

Assistive Technology

**For Infants, Toddlers, Children and Youth with
Disabilities**

**COLORADO Guidelines for Health
Professionals, Educators and
Administrators**

Winter 2011

These Guidelines were revised in 2011 by faculty at Assistive Technology Partners, University of Colorado Anschutz Medical Campus. The guidelines were originally prepared in 2001 by The Colorado Consortium on Assistive Technology (see revision and original authors below).

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Section I. INTRODUCTION

About the Colorado Consortium on Assistive Technology

The Colorado Consortium on Assistive Technology (AT) was established in 1998 to consolidate all public program efforts within Colorado related to AT. The purpose of this consolidation was to create a comprehensive system that could define and clarify AT requirements and services, improve access to AT for agencies, consumers, and professionals, and maintain a collaborative network of agencies who provide AT.

Partners in the Consortium

Each of the Consortium agencies and entities described below has assistive technology responsibilities for children in Colorado.

The Colorado Department of Education

The Exceptional Student Leadership Unit (ESLU) at the Colorado Department of Education (CDE) provides technical assistance and guidance to school districts relative to special education services. Special education eligibility and services, including AT, are considered on an individual basis for each child identified with a disability. Services to children and families are available through district and/or regional assistive technology teams (SWAAAC).¹

The Colorado Department of Public Health and Environment

Health Care Program for Children with Special Needs (HCP) through the Colorado Department of Public Health and Environment (CDPHE), provides support for specific types of assistive technology devices and services to eligible children with disabilities.

The Colorado School for the Deaf and the Blind

Assistive technology support for students who have hearing loss, who have visual impairments or who are deaf/blind, is available through the Colorado School for the Deaf and the Blind (CSDB). The Loan Bank for Assistive Listening Devices and the Low Vision Device Loan Bank are both housed at CSDB and are available to students who qualify throughout the state.

Assistive Technology Partners

Assistive Technology Partners (ATP) is a program of the University of Colorado, Denver. Assistive Technology Partners' CORE activities are: Clinical Services, Outreach and Information Services, Research and Engineering and Education. It houses the Assistive Technology Program of Colorado and a number of other assistive technology related projects funded through local, state and federal agencies. Through an agreement with the CDE, Assistive Technology Partners' staff serve as consultants to SWAAAC teams. The SWAAAC teams provide assistive technology assessments,

¹ The acronym SWAAAC (StateWide Assistive Technology Augmentative, Alternative, Communication) refers to statewide school-based teams who provide assistive technology devices and services for children with disabilities, ages 3 to 21.

follow-up and consultation services to Colorado students, families and educators. An extensive statewide assistive technology loan bank is accessible through the SWAAAC teams.

The Assistive Technology Process

Assistive Technology

According to the Assistive Technology Act of 1998, Assistive Technology (AT) is any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities.

For many children with disabilities, assistive technology is the lifeline that provides them access to and control over their environment including the home, school and greater community. AT frequently represents their sole means by which to communicate, learn, develop social relationships, and benefit from school and life experiences. Equipment can range from low-tech adaptive devices, such as pencil grips and slant boards, to high-tech devices such as speech generating communication devices. In addition to the provision of devices and strategies, training in the use of AT must also be provided to ensure effective and successful outcomes.

Colorado supports the education of all children with disabilities in settings with their nondisabled peers to the maximum extent appropriate. As part of the special education process, AT must be considered for all children with disabilities.

The parents and professional team involved with the child make decisions about whether a child qualifies for AT based upon assessment information and the child's individual abilities and needs.

Legal Requirements

Federal and state laws require school districts to be responsible for the identification and assessment of children suspected of having disabilities. School districts usually work with local community resources to establish procedures for infant, toddler (0 through 2) and preschool (3-5) screening and assessment. These federal laws include the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and the Individuals with Disabilities Education Act (IDEA). Colorado statute also supports IDEA through the Exceptional Children's Education Act (ECEA). The essential elements of the law are three-fold and intended to ensure 1) that AT is considered for all children who may benefit, 2) that appropriate assessment is conducted, and 3) that AT devices and services are provided to those who are eligible. More detailed descriptions of the provisions of each of these laws are provided in Section IV of this document.

Process Flowchart

For all children who are being considered for special education and related services, a general question should be asked, "*Could the individual benefit from assistive*

technology to increase access to home, school and community?” To respond to this question, a series of four steps guide the decision process. There are slight variations for each age group.

Ages birth through 2

Step 1	Step 2	Step 3	Step 4
Screening	Multidisciplinary Evaluation	Eligibility Determination	Development of IFSP

Once referred to as Part C or Early Intervention services, children in this age group receive a screening (Step 1), or if significant problems are evident, a multidisciplinary evaluation (Step 2). Children in this group are referred to one of the Community Centered Board (CCB) programs in the state of Colorado for evaluations and services if needed. This evaluation should include consideration of the need for assistive technology.

If needs are not identified that require special services at the time of the screening or evaluation, the child may be monitored or dismissed. For children with potential problems, consultation and exploration should occur with the family to determine other resources. These include medical resources such as Medicaid or insurance benefits, Part C or other potential services, community resources for support groups, classes and preschool or child care options. In Step 3, the multidisciplinary team and family meet to determine if the child is eligible as a child with disabilities or developmental delay. If not eligible, the team may decide to monitor development rather than completely dismiss the child. If eligible, Step 4 of the process, the Individual Family Service Plan (IFSP), is developed.

The Department of Health and Human Services administrates Part C services and has established a network of Assistive Technology Specialists throughout the state of Colorado. For a list of Part C AT providers visit the Early Intervention Colorado website at <http://www.eicolorado.org/>

Ages 3-5

Step 1	Step 2	Step 3	Step 4
Child Find Screening	Multidisciplinary Evaluation	Eligibility Determination	Development of IEP

In Colorado, children who are three to five years of age who are suspected of having a disability are referred (Step 1) to the local school district Child Find Program. Based on those screening results an evaluation of the child is conducted to determine if the child may be eligible for special education and related services (Step 2). Consideration of AT must be part of the multidisciplinary evaluation including referrals to local SWAAAC teams if appropriate. Eligibility determination (Step 3) occurs with the team (including the family) involved in the assessment. For children who are eligible, an Individual

Education Plan (IEP) is developed (Step 4). When children are not eligible for special education services, yet have a disability which may interfere with learning or access to the educational environment, they may be eligible for accommodations under Section 504.

Ages 5-21

Step 1	Step 2	Step 3	Step 4
Rtl Progress Monitoring	Multidisciplinary Evaluation	Eligibility Determination	Development of IEP

For children without an existing IEP, the 2004 reauthorization of IDEA introduced the Response to Intervention (Rtl) method of identifying children with disabilities. Rtl incorporates assessment, intervention and progress monitoring. It uses a multi-tiered, school wide approach to promote student achievement and prevent behavior problems. “With Rtl, schools identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions and adjust the intensity and nature of those interventions depending on a student’s responsiveness, and identify students with learning disabilities.” <http://www.rti4success.org/>.

Step 1 for this age group without an existing IEP begins at the primary level of Rtl, and progresses through the identified tiers of intervention. These interventions should also include AT devices or other adaptations when appropriate. *If the devices, adaptations, or interventions are successful, the child may be monitored but not receive special education services.* If they are not sufficient for the child to receive reasonable benefit from his/her education program, a formal special education referral is made (Step 2). At this time a multidisciplinary assessment occurs, including consideration of assistive technology and a referral to the local school district or regional SWAAC team when appropriate. Special education eligibility is determined (Step 3) at a meeting of the assessment team. As with the 3-5 year olds, if the child is not eligible for special education and related services, eligibility under 504 should be considered. Should the child be eligible, an individual education program (IEP) is developed (Step 4).

It should be noted, that at any time during the Rtl process a parent or public agency may request an initial evaluation to determine eligibility. [34 CFR 300.301(b)] [20 U.S.C. 1414(a)(1)(B)]

Section II. OVERVIEW OF ASSISTIVE TECHNOLOGY

Take a quick look around your community and you will most likely notice someone using assistive technology. If you see an individual using enlarged print, communicating with a mobile device, using crutches or a cane, you have identified someone using assistive technology. Many people may benefit from assistive technology but lack the resources or information to obtain it. According to the National Assessment of Education Progress (NAEP), 14% of public school students have been identified with some type of disability that interferes with learning. Of the 469,000 3rd through 10th grade students in Colorado who took the CSAP in 2009, a total of 144,000 students were reading below grade level. Many of these students could potentially benefit from assistive technology.

Assistive technology is everywhere. Historically, we've all thought of assistive technology as something computerized and very expensive. However, assistive technology devices actually range from very inexpensive low cost, low technology items to the more expensive, high technology devices.

Assistive technology devices range from simple, *low technology* devices like this Time Timer (above) to sophisticated *high technology* devices like this electronic Augmentative Alternative Communication (AAC) system (below).



What does the law say about assistive technology?

The legal definition of assistive technology as defined in IDEA 2004 includes both **assistive technology devices** and **services**.

An **assistive technology device** is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. [34CFR 300.5] Three components of this definition deserve attention. First, assistive

technology includes devices across a broad range from low to high tech. AT can include devices that are simple and low cost such as a pencil grip or magnifying glass, or it can include devices that are very complex and expensive such as a power wheelchair, augmentative communication device, or software program that converts text to Braille. Secondly, AT is necessary to “improve the functional capabilities” of children with disabilities. This means that AT should improve the person’s ability to participate in meaningful activities such as learning, reading, writing, eating, playing, socializing, participating in extra curricular activities and so on. Finally, AT is intended to help “children” or “individuals” with disabilities. Two children with the same diagnosis who are in the same classroom may still have very different AT needs. The strengths, needs, goals, interests, environment, barriers, tasks and motivators of each individual must be considered in order to determine the most appropriate AT solutions.

An **assistive technology service** means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. This includes:

- ◆ The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child’s customary environment;
- ◆ Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- ◆ Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices;
- ◆ Coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- ◆ Training or technical assistance for a child with a disability or, if appropriate, that child’s family; and
- ◆ Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of children with disabilities. [34CFR 300.6]

Each of the above services can be crucial to a student’s successful use of AT. The perfect device can be provided, but remain unused if no one knows how to use it, program it, maintain/repair it, or train others in its use as the child enters new environments. It is important for IFSP/IEP teams to consider the necessary services a child will need and document these services on the IFSP or IEP, indicating key personnel who will be responsible for making sure the services are provided.

What are common assistive technology devices?

Today there are over 36,000 commercially available assistive technology devices on the market. So, how do we keep it all straight? For this discussion, we have divided assistive technology devices into a series of categories. This includes assistive technology devices for persons with:

- ◆ Communication disorders
- ◆ Visual impairments
- ◆ Hearing loss
- ◆ Learning/cognitive impairments
- ◆ Positioning and mobility impairments
- ◆ Ergonomic issues
- ◆ Impairments in activities of daily living
- ◆ Impairments in recreation and leisure
- ◆ Impairments in environmental control

Communication Disorders

For individuals with communication disorders, there is a wide range of assistive technology devices available. Typically called Augmentative Alternative Communication (AAC) systems, these devices range from very simple picture books to high-end, sophisticated computerized communication devices. Children who have severe communication disorders can benefit academically, emotionally and socially from the provision of an AAC system. Effective AAC allows them to *communicate* their thoughts, learn and share information and ideas, and otherwise participate in life activities.

Visual Impairments

The term visual impairment technically encompasses all degrees of permanent vision loss, including “total blindness”, which affects a person’s ability to perform the usual tasks of daily life. *Low vision* refers to a vision loss that is severe enough to impede performance of everyday tasks, but still allows some useful visual discrimination. Low vision cannot be corrected to normal acuity by regular eyeglasses or contact lenses. For individuals with visual impairments, there are a variety of assistive technology devices and strategies available to assist them to perform daily activities such as reading, writing, daily care, mobility and recreational activities. Low technology solutions might include a simple handheld magnifier, the use of large print or Braille text to facilitate reading, or mobility devices (e.g., long cane) for safe and efficient travel. High technology solutions might include a computer with a speech synthesizer and software that allows written text to be read aloud.

Hearing Loss

For an individual who is deaf or hard of hearing there are two major effects of hearing loss: lack of auditory input and compromised ability to monitor speech output. Assistive technology devices such as hearing aids and FM systems can often be used to facilitate auditory input and speech output. Other types of assistive technology devices provide a visual or tactile representation of the auditory signal. These include flashing lights or vibrating alarms to indicate an emergency (fire, tornado), the phone ringing, or someone at the door. Low technology solutions or technology-free solutions might include use of sign language or other visual or tactile representation of the spoken word or providing information in a print format. Another adaptation is computer-assisted translation. Referred to as the acronym CART (Computer Assisted Realtime Translation or Communication Access Realtime Technology), this solution involves a specially trained typist who captures or types the discourse of the speaker(s) on a computer that is then

projected onto a monitor or other display. A variation of CART is Computer Assisted Notetaking (CAN) when the primary purpose is to provide a written record for a student.

Learning/Cognitive Impairments

Children can present with a variety of learning and cognitive impairments resulting from either developmental or acquired disabilities. Assistive technology can provide important accommodations for both temporary and long-term cognitive disabilities. It can also be a critical tool used during the recovery phase of an acquired injury.

Children with learning disabilities may require an assistive technology solution as well. For example, many children with learning and/or cognitive impairments struggle with developing literacy skills, completing math calculations, and organizing information for studying or learning.

Fortunately there are a number of both low and high technology solutions available to assist them. Simple solutions for reading and writing can include colored highlighter tape, color overlays, enlarged text, pencil grips and word books containing frequently used spelling words. In math, simple solutions may include graph papers, enlarged calculators and color coding systems for math signs. In learning and studying, low tech solutions include devices such as visual timers, ear plugs to block out distracting noises and organization binders for keeping track of school materials.

A variety of high tech options are available to help children with learning and cognitive impairments. In the areas of reading and writing, specially designed software programs are available to convert scanned text into electronic text that can then be enlarged, read aloud by the computer, or enhanced with graphics, pictures and internet website links. Spelling supports, such as a hand held electronic spelling aid or word prediction software program, help children create written documents despite spelling limitations. Voice recognition software captures a child's speech and converts it to text with no typing required. In the area of math, there are a variety of software programs to help children understand math concepts using pictures, graphics and text to speech support. Finally, in the area of learning and studying, children can use an electronic calendar on a hand held device to help organize assignments and receive reminders for due dates.

Positioning and Mobility Impairments

Children with positioning and mobility impairments can benefit significantly from the use of assistive technology. Providing stable positioning will promote the child's ability to function in all environments to include the home, school and community. Poor positioning can have a significant impact on an individual's ability to learn, concentrate and physically interact with their environment. Examples include keyboarding, eating, writing and drawing, or simply playing with toys. Assistive Technology to promote proper positioning is often considered for children with severe physical disabilities. However, some children who have no physical disabilities may still benefit from AT to promote proper positioning. For example, children who are unable to sit still in a chair may benefit from use of a non-slip material to help them stay seated and concentrate better. Seat belts, bolsters and foot supports are other examples of simple or low tech positioning aids. Positioning aids can also be very complex and customized to the user.

Therapists who are knowledgeable in wheelchair seating evaluations should be consulted for these types of recommendations.

Individuals who lack the ability to move independently in their environment may benefit from mobility aids. There are a variety of low and high tech mobility aids available. The aids may include devices such as canes, crutches, walkers, gait trainers, manual wheelchairs, scooters, power cars and power wheelchairs. Power wheelchairs can be operated by a variety of mechanisms using specialty switches. This makes it possible for the very young child (2 to 3 years old) as well as people with severe physical disabilities, to control these devices.

Ergonomic Issues

Children come in all shapes and sizes. Computer desks, tables and chairs typically used in computer labs and classrooms don't always fit the sizes and abilities of children. When children with disabilities (and without disabilities) are not positioned appropriately and spend hours repetitively performing the same movement, injuries can and do occur. An area of concern for assistive technology practitioners is the development of repetitive motion disorders. Repetitive motion disorders occur when someone repeatedly performs the same motor movement to the point where injury occurs. For many children, the use of computer keyboards and other technology presents an opportunity for this to happen.

Impairment in Activities of Daily Living

Children who struggle to participate in daily living activities such as dressing, toileting, bathing, feeding and hygiene may benefit from assistive technology to increase their independence in these tasks. A variety of low and high tech aids are available to assist children who have difficulty with activities of daily living. Examples include:

- ◆ Adapted eating devices such as built-up spoons, plate guards and non-slip materials placed under bowls and plates;
- ◆ Adapted drinking devices such as cups with specialized handles and elongated straws;
- ◆ Adapted dressing equipment such as button hooks, dressing sticks, and elastic shoelaces;
- ◆ Adapted devices for hygiene such as a long-handled hairbrush and a raised toilet seat; and
- ◆ Adapted devices for bathing such as a long-handled sponge, bath mitt and adapted bath chair.

Impairments in Recreation and Leisure

Children who are unable to participate in play and leisure activities may benefit from assistive technology. A variety of low and high tech aids are available to assist children in leisure activities. Examples include:

- ◆ Toys adapted with Velcro or specialized holders for children who have no grasp;
- ◆ Switch operated toys and devices for individuals with limited physical movement;

- ◆ Adapted sporting equipment such as hand-operated bicycles and sport wheelchairs; and
- ◆ Adapted software and switch activities for creating art or playing games on a computer or iPad.

Impairments in Environmental Control

Individuals who have difficulty accessing and/or controlling their environment may benefit from AT. A variety of low and high tech devices are available to improve a child's interaction and independence in controlling the environment. Examples include:

- ◆ Reaching devices and extended handles for turning light switches on and off and opening/closing doors;
- ◆ Switches used in conjunction with a battery adapted toy or device; and
- ◆ Environmental control systems that can run a computer, television or stereo or open/close doors remotely by activating a switch or speaking a command.

Section III. LOAN BANK PROGRAMS IN COLORADO THAT PROVIDE ASSISTIVE TECHNOLOGY

In addition to the loan programs described below, some vendors and manufacturers will offer demonstrations or loan equipment for short term use. In some cases, Medicaid also will pay for short-term rental equipment.

Colorado Assistive Technology Loan Bank for Early Intervention Teams

The Colorado Department of Human Services, Division of Developmental Disabilities, has funded the purchase of a wide array of assistive technology devices for use with children ages zero through 2.

- AAC devices
- Toys and adapted toys
- Positioning and mobility equipment
- Mounting devices
- Switches
- Learning/cognitive aids and software
- Computer access aids
- And others

These devices are available for loan for evaluation and trial purposes. They can be checked out by any of the Early Intervention Assistive Technology Specialists for use by any Early Intervention provider. Equipment may be borrowed for 6 weeks, including transit time.

- ◆ All equipment from the Colorado Assistive Technology Loan Bank for Early Intervention Teams must be requested by an Early Intervention Assistive Technology Specialist.
- ◆ The purpose of the Loan Bank is to facilitate assessment/device trials to assist with decision making, professional development, or short-term use while an individual's device is in repair. This is not intended to be a long-term solution.

For more detailed information regarding training to become an Early Intervention AT Specialist and/or the Colorado Assistive Technology Loan Bank for Early Intervention Teams, please call (303) 315-1280, (800) 255-3477, or (303) 837-8964 (TTY).

Colorado Assistive Technology Loan Bank for SWAAAC Teams

The Colorado Department of Education, Exceptional Student Leadership Unit/SWAAAC program, has purchased a wide array of assistive technology devices. This technology includes:

- AAC devices
- Positioning and mobility equipment
- Mounting devices
- Switches
- Learning/cognitive aids and software
- Devices for play and leisure
- Computer access aids
- And others

These devices are available for loan to the SWAAAC teams for evaluation and trial purposes. Equipment may be borrowed for 6 weeks, including transit time. All devices are available for loan throughout the school year and during summer sessions for year-round school districts.

- ◆ All equipment from the Loan Bank must be requested by the SWAAAC Team Coordinators.
- ◆ The purpose of the Loan Bank is to facilitate assessment/device trials to assist with decision making, professional development, or short-term use while an individual's device is in repair. This is not intended to be a long-term solution.
- ◆ The Colorado Assistive Technology Loan Bank for SWAAAC Teams is housed and administered by the Colorado Department of Education's, Exceptional Student Leadership Unit, Central SWAAAC Office.

For more detailed information regarding the Colorado Assistive Technology Loan Bank for SWAAAC Teams, please call (303) 315-1280, (800) 255-3477, or (303) 837-8964 (TTY).

Low Vision Device Loan Bank

The Colorado School for the Deaf and the Blind (CSDB) has a technology loan bank for students who are blind/visually impaired in Colorado. Housed at the Colorado Instructional Materials Center (CIMC), which is located on the campus of CSDB in Colorado Springs. Additional information regarding available equipment, technology and the lending process is located on their website at www.csdb.org.

Assistive Listening Devices Loan Bank

The Colorado Assistive Listening Device Loan Bank was established to meet the short term assistive listening device needs of children with hearing loss in school districts and early intervention programs. School districts should plan to purchase their own equipment when long term use is anticipated. Short term is typically defined as a maximum of two academic years per child. Children, who have borrowed loan bank equipment for two years or more, may be provided equipment based on availability. Priority for access to equipment in the loan bank will be given to children who have not borrowed loan bank equipment in the past.

- ◆ All FM systems from the Loan Bank must be requested and fitted by an audiologist using proper fitting and verification procedures. Individual unit settings will not be made by the loan bank.
- ◆ Use of FM systems must be specified in the child's IEP or IFSP.
- ◆ The Colorado FM Loan Bank is housed and administered by the Colorado School for the Deaf and the Blind, Audiology Department, 33 North Institute St., Colorado Springs, CO 80903, (719) 578-2183.

For more detailed information regarding the early intervention or school-age loan programs, please contact the Loan Bank at the number indicated above.

Section IV. STATE AND FEDERAL REGULATIONS GOVERNING ASSISTIVE TECHNOLOGY

State and Federal Regulations about Assistive Technology

There are several laws that define and determine the educational and civil rights of persons who require assistive technology. These include Part B and Part C of the Individual with Disabilities Education Act (IDEA); the Americans with Disabilities Act (ADA); and Section 504 of the Rehabilitation Act. Colorado also has two consumer protection laws regarding assistive technology.

IDEA Part C Provisions for Assistive Technology Devices and Services

Part C of IDEA concerns infants and toddlers with disabilities. Children with disabilities from birth through two, who are experiencing developmental delays in cognitive, physical, communication, social/emotional development, or in self-help skills, or who have a diagnosed physical or mental condition which has a high probability of resulting in developmental delay, are eligible under this program to receive early intervention services. [20 U.S.C. 1432(5)]

A comprehensive multidisciplinary evaluation of each child's strengths and needs must identify resources appropriate to meet the needs of the child, including assistive technology. Statements about early intervention services, including assistive technology devices and services and how they will be delivered must be part of the Individual Family Service Plan (IFSP). Parental input is vital in the selection and implementation of assistive technology. [20 U.S.C. 1436(d)]

Unlike Part B of IDEA, Part C does not require a Free Appropriate Public Education (FAPE) be provided to each eligible child. Instead, assistive technology and other services are required as one of many Early Intervention services that can be provided in natural environments to meet the developmental needs of the child.

IDEA Part B Provisions for Assistive Technology Devices and Services

[34CFR 300.5] *Assistive technology device* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. The term does not include a medical device that is surgically implanted, or the replacement of such device.

[34CFR 300.6] *Assistive technology services* mean any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:

(a) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;

- (b) Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- (c) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
- (d) Coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (e) Training or technical assistance for a child with a disability or, if appropriate, that child's family; and
- (f) Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers or other individuals who provide services to employ or are otherwise substantially involved in the major life functions of that child.

Section 504 of the Rehabilitation Act and the use of Assistive Technology

Some children have impairments but do not need special education and therefore they do not meet eligibility requirements under the IDEA. Services, however, may be provided under Section 504 of the Rehabilitation Act. Section 504 of the Rehabilitation Act of 1973 is a civil rights statute that prohibits agencies and programs which receive federal funds from discriminating against individuals with disabilities. Under Section 504 an individual with a disability is defined as a person who

- (i) has a physical or mental impairment which substantially limits one or more major life activities,
- (ii) has a record of such an impairment, or
- (iii) is regarded as having such an impairment. [29 U.S.C. 706(8)(B)]

Major life activities include such items as walking, sleeping, seeing, hearing, learning, caring for one's self, performing manual tasks, speaking, breathing, and working. Some children who are not eligible for special education services may be able to receive services under the protection of Section 504.

Since public preschools, elementary and secondary schools are federally funded, they must provide students with disabilities a Free Appropriate Public Education and ensure that students are afforded an equal opportunity to participate in all academic and extracurricular school programs.

Schools may have to make special accommodations, including the provision of assistive technology devices and/or services, to allow students with disabilities to have access to the full range of programs and activities.

The Americans with Disabilities Act (ADA) as a Support for Students who Require Assistive Technology

The Americans with Disability Act (ADA) is a civil rights statute passed in 1990 to protect the rights of persons with disabilities in school, work, and recreation. Title II of the ADA covers state and local government services. It prohibits discrimination against qualified individuals in the services, programs, or activities of the public entity, such as public school systems and publicly operated preschool programs.

Regulations of Title II of the ADA state that “No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs or activities of a public entity, or be subjected to discrimination by the public entity.” [28 CFR 35.130(a)]

Aids, benefits and services provided to children with disabilities must be equal to those afforded to others and must be as effective in affording equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement.

In order to comply with Title II, school systems may be required to make reasonable modifications in policies, practices, and procedures or to provide “auxiliary aids and services” to the student with a disability. [28 CFR 35.130(b)(7)] These include assistive technology devices such as tape recorders, computers, and listening devices. In addition, the terminology includes assistive technology services, such as the acquisition or modification of equipment. [28 CFR 35.104]

Title III of the ADA prohibits places of public accommodations (privately owned entities) from discriminating against persons with disabilities. Title III requires public accommodations to make reasonable modifications in policies, practices and procedures that would afford individuals with disabilities an opportunity to participate in and benefit from the goods and services of the public accommodation. Title III covers private schools and day care programs. “Auxiliary aids and services” may be required if appropriate and entities must eliminate architectural barriers that are readily achievable to remove. [28 CFR 36.304]

Colorado’s Exceptional Children’s Education Act (ECEA) and the Federal Requirements

Colorado rules for special education refer to the IDEA regulations regarding assistive technology and thus require that assistive technology be utilized as part of the assessment if the child needs it to complete the assessment process, that a child’s need for AT be considered as a special factor, and if needed that AT be included on the IEP. Colorado uses the IDEA definitions of Assistive Technology devices and services.

Consumer Protection and Assistive Technology

Colorado's Assistive Technology Lemon Law CRS 6-1-305 and Colorado's Facilitative Technology Lemon Law CRS 6-1-501 promote independent living and self-sufficiency for persons with disabilities in order to reduce their reliance on publicly funded supports.

Assistive technology must be of quality and covered by adequate warranties and available services to maintain proper working conditions. Regarding wheelchairs, dealers must assure availability of appropriate replacement technology while the consumer's own technology is being repaired. Dealers must refund or replace wheelchairs and other facilitative technologies that are defective, not repairable, or do not conform to standards. The law encourages manufactures and dealers to cooperatively pool assistive technology resources for loan purposes. Colorado's Licensed Hearing Aid Providers Deceptive Trade Practices Act, CRS 12-5.5-301 requires that audiologists and hearing aid dealers provide a thirty day trial period and that the buyer is entitled to a refund. Notification must occur within thirty days. A hearing aid supplier cannot sell a hearing aid for a child under eighteen years of age unless there is written documentation that the child has seen both a licensed physician and a registered audiologist.

Section V. CONSIDERATION, EVALUATION AND IMPLEMENTATION

Assistive technology is used to increase a child's access and participation in meaningful activities at home, school, and in the community. The process of considering a child's need for AT, evaluating whether AT devices and services are necessary, and then implementing the use of AT is similar for children with disabilities across the life span, whether they are receiving services through the early intervention system or within the public schools. This process has three key components: consideration, evaluation, and implementation.

Consideration:

IDEA states there are special factors that must be considered when developing an IFSP for children birth through two, or an IEP for children three to twenty-one years. Included among those special factors is a requirement that the IFSP/IEP teams specifically consider *whether the student requires assistive technology devices and services*. In many cases, further evaluation is needed to determine if a child will require AT devices and services.

Evaluation:

In Colorado, the assistive technology selection process begins with a comprehensive assessment. Referrals can be initiated by anyone (including the child) concerned about potential barriers interfering with the child's *normal development or ability to either participate in their natural environment or to access the general education curriculum*. A comprehensive evaluation process is necessary to determine if a child will benefit from assistive technology devices and services, and/or to determine what type of assistive technology devices and services are needed. Evaluating a child or student's assistive technology needs is typically an ongoing process rather than a one time event. A team meeting is often a good place to start, in which key people participate. These members may include: the child and his/her family or caregivers, and other members of the IFSP/IEP team such as teachers, therapists, and other professionals who are knowledgeable about the child and invested in his or her success. The initial phase of the assessment focuses on collecting data and information about the barriers limiting access to the natural environment or educational curriculum. It is important to recognize from the outset that a variety of solutions should be considered. This may include low and high tech solutions as well as accommodations and modifications, or a combination of all. It is critical to remember that the number one reason for technology abandonment is "lack of consumer preference and choice" (Phillips & Zhao, 1993). It is vital that the individual who is going to be using the technology be involved in the selection and choice of the adaptation and/or device.

Careful consideration of child's goals, needs, limitations, and abilities will guide the team to establish priorities. The team also needs to discuss the environments where the child

will function and the specific tasks he/she needs to complete. It is also helpful for the team to observe the child's peers to determine what activities the child is or is not engaged in. For example, a child with fine motor impairment of the hands may be unable to engage in writing activities, but could achieve this skill with appropriate assistive technology. Having a comprehensive view of all of these factors can then guide the team to brainstorm potential AT devices and services that may be useful.

Once potential devices and services are discussed, the team can set up trials with these devices, if appropriate, ideally in the environment(s) where they will be used. The assistive technology services necessary for a successful trial may need to be determined, such as delegating which person will borrow the device from a loan bank, program the device, make sure the device is working correctly, train the child to use it, and so on. Once the trial(s) is complete, teams should evaluate its effectiveness. If a device is deemed necessary, the process of implementation begins. If a device is not useful in meeting the child's needs, further evaluation with the device or with different devices or strategies may be warranted.

Implementation:

Once the assessment is complete, the IFSP or IEP team determines which assistive technology devices and services a child needs. These recommendations are documented on the IFSP/IEP by the team. While IDEA does not state that a specific assistive technology device be identified by name (e.g. Intellikeys), it does require that a specific statement of devices and services be included. In many cases, as described above, children require the opportunity to trial a number of devices prior to final purchase. It is sometimes difficult to make a final selection prior to the end of the IFSP/IEP process. In that case, it is imperative that the necessary identified features of the device be included in the IFSP/IEP. For example, "Johnny requires an augmentative/alternative communication device which will enable him to have access to at least 32 single locations, with memory to incorporate at least 40 phrases." In other cases, teams are sometimes reluctant to name a specific device because a child may be moving to another area. For example, most personal FM systems provide essentially the same functions, yet individual school districts may have purchased any number of brand names. In no case, should the child remain without an assistive technology device because of the length of time required to finalize the IFSP/IEP (Chapman, 1999).

In addition to documenting the device or necessary features of a device on the IFSP/IEP, it is also imperative that teams document the services necessary for successful implementation of the device(s) in the identified environments. These services are similar to the supports required for a successful trial, such as delegating which person will acquire the device (via purchase or seeking funding from a third party payer), program the device, make sure the device works properly, train the child and other key personnel in its use, and monitor effectiveness over time as the child's abilities, environments and tasks change.

Section VI. FUNDING SOURCES TO PURCHASE ASSISTIVE TECHNOLOGY

This section provides information on a variety of funding sources and specific Medicaid waivers. This may be useful for IEP/IFSP teams when considering purchase of AT devices and services. In addition, a comparison of benefits provided by medical/Medicaid services, the school, and parents is located in Appendix A.

Funding Guide²

This guide was developed to assist families, professionals, and consumers to locate funding resources available within the State of Colorado. In any funding system there will be eligibility criteria, identified benefits, procedures and appeals processes. This grid is intended to assist in identifying possible funding sources. In no way are we promoting organizations listed below. Omissions of possible agencies were not intentional.

*NOTE: all denials should be obtained in writing.

√ = Benefit Available

Funding Resource	Type of Funding & Eligibility	Birth-5	5-18 Years	18-21 Years	21 years and beyond
Private Insurance	Medically related benefits, based on individual's plan. Private insurance is payer of first resort.	√	√	√	√
Medicaid Customer Service 1-800-221-3943 303-866-3513	Medically necessary benefits based on Medicaid State and Federal rules and regulations (Volume 8). Medicaid is a health care program for low income Coloradoans. Specific income guidelines contact, Medicaid customer service (303) 866-3513 or 1-800-221-3943 TDD/TTY (303) 866-3305	√ +EPSDT (Early, Periodic, Screening & Diagnosis)	√ +EPSDT	√ +EPSDT	√
Medicaid HCBS Waivers 1-800-221-3943 ext. 2075 or 303-866-3513	Colorado has 10 different Home and Community Based Waivers. Waiver programs provide additional Medicaid benefits to specific populations who meet special eligibility criteria.	√ +EPSDT	√ +EPSDT	√ +EPSDT	√
Medicare "Hotline" 1-800-727-7086 303-695-3333	Medicare is a health care program for Coloradoans over the age of 65 and individuals with disabilities under 65. Legal immigrants qualified aliens or US citizens. Part A-"Hospital Insurance", Part B-Physician Services	√ Dialysis patients	√ Dialysis patients	√ Dialysis patients	√
CHP+ Children's Basic Health Plan 1-800-359-1991 303-692-2960	A low cost insurance plan for kids, <ul style="list-style-type: none"> " Not eligible for Medicaid " Colorado residents " Living in a financially qualified family " US citizen or permanent US resident " No other insurance 	√	√	√	

² Adapted from C. Blakely (1999)

Funding Resource	Type of Funding & Eligibility	Birth-5	5-18 Years	18-21 Years	21 years and beyond
Community Centered Board (CCB)	Services based on Colorado Developmental Disability definition. Local CCB administers: CES Waiver, SLS Waiver, provides for residential services, Family Support and other support services for individuals w/Dev. Dis. diagnosis.	√ EI, FSSP, CMW, CES	√	√ SLS (Supported Living Support)	√
SSDI	Supplemental Security Disability Income (SSDI) Has a 24-month wait period. Based on amount paid in from employment. Individual, or disabled, retired, deceased parent (age 65)	√ Insurance	√	√	√
SSI	Supplemental Security Income (SSI) Based on disability. Based on Income Level.	√	√	√	√
TANF	Temporary Aid to Needy Families (TANF) (Formerly called AFDC) Provides cash assistance to needy families.	√	√	√	√
HCP Health Care Program for Children with Special Needs	Health Care Program for Children with Special Needs. Based on income and/or Medicaid eligibility. Eligible children may receive orthodontia, hearing aids and supplies; some limited OT and PT; home interventions services for deaf and hard of hearing; inpatient services, specialist care, some nutrition screening, assessment and counseling.	√	√	√	
IDEA-Part C Community	Based on Federal IDEA Law (Individuals with Disabilities Education Act). Part C refers to a section of this act, which addresses the priorities and concerns of families with children birth-3. There are Part C networks throughout Colorado. Part of an IFSP (Ind. Family Service Program) to assist families.	√ Up to 3 years			
Child Find Ask for the Child Find Coordinator in your local school district	A program available based upon Free and Appropriate Public Education (FAPE), identified by IDEA. This program through the public school systems is designed to identify children from birth through 21 years who may have special needs. It provides evaluations and assessments including vision, hearing, speech and developmental and thinking skills.	√	√	√	
IDEA-Part B School District	Provides students with disabilities to have meaningful opportunities to an education, a Free and Appropriate Education (FAPE). Child must be found eligible based on disability, testing and academic performance. Teams of professionals, including the parents, create a document called the IEP (Individual Education Plan). Education supports are to be at no cost to the family.	√ Age 3-5	√	√	
504 Plan	This service is specifically for a student without an IEP or not qualifying for Special Education, yet needing support services. Based on federal law, The Rehab Act.	√ Age 3-5	√	√	√
IDEA-Part B Transition Services School District	Creates a plan or set of goals in the IEP which address transition from school based services to higher education, employment or community-based services. Student must have a current IEP and qualify for special education services. Based on IDEA federal law.	√ Age 3-5	√ Age 14-8	√	
Vocational Rehabilitation	Provides services for employment-based objectives. Creates an Individual Work Rehabilitation Plan (IP). Assists individual with education, training, supports and services to achieve employment goals.		√ Age 14-8	√	√

Funding Resource	Type of Funding & Eligibility	Birth-5	5-18 Years	18-21 Years	21 years and beyond
Public and Private Agencies	Services provided and eligibility based on individual agency bylaws, mission statement and requirements. Direct service providing agencies maintain individual criteria of eligibility and fees. Contact agencies in your community to find out what services are offered and eligibility criteria. Such as: Easter Seal, United Cerebral Palsy (UCPA), United Way Organizations, Muscular Dystrophy Assoc. (MDA), Epilepsy Foundation, Multiple Sclerosis (MS), Developmental Disability Planning Council (DDPC).	√	√	√	√
Grants and Trust Funds	Funds set aside to provide for specific areas of interest. The criteria for eligibility and fundable programs and services are based on each mission statement. Processes for submitting requests are defined in the <i>Colorado Grants Guide</i> , by Community Resource Center, Inc.	√	√	√	√
Community Service Organizations	Specific requirements and organization's interest areas identified by mission statements and fund raising efforts. Examples: Elk, Lions, Sertoma, Kiwanis, Shriner's	√	√	√	√
Independent Living Center	Colorado has 9 Independent Living Centers around the state. This funding is through Vocational Rehabilitation and assists people to increase their independence. They provide training and support. There are times throughout the year stipends of dollars are dispersed.			√	√
Church and Civic Organizations	Based on people and interests of the specific organization. Always willing to listen if approached with ideas, i.e. the garden club that helps raise money for the adaptive playground.	√	√	√	√
Workman's Compensation	Based on individuals' claim and benefits. Must Be a working individual and of legal age. Proof of injury related to work is necessary.			√	√
Veteran's Administration or Tricare/CHAMPUS	A child, individual or beneficiary of someone in the armed services. Benefits based on benefit package provided.	√	√	√	√
Support by family members	Some funders will ask if you have access to family members who could assist you financially. Be prepared to respond either with a denial from family or an amount agreed upon with parents, guardians, etc.	√	√	√	√
Low Interest Loans	Contact your local bank or lending institution.	√	√	√	√
Other Possible Funding Sources	Railroad Retirement, HUD, Childcare subsidies, medical insurance sheltering plans and others.	√	√	√	√

Medicaid Waivers for Children

Medicaid waivers are an optional way for the State of Colorado to provide Medicaid services to children with special challenges who would not otherwise qualify for Medicaid. This section is intended to define the different Medicaid Waivers and to describe the specific population each waiver serves.

Each state has the ability to design its own waiver package, each with its own emphasis. It is very important to understand the intent of each waiver. Colorado and the agencies that administer these waivers understand that home placement is best for most children with significant disabilities. They understand that caring for these children can be costly and can drain families' resources; therefore, these programs are intended to keep children in their home with supports, rather than placing them in Nursing Care Facilities (NCF), hospitals or Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The State of Colorado also considers the cost effectiveness of these services. If a child is in the home, he or she will cost the state less, even with supports, than if the child were in an out-of-home placement or facility.

In order to qualify for a Medicaid Waiver, the child must meet financial, medical and program criteria. Not every child with a disability will qualify for a Medicaid Waiver. Usually the parent's income is counted toward the child's financial eligibility for regular Medicaid. Under these waivers, only the resources and income of the child alone are considered. The child must have less than \$1,536 per month countable income and \$2,000 in resources, such as a savings account, in order to qualify. A child with a large settlement, trust or money available to them may not qualify based on their assets.

Colorado has ten Medicaid waivers, four of which specifically target children ages birth through age 17. These waivers are called "Home and Community-Based Waivers" or "HCBS Waivers", to identify that the service is delivered in the home or community setting. The following paragraphs provide a brief description of each waiver including the intended population.

"Children's HCBS Waiver"

This waiver, also referred to as the Katie Beckett or Model 200 Waiver, was created to provide Medicaid covered services in the home or community for children, birth through 17. This waiver targets the child with a disability who would otherwise be ineligible for Medicaid due to excess parent income and/or resources, but would benefit from Medicaid services, such as durable medical equipment, home health care, medical supplies or hospital benefits. The Children's HCBS Waivers offer case management services and access to Medicaid benefits. The medical criterion for this waiver (and all the waivers) is that this child would be at risk for nursing home or institutional level care, without the waiver. In other words, if the family could no longer care for the child, the child would have to be placed in a nursing home or hospital facility.

Children are very different from one another and disabling conditions vary greatly. Therefore, to qualify for this waiver, at a minimum, the child must need:

- ◆ close to 100 percent self care supports (bathing, feeding, supervision), and;
- ◆ require some level of nursing support: medications, catheterization, bowel program, breathing treatments, suctioning or be ventilator-dependent

Children eligible for this waiver may or may not also meet the eligibility for a developmental disability. The Department of Health Care Policy and Financing administers this waiver; for more information, contact **Lois Jacobs at (303) 866-4770**.

Children's Extensive Support Waiver, "HCBS-CES"

"Home and Community-Based Services - Children's Extensive Support Waiver"

This waiver is different from the one above in that it was created to support children with a high level of significant behavioral and/or medical needs. It is for a child who requires 24-hour-a-day "line of sight" supervision due to a medical condition or, would be unsafe to themselves and others if not constantly watched, such as children who wander through the night. This waiver requires the child to have a developmental disability or a developmental delay. It also provides some additional funding for benefits and services to address the safety of the child and family. It also has supports for personal assistance because these children have the most significant disabilities. Another difference in this waiver is that a family can be eligible for Medicaid and eligible for this waiver because of the supports and services necessary to provide a safe environment due to the severity of a child's disability. The child most appropriate for this waiver needs constant supervision due to life-threatening medical conditions or behaviors. This waiver is administered by the Department of Human Services, Developmental Disabilities Services; for more information contact **Sheila Peil at (303) 866-7467**

Children's Habilitation Residential Program Waiver, "HCBS-CHRP"

"Home and Community-Based Services - Children's Habilitation Residential Program"

This waiver is unique in that it is specifically charged with providing residential services (out-of-home-placement) for children and youth (age birth to 21) in foster care with developmental disabilities and/or extraordinary needs. A significant difference with this waiver is that parents must give up guardianship of the child. This allows the county to make decisions on what services will be provided.

Based on individual situations, some parents wishing to remain a part of the decision making team may be able to do so. Again, this waiver is for children who would be at risk of an institutional placement if not for this program. It provides a way for services to be provided without the high costs of an Intermediate Care Facility (ICF/MR), while allowing children to remain in a residential community environment while providing more intense therapies or habilitative services. The HCBS-CHRP waiver is administered by the Department of Human Services, Division of Child Welfare Services under the oversight of the Department of Health Care Policy and Financing. For more information contact **Connie Fixsen at (303) 866-4393**.

Medicaid Waivers for Adults

In Colorado, at the age of 18, an individual becomes "emancipated" from their parent's income. Therefore, the waivers we have discussed above are for children up to their 18th birthday. Within one month of turning age 18, the child can apply for Supplemental

Security Income (SSI) as an individual, and access Medicaid. The individual must qualify for SSI, based on their income and assets, not their parent's, and receive a medical eligibility determination.

Other waivers include: **Elderly, Blind and Disabled Waiver "EBD"**, **Supported Living Services Waiver "SLS"**, and the **Comprehensive Services Waiver "HCB-DD"**, which are all home and community-based waivers for ages 18 and older; and the **Brain Injury Waiver** specifically for individuals who are between the ages of 16 and 64 with brain injury returning to the community from a hospital or rehabilitation facility. There are also waivers for persons living with **AIDS** and for individuals with **Mental Illness**.

For a chart of all the waivers, their primary purpose, how to apply, services available and contacts, call Medicaid Customer Service at 1-800-221-3943, or outside Denver Metro, (303) 866-3513.

Section VII. FREQUENTLY ASKED QUESTIONS (FAQs) ABOUT ASSISTIVE TECHNOLOGY

Assessment Issues:

1. Who is eligible to receive an assistive technology assessment?

Any child can be referred for an assistive technology assessment by any member of the team including the family and/or the child. The assessment must be tailored to the unique needs of the child and provided in an environment where the child will perform at his/her potential. There is no specific test for evaluating the need for assistive technology. Therefore, prior to conducting the evaluation, the team needs to have a well planned evaluation process (see Sections I and V).

2. What professionals are considered qualified to assess a child in the area of assistive technology?

Personnel providing AT services for individuals birth to twenty-one are considered qualified to provide AT services if they have a degree/discipline specific certification or license and additional professional development in AT. It is the responsibility of the state CCB, school or district to provide appropriate training for professionals in AT service provision, including assessment.

3. Who should be included within the team of professionals to assess children for assistive technology?

Those involved in assessments might include: parents, child, early childhood special educator, special education teacher, occupational therapist, physical therapist, speech-language pathologist, audiologist, vision specialist, technology specialist, general education teachers, school nurse, paraprofessionals, or any other individuals familiar with the child and invested in his/her success.

4. Can an independent evaluation be requested to address assistive technology?

If the CCB, school or district does not have appropriately trained personnel, it must obtain such persons to perform the evaluation. If parents disagree with the results of the evaluation performed by the IFSP team or school, they can request an independent evaluation.

5. When is it appropriate for a child to use assistive technology when participating in educational evaluations?

Children may use assistive technology to participate in assessments, such as for special education assessment, classroom-based assessments, state and local district assessments, etc. The use of assistive technology devices during assessment of

children with identified AT needs ensures their performance accurately reflects their aptitude or achievement level or whatever the test purports to measure.

6. Is an IFSP/IEP required to receive assistive technology?

Some children may require simple accommodations or adaptations to their environment such as a built-up handle for a spoon for a young child or wood blocks to raise the table height for a school-aged child. Such accommodations may be provided as part of the child's Early Intervention program, general education program, or a 504 plan without the necessity of an IFSP/IEP. Common sense should prevail in these decisions.

Funding Responsibilities and Resources:

1. Are early intervention services or schools required to pay for assistive technology devices and services?

An infant or toddler with a disability who needs assistive technology must have the need for the device documented in the IFSP. Sources of funding can include Medicaid, private insurance upon parent approval, or the utilization of Part C funds through local agencies.

For children ages 3 to 21 who need assistive technology, it is the responsibility of the school or district to provide the equipment, services or programs identified in the IEP. The school may pay for the equipment, services, or programs itself, utilize other resources, or cooperatively fund the device(s) and/or services (see Section V).

2. Can CCBs or schools require parents to pay for an assistive device(s) or service(s) identified in the child's IFSP/IEP, or require the parents to use their own private health insurance to pay for the device and/or services?

As stated in IDEA and its regulations, all early intervention, special education and related services identified in the child's IFSP/IEP must be provided at no cost to the parents.

3. Can Medicaid funds be used to purchase assistive technology devices?

Medicaid funds or private insurance can be accessed only if the parents agree. Parents are not obligated to use private insurance or Medicaid (see Section VI).

4. What other resources can be considered in lieu of purchasing assistive technology devices?

CCBs, schools or districts might consider rental or long-term lease options of equipment or devices. Computers can often be leased, but many devices do not have long term lease options. Advantages to leasing include no obligation to purchase the device, reduction of obsolete inventory, flexible leasing terms, upgrading equipment as

improved technology becomes available, and upgrading of equipment as the child's needs change (see Section V).

5. Who determines how assistive technology will be purchased and with what available funding resources – the IFSP/IEP team or administration?

Once the IFSP/IEP team makes the determination that assistive technology must be provided as part of the child's IFSP/IEP, it is the responsibility of the CCB or school administration to determine how the assistive technology will be provided and with which funding resources. The decision as to the appropriate type of assistive technology should be based on the child's needs as determined by the evaluation recommendations and IFSP/IEP team decision.

6. Is a CCB or school responsible for providing “state of the art” equipment for a child?

IDEA states that “state of the art” technology is not required.

Equipment: Ownership, Use, Repair, Insurance

1. Who owns the assistive technology that is purchased for the child?

If the CCB, school or district purchases the equipment or device, the CCB, school or district owns the device. If the device(s) is purchased with the child's private insurance or Medicaid funds, it belongs to the child and is meant for exclusive use by the child. If the device was donated, the IFSP/IEP team or the donor decides ownership.

2. Under what circumstances can assistive technology devices be taken and used in the home?

A child can take a device home if the IFSP/IEP team determines the child needs the device in order to achieve developmental skills or implement the educational program. For the birth to three population AT devices and services are intended to be used in the natural environment.

3. What happens to the assistive technology device when the child transitions from Part C to Part B services or moves or leaves the school system?

If a child's AT device is listed on the IFSP then it can be transitioned to the IEP at school. A transition plan for the child should be documented on the IFSP. Any device belonging to the CCB, school or district remains with the CCB, school or district if the child leaves the system. The same device or a comparable device must be provided when a child moves from grade to grade or school to school.

4. Who is responsible for customization, maintenance, repair and replacement of assistive technology?

It is the CCB, school or district's responsibility to customize, maintain, repair and replace devices owned by the CCB, school or district, or when a family-owned device is used to provide FAPE.

5. Do assistive technology devices have warranties or insurance coverage?

Some assistive technology devices have warranties and some devices can be insured. CCB or school liability policies may cover devices purchased by the CCB or school for a child's use. CCBs or schools should check their individual policies for specific inclusions.

6. Can the school require the child to bring a personally owned assistive device, such as an augmentative communication system or laptop computer, to school?

The school cannot require the child to bring a personally owned assistive device to school, but the parents may choose to send the device because the child is most familiar or comfortable with it (see Section V).

The IFSP (Individual Family Service Plan):

1. How does one distinguish between assistive technology and personal items (e.g., wheelchairs, hearing aids, eyeglasses, etc.)?

Early Intervention (EI) only deals with AT that is relevant to the *developmental* needs of the child. EI specifically excludes devices and services that are medically necessary. For example, EI services can support adaptive toys, augmentative communication, and mobility devices such as walkers. EI would not support equipment prescribed by a physician that is medical in nature such as heart monitors, feeding pumps, glasses and hearing aids, etc. unless that equipment is required to meet IFSP outcomes. It would also not typically support items which children without a disability would use such as diapers, strollers, and typical toys.

2. How is assistive technology documented on the IFSP?

If AT is a service recommended by the IFSP team to accomplish an outcome on the child's IFSP, then it must be documented as a service on the IFSP Agreement page (not as an "other" service). When AT is listed as an Early Intervention service on an IFSP, each column (activity/location, method, frequency and duration, projected start and end dates, and funding source) needs to be completed.

AT devices essential for the child to accomplish an outcome on the IFSP must be documented on the IFSP. Devices newly acquired or recommended for purchase must be documented on the IFSP Agreement page, including trials. Each column (service, activity/location, method, dates and funding source) needs to be completed. The device can also be included in the strategies section on the Plan of Action page related to an outcome or can be incorporated directly into a specific outcome. Existing or already

acquired devices that are not essential to an outcome can be documented either on the Present Levels of Development page or in Additional Activities so the team has an understanding of how these devices are important to the child and family.

Documenting AT on the IFSP is essential. Unfortunately, sometimes IFSP teams provide no tech and low tech AT solutions as part of related services such as OT, PT, or SLP, but do not document that provision on the IFSP. The risk in not documenting the use of AT is that if the family transitions to another service provider or to Part B services, continued access to AT devices and services may not be provided.

For more information go to: http://techfortykes.org/files/TA_Brief.pdf.

The IEP (Individual Education Plan):

1. How can effective implementation and continuity be achieved in the child's program with regard to assistive technology devices and services from classroom to classroom, teacher to teacher, school to school, year to year?

The IEP team needs to discuss how the devices will be used by the child and how it will be integrated into the curriculum and used by the child in the classroom. All members of the team who work with the child and are impacted by the AT device should participate in this discussion. Each child's IEP must be reviewed at least annually. The IEP team should discuss and identify personnel and family training needs as they relate to the child's progression through the school program.

2. How does one distinguish between assistive technology and personal items (e.g., wheelchairs, hearing aids, eyeglasses, etc.)?

As a rule, public agencies such as schools are not responsible for providing students with eyeglasses, hearing aids or braces that the student would wear regardless of whether or not they attended school. However in rare circumstances, if a student's IEP team specifies that a student requires a specific device in order to receive FAPE, the public agency must provide the device at no cost to the student's parents. One example might be eye glasses that are use for a non-corrective purpose such a magnification or glare reduction.

3. How is assistive technology documented on the IEP?

The IEP team must consider whether the child needs assistive technology devices and services and is required to check the corresponding yes/no box on the IEP. It is important that the child's need for AT devices and/or services be documented on the IEP. The need for AT devices and/or services may be documented or described in the following sections of an IEP: Consideration of Special Factors, Accommodations and Modifications, Goals and Objectives, and/or Special Education and Related Services.

For more information on the Colorado IEP go to
http://www.cde.state.co.us/cdesped/download/pdf/IEP_Forms/IEP-Manual.pdf.

Section VIII. REFERENCES

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Section IX. APPENDICES

Appendix A.

ASSISTIVE TECHNOLOGY: Benefits Comparison Chart for Medical, Educational, and Support Services for Medicaid Children Enrolled in Special Education Services - Ages Birth to Age 21*

Health Service	Medicaid Responsibility PCPP (Primary Care Physician Program)/ FFS (Fee for Service) Medicaid	HMO	School District Responsibility	Parent Responsibility – Private Insurance, Medicaid & IDEA
Audiology & Auditory Habilitation Services	<p>What: Hearing services which are provided at intervals which meet reasonable standards of medical practice...at such other intervals as medically necessary, to determine the existence of a suspected illness or condition, and includes diagnosis and treatment for defects in hearing, including hearing aids</p> <p>8.287.01 AUDIOLOGICAL BENEFITS</p> <p>The Health Care Program for Children with Special Needs (HCP), a Title V grantee, provides, under contract with the Medicaid Division, a total care program for children under age twenty-one (21) who suffer from hearing defects. HCP</p>	<p>What: Medically necessary ear exams, including audiological testing for client O-21. Hearing aids are not required under HMO Contract.</p> <p>Payer Responsibility: All medically necessary services are covered; hearing aids are provided under HCP Program wrap-around service for clients 0-21.</p> <p>*Check with your HMO, some HMO's provide hearing aids if found to be medically necessary.</p>	<p>What: Audiology and auditory habilitation services are needed to benefit from education. Audiology must be written on the IEP as a related service.</p> <p>Payer Responsibility: To provide, if necessary, to access Free and Appropriate Public Education (FAPE). <i>Part 5 of article 4 of title 26, Colorado Revised Statutes, CRS 26-4-531.</i></p> <p>Federal Cites: <i>IDEA 34 CFR IDEA Sec. 602 (22) Related Services</i></p> <p>State Cites: <i>ECEA</i></p>	<p>Parent Responsibility with Commercial Insurance</p> <p>What: Audiological Services are defined by individual benefit package</p> <p>Payer Responsibility: If covered, to provide when medically necessary. Commercial pays before Medicaid. Commercial insurance is Not required to pay before accessing services through the IEP, due to FAPE</p> <p><i>IDEA 34 CFR 300.142</i></p> <p>Family Responsibilities: If there is no private insurance, and the item or service is not covered by Medicaid, Education or other funding agent, the family is responsible to seek a potential funder or pay for out-of-pocket.</p>

* Adapted from C. Blakely (1999)

	<p>operates on a statewide basis and provides through approved vendors:</p> <p>A. Audiological assessment/evaluation. B. Selection, testing and fitting of hearing aids. C. Auditory training in the use of hearing aids. D. Maintenance and repairs of hearing aids. E. Follow-up social adjustment related to the hearing problem. Coordination with local caseworker is arranged when necessary. Approved providers are reimbursed by the Health Care Program for Children with Special Needs, which in turn is reimbursed by the Fiscal Agent.</p> <p>Payer Responsibility: Federal Cites: 1905 (4): <i>Definitions (under EPSDT)</i> State Cites <i>Medicaid State Rules, Volume 8: 8.290.21 (4), 8.287.01-.02</i></p>			<p>Parent Responsibility Identified within IDEA See below: 34 CFR 300.142 Methods of ensuring services.</p>
<p>Continual Nursing / Private Duty Nursing</p>	<p>What: Face-to-face skilled nursing that is more individualized and continuous than the nursing care that is available under the [Medicaid] Home Health benefit or routinely provided in a hospital or nursing facility. (8.540.16) Federal Cites: Mentioned but not defined in statute. State Cites: <i>Volume 8 of Medicaid Rules 8.545 26-4-517, CRS</i></p>	<p>What: Same as Primary Care Physician Program (PCPP), but Not part of Health Maintenance Organization (HMO) contract. Payer Responsibility: None. Medicaid wrap-around services. (FFS Medicaid pays, after commercial) Prior Authorization is required for Private Duty Nursing Services. Note: Some HMO's provide additional benefit. Call your HMO, to ask about their benefit packages.</p>	<p>What: School health services preformed by a school nurse or other qualified person IDEA 300.24 (12) Payer Responsibility: <i>To provide, if necessary, to access Free and Appropriate Public Education (FAPE). Part 5 of article 4 of title 26, Colorado Revised Statutes, CRS 26-4-531.</i> Federal Cites: <i>IDEA 34 DFR Sec. 602 (22)</i> State Cites: <i>ECEA</i></p>	<p>Parent Responsibility with Commercial Insurance What: Continual Nursing Care or Private Duty Nursing as defined in the individual benefit package. Payer Responsibility: If covered, to provide when medically necessary. Commercial insurance always pays <u>before</u> Medicaid. Commercial insurance is Not required to pay before assessing services through the IEP, due to FAPE IDEA 34 CFR 300.142</p>

			<p>Family Responsibilities: If there is no private insurance, and the item or service is not covered by Medicaid, Education or other funding agent, the family is responsible to seek a potential funder or pay for out-of-pocket</p> <p>Parent Responsibility with Medicaid Insurance State Cites: <i>Volume 8 of Medicaid Rules 8.541.12, 8.542.11, 8.544, 8.545,</i></p> <p>Private Duty Nursing: is based on medical necessity.</p> <p>Medicaid State Rule – Volume 8 (applies to Medicaid eligible individuals) <i>The maximum of 20 hours of care per day for a client meeting medical criteria, as the family must provide some care, special circumstances are listed (8.544.11)</i></p> <p>The family would act as liaison with the attending physician <i>The client's family and home health care agency are responsible to strive for the maximum independence for the client's benefit. The family is responsible to provide care for the child, outside of the scope of home healthcare and Private Duty Nursing. (8.545.12).</i></p> <p>Parent Responsibility identified within IDEA See below: <i>34 CFR300.142 Methods of ensuring services.</i></p>
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<p>Counseling Services</p>	<p>What: Counseling Services Payer Responsibility: Federal Cites: State Cites: <i>Medicaid State Rules, Volume 8: 8.290.21 (4)</i></p>	<p>What: Not covered under the HMO Contract Payer Responsibility:</p>	<p>What: Counseling Services Payer Responsibility: <i>To provide, if necessary, to access Free and Appropriate Public Education (FAPE). Part 5 of article 4 or title 26, Colorado Revised Statutes, CRS 26-4-531.</i> Federal Cites: <i>IDEA 34 CFR IDEA Sec. 602 (22) Related Services</i></p>	<p>Parent Responsibility with Commercial Insurance What: Counseling Services as defined by individual benefit package. Payer Responsibility: If covered, to provide when medically necessary. Commercial pays before Medicaid. Commercial insurance is Not required to pay before accessing services through the IEP, due to FAPE <i>IDEA 34 CFR 300.142</i> Family Responsibilities: If there is no private insurance, and the item or service is not covered by Medicaid, Education or other funding agent, the family is responsible to seek a potential funder or pay for out-of-pocket.</p> <p>Parent Responsibility identified within IDEA See below: <i>34 CFR 300.142 Methods of ensuring services.</i></p>
<p>Durable Medical Equipment (Including Assistive Technology Devices and Services)</p>	<p>What: “Durable Medical Equipment (DME)” means medical equipment and disposable medical supplies are a benefit of the Colorado Medicaid Program for eligible clients, when ordered by a physician within the scope of the program. The purpose is to enable the client to cost-effectively remain outside an institutional setting by promoting, maintaining, or restoring health; or by minimizing the effects of illness,</p>	<p>What: Same as PCPP. Payer Responsibility: Listing of HMO DME coverage in section A.15b in the HMO Contract as determined by the PCP as a medical necessity. Exclusions include: wheelchair lifts for automobiles, hot tubs, Jacuzzis, exercise equipment, stairglides, ramps for use with vehicles or homes, membership in health clubs. <i>Enrolled clients in a Managed Care Organization shall have the option to rent, purchase or own</i></p>	<p>What: ASSISTIVE TECHNOLOGY DEVICE – The term ‘assistive technology device’ means any item, piece of equipment or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability. Payer Responsibility: <i>To provide, if necessary, to access Free and Appropriate Public Education (FAPE). Part 5 of article 4 of title 26, Colorado Revised Statutes,</i></p>	<p>Parent Responsibility with Commercial Insurance What: Durable Medical Equipment/Assistive Technology as defined by individual benefit package. Payer Responsibility: If covered, to provide when medically necessary. Commercial pays before Medicaid. Commercial insurance is not required to pay before accessing services through the IEP, due to FAPE <i>IDEA 34 CFR 300.142</i> Family Responsibilities: If there</p>

	<p>disability or a handicapping condition. (8.591.01) Payer Responsibility: Federal Cites: None State Cites: <i>Medicaid State Rules, Volume 8: 8.290.21 (4), 8.590-8.594 (includes state and medical necessity definition for DME)</i></p>	<p><i>medically necessary durable medical equipment, as defined in Section 8.590 of the Medicaid State Plan (8.205.41)</i></p>	<p>CRS 26-4-531. Federal Cites: <i>IDEA 34 CFR 300.5-300.6</i> <i>IDEA Sec. 602 Related Services</i> <i>IDEA Sec. 682</i> <i>IDEA Sec. 684 (4)</i> <i>IDEA Sec. 687 Technology</i> State Cites: <i>ECEA</i></p>	<p>is no private insurance, and the item or service is not covered by Medicaid, Education or other funding agent, the family is responsible to seek a potential funder or pay for out-of-pocket.</p> <p>Parent Responsibility identified within IDEA See below: <i>34 CFR300.142 Methods of ensuring services.</i></p>
<p>Nursing Services</p>	<p>What: “Home Health Services” includes (1) nursing service, as defined in the State Nurse Practice Act, that is provided on a part-time or intermittent basis by a home health agency; (2) home health aide service provided by a home health agency; (3) medical supplies and equipment and appliances suitable for use in the home <i>42 CFR 440.70(b)</i> Payer Responsibility: To provide when medically necessary. Commercial (if any) pays first. Federal Cites: <i>42 CFR 440.70(b)</i> State Cites: <i>Medicaid Rules Volume 8 8.290.21(1), 8.286, 8.525.10-.11, 8.540.18</i></p>	<p>What: (Skilled Nursing) Required coverage during a Client’s admission to a nursing facility for extended skilled nursing services includes the supplies, accommodations and services as listed in section A.02 of the Medicaid Contract. Clients must require skilled nursing services or skilled rehabilitation, i.e., services that must be performed by or under the supervision of professional technical personnel on a daily basis. Payer Responsibility: Coverage is limited to a maximum of thirty (30) days per Contract. If the client continues to be certified by for nursing facility care after the 30th day, Medicaid Fee-for-Service will provide payment. What: (Unskilled Nursing Services) including vocational rehabilitation services; and services, supplies and accommodations. NOT part of the HMO benefit. Medicaid wrap-around services.</p>	<p>What: School health services performed by a school nurse or other qualified person 300.24 (12) Payer Responsibility: <i>To provide, if necessary, to access Free and Appropriate Public Education (FAPE). Part 5 of article 4 of title 26, Colorado Revised Statutes, CRS 26-4-531.</i> Federal Cites: <i>IDEA 34 CFR 300.24 (12)</i> State Cites: <i>ECEA</i></p>	<p>Parent Responsibility with Commercial Insurance What: Nursing Services as defined by individual benefit package. Payer Responsibility: If covered, to provide when medically necessary. Commercial pays before Medicaid. Commercial insurance is Not required to pay before accessing services through the IEP, due to FAPE <i>IDEA 34 CFR 300.142</i> Family Responsibilities: If there is no private insurance, and the item or service is not covered by Medicaid, Education or other funding agent, the family is responsible to seek a potential funder or pay for out-of-pocket</p> <p>Parent Responsibility with Medicaid Insurance State Cites: <i>Volume 8 or Medicaid Rules: 8.525, 8.522, Parents are responsible for any non-covered service. Covered services include: Home Health services reimbursed</i></p>

				<p>by Medicaid shall be limited to skilled nursing services, occupational therapy services, physical therapy services, and speech/language pathology services, as defined at Section 8.525, SERVICES REQUIREMENTS</p> <p>Parent Responsibility identified within IDEA See below: 34 CFR300.142 Methods of ensuring services.</p>
<p>Occupational Therapy Services</p>	<p>What: “Occupational Therapy” means services prescribed by a physician and provided to a recipient by or under the direction of a qualified occupational therapist. It includes any necessary supplies and equipment. 42 CFR 440.110(c)(1) Payer Responsibility: Federal Cites: 42 CFR 440.110(c)(1) State Cites: <i>Medicaid State Rules, Volume 8: 8.290.21(4), 8.525.13</i></p>	<p>What: Services prescribed by a physician and provided to recipient by or under the direction of a qualified occupational therapist. It includes any necessary equipment. Payer Responsibility: Coverage is (except under Home Health Care) medically necessary visits per modality per client per contract year, for each illness, incident or injury. Medicaid wrap-around services pays after the 20th visit. Note: All medically necessary care and treatment for conditions discovered as a result of EPSDT medical screenings including habilitation secondary to birth injury or development delay and rehab services following illness or injury, shall be provided to clients covered by the EPSDT program.</p>	<p>What: Occupational Therapy as needed to benefit from education. Occupational therapy must be written on the IEP as a related service. Payer Responsibility: <i>To provide, if necessary, to access Free and Appropriate Public Education (FAPE). Part 5 of article 4 of title 26, Colorado Revised Statutes, CRS 26-4-531.</i> Federal Cites: IDEA 34 CFR 300.22 IDEA Sec. 632 (4)(F) State Cites: <i>ECEA</i></p>	<p>Parent Responsibility with Commercial Insurance What: Occupational Therapy as defined by individual benefit package. For non-ERISA plans, benefit package must include 20 visits for children 0-5 (HB 99-1088) Effective 01-01-2000. Benefits available to newborn children shall consist of coverage of injury or sickness, including all medically necessary care and treatment of medically diagnosed congenital defects and birth abnormalities for the first thirty-one days of the newborn’s life, notwithstanding policy limitations and exclusions applicable to other conditions or procedures covered by the policy. Dependent on benefit package. Payer Responsibility: If covered, to provide when medically necessary. Commercial pays before Medicaid. Commercial insurance is Not required to pay</p>

				<p>before accessing services through the IEP, due to FAPE IDEA 34 CFR 300.142</p> <p>Family Responsibility: If there is no private insurance, and the item or service is not covered by Medicaid, Education or other funding agent, the family is responsible to seek a potential funder or pay for out-of-pocket.</p> <p>Parent Responsibility identified within IDEA See below: <i>34 CFR300.142 Methods of ensuring services.</i></p>
<p>Physical Therapy Services</p>	<p>What: “Physical Therapy” means services prescribed by a physician and provided to a recipient by or under the direction of a qualified physical therapist. It includes any necessary supplies and equipment. 42 CFR 440.110(a)(1). Payer Responsibility: State Cites: <i>Medicaid State Rules, Volume 8: 8.290.21(4), 8.525.12</i></p>	<p>What: Same as PCPP Payer Responsibility: To provide when medically necessary. HMO second payer after any commercial coverage. Financial responsibility (except under Home Health care) in a contract year. Any additional medically necessary therapies are billed to FFS Medicaid. Note: All medically necessary care and treatment for conditions discovered as a result of EPSDT medical screenings including habilitation secondary to birth injury or developmental delay and rehab services following illness or injury shall be provided to clients covered by the EPSDT program.</p>	<p>What: Physical Therapy is a medically necessary service to benefit educational outcomes. Physical therapy must be written on the IEP as a related service. Payer Responsibility: <i>To provide, if necessary, to access Free and Appropriate Public Education (FAPE). Part 5 of article 4 or title 26, Colorado Revised Statutes, CRS 26-4-531.</i> Federal Cites: <i>IDEA 34 CFR IDEA Sec. 614 IDEA Sec. 632(4)(F) IDEA Sec. 602(22)Related Services</i> State Cites: <i>ECEA</i></p>	<p>Parent Responsibility with Commercial Insurance What: Physical Therapy as defined by individual benefit package. For non-ERISA plans, benefit package must include 20 visits for children 0-5 (HB 99-1088) Effective 01-01-2000. Benefits available to newborn children shall consist of coverage of injury or sickness, including all medically necessary care and treatment of medically diagnosed congenital defects and birth abnormalities for the first thirty-one days of the newborn’s life, notwithstanding policy limitation and exclusions applicable to other conditions or procedures covered by the policy. Payer Responsibility: If covered, to provide when medically necessary. Commercial pays before Medicaid. Commercial</p>

				<p>insurance is Not required to pay before accessing services through the IEP, due to FAPE IDEA 34 CFR 300.142 State Cites: <i>HB 99-1088</i> Family Responsibilities: If there is no private insurance, and the item or service is not covered by Medicaid, Education or other funding agent the family is responsible to seek a potential funder or pay for out-of-pocket.</p> <p>Parent Responsibility identified within IDEA See below: <i>34 CFR300.142 Methods of ensuring services.</i></p>
<p>Prosthetic Device</p>	<p>What: “Prosthetic Device” means replacement, corrective or supportive devices prescribed by a physician or other licensed practitioner of the healing arts within the scope of their practice as defined by State law to (1) artificially replace a missing portion of the body; (2) prevent or correct physical deformity or malfunction; or (3) support a weak or deformed portion of the body. 42 CFR 440.120(c) Payer Responsibility: Federal Cites: <i>42 CFR 440.120(c)</i> State Cites: <i>Medicaid State Rules, Volume 8: 8.590-8.594 DME</i></p>			<p>Parent Responsibility with Commercial Insurance What: Prosthetic Device as defined by individual benefit package. Payer Responsibility: If covered, to provide when medically necessary. Commercial pays before Medicaid Family Responsibilities: If there is no private insurance, and the item or service is not covered by Medicaid, Education or other funding agent, the family is responsible to seek a potential funder or pay out-of-pocket.</p>

<p>Social Work Services</p>	<p>What: If the (Home Health) agency furnishes medical social services, those services are given by a qualified social work assistant under the supervision of a qualified social worker, and in accordance with the plan of care. The social worker assists the physician and other team members in understanding the significant social and emotional factors related to the health problems, participates in the development of a plan of care, prepares clinical and progress notes, works with the family, uses appropriate community resources, participates in discharge planning, and in-service programs, and acts as a consultant to other agency personnel. 42 CRF 484.34 Payer Responsibility: Federal Cites: 42 CRF 484.34 State Cites: <i>Medicaid State Rules, Volume 8</i></p>	<p>What: Not covered under the HMO Contract Payer Responsibility:</p>	<p>What: Social Work Services Payer Responsibility: <i>To provide, if necessary, to access Free and Appropriate Public Education (FAPE). Part 5 of article 4 of title 26, Colorado Revised Statutes, CRS 26-4-531.</i> Federal Cites: <i>IDEA 34 CFR IDEA Sec. 602 Related Services</i> State Cites: <i>ECEA</i></p>	<p>Parent Responsibility with Commercial Insurance What: Social Work Services are defined by individual benefit package. (Not typically covered.) Payer Responsibility: If covered, to provide when medically necessary. Commercial pays before Medicaid. Commercial insurance is not required to pay before accessing services through the IEP, due to FAPE IDEA 34 DRF 300.142 Family Responsibilities: If there is no private insurance, and the item or service is not covered by Medicaid, Education or other funding agent, the family is responsible to seek a potential funder or pay for out-of-pocket. Parent Responsibility identified within IDEA See below: <i>34 CRF300.142 Methods of ensuring services.</i></p>
<p>Psychology Services</p>	<p>What: The MHASA shall provide or arrange for the provision of all necessary mental health services to Program recipients seeking mental health services. The MHASA shall assess the need for services, develop a service plan, provide or arrange for necessary services, coordinate mental health services rendered by multiple providers, coordinate mental health services with other health care</p>	<p>What: Psychiatric services including, but not limited to, inpatient, outpatient, physician, assessment and case management services. Services are provided by the MHASAs, and not required under the HMO Contract. Autism is treated as a physical disorder and is covered under the HMO Contract. Payer Responsibility: Coverage falls under the MHASA wrap-around service. Prescription medications are covered under</p>	<p>What: Psychiatric Services Payer Responsibility: <i>To provide, if necessary, to access Free and Appropriate Public Education (FAPE). Part 5 of article 4 of title 26, Colorado Revised Statutes, CRS 26-4-531.</i> Federal Cites: <i>IDEA 34 CFR IDEA Sec. 602 Related Services</i> State Cites: <i>ECEA</i></p>	<p>Parent Responsibility with Commercial Insurance What: Psychological services, as defined by individual benefit package. Payer Responsibility: If covered, to provide when medically necessary. Commercial pays before Medicaid. Commercial insurance is Not required to pay before accessing services through the IEP, due to FAPE IDEA 34 CFR 300.142 Family Responsibilities: If there</p>

	<p>an human services agencies and providers as appropriate. ***Educational testing not covered by Medicaid. <u>Payer Responsibility:</u> <u>Federal Cites:</u> <u>State Cites:</u> <i>Medicaid State Rules Volume 8: (8.212.03)</i></p>	<p>the HMO benefit as directed by the psychiatrist.</p>		<p>is no private insurance, and the item or service is not covered by Medicaid, Education or other funding agent, the family is responsible to seek a potential funder or pay for out-of-pocket.</p> <p>Parent Responsibility identified within IDEA See below: <i>34 CFR300.142 Methods of ensuring services.</i></p>
<p>Speech-Language Therapy Services</p>	<p><u>What:</u> Services for individuals with speech and language disorders means diagnostic, screening, preventive and corrective services provided by or under the direction of a speech-language pathologist for which a patient is referred by a physician. It includes any necessary supplies and equipment. 42 CFR 440.110(c)(1). <u>Payer Responsibility:</u> <u>Federal Cites:</u> 42 CFR 440.110(c)(1) <u>State Cites:</u> <i>Medicaid State Rules, Volume 8: 8.520-8.539</i></p>	<p><u>What:</u> Services for individuals with speech, hearing and language disorders including: diagnostic and preventive services provided by or under the direction of a speech-language pathologist for which a patient is referred by the client's PCP. <u>Payer Responsibility:</u> Coverage is (except under Home Health Care) medically necessary visits per modality per client per contract year, for each illness, incident or injury. Medicaid wrap-around service pays after the 20th visit. Note: All medically necessary care and treatment for conditions discovered as a result of EPSDT medical screenings including habilitation secondary to birth injury or developmental delay and rehab services following illness or injury, shall be provided to clients covered by the EPSDT program.</p>	<p><u>What:</u> Speech-language therapy as needed to benefit from education. Speech-language therapy must be written on the IEP as a related service. <u>Payer Responsibility:</u> <i>To provide, if necessary, to access Free and Appropriate Public Education (FAPE). Part 5 of article 4 or title 26, Colorado Revised Statutes, CRS 26-4-531</i> <u>Federal Cites:</u> <i>IDEA 34 CFR IDEA Sec. 632 (4)(F)</i> <u>State Cites:</u> <i>ECEA</i></p>	<p>Parent Responsibility with Commercial Insurance <u>What:</u> Speech-language therapy as defined by individual benefit package. For non-ERISA plans, benefit package must include 20 visits for children 0-5 (HB 99-1088) Effective 01-01-2000. Benefits available to newborn children shall consist of coverage of injury or sickness, including all medically necessary care and treatment of medically diagnosed congenital defects and birth abnormalities for the first thirty-one days of the newborn's life, notwithstanding policy limitations and exclusion applicable to other conditions or procedures covered by the policy. Dependent on benefit package. <u>Payer Responsibility:</u> If covered, to provide when medically necessary. Commercial pays before Medicaid. Commercial insurance is Not required to pay before accessing services through the IEP, due to FAPE</p>

				<p>IDEA 34 CFR 300.142 Family Responsibilities: If there is no private insurance, and the item or service is not covered by Medicaid, Education or other funding agent, the family is responsible to seek a potential funder or pay for out-of-pocket.</p> <p>Parent Responsibility identified within IDEA See below: 34 CFR300.142 <i>Methods of ensuring services.</i></p>
<p>Transportation Services</p>	<p>What: Transportation services may be reimbursed by Medicaid are defined as those services rendered at a hospital, physician’s office, or medical treatment center. (8.680) Payer Responsibility: Federal Cites: State Cites: <i>Medicaid State Rules, Volume 8: 8.290.21(5)</i></p>	<p>What: Not covered under the HMO Contract, coverage falls under the Medicaid wrap-around service. Payer Responsibility</p>	<p>What: Transportation to be provided by the school district if determined eligible by IEP team. Must be written on IEP. Payer Responsibility: <i>To provide, if necessary, to access Free and Appropriate Public Education (FAPE). Part 5 of article 4 of title 26, Colorado Revised Statutes, CRS 26-4-531.</i> Federal Cites: <i>IDEA 34 CFR IDEA Sec. 602(22)Related Services IDEA Sec. 632 (4)(E) IDEA Sec. 632 (4)(F)</i> State Cites: <i>ECEA</i></p>	<p>Parent Responsibility with Commercial Insurance What: Transportation as defined by individual benefit package. Payer Responsibility: If covered, to provide when medically necessary. Commercial pays before Medicaid. Commercial insurance is Not required to pay before accessing services through the IEP, due to FAPE IDEA 34 CFR 300.142 Family Responsibilities: If there is no private insurance, and the item or service is not covered by Medicaid, Education or other funding agent, the family is responsible to seek a potential funder or pay for out-of-pocket.</p> <p>Parent Responsibility identified within IDEA See below: 34 CFR300.142 <i>Methods of ensuring services.</i></p>

Appendix B. ASSISTIVE TECHNOLOGY-RELATED GLOSSARY

NOTE: all underlined references or words link to websites that provide additional information.

Legal Definitions and Terminology

Assistive Technology Device 34 CFR 300.5:

Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

Assistive Technology Service 34 CFR 300.6:

Any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. This includes:

- The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices;
- Coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for a child with a disability or, if appropriate, that child's family; and
- Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to employ, or are otherwise substantially involved in the major life functions of children with disabilities.

CFR:

Code of Federal Regulations

Colorado Revised Statutes 26-4-531:

Provision of Health Services by Colorado School Districts. Part 5 of article 4 of title 26, Colorado Revised Statutes, CRS 26-4-531 Concerning Contracts to Receive Federal Matching Funds for Amounts Spent in Providing Health Services to Students in Public School.

Early Periodic Screening and Diagnostic Test (EPSDT):

A federal program that provides necessary health care, diagnostic services, treatment and other measures to correct or ameliorate defects and physical and mental illness and conditions discovered by the screening services, whether or not such services are covered under the State plan.

Free and Appropriate Public Education (FAPE) 34 CFR 300.13

Special education and related services that (a) are provided at public expense, under public supervision and direction, and without charge; (b) meet the standards of the state education agency (SEA), including the requirement of this part; (c) include preschool, elementary, or secondary school education in the State; and (d) are provided in conformity with an individualized education program (IEP) that meets the requirements of 300.340-300.350.

HMO:

Health Maintenance Organization

IDEA:

Individuals with Disabilities Education Act

Individualized Education Plan (IEP) 34 CFR 300.15:

A written statement for each child with a disability that is developed, reviewed, and revised in accordance with section 614(d).

Individualized Family Service Plan (IFSP) 34 CFR 303.340:

A written plan for providing early intervention services (birth to age 3) to a child eligible under Part C of IDEA in accordance with 303.341 (policies and procedures on natural environments), 303.342 (development, review, and revision of the IFSP), 303.343 (IFSP team-meetings and periodic reviews), 303.344 (content of IFSP), 303.345 (provision of services before evaluation and assessment are completed), and 303.346 (responsibility and accountability).

PAR:

Prior Authorization-A written approval from Medicaid, which is given prior to the provision of certain covered medical services that are deemed to be medically necessary by the PCP or specialist/provider requesting the service.

Preventative Services:

Services provided by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law to a) prevent disease, disability, and other health conditions or their progression; b) prolong life; and c) promote physical and mental health and efficiency.

Related Services [34 CFR 300.24]:

Transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children.

Supplementary Aids and Services [34 CFR 300.29]:

Aids, services, and other supports that are provided in regular education classes or other education-related settings to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with section 612(a)(5).

SWAAAC Teams:

Statewide school teams in Colorado focused on assistive technology devices and services for infants, toddlers, children and youth, birth-21 years, with disabilities.

Technology-dependent (Volume 8 of Medicaid Rules, 8.540.19):

(a) Dependent at least part of each day on a mechanical ventilator; (b) Requiring prolonged intravenous administration of nutritional substances or drugs; or (c) Dependent daily on other respiratory or nutritional support, including tracheotomy tube care, suctioning, oxygen support or tube feeding.

Appendix C. WEB RESOURCES

Colorado State Agencies

Assistive Technology Partners

<http://www.assistivetechologypartners.org>
<http://www.techfortykes.org>

Colorado Department of Education

<http://www.cde.state.co.us>

Colorado Department of Public Health and Environment

<http://www.cdphe.state.co.us>

Colorado Developmental Disabilities Council – CDDC

<http://www.coddc.org>

Department of Health Care Policy and Financing

<http://www.colorado.gov/hcpf>

Division of Vocational Rehabilitation – DVR

<http://www.dvrcolorado.com>

Early Intervention

<http://www.eicolorado.org>

The Legal Center for People with Disabilities and Older People

<http://www.thelegalcenter.org>

SWAAAC

<http://www.swaaac.com>

National Agencies

Individuals with Disabilities Education Act – IDEA

<http://idea.ed.gov>

National Institute on Disability and Rehabilitation Research – NIDRR

<http://www2.ed.gov/about/offices/list/osers/nidrr/index.html>

Neighborhood Legal Services

<http://www.nls.org>

Office of Special Education Programs – OSEP

<http://www2.ed.gov/about/offices/list/osers/osep/index.html>

Wright's Law

<http://www.wrightslaw.com>

Commercial Sites

Assistive Technology Resources change frequently and are too numerous to list here. The following websites contain links to various AT devices and services.

ABLEDATA

<http://www.abledata.com>

Assistive Technology Industry Association – ATIA

<http://www.ataia.org/i4a/pages/index.cfm?pageid=1>

Center for Implementing Technology in Education – CITED

<http://www.cited.org>

The Alliance for Technology Access

<http://www.ataccess.org>

The DRM WebWatcher

<http://www.disabilityresources.org/AT-VENDORS.html>

Trace Center

<http://trace.wisc.edu>

Disability Sites

American Council of the Blind
<http://acb.org>

Americans with Disabilities Act Document Center
<http://askjan.org/links/adalinks.htm>

Brain Injury Association of America
<http://www.biausa.org>

Colorado Talking Book Library
<http://www.cde.state.co.us/ctbl>

DO-IT Program
<http://www.washington.edu/doiit>

Job Accommodation Network
<http://askjan.org>

National Information Center for Children and Youth with Disabilities
<http://nichcy.org>

National Library Services for the Blind and Physically Handicapped
<http://www.loc.gov/nls>

Yahoo Directory – Society and Culture: Disabilities
http://dir.yahoo.com/Society_and_Culture/Disabilities

Education

American Printing House for the Blind
<http://www.aph.org>

Bookshare
<http://www.bookshare.org>

Center for Applied Special Technology – CAST
<http://cast.org/>

The National Center to Improve Practice – NCIP
<http://www2.edc.org/NCIP>

Quality Indicators for Assistive Technology Services – QIAT
http://natri.uky.edu/assoc_projects.qiat

Learning Ally
<http://www.learningally.org>

Family Resources

Augmentative and Alternative Communication Connecting Young Kids – YAACK
<http://aac.unl.edu/yaack>

Circle of Inclusion
<http://www.circleofinclusion.org>

Colorado Parent Information and Resource Center
<http://cpirc.org>

El Grupo VIDA
<http://www.elgrupovida.org>

Family Village
<http://www.familyvillage.wisc.edu>

Family Voices
<http://www.familyvoices.org>

LD OnLine
<http://www.ldonline.org>

Parent to Parent
<http://www.p2pusa.org>

PBS Parents – Inclusive Communities
<http://www.pbs.org/parents/inclusivecommunities/>

PEAK Parent Center
<http://www.peakparent.org>

Texas School for the Blind and Visually Impaired
<http://www.tsbvi.edu>

U.S. Consumer Product Safety Commission
<http://www.cpsc.gov>

Organizations

American Academy of Audiology
<http://www.audiology.org>

American Foundation for the Blind
<http://www.afb.org>

The American Occupational Therapy Association
<http://www.aota.org>

American Physical Therapy Association
<http://www.apta.org>

American Speech-Language Hearing Association
<http://www.asha.org>

AT Funding System and System Change Project
<http://www.icdri.org/Assistive%20Technology/atfs.htm>

Autism Society of America
<http://www.autism-society.org>

Center on Information Technology
Accommodation – CITA
<http://www.icdri.org/technology/cita.htm>

Educational Audiology Association
<http://www.edaud.org>

National Center for Accessible Media
<http://ncam.wgbh.org>

National Down Syndrome Society – NDSS
<http://www.ndss.org>

Rehabilitation Engineering and Assistive
Technology Society of North America
<http://www.resna.org>

Tools for Life AT Center
<http://www.gatfl.org>

United Cerebral Palsy
<http://www.ucp.org>

Open Source Software

Open Source Assistive Technology Software –
OATS
<http://www.oatsoft.org>

Priory Woods
<http://www.priorywoods.middlesbrough.sch.uk>

Discover RealeBooks
<http://discover.realelibrary.com/>

Starfall
<http://www.starfall.com>

Tar Heel Reader
<http://tarheelreader.org>

Trace's Adaptive Computer Toolbox
http://trace.wisc.edu/world/computer_access

ZAC Browser – Zone for Autism Children
<http://www.zacbrower.com/>

Sports/Recreation/Camps

Adam's Camp
<http://www.adamscamp.org>

Easter Seals Disability Services
<http://www.easterseals.com>

National Sports Center for the Disabled
<http://www.nscd.org>

Special Olympics Colorado
<http://www.specialolympicsco.org>

Talking with Technology
<http://www.childrencolorado.org/conditions/speech/camp/index.aspx>