request for a hearing should be filed with the Department of Human Services or with the administrator of your child's Early Intervention program. If you initiate the hearing, the Department of Human Services must assign a hearing officer within 10 days of the receipt of your request.
- You are entitled to a hearing conducted by an impartial hearing officer. The hearing officer must not be an employee of a public agency involved in the care of the child or a person who had any personal or professional interest which interferes with the objectivity of the hearing.
- You also have the right to representation at the hearing. If you ask about free or low-cost legal services or other relevant services which are available in your area, or if it was the Early Intervention program who requested the hearing, you must be informed about those services.

Where can I get help?

Advocacy help:

The Rhode Island Parent Information Network (RIPIN) provides information, training and support during EI and through transition out of EI. For information or help about early intervention issues, contact:

RIPIN

175 Main Street
Pawtucket, RI 02860
Voice (401) 727-4144
(800) 464-3399
www.ripin.org

Legal help:

The Rhode Island Disability Law Center, Inc. can provide free legal services if you have questions about or need help in getting an AT device or service included in your child's IFSP.

For more information or help contact:

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AT FUNDING GUIDE

EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT (“EPSDT”)

What agency runs the program?

The State Department of Human Services (“DHS”) runs the Early and Periodic Screening, Diagnosis and Treatment (“EPSDT”) program of Medicaid in Rhode Island. To apply for EPSDT services, you should contact the DHS office nearest you. You can find the DHS office closest to you by calling DHS at 401-462-5300 or looking it up at <http://www.dhs.ri.gov/dhs/doffices.htm>. DHS has offices in most cities and towns in Rhode Island. If your child is already receiving Medicaid services when you apply for EPSDT you will not have to fill out an additional application, but a plan of treatment must be presented to DHS for review.

Who can receive services from the program?

The EPSDT program of Medicaid provides a very broad range of health care coverage to low-income children from birth to 21 years of age.

Note: For more specific information about Medicaid eligibility, please refer to the “MA” fact sheet.

What kinds of AT help can the program provide?

As the name suggests, EPSDT eligible children must “periodically” receive thorough assessments (screening) of their overall physical and mental health and their growth and development. If, as a result of this screening, a medical

service is identified which would improve a child's functioning or prevent a disability, then Medicaid should pay for the service. Any service that could be provided under federal Medicaid law must be provided under EPSDT, even if this service is not usually provided through Medicaid in Rhode Island.

Under the EPSDT program, the "medical necessity" criteria of Medicaid should be interpreted more broadly. Services can be provided whether or not those services are normally covered by Medicaid for adults. Service categories related to AT that EPSDT opens up for young people are:

Physical Therapy: This service traditionally covers at least basic wheelchairs, and can also cover more sophisticated wheelchairs and "alternative access" add-on features for a computer or communication device, e.g. special switches, pointers, mounting devices etc.

Occupational therapy: This service can cover devices like environmental control units for the home, home modifications, and, for young people learning to drive, adaptive driving equipment such as hand controls or wheelchair-carrying devices.

Speech Pathology and Audiology Devices: This service can cover augmentative and alternative communication ("AAC") devices. This service may also cover computer-based devices to aid in writing since EPSDT extends to restoring function in *written* communication as well.

Rehabilitation Services: This service can cover devices such as ramps and other home modifications, van lifts and environmental control units. Since "rehabilitation services" are intended to help people obtain their "best possible functional levels," advanced features for devices like wheelchairs or AAC devices could be funded under this category.

Note: For information about cost, making requests, appealing a denial, or getting legal help, please refer to the MA Fact Sheet.



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SPECIAL EDUCATION

What agency runs the program?

Special education services are provided by local public school systems. Most cities and towns in Rhode Island run their own special education programs, although some school districts have joined to make regional special education districts.

School systems will evaluate a child to determine whether the child is eligible for special education services. A parent or a public agency (such as your local school district) can request an evaluation. To request an evaluation for your child, you should contact your public school system's special education office. It is best to put your request for an evaluation in writing, as well as keep a dated copy of your request.

Who can get services from the program?

Children between the ages of 3 and 5 are eligible for special education services if they are developmentally delayed or meet any of the categories described below for 5 to 21 year olds.

Children between the ages of 5 and 21 who have specific disabling conditions that interfere with their ability to learn in school are eligible for special education services. These disabling conditions are: mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury,

another health impairment, a specific learning disability, deaf-blindness and multiple disabilities.

A child's eligibility for special education services will end before age 21 if the child graduates from high school.

What kinds of AT help can the program provide?

School systems must provide AT to a child if it is required as a part of a child's special education services or other related services such as transportation, physical therapy, occupational therapy and speech-language services. A device will be considered AT if it is "used to increase, maintain or improve the functional capabilities of a child with a disability." It does not include a medical device that is surgically implanted or replacement of such a device. School systems may also purchase AT devices for use in the child's home if the school district determines that the child needs those devices in order to receive an appropriate education.

School systems can provide a broad range of AT devices. For example, a school system can provide schoolwork on audiotape for a child who is blind, or augmentative communication equipment for a child with a communication impairment. Simple items, such as writing implements or eating utensils with larger handles can also be provided.

A child must also receive any needed AT devices which help in transporting the child to school.

A child who is receiving an AT device from a school district is also entitled to services for the selection, acquisition or use of that device. This includes evaluations, procurement of the device, customization of the device to fit the child's needs, training for the child and his or her family if appropriate and also training for professionals (teachers, therapists) who are providing services to the child.

What is the cost for the AT?

School systems cannot charge families for special education services. Therefore the school system must provide needed AT devices or services at no cost.

If your child is covered by public benefits (eg. Medicaid), the school district may use that program to pay for AT. The school district may not require you to sign up for public benefits order for you to be able to receive services from the school district. It also cannot make you incur an out-of-pocket expense like a deductible or co-pay by using a public benefit program to pay for AT; however, if an out-of-pocket expense is incurred, the district can still use the public benefit program if it pays that cost for you.

If your child is covered by private insurance, your school district may only use the insurance if you have provided consent. Each time the school district tries to use your child's insurance it must obtain consent from you. The school district must also notify you that refusing to give consent will not affect the district's obligation to ensure that all required services are provided to your child at no cost to you.

How can I make a request for AT?

A request for an evaluation to determine whether your child needs AT can be made at any time. You should ask your school system's special education office for an AT evaluation. There are some specific times when it's most helpful to investigate AT needs:

When the school system is initially evaluating your child to determine whether he or she can benefit from special education services, you should ask the school system to evaluate your child for any AT needs your child may have. For children with specific types of disabilities (e.g. orthopedic impairments, hearing disorders and visual impairments) schools should automatically arrange for AT evaluations.

After the school system finds that your child needs special education services, you will be asked to attend a meeting to develop an "individualized education plan ("IEP") for your child. At the meeting the IEP team is required to consider whether your child needs any assistive technology devices. If it is determined that your child needs AT, you should make sure that the IEP contains a written description of the AT devices that your child needs, and whether any of the AT devices will go home with your child.

You child's IEP should be reviewed at least once a year. In between these review meetings, if you think your child needs an AT service or device to help her or him make progress in school, you can request this service. You should send your request in writing to the special education office for your school system. The school system may set up an IEP meeting to review your request.

If your child is enrolled by you in private school, he/she may still be eligible for services. He or she will have a "service plan" as opposed to an IEP, which can include AT.

How can I appeal a denial of AT?

If a school system denies your child AT, it must provide you with written notice. If you disagree with the school system's decision to deny your child an AT device or services to use a device, there are several ways you can appeal that decision.

Special Education Complaint: School systems are required to follow the procedures and deadlines for providing special education services that are established by the Rhode Island Department of Education (RIDE). If you think that the school system has violated these procedures, you can file a "special education complaint" with RIDE.

RIDE must receive the complaint within one year of the time when the violation occurred. In some circumstances, a complaint may be accepted after one year if the violation is still continuing.

Due Process Hearings and Mediation: If the school system denies your request for a specific AT device or service, the school system should provide you with written notice which gives the system's reasons for denying your request. To challenge this denial, you can request mediation and/or a hearing.

If you are filing a request for a due process hearing, you must file your request within two years of the denial. A written request for a due process hearing should be sent to RIDE. The school system must

receive notice of the complaint, so you should send them a copy as well. RIDE will appoint an impartial hearing officer to hear the complaint. At hearing, the parties have the right to be represented by counsel, to present evidence and witnesses, to compel attendance of witnesses, and to obtain a record of the hearing. The impartial hearing officer will make findings of fact and issue a decision.

Parents and schools have the option of using mediation to resolve disputes regarding any special education matter. Mediation must be voluntary for all parties. RIDE will appoint a qualified and impartial mediator who is trained in effective mediation techniques and is knowledgeable of the laws and regulations relating to the provision of special education services. A parent/child may request mediation by contacting RIDE or the local education agency. Mediation cannot be used to deny or delay a parent/child's right to a due process hearing. If resolution is achieved, a written mediation agreement will be made that is enforceable in court.

Where can I get help?

Advocacy help: The Rhode Island Parent Information Network (RIPIN) provides parent support and advocacy on a variety of special education issues.

For more information or help on special education issues, contact:

RIPIN
175 Main Street
Pawtucket, RI 02860
Voice (401) 727-4144
(800) 464-3399
www.ripin.org

Legal help:

The Rhode Island Disability Law Center can provide free legal services if you have questions or need help getting an AT device or service from special education contact:

The Rhode Island Disability Law Center, Inc.

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MEDICAL ASSISTANCE (MEDICAID)

What agency runs the program?

The state Department of Human Services (“DHS”) runs the Medical Assistance (“Medicaid”) program in Rhode Island. To apply for Medicaid services you should contact the DHS office nearest you. DHS has offices in most cities and towns in Rhode Island. You can find the DHS office closest to you by calling DHS at 401-462-5300 or looking it up at <http://www.dhs.ri.gov/dhs/doffices.htm>.

Who can get services in Rhode Island?

Medicaid pays for medical services for people who do not have enough income to afford health insurance any other way. You will get Medicaid services automatically, without applying, if you receive:

- SSI (Supplemental Security Income), or
- Family Independence Program (FIP) benefits.

Even if you are not eligible for SSI or FIP there are other ways that you still may qualify for Medicaid. If you have a low income and no health insurance, it is worth contacting DHS and finding out more about these other programs to see if you might qualify.

Note: Low-income children have the right to receive a broad range of health care services until they are 21 years old through the Early Periodic Screening, Diagnosis and Treatment (“EPSDT”) program of Medicaid. See the separate EPSDT fact sheet for more information.

What kinds of AT help can the program provide?

Because Medicaid is a health insurance program, it will pay for those services which look “medical” in nature. This means that Medicaid can pay for a wide variety of AT devices or services, as long as you can show that the devices or services are “medically necessary.”

It is usually easy to show that things like wheelchairs, walkers, artificial limbs or hearing aids are “medically necessary”. Medicaid routinely pays for these things if a doctor states there is a medical need. On the other hand, things like computers with voice output, or environmental control units may be more difficult to obtain because they do not look like traditional “medical” equipment. If you need these kinds of devices to help restore or improve your functioning however, then there is a good argument that Medicaid should provide these devices.

Medicaid should also pay for services to help you benefit from or use your device. For example, speech therapy services should be provided if you need to learn to use a new communication device.

What is the cost for AT devices?

Medicaid will pay for the cost of AT devices. If you use Medicaid to purchase an AT device or service, you cannot be charged extra by the AT provider. If you have insurance coverage in addition to Medicaid, your insurance will be required to pay for the AT as well.

Medicaid sets specific rates for AT devices. Generally, AT providers in Rhode Island will accept the Medicaid rate for AT services and devices. Sometimes the rate that Medicaid will pay is less than what any AT provider will accept. If you need a device that is highly customized to fit your needs, you may not be able to find a provider who is willing to accept the Medicaid rate. If this happens to you, you should get legal help.

How can I make a request for AT?

You should make your request for AT on specific forms provided by DHS. Most AT providers will have these forms and can assist you in the process.

Off the Shelf Devices: If you are requesting a more common or simpler device, sometimes called an “off the shelf” device, the process is fairly simple. An appropriate health professional will need to fill out a “Certificate of Medical Necessity” form. An appropriate health professional can mean your doctor but could also mean another health care professional such as a speech therapist or occupational therapist. This may be the only form you will need to use. If so, the AT provider will submit the form to DHS and supply you with what you need.

Customized or Specialized Devices: For some devices, particularly customized devices, a “Prior Authorization” form will have to be completed. Once the forms are completed, the AT provider will submit the forms to DHS and request prior authorization. If the provider has to request prior authorization, the provider may also ask you to obtain additional medical information such as records and evaluations. It is always best to obtain as much as much medical information as needed before making a prior authorization request to DHS.

After DHS receives your request for prior authorization, it may take some time before you find out whether your request is approved. If more than one month goes by after the AT provider has submitted your forms to DHS and you have not been told that your request was approved, you should seek legal help.

You should ask your doctor or other health professionals to describe what you need as specifically as possible on these forms.

Note: If you are also eligible for Medicare, you should see the Medicare section of this guide for issues regarding dual eligibility.

How can I appeal a denial of AT?

DHS is required to send you a written notice if it denies your request for Medicaid payment of AT. The notices should contain information on the appeals process and how you can file an appeal.

You have 30 days from the date of the notice to request an “administrative hearing.” The administrative hearing will be run by a Hearing Officer from DHS. You have the right to bring a representative or an attorney with you to this hearing. You also have the right to bring witnesses and to ask questions of DHS staff at the hearing. After the hearing, the Hearing Officer will write a decision that contains his opinion about whether the denial of Medicaid was legally correct.

If you are not satisfied with the Appeals Officer’s decision, you may appeal this decision to state court. You have 30 days from the date when the hearing officer’s decision was mailed to file in court.

Where can I get help?

The Rhode Island Disability law Center can provide you with free legal advice and/or representation if you have any questions or need help getting Medicaid payment for AT.

For more information or help, contact:

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VOCATIONAL REHABILITATION

What agency runs the program?

The Office of Rehabilitation Services (“ORS”) within the state Department of Human Services runs the Vocational Rehabilitation (“VR”) program in Rhode Island. To apply for Vocational Rehabilitation services, you should contact:

Office of Rehabilitation Services

40 Fountain Street

Providence, RI 02903

Voice (401) 421-7005

TDD (401) 421-7016

www.ors.ri.gov

Who can get services from the program?

To be eligible for ORS services, you must:

1. have a physical or mental impairment which is a substantial barrier to employment,
2. require vocational rehabilitation services to prepare for, secure, retain or regain employment, and
3. be able to benefit from vocational rehabilitation services in terms of an employment outcome.

If you are receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), ORS will presume that you are eligible for vocational rehabilitation services.

If you are a high school student, ORS can start providing VR services while you are still in high school.

What kinds of AT help can the program provide?

VR can help you obtain an evaluation to see if AT could help you while you are training for a job, looking for a job, or working at a job. This evaluation is sometimes called “rehabilitative engineering” evaluation or an “AT Evaluation”. If the evaluation recommends that you use AT, VR can help you get the AT device that you need. VR can also help you obtain any training you need in order to learn to use the AT device.

VR can help pay for AT like the following: modifications to the vehicle that you will use to get training or to work, evaluations to see if there is technology that would help you to perform your job duties and home modifications that will help you to be more independent so that you can participate in training or work.

What is the cost for AT?

VR provides evaluations to see whether you need AT free of charge. VR may help pay for the AT device or service you need. Depending upon your income, VR may pay for all or only a part of the AT.

How can I make a request for AT?

You will be assigned a counselor at ORS either while you are being evaluated to see if you could benefit from VR or after you are found eligible for VR services,. If you think you could benefit from AT, you should ask you ORS counselor for an AT evaluation. If you have already identified an AT device or service you need, you may request the AT without going through an evaluation.

How can I appeal a denial of AT?

ORS should give you a written decision if the VR program will not help you obtain an AT evaluation, device or service. You have the right to appeal this denial.

There are several ways you can appeal a decision about ORS services:

Informal Procedures: Informal procedures include supervisory conference, mediation, and customer relation conference. Informal procedures are voluntary, so you do not have to use them before you ask for a more formal administrative hearing. If you choose to use an informal procedure before you go to an administrative hearing, the informal procedure cannot delay the administrative hearing.

Supervisory Conference: A supervisory conference is a meeting among you, the ORS counselor and the ORS supervisor. You must request the supervisory conference within 15 days of notification of any adverse decision by the counselor.

Mediation: Mediation means the process of using a third party to act as an intermediary to assist parties in settling differences or disputes prior to pursuing formal administrative or other legal remedies. Federal law requires ORS to offer mediation to you whenever you make a request for an administrative hearing. To request mediation, fill out form ORS-121 within 30 days of the date of the decision and return it to ORS.

Formal Procedures: Formal procedures include administrative hearing, state agency review and court review.

Administrative Hearing: An administrative hearing is a formal hearing at which you present evidence to an impartial hearing officer, who will make a formal record of the hearing and will render a decision based on federal law, the ORS state plan and the state ORS regulations, which are consistent with federal law. You can request an administrative hearing by completing and returning ORS form ORS-121 within 30 days of the date of the decision and return it to ORS.

Review by State Agency: The director of the Department of Human Services may review the administrative hearing officer's decision. If no request is made, the hearing officer's decision becomes final on the 21st day after the decision is issued.

Court Review: If you are dissatisfied with the administrative hearing decision, or with the decision that results from the Director review, you can file an appeal in court. A court appeal can be filed without first seeking review by the State Agency Director. There are two types of court review available to you:

1. A review under the Administrative Procedures Act, which you must file in Superior Court of Providence County within 30 days of the final state agency decision.
2. A review in state Superior Court or Federal District Court, under the Rehabilitation Act. There is currently no recognized time frame for appeal, but we suggest you file within 30 days of the final state agency decision.

Where can I get legal help?

The Rhode Island Disability Law Center (RIDLC) can provide free legal services if you have questions or need help getting VR services.

More information about VR services in general can be found in a booklet published by RIDLC called "A Consumer's Guide to Rhode Island State Vocational Rehabilitation Services".

For more information contact:

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INDEPENDENT LIVING

What agency runs the program?

In Rhode Island, Independent Living (IL) services are provided by two Independent Living Centers (IL Centers). The Services for the Blind and Visually Impaired (SBVI) division of ORS also provides IL services to some older blind individuals.

To apply for IL services, you should contact one of the two IL Centers in Rhode Island at the addresses below:

Ocean State Center for Independent Living (OSCIL)

1944 Warwick Avenue
Warwick, RI 02889
Voice: (401) 738-1013
Toll Free: (866) 857-1161
TDD: (401) 738-1015
email: oscil@oscil.org
www.oscil.org

PARI Independent Living Center (PARI)

Independence Square
500 Prospect Street
Pawtucket, RI 02860
Voice/TDD: (401) 725-1966
www.pari-ilc.org

If you are 55 or older with a severe visual impairment, you should contact the SBVI division at ORS:

Services for the Blind and Visually Impaired (SBVI)

Office of Rehabilitation Services

40 Fountain Street

Providence, RI 02903-1898

Voice: (401) 421-7005

TDD: (401) 421-7016

www.ors.ri.gov/copied/SBVI.htm

Who can get Services from the program?

Generally, to be eligible for IL services you must:

1. have a significant disability;
2. which results in a substantial limitation of your ability to live independently in the family or community, or
3. which results in a substantial limitation of your ability to maintain or advance in employment; and
4. be able to show that receiving IL services will improve your ability to function independently in the family or community or to continue in employment.

You may also be eligible for IL services if you are 55 or older and have a severe visual impairment that makes competitive employment difficult to obtain, but you are still capable of achieving IL goals.

What kinds of AT help can the program provide?

IL centers may have some capacity to do their own assessments of your independent living needs. For example, OSIL can do home assessments for you to suggest ways to make your home more accessible.

In addition, PARI has an equipment recycling program where you can obtain assistive technology devices such as wheelchairs, walkers, bathroom safety equipment and hearing aids at a reasonable cost.

SBVI provides older blind individuals with severe visual impairments with “adaptive equipment related to vision needs” so that the individual may function more independently. They also provide training for some of the devices they provide.

What is the cost for AT?

Depending on your income, the IL program may pay for part of the AT service or device you need. Both the IL Centers and SBVI use the same financial needs standards. They may also assist you with accessing other funding sources for AT.

The PARI equipment recycling program offers used equipment at prices lower than new equipment. PARI indicates that they inspect and refurbish all the devices that are donated to their program; however, their inventory is not consistent so you should call ahead to see if they have what you need.

How can I make a request for AT?

While you are being evaluated to see if you could benefit from IL services and/or after you are found eligible for IL services, you will be assigned a counselor at SBVI or at an IL Center. If you think you could benefit from AT services or devices, your IL counselor may recommend some AT assessments. These assessments may help you identify the right device for your specific needs.

How can I appeal a denial of AT?

IL Centers: IL Centers are required to establish policies and procedures that applicants for services and existing clients can use to obtain review of their decisions. If you are denied services or your services are terminated, the IL Centers are required to provide you with written notice of the actions taken and inform you of your rights and the means by which you can appeal the action taken.

SBVI: If you are denied services from SBVI, there you have several options for appealing the decision:

- Ask for a Supervisory Conference.
- You can request Mediation. Mediation is a voluntary process with a qualified and impartial mediator for both parties to explore options to reach agreement.
- Request an Administrative Hearing, a formal hearing process.

Note: For more detailed information about the SBVI appeals procedures, see the Vocational Rehabilitation section of this Guide.

Where can I get help?

The Rhode Island Disability Law Center can provide free legal services if you have questions or need help getting IL services. For more information or help contact:

The Rhode Island Disability Law Center, Inc.

275 Westminster Street, Suite 401

Providence, RI 02903

Voice (401) 831-3150

(800) 733-4332

TTY (401) 831-5335

www.ridlc.org



Rhode Island Disability Law Center, Inc.

AT FUNDING GUIDE

MEDICARE

What is the Medicare Program?

Medicare is a federally funded program that provides payment for services and items in hospitals and other settings. This program is divided into four parts, A and B (also known as “Original Medicare”), C (Medicare +Choice), and D. Under these programs various services are provided:

Part	Services Provided
A	Inpatient hospital care; skilled nursing facility care; home health services; and hospice
B	Medical care and services provided by physicians and other medical practitioners; durable medical equipment; home health services not covered under Part A
C	Medicare + Choice program. (You will have Medicare Part C instead of Medicare Parts A&B if you have opted into a Medicare Advantage Plan.) If you are enrolled in this plan, contact your provider for more information on the services that are covered because each plan’s coverage is different.
D	Prescription Drugs

What agency runs the program?

The Center for Medicare and Medicaid Services (CMS) runs the Medicare program. CMS contracts with private companies to administer Medicare. Pinnacle Business Solutions, Inc administers the Rhode Island Medicare program.

For more information about Medicare programs visit the CMS website at www.cms.gov.

Who can get services from the program?

Medicare is a health insurance program for people aged 65 or over and age 65 and under with certain disabilities. Generally, you must receive Social Security Disability (“SSDI”) or Retirements benefits in order to get Medicare. Your entitlement to Medicare coverage will begin:

- as soon as you start receiving retirement benefits, or
- two years after you start receiving SSDI benefits.

Most people will not have to apply for Medicare benefits: SSA will notify you when you become eligible. If you have any questions about your eligibility, you can contact the SSA office nearest you.

What kinds of AT help can the program provide?

The kind of AT help you can receive may depend on the type of Medicare you have.

Part	Services Provided
A	The “home health services” portion of Part A will cover some durable medical equipment that is “reasonable and necessary”, such as wheelchairs, hospital beds, oxygen and walkers
B	Durable medical equipment is covered if it is “medically reasonable and necessary” and needed for use in the home; the AT may be rented or purchased; some prosthetic devices are covered; artificial legs/arms; leg, arm and back braces; but, hearing aids and eye glasses are not covered, with limited exception of one pair of standard frame eyeglasses after cataract surgery that implants an intraocular lens
C	As noted above, because every Medicare + Choice plan is different, you must contact your provider to learn what AT, if any, is covered. Medicare Advantage Plans must include at a minimum basic benefits, which are all Medicare-covered services except hospice services. Contact your plan to find out what is covered.

D	None, as Medicare Part D applies to prescription drugs only.
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What is the cost for AT?

Original Medicare (Parts A & B): Medicare does not cover the entire cost of health services. You will be required to pay a monthly fee or “premium” for Part B coverage. There are deductibles and co-insurance for some kinds of medical care. You will be responsible to pay co-insurance for many AT devices. Medicare will only pay 80% of the price of the AT devices, and you will be required to pay the remaining 20% of the cost (the “co-insurance”).

Medicare determines what is a “reasonable” price for an AT device. Just because Medicare says the price is reasonable does not mean that you will be able to find an AT provider willing to accept that price. An AT provider can charge you a much higher price than what Medicare will pay for the AT device you need. If you buy the device from the AT provider, you will only be reimbursed 80% of the Medicare “reasonable” price. You will then have to pay much more than 20% of the Medicare “reasonable” price for your AT. On the other hand, an AT provider may be willing to accept the Medicare “reasonable price” as payment in full. (This is often called “accepting assignment”). If the AT provider does this, Medicare will send the AT provider 80% of the “reasonable price,” and you will only be responsible for the remaining 20%.

Medicare Part C: If you have Medicare Part C, your costs will be different according to which Managed Care Plan you choose. Call your Plan to find out what items are covered and what your costs are.

Medicare and Medicaid: If you are also eligible for Medicaid, it should pay for some or all of the costs not covered by Medicare (i.e. the Part B premiums, deductible and co-insurance). Although being eligible for both programs may help you pay for the AT you need, it often creates long delays in getting an AT device. If you receive both Medicaid and Medicare and face a delay in getting the AT device you need, you should get legal help.

How can I make a request for AT?

Original Medicare (Parts A and B): To get Medicare to pay for an AT device or service you will need a doctor to prescribe the device or service for you. It is important that your doctor show that the AT is uniquely, medically reasonable and necessary for your treatment.

Providers of AT services and devices who accept Medicare should help you process forms for Medicare reimbursement. As mentioned above, providers may be willing to accept “assignment” of the Medicare reimbursement for some AT devices. If an AT provider is not certain of the cost of an AT device, there is a procedure for requesting a price quote (called a “prior authorization”) from Medicare. Some AT providers may be unwilling to seek prior authorization from Medicare because they believe the agency will not provide it. If you are interested in pursuing a prior authorization, you should seek legal help.

Part C: If you have a Managed Care Plan, you may need to get prior authorization from the company that administers the plan. Each plan has its own different procedures. Call your plan to find out what procedures are needed to get the AT you need.

How can I appeal a denial of AT?

Original Medicare:

Notice: If you have original Medicare, an initial determination of coverage of an AT device or service is made by the Durable Medical Equipment Regional Carrier (DMERC). If the DMERC denies your request for an AT device or service, they must notify you in writing. You should receive a Medicare Summary Notice that provides:

1. a statement of proposed action (i.e. that they are not going to cover your AT),
2. the reason for their determination, including any regulation they used in making the determination, and
3. information on your right to request a hearing and the types of hearing available.

Appeals: If you have Original Medicare, you can request an appeal. You must file your appeal within 120 days of the date you receive the Medicare Summary Notice. To file an appeal, follow the instructions on the denial notice you received. If you did not receive instructions with your notice (although Medicare is required to provide them to you), call Medicare for instructions.

If your appeal is denied at this level, there are higher levels of appeal. You should seek legal help if you would like to appeal further.

Medicare Part C:

Notice: If you have Medicare Part C, your Medicare Managed Care Plan must tell you in writing how to appeal. Each plan has its own procedures.

Appeal: After you file an appeal, the plan will review its decision. If your plan does not decide in your favor, the appeal is reviewed by an independent organization that works for Medicare, not the plan. See your plan's membership materials or contact your plan about your Medicare appeal rights. If you would like to appeal, you should seek legal help.

Where can I get legal help?

The Rhode Island Disability Law Center, Inc. can provide free legal services if you have questions or need help getting Medicare payment for an AT device of service.

For assistance appealing a denial of AT from Medicare, contact:

The Rhode Island Disability Law Center, Inc.
275 Westminster Street, Suite 401
Providence, RI 02903
Voice (401) 831-3150
(800) 733-4332
TTY (401) 831-5335
www.ridlc.org



Rhode Island Disability Law Center, Inc.

AT FUNDING GUIDE

VETERANS ADMINISTRATION (“VA”) BENEFITS

What agency runs the program?

The federal Department of Veterans Affairs (VA) (formerly the Veterans Administration) runs most of the programs that provide benefits to veterans. The VA offers many services to disabled veterans and to their dependents. To apply for VA benefits in Rhode Island, you should contact:

Veterans Administration Regional Office
380 Westminster Street
Providence, RI 02903
Telephone: 1-800-827-1000

Who can get services from the program?

The VA offers a variety of income, medical, educational and rehabilitation services to veterans. To qualify for veteran’s benefits generally, you must:

- have served in active military service, and
- have been discharged or released for reasons which were not dishonorable.

The kind and amount of services available to you as a qualifying veteran will vary depending on whether your disability was “service-connected.” If your disability occurred or was aggravated while you were on active duty, then it will be considered “service-connected.” More services are available to veterans with service-connected disabilities.

What kinds of AT help can the program provide?

Rehabilitation Services: The VA can provide rehabilitation services to help you train or prepare for a job. These services are available to all veterans with disabilities that are at least 10% service-connected. For information about what percentage of your disability is service-connected, talk to your Veterans Administration physician.

Housing: Veterans with some specific mobility impairments or blindness can receive funds to help pay for specially adapted housing. You must have a service connected disability to receive these funds.

Adapted Vehicles: The VA may also help you purchase an adapted van or automobile if you have one of the following impairments: a service-connected: loss or permanent loss of use of one or both hands and feet, permanent impairment of vision of both eyes to a certain degree, or immobility of one or both knees or one or both hips. The VA may also pay for equipment to adapt a vehicle you already own or make repairs.

AT Devices: Veterans who are receiving care for any condition may receive prosthetic appliances, equipment and services including: home respiratory therapy, artificial limbs, orthopedic braces, therapeutic shoes, wheelchairs, powered mobility, crutches, canes, walkers, and other durable medical equipment and supplies.

Hearing aids and eyeglasses are provided for only in special circumstances and not for normally occurring hearing or vision loss. VA will provide hearing aids and eyeglasses to veterans who receive increased pension based on the need for regular aid and attendance or being permanently housebound receive compensation for a service-connected disability or who are former POWs.

What is the cost for AT services?

The amount of funding available for each of the services mentioned above varies. Many services will be provided free of charge if you have a service-connected disability.

Services provided in a VA hospital or nursing facility are generally provided free of charge to veterans with service-connected disabilities and certain disabled veterans with low incomes. Other veterans must make some payment towards their VA hospital or nursing facility care.

How can I make a request for AT?

To request rehabilitation training services, you should contact the Regional Office of the VA at the address on the first page.

To request other AT services such as adaptive equipment or prosthetics you should speak to your physician assigned to you by the Veterans Administration. Your Veterans Administration physician will make a recommendation for any AT you may need and make any appropriate referrals to specialists. There are many Veterans Administration clinics throughout the state. If you do not have a Veterans Administration physician you can contact the Veterans Administration Medical Center.

Veterans Administration Medical Center

830 Chalkstone Avenue

Providence, RI 02908

(800) 745-5555 (toll free in RI)

Voice (401) 457-3047 (prosthetics)

How can I appeal a denial of AT?

In response to your request for services, the local office will mail you a decision. If your request is denied you can appeal by writing to your local office to say that you disagree with the decision and would like to appeal. The letter you send is called a “Notice of Disagreement” (NOD). Once the local office receives your NOD it will create a “statement of the case”- a detailed explanation of the evidence, laws and regulations used by the local VA office in deciding your claim. The VA office will send you the statement of the case along with a “VA Form 9” substantive appeal form. You must complete and return this form and send it back to the local VA office either within 60 days of the date that the VA mailed it to you, or within one year of the VA’s original letter denying your claim, whichever is later.

As a result of completing and returning the substantive appeal form you are entitled to two different types of personal hearings: a hearing with someone from your local VA office or a hearing with a member of the Board of Veterans' Appeals. The type of hearing you get depends on what you indicate on the form. If your appeal is denied by the Board of Veterans' affairs and you wish to appeal, you can either: (1) go back to your local VA office and try to reopen your claim, (2) file a motion asking the board to reconsider your claim for review your case again because there was clear and unmistakable error in the Board's decision or (3) file an appeal with the U.S. Court of Appeals for Veterans' Claims.

Where can I get help?

Information:

For more information about eligibility for a specific program or benefit or need help in making the application you can contact:

Office of Veterans Affairs

600 New London Avenue
Cranston, RI 02920
Tel: (401) 462-0350

Veterans Administration Regional Office

380 Westminster Street
Providence, RI 02903
Telephone: 1-800-827-1000

You can also get more information online at <http://www.va.gov/> where you can find the publications: *Federal Benefits for Veterans and Dependents* and the *Guide to the Appeals Process*.

For information about Vocational Rehabilitation services for Veterans you can also go to <http://www.vetsuccess.gov>.

Advocacy help:

There are various Veterans Service Organizations that will assist veterans in making appeals along with understanding their benefits:

American Legion MA	(401) 223-3685
AMVETS	(401) 223-3702
Disabled American Veterans	(401) 223-3695
Veterans of Foreign Wars	(401) 223-3689
Vietnam Veterans Association	(401) 223-3692
Military Order of the Purple Heart	(401) 223-3663

You can also contact the Rhode Island Disability Law Center for assistance:

The Rhode Island Disability Law Center, Inc.

275 Westminster Street, Suite 401

Providence, RI 02903

Voice (401) 831-3150

(800) 733-4332

TTY (401) 831-5335

www.ridlc.org