The AT Messenger

...bringing technology to you

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Congress Affirms the Importance of Technology in the Lives of Individuals with Disabilities

On November 13, 1998, President Clinton signed into law the Assistive Technology Act of 1998 (P.L. 105-394), which affirms that technology is a valuable tool that can be used to improve the lives of Americans with disabilities. The ATA, the result of a bipartisan effort in Congress, extends the funding of the 50 states and six territories that had received funding under the "Tech Act" (P.L. 103-218: The Technology-Related Assistance Act of 1988, as amended).

Under the new law, states are required to: 1) increase public awareness of the benefits of AT devices and services; 2) promote interagency coordination that improves access to AT for those who need it; 3) provide technical assistance and training about the technologies/services and the means by which to acquire them; and 4) provide outreach support to community-based organizations that assist individuals in finding and using AT. The new requirements align very closely with the initiatives already being addressed by the DATI.

The Tech Act was due to "sunset" on October 1, 1998 and passage of this legislation will allow states and territories to continue their AT activities. Under the ATA, all states and territories are eligible to complete ten years of funding, and those that have completed ten years may apply for an additional three years of federal funding to continue their AT programs. However, Congress only appropriated $30 million for Fiscal Year 99--an amount that is not sufficient to maintain all Tech Act programs at their existing levels. The bill's Senate sponsors had requested an additional $26 million.

These dollars would have been used to set up loan programs and other financing mechanisms to help consumers purchase AT. They also would have been used to stimulate AT-related research and development activities. The National Institute on Disability and Rehabilitation Research is in the process of sorting out the impact of the reduced level of funding. The DATI will complete its eighth year of funding in August, and the law requires a 25% reduction in federal support for the project in Year 9. The exact amount of funding will not be determined until the NIDRR completes its deliberations. We'll keep you posted. n

“Let’s Go Skiing”

Michael Meyreles, AT Practitioner, New Castle County ATRC

It is the middle of January, a foot of new snow has fallen, and you are itching to hit the slopes for a fun-filled day of skiing. Skiing is an extremely popular pastime and a very competitive sport enjoyed by many people, both those who are disabled and those who are not. From persons with physical disabilities resulting from amputation or quadriplegia to those who are blind, the opportunity to enjoy skiing can be achieved with the help of some pretty remarkable adapted ski equipment. This article will illustrate several examples of adaptive ski equipment available.

Adapted ski equipment supports either outrigger use or sit down skiing. Outriggers are typically used by persons who do not have the use of one leg. Skiing that employs the use of outriggers can be either 3-track or 4-track skiing. Three-track skiing involves three points of contact with the snow; one ski and two outriggers. Four-track skiing involves four separate ski sources for balance. An outrigger is a ski pole that resembles a Canadian crutch with a smaller ski at the end.

There are several types of sit down skis. One such type of is the Bi-Ski. This is sit-down skiing for a person with limited upper and lower body control. The Bi-Ski looks like a small chair mounted on two skis. The skis have a very wide front and rear but are narrower in the middle. The skier turns the Bi-Ski by leaning in the direction they want to go, and the severe ski sidecut makes the Bi-Ski go in that direction. A person can also use short outriggers or outriggers fixed to the frame for balance.

Another type of adapted ski equipment is the Mono-Ski. This is another sit-down skiing device used by individuals with a lower-body impairment, but relatively good upper-body strength and good balance. The Mono-Ski is similar to the Bi-Ski, but it is mounted on just a single ski with the skier using hand-held outriggers for balance and turning control.

Skiing with either the Mono Ski or Bi-Ski puts the skier very low to the ground for better balance. However, these types of skis are equipped with a mechanism that raises them to sitting height to allow easier access to the ski lift.

The last type of adapted sit-down ski equipment is the Sit-Ski. This type of sit-down ski looks like a short toboggan that sits right on top of the snow. The Sit-Ski is usually preferred by people with significant physical limitations. To turn the Sit-Ski, a skier can drag very short ski poles in the snow and lean in the desired direction.

Other less involved types of adapted ski equipment include ski bras and blind skier bibs. A ski bra is a small device that, when clipped to the front of the skis, keeps the skis from drifting apart or crossing over each other. Blind skier bibs are brightly colored orange bibs worn by a skier who is blind and his or her guide to alert other skiers.

Many of the largest resorts in the Poconos offer adapted ski programs for individuals with a disability. The major ski resorts in Colorado and Vermont are meccas for adapted skiing and excellent resources for information on the topic. It is usually a good idea to call ahead and inquire if the resort offers an adapted ski-training program. The ski resorts at Jack Frost and Big Boulder in the Poconos do offer an adapted ski training program, complete with rental of the adapted ski equipment. n

Handbook for K-12 Teachers Promotes Internet Access

A new publication and World Wide Web Site produced by the World Institute on Disability (WID) promotes access to the Internet in K-12 schools for students with disabilities, students with a variety of learning styles, and those who do not speak English as their first language. The 21-page handbook titled *The Internet: An Inclusive Magnet for Teaching All Students* provides practical tips, general access guidelines, resource listings and success stories of teachers from across the U.S. who use the Internet with a diverse student body.

“Having Internet access has been like having a pot of gold in my classroom,” said Deborah Fell, a teacher from Urbana High School in Illinois. She uses technology originally developed for blind computer users to help students with learning disabilities. The screen reading technology, which uses a synthesized voice to read computer-based text aloud to students with visual impairments, also provides access to print materials for students who have difficulty reading because of learning disabilities. This is just one example of the multiple benefits that can be derived from pursuing strategies outlined in the handbook.

“the Internet has dramatic potential to break down physical barriers to information and be a tool of educational excellence and empowerment for disabled students,” said Betsy Bayha, WID’s Director of Technology Policy and author of the handbook. “Use of the Internet in K-12 education has risen dramatically in recent years. But often, teachers are not familiar with simple strategies they can pursue to integrate students with disabilities into usage of the Internet.” The handbook and web site seek to fill that information gap.

Teachers working in K-12 education are encouraged to use the handbook and provide their own success stories for inclusion on the website by emailing details to handbook@wid.org.

Hard copies of the Handbook can be ordered from WID for $5. An electronic version is posted on the Web at <http://www.wid.org/tech/handbook/> where copies can be download for free. n

6th Annual Conference on Children and Adolescents with Autism Spectrum Disorders

Wyndham Garden Hotel, Piscataway, NJ

March 17-20, 1999

This event will highlight: (1) successful approaches to classroom, home and community based intervention; and (2) the transition from classroom to community/ employment settings.

The information will apply to a variety of age levels (preschool through adolescence). Although content will be targeted to healthcare and educational providers, parents may benefit and are encouraged to attend. Special pricing is available at $99 per day, plus $12 per day for lunch. Limited seats will be available at this price.

Presenters:
Gail Richard, Ph.D., Margaret Whelan, MSW, Luke Tsai, M.D., Charles Hart, M.A., Gary Mesibov, Ph.D.

Form more information contact Janet Fairchild at:

313-916-4607; 313-916-4722 (Fax)
janet@hfhspeech.com (Email)
www.hfhspeech.com (Website)

Independence Dogs Can Help People With Disabilities

Amy Bowles, AT Specialist, Sussex County ATRC

Most people have probably heard of seeing eye dogs, which are trained to guide the blind when walking, and may also be trained to do some things around the home. People with physical disabilities also may be able to live more independently with assistance from clever canines. Independence Dogs, Inc., a non-profit school, provides highly trained dogs for children and adults with mobility impairments. The dogs are trained to provide all the physical, psychological, and therapeutic support their human partners need to lead full, productive, and independent lives.

Wheelchair Dogs are trained to assist a person with strong upper body function who uses a wheelchair. They are taught to pull their partners up ramps and to support their partners as they transfer from a wheelchair to another chair, car, or bed. They can even help their partner get back into the wheelchair after a fall. Since dogs are not color-blind, they can identify objects, such as books or clothes, by color. These dogs are also trained to open heavy doors, pop wheelchairs over high curbs, and carry packages or books in their specially constructed backpacks.

Walker Dogs are trained to help a person who has such difficulty walking that s/he generally needs a cane, crutches, walker, or the assistance of another human being. By leaning on a dog equipped with a specially designed harness, the person can be assisted up and down stairs, and in and out of chairs and cars. These dogs may also retrieve articles dropped by their master, and may also open heavy doors, bring telephone receivers, and carry items in their backpacks.

Quad Dogs are trained to help a person with quadriplegia who uses a power wheelchair and who has very limited upper body strength. These dogs can complete all of the tasks done by a wheelchair dog, but can also turn light switches on and off and press elevator buttons.

Many people with physical disabilities have benefited from the services that these dogs offer. Chris, who has muscular dystrophy, was 13 when he obtained Tasha, an independence dog. At that time, Chris' left hand was too weak to grasp the pulling handle on Tasha's harness for more than ten minutes at a time. A special leather loop was designed to go around the back of Chris' hand; it redirected the main pressure to the wrist and back of the hand. In addition, the muscles in Chris' upper body were so weak that if he leaned to the right or left while sitting in his chair, he could not straighten himself into an upright sitting position without assistance. His doctors felt sure that Chris would have to have Harrington rods inserted along both

sides of his spine.

Chris made wonderful progress. In just a few months he was able to discard the special leather loop because he had developed enough strength in his left hand to hold the harness. His weak left hand had become so strong that Chris and Tasha returned to the training school to work on strengthening his right hand. Because of working with and caring for Tasha every day, Chris had strengthened his back muscles so much that he could sit completely upright in his chair. The insertion of the Harrington rods had become unnecessary! Having Tasha made a huge impact on Chris' life.

For more information on this particular program, contact:

Independence Dogs Inc.

No longer in business

Other organizations in the surrounding areas:

Fidos for Freedom, Inc.
http://www.fidosforfreedom.org

Canine Partners for Life

http://www.k94life.org

Medicaid Litigation Puts Assistive Technology Coverage At Risk

Laura J. Waterland, Esquire
Disabilities Law Program Staff Attorney

A recent court case, now pending on a petition for certiorari before the United State Supreme Court, could empower States to drastically limit and reduce Medicaid[1] services, including coverage for assistive technology. In Emerson and DeSario, et al v Thomas, 139 F.3d. 80 (2nd Cir. 1998), the United States Court of Appeals of the Second Circuit upheld a Connecticut Medicaid policy which a) excluded specific items from the definition of durable medical equipment ("DME") and b) restricted coverage of DME to an exclusive list of items. The Plaintiffs have filed an appeal with the United States Supreme Court under the name Slekis v. Thomas, 119 S. Ct. 37, 67 U.S.L.W. 3228 (1998).

The Desario Case

In the DeSario case, one set of plaintiffs, led by Emerson, requested payment for air purifiers and air conditioners as DME. These particular items were among those excluded outright from the definition of DME as being primarily non-medical in nature. Other plaintiffs, led by Ms. DeSario, requested items not excluded from the definition of DME but not on the DME "list." Specifically, DeSario, a quadriplegic, asked for an environmental control unit, and another quadriplegic with skin problems asked for a special oil-filled mattress. In both situations, Connecticut Medicaid denied payment, irrespective of plaintiffs' assertions (with appropriate documenta-

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1. Medicaid is a federal/state cooperative program designed to provide medical services for certain populations. While the U.S. Congress enacted the controlling legislation (Title XIX of the Social Security Act) and regulations (42 CFR Parts 430-498), States have considerable flexibility in formulating eligibility, benefits and reimbursement policies, which are documented in the State Medicaid Plan. Once states opt to participate in Medicaid, they must provide certain mandatory services to designated populations. States may also choose to participate in certain optional programs. "Optional" services nevertheless are subject to all Medicaid laws and regulations. AT is usually funded as durable medical equipment under the home health care, physical therapy, speech and language, or prosthesis Medicaid options.

tion) of medical necessity.

The Court rejected the plaintiffs' argument that Connecticut must consider whether requested items were medically necessary. In doing so, the Court rejected a fairly well-established and basic tenet of Medicaid law—that a State must pay for all medically necessary services that fall within their Medicaid Plan and which are covered services under the Medicaid statutes and regulations. The Court opined that the State need only apply "reasonable standards" consistent with the Medicaid statute in defining and limiting the services they will provide. Connecticut based its exclusive DME list on an evaluation of the needs of the State's Medicaid population as a whole. Thus, if an individual's needs fall outside the parameters that the State sets for coverage, "he must look elsewhere for assistance." An individual seeking an item not on the list would have to attack the integrity of the State's evaluation of the whole population's needs—a daunting task indeed.

This ruling is wholly inconsistent with other case law in the area. For example, in Visser v. Taylor, 756 F. Supp. 501 (D. Kan. 1990), the Kansas Medicaid Program was found to have illegally excluded a particular medication (Clozapine for schizophrenia) from its list of covered medications, without allowing an individual to assert medical necessity as a way of obtaining payment. The Court found that the State was arbitrarily discriminating based on diagnosis or condition. This particular plaintiff suffered from intractable schizophrenia that was essentially unresponsive to other medications. The Court concluded that Kansas, by refusing outright to pay for the medication under any circumstances, was discriminating against people with severe schizophrenia that was resistant to all medications but Clozapine. One can see how this argument prevents any absolute exclusions on specific items, unless there is statutory limitation elsewhere, such as for certain organ transplants, experimental procedures, or abortions. "A State may not eliminate funding for medical services certified by a qualified physician as being medically necessary." Visser, 756 F. Supp. at 507.

Likewise, in Weaver v. Reagen, 886 F.2d 194 (8th Cir. 1989), the Court rejected the denial of coverage for the HIV medication AZT. The Court concluded that Medicaid law had been "interpreted to require that a State Medicaid plan provide treatment that is medically necessary in order to comport with the objectives of the Act." Weaver, 886 F.2d at 198. The Court held that there cannot be an irrebuttable assumption that something is not medically necessary. See also, Planned Parenthood Affiliates of Michigan v. Engler, 73 F.3rd 634 (6th Cir. 1996); and Hern v. Beye, 57 F.3rd 906, (10th Cir.), cert. denied, 516 U.S. 1011 (1995). In these cases, the Court rejected the restriction of abortion services to life threatening situations

when federal law allowed services in the event of rape, holding that a state may not single out a particular medically necessary service and restrict coverage, and that doing so discriminated based on diagnosis.

In sum, almost all other cases have supported the concept that if the state has opted to participate in the Medicaid program, and has included a type of service (mandatory or optional) in its State Plan, it must pay for all those services that are medically necessary.

This issue has also come up in other AT-related cases. For example, in Fred C. v. Texas Health and Human Services Commission, 988 F. Supp. 1032 (W.D. Tex. 1997), the Court rejected a state policy which paid for augmentative communication devices ("ACDs") for people under 21, but not for adults. The policy was found to be irrational, and the court concluded that Texas could not arbitrarily exclude ACDs from coverage under the Adult Medicaid program, which provided DME under the Medicaid home health services option. Texas has appealed this decision to the United States Court of Appeals for a second time.

Similarly, in Hunter v. Chiles, 944 F., Supp. 914 (S.D. Fla. 1996), the court threw out Florida's policy of excluding ACDs for adults under the Medicaid program. The Court put it very plainly. "Once a state chooses to cover one of the optional services which could possibly provide Medicaid funding to augmentative communication devices, that state is required to provide ACDs." Hunter, 944 F. Supp. at 919. Because ACDs were covered services as DME (under physical therapy, home health or prosthetics), the court evaluated the plaintiffs' requests for medical necessity and ordered Florida to provide the ACDs.

The Federal Response

The Health Care Financing Administration ("HCFA"), the federal agency responsible for administering the Medicaid Program, issued a policy letter in response to the DeSario decision on September 4, 1998. HCFA very clearly repudiates the Second Circuit in its letter, finding that while states may develop a list of pre-approved items of DME as an "administrative convenience," Medicaid must provide a reasonable and meaningful procedure for requesting items that do not appear on the list. More significantly, HCFA takes the position that a state "may not use a 'Medicaid population as a whole' test which requires a beneficiary to demonstrate that, absent coverage of the item requested, the needs of 'most' Medicaid recipients will not be met."

HCFA goes on to instruct State Medicaid directors on the requirements for an

acceptable policy. The policy must employ a timely process, using reasonable and specific criteria which an individual item must meet, to permit a determination whether an item has been arbitrarily excluded from coverage based solely on a diagnosis, illness or condition. The beneficiary must be given notice and a right to a fair hearing.

Delaware's Policy

The Delaware Medical Assistance Program (Delaware Medicaid or "DMAP") includes coverage for durable medical equipment in its State Plan. The State Medicaid Provider Manual states that "DMAP will only pay for services considered medically necessary." (DME Provider Specific Policy - I.1). The manual defines DME as equipment that:

- can withstand use;
- is primarily and customarily used to serve a medical purpose;
- generally is not useful to a person in the absence of an illness or injury, and;
- is needed to maintain the client in the home (equipment will NOT be purchased or rented for use in any inpatient or outpatient treatment setting. A medically necessary power wheelchair that meets the criteria for "Power Vehicles" in this manual MAY be covered for Medicaid eligible nursing home residents).

DME is covered when **medically** necessary and prescribed by the licensed, attending medical practitioner to carry out his/her written plan of care. Items requested for the convenience of the patient or caretaker, to items which do not maintain or improve the health status of the patient, will not be considered as "medically necessary." Documentation of the written order must be maintained in the DME provider's client-specific file. DME Provider Specific Policy - III.3.

The DMAP manual goes on to list the criteria for medical necessity:

The DMAP will only pay for services considered medically necessary. For purposes of this manual, all of the following criteria must be met. The items/services must be:

- a reasonable and necessary part of the patient's treatment plan;
- consistent with the symptoms or diagnosis of the illness or injury under treatment;
- not furnished for the convenience of the patient, their family, the attending practitioner, or other practitioner or supplier;

- necessary and consistent with generally accepted professional medical standards (i.e.,not still experimental or investigational);
- established as safe and effective; and
- furnished at the most appropriate level which can be provided safely and effectively to the patient. DME Provider Policy - I.1.

Delaware Medicaid's Provider Manual has a fairly exhaustive list of DME. According to Jo Rybicki, an administrator at the Delaware Medicaid office, this is a non-exhaustive list, made mostly for the benefit of providers. Some of the DME is asterisked, meaning that the provider need not get pre-authorization from Medicaid. However, most of the DME items require pre-approval. The list includes several "miscellaneous" codes which allow the provider to submit requests for DME that is not on the list.

Delaware will pay for non-listed DME provided its medical necessity can be established. The Provider must submit a "Medicaid Certificate of Medical Necessity" signed by the prescribing physician. This form includes information regarding the beneficiary's diagnosis and details of the equipment. Typically, the Provider must also include a Letter of Medical Necessity from the physician. In this document, the physician needs to outline the diagnosis/prognosis; treatment plan, reason for requested item; estimated direction of use; and expected therapeutic effect. The physician needs to include tests and summaries in support of the request.

Delaware's policy would appear to comport with HCFA's post-DeSario policy letter. A recent case handled by the Disabilities Law Program indicates, however, that there may be gaps in the policy. The DLP represented a severely disabled child whose treatment team decided she should wear "Pull-Ups" disposable pants instead of diapers as part of her therapy. Her treatment team wanted to include toilet training as part of her regimen of proposed therapy and rehabilitation. The Medicaid managed care program refused to pay for the Pull-Ups, relying on DMAP's Provider Manual written policy that "Medicaid will not cover Pull-Up disposable training pants (for over age 4) as they are not viewed as an appropriate treatment for incontinence and do not represent the least costly appropriate alternative health services available." Delaware Medicaid does pay for incontinence products in general. (DME Provider Specific Policy III.10 - III. 11).

This policy would appear to create an irrebuttable presumption that a specific service ("Pull-Ups") is never medically necessary. However, the vast majority of case law and HCFA Policy indicate that such an exclusion is illegal. The hearing officer

in the case found for the DLP's client, finding that Medicaid was required to consider the individual's circumstances and the medical necessity of Pull-Ups to this particular beneficiary.

Any Medicaid beneficiary whose request for needed DME (or anything else) has been denied should strongly consider requesting a fair hearing. One, the beneficiary should challenge any attempt by Medicaid to exclude without regard to medical necessity any specific service that falls within the State Plan. Two, the beneficiary should feel free to challenge a denial based on medical necessity if the beneficiary has medical documentation to back up the request. The Medicaid's policy manuals and/or Medicaid office's decision is not the “last word” on any denial of service.

Conclusion

In conclusion, Medicaid beneficiaries and their families should be concerned, as disabilities rights advocates are, about the holding in DeSario and its broad and potentially catastrophic implications for Medicaid coverage. If Connecticut's methodology of providing services based on the “population as a whole” is upheld, disabled and elderly populations, whose medical needs are greater and more complex, but who compose a minority of the Medicaid population, could suffer reductions in service. Many advocacy groups have voiced their opposition to the decision, and HCFA has taken a strong position, so there is reason to be hopeful.

Delaware's policy on DME coverage comports for the most part with HCFA's position on listing of covered services. Still, beneficiaries need to scrutinize all denials of coverage, both to ensure that the Medicaid policy does not unlawfully exclude a particular item and that the decision has been based on all available evidence of medical necessity.

Please call the Disabilities Law Program to consult with an advocate if you encounter any difficulties obtaining payment from Medicaid or Medicare for necessary assistive technology. In New Castle County, call 575-0690; in Kent County call

674-8500; and in Sussex County call 856-0038. n

1998 Guide To Health Insurance for People with Medicare

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For single copies, call the Medicare Hotline at 1-800-638-6833 (voice); TTY/TDD 1-800-820-1202. This publication is also available on the Internet on HCFA's consumer website address <http:/www.medicare.gov.>.

Financing Assistive Technology

AT Purchased for Students Receiving Special Education Services Can Be Used to Facilitate Transition into Adult Services and Productive Adult Life

Steve Mendelsohn, Esq. and Susan Goodman, Esq.

Transition from school to work or other post-secondary education activities has long been a vexing problem for the disability community. Both the Individuals with Disabilities Education Act (IDEA) and the federal Vocational Rehabilitation Act (VR) provide for cooperation between the education and rehabilitation systems in the planning of transition from educational to adult services, including post-secondary education. However, practical experience indicates that implementation of this intended cooperation has been limited and difficult.

One area where the transition problem has been especially apparent is that of assistive technology (AT). Students transitioning from education programs have often been faced with the need to give up vital AT devices and services and to await provision of replacement devices and services by the rehabilitation system. A long interval without technology results in loss of employment opportunities or opportunities for maximum integration in a variety of activities.

> The goals of successful transition would be better achieved if students whose technology was relevant to their post school goals could retain and use devices and services without interruption during the transition period. The goals of coordination and cost effectiveness would also be better served, in many cases, if such continuity was possible.

An analysis of why transition has not worked in many cases is beyond the scope of this report. One major factor, however, has been the fear on the part of school district administrators and rehabilitation agency officials that legal constraints might limit the authority of school districts to transfer title to AT devices to the rehabilitation agency and other post school service systems. Concerns have also persisted regarding the proper procedures and documentation to be used regarding any exchange of funds that would be involved.

In a important interpretation of the law issued on June 21, 1998, the Office of Special Education and Rehabilitative Services (OSERS) in the U.S. Department of Education has responded to an inquiry by Assistive Technology Funding and Systems Change Project (ATFSCP) Project Coordinator, Susan Goodman, with a clarifying letter on this issue. By emphasizing its commitment to effective transition

services, the clarification goes a long way toward resolving some of the concerns that have inhibited coordinated and cost-effective use of publicly funded AT devices and services. In response, Judy Heumann, Assistant Secretary of OSERS, states:

> *"We agree that coordination between LEAs (local education agencies) and state VR agencies to enable students with disabilities to continue using assistive technology devices as they move from one program to another is an efficient, cost-effective means of facilitating transition from school to work related services and fully support the type of cooperation between the agencies to which you refer. We believe the EDGAR[1] requirements outlined above support this type of cooperation."* Letter dated June 21, 1998 to Susan Goodman, from Judith Heumann, at p. 3-4 (quoting 34 C.F.R. § 80.32(c)(1)).

According to the Department, the regulations allow the continued use of equipment by students after leaving school and/or the transfer of its ownership to the rehabilitation system or other entities in all cases where the school district does not have a continuing need for the device. This decision rests within the authority of each school district but, as stated in the clarification letter:

> *"We presume that assistive technology devices purchased by LEAs are often customized or otherwise modified to suit the individual needs of a particular child with a disability, making it unlikely that the LEA would need the device once the child leaves school. In instances in which that is the case, the LEA is permitted to transfer the device to the state VR agency that is serving the former student for whom the device was originally purchased."* Letter dated June 21, 1998 to Susan Goodman, from Judith Heumann, at p. 3 (quoting 34 C.F.R. § 80.32(c)(1)).

Ordinarily, federal regulations will only apply to equipment with a fair market value of $5,000 or more at the time of transfer. The Department does not indicate how fair market value will be determined but there are a number of simple and satisfactory ways of doing this including contacting the manufacturer, consulting Internal Revenue Service depreciation tables, asking local vendors for help, and so forth. In these cases it will be important to maintain documentation of <u>how</u> the value was reached, and what basis of depreciation was used.

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1. Education Department General Administrative Regulations, "Uniform Administrative Requirements for Grants and Contracts to State, Local, and Indian Tribal Governments."

Generally, the rehabilitation agency will have an obligation to transfer funds in payment for the technology only in those instances where State Education Agency (SEA) contributed funds to the original purchase of the technology. In those cases where the fair market value *(at the time of transfer)* is $5,000 or above, the SEA has a right to receive it pro rated share of this value. Thus, if the fair market value of a transferred device is $6,000 and the SEA has contributed 10% to its original purchase, the SEA would, in theory, be entitled to $600 reimbursement. Of course, the SEA is free to waive this reimbursement in any and all cases.

Another point made by the letter is that schools' authority to transfer ownership is not limited to state VR programs. While VR programs are specifically addressed by the letter (because of its focus on transition), ownership transfer can be made to any "activities currently or previously supported by a federal agency." Letter dated June 21, 1998 to Susan Goodman, from Judith Heumann, at p. 2 (quoting 34 C.F.R. § 80.32(c)(1)). This means that inter-district transfer of equipment can occur for students who move from community to community, or when equipment currently being stored by one district is identified as being needed by another. Both of these inter-district transfers can occur as freely as transition-transfer to VR program.

The clarification letter recognizes that state law also plays a role. It is possible that, aside from the federal regulations involved, your state may have laws or regulations bearing upon such transfers. Typically, this will not be a law barring the transfer but one that establishes procedural or documentation requirements regarding how it is to be done.

Many states are also likely to have provisions allowing education and rehabilitation agencies to enter into reciprocal agreements to facilitate such transfers. The federal law, likewise, encourages such agreements.

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Tax Deductions and Credits for Assistive Technology

The means to obtain assistive technology for people with disabilities can be improved through the use of tax advantages. The most common and flexible deductions impacting people with disabilities are those available to all taxpayers: deductions for medical, dental or other health care expense and miscellaneous work expenses. AT is deductible under the definition of medical care, which includes amounts paid "for the diagnosis, care, treatment or prevention of disease or for the purpose of affecting any structure or function of the body." This definition, therefore, has significant potential for people with disabilities who use assistive technology.

Other tax provisions enable individuals with disabilities who are employed to deduct work related expenses, i.e. assistive technology, from their gross incomes when it is needed to maintain employment.

Another tax advantage is available as a tax credit when the expenses incurred by a taxpayer for the care of a dependent who has one or more disabilities frees the taxpayer to work.

Delaware Recycles AT

If you are interested in an item, please call the number listed next to the item. If you would like to add or remove an item from the list, call 800-870-3284, press 1 for English, and then press 3 for the DATI Central Site office. All prices are negotiable and all area codes are 302 unless otherwise noted.

Devices Available:

Ambulation/Mobility

Cane, straight, wooden, Free, Donna, 731-1775
Crutches, wooden, Free, Donna, 731-1775
Walker, $40, Connie, 653-7341
Walker, folds, $75, Patricia, 427-4237 or 836-9143

Communication

Canon 7P Communicator, w/tape print out, single switch scanning or keyboard access, new, $650, Dick or Gloria, 910-686-9744
Dynavox 2c, excellent condition, $3,500, Cecila Weber, 609-540-6205

Personal Care/Home Management

Bath Chair, w/commode, arm rests, back support, $100, Catherine, 652-6641 after 5 p.m.

Bath Chair, w/arm rest and back support and Commode Chair, free standing, can be used over the commode or at bedside, w/arms and back support, $100 for both, Kathy, 644-2214

Bedside Commode, w/arm and back support, Free, Patricia, 427-4237 or 836-9143

Commode, free standing, w/arm support, Free, Paul, 454-1357

Environmental Control Unit—one unit w/two controls, one for bedroom and one to be mounted on w/c, can be used from bed or w/c; TASH infrared remote for TV, speaker phone, 2 pneumatic switches, wireless transmitter, modulars, and many extras, $2,000 Firm, Jim, 734-9106

Hospital Bed, Electric, $150, Richard, 610-565-3636

Hospital Bed, Electric, 3-position, $600, Stephen, 947-1637

Hospital Bed, $150, Rodney, 734-0893

Hospital Bed, Electric, $400, Richard, 239-4243

Lift Chair, $100, Andrew, 731-4380

Oxygen Concentrator, w/Alarm and D tank, B/O, Robert, 325-4063

Reacher, 24", Free, Donna, 731-1775

Restraint Belt, neg., Maryanne, 737-6215

Shower Chair/commode, w/arm rest, $75, Ruby, 764-8585

Stair Glide, Silver Glide, approx. 14', $800, Linda, 832-9203

Stair Glide, Silver Glide II, neg., Jay, 734-8400

Stair Lift, National Wheelovator Falcon, for 4 steps, neg., Cheryl, 368-7230

Tens Unit, Century 2100, carrying case & supplies, B/O, Sharen, 856-0969

Traction Belt, Foam Padded, neg., Maryanne, 737-6215

Three/Four-Wheeled Powered Scooters

Lark, XT Model 4371, dismantles into 4 parts to fit into a car, $125 Firm, Francis, 832-7506

Omega, $2K, Brad, 517-773-2158

Scooter lift for minivan, $100, Dick, 764-1714

Scooter, Legend Pride, $1,000, Elma, 337-8304

3-wheeled, 2 batteries & charger, red velvet upholstery, key operated, T-Bar, one-year old, $1.8K, William, 479-5383

Vehicles/Accessories

Bruno Curb-Sider, used one month (mounted inside the back of a van swings out,

connects to the bottom), $1,500, Mike, 629-7127

Conversion Van, Dodge Mark III, w/Ricon side lift, 2.5K miles, extended warranty, $25K negotiable, Paul, 454-1357

Hand Brake/Throttle, new, GM, $375, Barbara, 678-0515

Gresham Driving Aid, left-hand control for brakes and gas, B/O, Richard, 998-9666

Wells-Berg Hand Controls for brake and throttle, $75, Dick, 764-1714

Vision

Aladdin Video Reader...a personal reader and magnification system, $1,200 or B/O, Paul, 478-7714

Wheelchairs/Accessories

Adult, Electric, w/recharger, E&J, $900, Mary, 984-1225 after 6 p.m.

Adult, Electric, Joystick Hoveround, reclines, hi-back, video and manual inc., neg., Josephine, 764-5324

Adult, Electric, new w/battery & charger, reasonable offer, Albert, 738-0422

Adult, Electric, w/charger, manual inc., std, $900, Dolores, 856-3261

Adult, Electric, Action 9000, inc. joystick & battery charger, 1 1/2 yrs old, $1,500, Ruby, 764-8585

Adult, Electric, Quickie Model P110, w/battery and recharger, folding frame, $1,000, Janet, 656-1737

Adult, Electric, std, reclines, swivel seat, adj. desk arms, recline leg rest w/tilt foot-plates, 4 speeds, $2,700, Susan, 410-546-5810

Adult, Electric, $4,000, Judy, 655-9408

Adult, Manual, La-Bac Tilt 'n Space, $1,500 or B/O, Sandi, 992-0225

Adult, Manual, w/soft seating, folds easily, removable footrest, $125, Patricia, 427-4237 or 836-9143

Adult, Manual, $100 negotiable, Paul, 454-1357

Adult, Manual, Invacare, w/Jay Back, $600 Firm, William, 652-1914 after 9 p.m.

Adult, Manual, standard, Free, Viola, 436-5853

Child, Manual, for age 1 1/2 - 3 yrs of age, w/stroller handles, w/many accessories, $500 or B/O, Lori, 717-596-3510

Child, Quickie, Manual, w/tray, $275, Vernessa, 655-9840

Child, Zippie by Quickie, Manual, Pink & Black, tilts, $500, Jamie, 945-8668

Children's, variety, Free, Kristen, 672-1960

Devices Needed:

Cane, pronged, Jean, 655-7632

Computer upgrade to 1GB, fast modem, reasonable price or donation, John, 994-3067

Hospital Table, Alison, 762-1621

Hoyer Lift, willing to pay reasonable price, Ralph, 368-5550

Lift Chair, Sue, 654-6894

Lift for Scooter, one that attaches to a car, free or reasonable price, Zoan, 697-1291

Outer 2 Lift for van, free or reasonable price, Elma, 337-8304

Pump for feeding tube, Heather White, 934-8031

Ramp to fit a '94 Ford Villager, willing to pay reasonable price, Minerva, 733-4144

Shower Transfer Bench, Sue, 654-6894

Speech Language Master (Franklin), willing to pay reasonable price, Diane, 284-0514

Stair Glide, willing to pay reasonable price, Chris, 834-8734

Stair Lift for bi-level—stairs, landing, and then stairs again, total of 14 steps, Sharon, 410-398-7238

Van, accessible, Sue, 654-6894

Walker w/wheels, Jean, 655-7632

W/C Parts, Meyra brand, Lisa, 410-893-8614

W/C, 20", electric, Margaret, 479-0097

***Note**: If you are looking for items not on the list, please contact the Central Site office at 1-800-870-DATI. New items are added to the list regularly.*

If there has been no activity or interaction with the contributor to the list within six months, items are automatically removed from the list.

***Note on Liability**: The DATI assumes no responsibility for the condition of any products exchanged through this information service. It is the responsibility of the owner to provide accurate information about product specifications and condition. Additionally, terms or arrangements made for any product exchanges are the sole responsibility of the exchanging parties.* n

DATI Equipment Loan Policy

DATI has a wide variety of equipment at the Assistive Technology Resource Centers for the primary purpose of demonstration and short-term loan. The policy for the loan of the equipment is as follows:

- The standard loan period is two weeks, defined as the day borrowed (e.g., Monday the 10th) to the same day two weeks later (e.g., Monday the 24th). Loans may be extended providing there are no names on the waiting list and/or that an extension will not interfere with an existing reservation. The maximum loan period is 4 weeks.
- A maximum of four (4) devices may be borrowed at a time, i.e., during any single loan period. However, combinations of devices may be treated as a single device if the components are interdependent—either operationally, or because one component is required for the user to access another.
- Equipment loans across State lines are not permitted. Borrowed equipment must also remain in Delaware throughout the loan period. n

To contact DATI's Central Site office or the ATRC closest to you...
Call 1-800-870-DATI

Press #1 for English or

Press #2 for Spanish

then press...

#3 for the Central Site office or
#4 for the New Castle County ATRC or
#5 for the Kent County ATRC or
#6 for the Sussex County ATRC

TDD callers—If you do not press #1 or 2 your call will be answered on a TDD line by someone at the Central Site office.

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DATI Throughout the State...

New Castle County
Easter Seal Society of Del-Mar
61 Corporate Circle, Corporate Commons
New Castle, DE 19720-2405
(302)328-ATRC; (302)328-2905 (TDD)

Kent County
Easter Seal Society of Del-Mar
Kent County Community School
65 Carver Rd.
Dover, DE 19904-2716
(302)739-6885; (302)739-6886 (TDD)

Sussex County
Easter Seal Society of Del-Mar
Delaware Technical & Community College
Rt. 18, P.O. Box 610
Arts & Science Building, Room 320B
Georgetown, DE 19947-0610
(302)856-7946; (302) 856-6714 (voice or TDD)
Delaware Assistive Technology Initiative

Publications List & Order Form

The following publications are available from the DATI Publications Office. All prices include shipping and handling. Please be sure to indicate the items you wish to purchase and include a complete mailing address for shipment.

Funding Fact Sheets

Set of five fact sheets providing overviews of the policies and practices of five major funding streams in Delaware relative to assistive technology. Can be ordered separately or as a set.

Single Copy - Free
2-9 Copies - $1.00 ea; 10+ Copies - $ .50 ea

Public Schools
Medicaid
Medicare
Voc Rehab & Independent Living
Social Security

Set of Five $5.00 per set, $2.50 per set for an order of 10 sets or more

Guide To Funding Resources For Assistive Technology In Delaware

Comprehensive guide to the primary resources for assistive technology funding in Delaware. The guide contains information on eligibility, coverage policies, and application procedures. The material is in a bound volume with index tabs for convenience.

Funding Guide 1-9 Copies $20.00; 10+ Copies $15.00 ea

Assistive Technology: The Right Tools for the Right Job

A video profiling Delawareans working in their chosen professions with support from assistive technology. (Available in open-captioned or closed-captioned formats. Please indicate preference.)

1-9 Copies $15.00 each; 10+ Copies $10.00 each

Independent Living Brochure Series

Five colorful brochures describing the benefits of assistive technology for activities of daily life.

You Can Get There From Here (Reaching and mobility aids) - free
Zip It Up (Clothing adaptations and dressing aids) - free
Around the House (Housecleaning and storage) - free
Cleanliness Is Next To... (Personal Care and Grooming)- free
What's For Dinner? (Cooking and dining) - free

Set of Five Brochures - free

Delaware Recycles At Brochure

Description and contact information about the DATI's equipment recycling program--includes punch-out Rolodex card for easy reference. - free

Selecting & Obtaining Assistive Technology Brochure

Outline of steps to be taken in acquiring assistive technology, including assessment, vendor selection, funding, training, and follow-up. - free

Independence Through Technology Video

An introduction to the many ways in which assistive technology can impact lives. The video contains information about the DATI and other AT resources in Delaware.

Independence Video - any quantity $10.00 ea (Available in English or Spanish--Please indicate preference.)

Order information:

Your mailing address:
Name:
Address:
Phone:
Number of items ordered
Total Amount Enclosed

Please make all checks payable to the University of Delaware/DATI and mail completed order form to:

DATI, University of Delaware/duPont Hospital for Children,
P.O. Box 269,
Wilmington, DE, USA 19899-0269
Phone: 800-870-DATI or (302)651-6790; TDD (302)651-6794; Fax: (302)651-6793

Initial areas to investigate and/or discuss with your tax preparer include:

- *Medical Care Expense Deductions*
- *Credit for Architectural and Transportation Barrier Removal*
- *Targeted Tax Credits*
- *ADA Credit for Small Businesses*
- *Health Insurance Portability and Accountability*

These and other tax advantages are available which may offset some or all of the costs of assistive technology for people with disabilities, their families, and their employers.

For further information, contact the Internal Revenue Service or discuss these options with your tax preparer. An excellent resource to assist in personal pursuit of tax options is *Tax Options and Strategies for People with Disabilities*, by Steve Mendelsohn. To obtain a copy contact: Demos Publications, 386 Park Avenue South, Suite 101, New York, NY 10016 (212) 683-0072.

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