Acknowledgments

Assistive Technology for Kansans would like to thank everyone who helped create this manual. Many people shared their time, ideas, and expertise, including:

- People with disabilities and their families
- Staff from the agencies listed in this manual
- ATK Access Site staff and subcontractors
- Service providers and other partners

Your information, feedback, editing, and technical help made this manual possible. We know that programs and funding can change, so we will update this manual every year. For the newest version or to print extra copies, please visit our website at **www.atk.ku.edu**.

Publication Dates

- November 8, 1996
- September 8, 1998
- September 1, 2000
- February 20, 2006
- November 17, 2025

Assistive Technology for Kansans (ATK)

1000 Sunnyside Ave
Lawrence, KS 66045
Phone/V-TDD: (620) 421-8367
Email: atkapps@ku.edu

Funded By:

This manual was prepared with funding provided through the Technology First for Kansans Project, with funds from the Kansas Department for Aging and Disability Services (KDADS).

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The Role of Technology

Technology is part of everyone's daily life. For people with disabilities, it can open the door to greater independence, productivity, and full participation in the community—at home, school, work, and in social or recreational settings.

Assistive technology (AT) comes in many forms. Some devices are high-tech, like a wheelchair-accessible van with adapted controls or a computer that can read text out loud. Others are low-tech, like a pencil grip or a door handle that's easier to use.

Today, approximately 42 million Americans with disabilities use assistive technology to improve their quality of life and participate more fully in society.

Barriers to Access

Even though assistive technology can greatly improve quality of life, getting the right equipment isn't always easy. Finding, paying for, and learning to use these tools can be challenging. Research shows that many people with disabilities don't have access to the technology that could help them most. Two of the biggest barriers are lack of information and limited funding.

About This Manual

To help address funding challenges, Assistive Technology for Kansans (ATK) created this manual. It's designed to guide Kansans in finding financial support for assistive technology. Inside, you'll find details about federal and state programs, as well as organizations that provide or help locate funding for AT devices and services.

The manual also explains how these programs work and what steps to take to request funding. Each program is different, and understanding the rules, application process, and what to include in your request will improve your chances of success.

Final Thoughts

There are no quick or easy ways to get funding for assistive technology. It takes knowledge, persistence, and patience. We hope this manual helps Kansans better understand available programs and find the resources they need to access the technology that supports their independence and participation in daily life.

The Assistive Technology (AT) Act – Summary

The Assistive Technology (AT) Act began in 1988 as the Technology-Related Assistance Act, or Tech Act (U.S. House of Representatives, 2004). It was the first federal law supporting technology for people with disabilities. The law recognized that technology helps people live, learn, work, and participate more independently.

The Act provided funding for states to create programs that help people find and use assistive technology. By 1995, every state and U.S. territory had received funding to set up an AT program.

How the Tech Act Helps States

The Tech Act gives federal funding to states so they can make assistive technology more available. Each program helps people of all ages and disabilities find, fund, and use devices and services at home, school, work, and in the community.

Major Updates

- 1994 – Focused on changing systems to make AT more available and required partnerships with Protection and Advocacy (P&A) agencies.
- 1998 – Renamed the Assistive Technology Act. Emphasized maintaining statewide programs, public awareness, device demonstrations, and funding help.
- 2004 – Created stable, formula-based funding and required specific services like demonstrations, loans, and training.
- 2014 – Administration moved to the Administration for Community Living (ACL) under the U.S. Department of Health and Human Services.

Today

Every state and territory now has an Assistive Technology Act Program that helps people find, try, and afford technology that supports daily life, education, work, and independence.

Assistive Technology for Kansans (ATK)

Assistive Technology for Kansans (ATK) is the state's Tech Act program. It is managed by the University of Kansas Life Span Institute in Lawrence and funded by the Administration for Community Living. ATK partners with local organizations to provide training, device demonstrations, and funding assistance. ATK operates six regional Assistive Technology Access Sites that help Kansans live, learn, work, and participate more independently.

Assistive Technology for Kansans Management

If consumers, families, or service providers have questions about services at the Assistive Technology Access Sites, they can contact the project office in Lawrence. The Lawrence team works with an advisory council — made up mostly of users of assistive technology — to identify and remove barriers to getting and using assistive technology. The Lawrence staff also partner with consumer groups and state agencies, manage the grant and budget, coordinate activities, and provide training, technical help, and equipment to the access sites.

Assistive Technology for Kansans

1000 Sunnyside Ave
Lawrence, KS 66045
620-421-8367

Statewide Loan System

ATK offers a statewide device loan program that lets individuals borrow assistive technology to find out which tools best support their learning, work, play, and daily activities. This program also helps demonstrate to funding agencies that the devices are effective and worth investing in. To see assistive technology devices that are available or to request to borrow a device visit www.atkloan.org.

For more information about Assistive Technology for Kansans Services please visit www.atk.ku.edu.

The Kansas Association of Centers for Independent Living (KACIL)

The Kansas Association of Centers for Independent Living (KACIL) is a statewide organization of Centers for Independent Living (CILS) across the state of Kansas. It is comprised of numerous, regional non-profit organizations to support and promote independence, education, advocacy efforts, and equal opportunities for people with disabilities. KACIL supports people with disabilities across the lifespan and is independent of income.

Assistive Technology for Kansans Access Sites

Northwest

Assistive Technology Department of
Northwest Kansas Educational
Service Center (NKESC)
703 West Second St.
Oakley, Kansas 67748
PHONE: 785-672-3125
FAX: 785-672-3175
EMAIL: jMcEachern@nkesc.org

Southwest

Assistive Technology Department of
Northwest Kansas Educational Service
Center (NKESC)
302 Fleming, Suite 8E
Garden City, KS 67846
CELL: 785-673-9609

North Central

OCCK, Inc.
Solution Outreach Center
1605 W. Schilling Rd., PO Box 1160
Salina, Kansas 67401
PHONE: 785-827-9383
FAX: 785-289-9862
EMAIL: nbolden@occk.com

South Central

Southeast Kansas Independent Living
(SKIL)
3033 West Second St. North, Suite 106
Wichita, Kansas 67203
PHONE: 316-942-5444
FAX: 316-942-3311
EMAIL: mindyb@skilonline.com

Southeast

Southeast Kansas Independent Living
(SKIL)
1714 Main St., PO Box 238
Parsons, Kansas 67357
PHONE: 620-421-6551
FAX: 620-423-3505
EMAIL: mindyb@skilonline.com

Northeast

Assistive Technology for Kansans
1000 Sunnyside Ave
Lawrence, KS 66045
PHONE: 785-551-9708
EMAIL: NortheastAT@ku.edu

Section 1: Medicaid

Program Purpose

Medicaid, established in 1965 when Congress added Title XIX to the Social Security Act, was created to provide health care coverage for individuals across the lifespan who have financial need. It is a joint federal-state program in which the federal government sets general requirements, and each state administers its own program.

In Kansas, the Medicaid program is known as KanCare. KanCare provides health and long-term care services to low-income Kansans through a managed care system. The program contracts with private health plans to coordinate medical, mental health, and substance abuse services, ensuring that eligible Kansans receive comprehensive and coordinated care.

Medicaid only pays for services that are:

- Medically necessary: medical services which will identify, relieve, or improve the disease, illness, injury, or medical condition for which someone is being treated.
- Covered medical services: medical services, treatment, and equipment that a state has decided it will pay medical personnel to provide.

Medicaid Reimbursement

- Payment for services is directly to the Provider - which includes medical personnel, facilities, pharmacies and medical equipment.
- Providers must sign an agreement with Kansas Medicaid and accept the state's set payment rate.
- They cannot charge patients extra beyond what Medicaid pays.
- Each provider has a Medicaid ID number and is responsible for knowing what services are covered and how to submit claims for payment.

Prior Authorization

- Medicaid must approve the service before it is provided.
- To receive prior authorization, providers submit paperwork to Medicaid justifying the need.
- Medicaid doesn't use the term assistive technology — instead, items are listed as durable medical equipment, orthotics, or prosthetics.

Medicaid and Schools

- Kansas Medicaid helps pay for services in a child's Individualized Education Program (IEP) using a "bundled rate" system.
    - This means all services in the IEP, including medical ones, are grouped together in one payment from Medicaid to the school.
- Schools must use this money to support special education programs.
- When the device is paid for under Medicaid, the student owns the device.
- Schools must inform parents when they bill Medicaid for IEP services.
- There is no spending limit (no cap) on Medicaid benefits.

Eligibility

Medicaid eligibility is based on income level, age, health conditions, available resources, and state residency. Medicaid provides medical benefits for the categories of people below:

- The **Medically Needy (Spenddown) program** in Kansas helps people whose income is too high for regular Medicaid but who still have large medical expenses. A *spenddown* works like an insurance deductible — you must first pay a set amount of your medical bills before Medicaid starts paying.
    - Eligibility Includes:
        - Pregnant Women
        - Children under the age of 19
        - Seniors age 65 and over
        - Persons determined disabled by Social Security rules
- **Working Healthy** is a Medicaid "buy-in" program for Kansans with disabilities who are working or want to work. It lets them earn income, build assets, and keep full Medicaid coverage while employed.
    - Eligibility
        - You must have a disability as defined by Social Security Administration.
        - Age 16-64.
        - You must be employed (earning wages or self-employed).
        - Countable income must be less than ~300% of the Federal Poverty Level.
        - Countable assets/resources must be under around $15,000.
        - You cannot be receiving
            - Home & Community Based Services (HCBS) waiver services

        - living in certain long-term care facilities
        - Not be an SSI recipient
- **Home and Community Based Waiver Services (HCBS) Waiver** are Kansas Medicaid programs that help people get the care they need at home or in their community instead of in a nursing home or hospital. Kansas offers seven types of HCBS waivers, each designed to support people with different disabilities or medical needs.
    - Autism Waiver- Children through the age of 5 with an autism spectrum disorder diagnosis.
    - Brain Injury (BI) Waiver- People age 0-64 years who have a (non-degenerative) brain Injury
    - Frail Elderly (FE) Waiver- People age 65 and older who meet the level-of-care criteria for nursing home care.
    - Intellectual and Developmental Disability (I/DD)
        - People age 5 and up who have an intellectual and/or developmental disability diagnosis.
        - Children under age 5 may apply for and receive Targeted Case Management services.
    - Physical Disability (PD) Waiver- People age 16-64 who have been determined disabled by the Social Security Administration and need help with activities of daily living.
    - Serious Emotional Disturbance (SED) Wavier- People age 4-18 who are determined to be seriously emotionally disturbed by their area Community Mental Health Center (CMHC).
    - Technology Assisted- People through age 21 who are dependent on intensive medical technology and are medically fragile.
- The **Children's Health Insurance Program (CHIP)** is a federal and state program that provides health coverage for children whose family income is too high to qualify for Medicaid, but too low to afford private insurance.
    - Eligibility
        - Children under 19 years old
        - Family income above Medicaid qualifications, but below the federal poverty level
        - No current health insurance coverage
        - State resident
- The **Program of All-Inclusive Care for the Elderly (PACE)** is a Medicaid and and Medicare program that supports older adults who are eligible for nursing home care

but want to stay in their community. Both healthcare and supportive services are available.

- Eligibility
  - Individuals 55 and over
  - Certified for needing nursing home care
  - Eligible for Medicaid and/or Medicare
  - Ability to live safely in a PACE community
  - State resident

Services Provided

The Federal Government requires state Medicaid programs pay for certain medical services. Medicaid Required Covered Services:

- In Patient and Out of Patient Hospital Care
- Laboratory and X-Ray services
- Skilled Nursing Facility Services for persons 21 years and older
- Family Planning Services and Supplies
- Physician Services
- Nurse Midwife Services
- Services to Pregnant Women
- Home Health Services
- Rural Health Clinics for Women
- Early Screen, Diagnosis and treatment for children under
- Transportation services for medical care
- Services at Federally Qualified Health Centers (FQHCs)
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for children under age 21

Kansas Medicaid Additional Covered Services:

- Advanced registered nurse practitioner services
- Ambulatory surgery center
- Aliens-emergency services
- Audiological services
- Community mental health services
- Dental treatment
- Durable medical equipment
- Supplies
- Orthotics

- Prosthetics
- Federally Qualified Health Center services
- Hospice care
- Immunizations
- Local health department services
- Partial hospitalization (mental health)
- Pharmacy services
- Psychological services
- Substance abuse treatment
- Targeted case management
- Transportation (ambulance and non-emergency commercial travel to and from hospital)
- Therapy (physical, speech, occupational, respiratory)
- Transplants
- Vision services.

Covered Service Exclusions:

- 1 eye exam and 1 pair of glasses every year
- Services may require prior authorization.
- Durable Medical Equipment will need prior authorization
- Some prescription drugs will need prior authorization.

Home and Community Based Waiver Services in Kansas

Autism Waiver

- Family Adjusting Counseling
- Financial Management Services for Self-Direction
- Patient Support and Training (peer-to-peer)
- Respite Care

Brain Injury Waiver

- Enhanced Care Services (ECS)
- Financial Management Services
- Home Delivered Meals
- Home and Environmental Modification Services
- Medication Reminder Services
- Personal Care Servies (PCS)

- Personal Emergency Response System and Installation (PERS)
- Rehabilitation Therapy: Behavior Therapy, Cognitive Therapy, Physical Therapy, Speech Language Therapy, Occupational Therapy
- Specialized Medical Equipment and Supplies
- Transitional Living Skills (TLS)
- Vehicle Modification

Frail and Elderly Waiver

- Adult Day Supports
- Comprehensive Support
- Enhanced Care Services
- Financial Management Services
- Home and Environmental Modifications
- Home Telehealth
- Medication Reminder
- Nursing Evaluation Visit
- Oral Health Services
- Personal Care Services
- Personal Emergency Response
- Specialized Medical Equipment and Supplies
- Vehicle Modification Services
- Wellness Monitoring

Individuals with Intellectual and Developmental Disabilities Waiver (I/DD)

- Adult Day Supports
- Comprehensive Support
- Enhanced Care Services
- Financial Management Services
- Home and Environmental Modifications
- Home Telehealth
- Medication Reminder
- Nursing Evaluation Visit
- Oral Health Services
- Personal Care Services
- Personal Emergency Response
- Specialized Medical Equipment and Supplies
- Vehicle Modification Services

- Wellness Monitoring

Program of All-Inclusive Care for the Elderly (PACE)

- Primary Care
- Nursing Services
- Prescription Drugs
- Nursing Home Care
- Emergency Health Services
- Home Care
- Physical Therapy
- Adult Day Care
- Recreational Therapy
- Meals
- Dentistry
- Nutritional Counseling
- Social Services
- Laboratory/X-Ray Services
- Social Work Counseling
- Transportation
- Any other services considered medically necessary

Physical Disability Waiver (PD)

- Enhanced Care Services
- Financial Management Services
- Home Deliver Meals
- Home and Environmental Modifications
- Medication Reminder Services
- Personal Care Services
- Personal Emergency Response System
- Specialized Medical Equipment and Supplies
- Vehicle Modifications

Serious Emotional Disturbance Waiver (SED)

- Attendant Care
- Independent Living/Skills Building
- Parent Support and Training
- Professional Resource Family Care

- Short Term Respite Care
- Wraparound Facilitation

Technology Assisted (TA)

- Financial Management Services (FMS)
- Home Deliver Meals
- Health Maintenance Monitoring
- Home Modifications
- Intermittent Intensive Medical Support
- Personal Care Services (PCS)
- Medical Respite
- Specialized Medical Care (SMC)

Assistive Technology Covered

Kansas Medicaid can reimburse for assistive technology if it is medically necessary, documented, and approved through the individual's KanCare program

- Durable medical equipment
- Orthotics and prosthetics
- Vision services

Audiological and hearing services

- Cover evaluation and fitting
- Dispensing, adjusting hearing aids and accessories
- Batteries are provided at a rate of six per month for a monaural aid; nine per month for binaural aids.
- Hearing aids, repairs above $75, replacement of ear molds, and dispensing require prior authorization.

Durable Medical Equipment (DME) Services

- Equipment which can withstand repeated use
- Primary use to serve medical purpose
- Appropriate for use in home
- Not useful to a person in the absence of an illness or injury

Examples of Assistive Technology covered by Kansas Medicaid include the following:

- Augmentative Communication Devices

- Batteries (Glucose Monitors, Hearing Aids, Wheelchairs)
- Orthotic devices -mechanical devices to support weak joints/limbs: crutches, walkers, canes, braces
- Glucose Monitor
- Helmets
- Intermittent Positive Pressure Breathing Machine
- Lifts
- Nebulizers
- Oxygen Units
- Respiratory/Cardiac Equipment
- Walkers
- Wheelchairs (Manual)
- Wheelchair Accessories
- Augmentative Communication Devices
- Prosthetics
- Eyeglasses

Medicaid program in Kansas does allow certain DME to be rented. Rental of used equipment is only permitted if proven to be cost neutral or cost effective. The delivery, installation, maintenance, and repair is covered for some DME.

Coverage Considerations

- Prior Authorization may be required
- Restrictions on type of equipment
- Purchase versus Rental Guidelines
- Modifications shall not exceed $10,000 per participant, per waiver, per lifetime, except I/DD Waiver participants have no cap.

Additional Considerations

- Reimbursement rates may be relatively low, and certain equipment may only be leased, limiting the number of DME vendors who choose to participate.
- Medicaid is considered a payor of last resort, paying only the remainder of the cost if an individual has other funding available to them. This, and the fact that some equipment requires prior authorization, may cause bureaucratic delays and problems in obtaining assistive technology.

Medicaid Application Process

To apply for KanCare (Kansas Medicaid), your financial eligibility must be determined. You can access and submit applications in the following ways:

- Online at KanCare's Medical Services Self Service Portal
- Paper Application found on KanCare website
- Request applications and assistance by calling 1-800-792-4884

Applying for a Kansas Waiver or PACE Services

- For the Frail and Elderly Waiver, Brain Injury Waiver, Physical Disability Waiver and PACE, request a functional eligibility assessment to Area Disability and Resource Center (ADRC) at (855) 200-2372
- For Intellectual Developmental Disability Waiver, request a functional eligibility assessment with the area Community Developmental Disability Organization (CDDO)
- For the Autism Waiver a Preliminary Application needs to be completed. Application can be found online on the KDADS website or call the Autism Program Manager at (785) 296-8131
- For the Serious Emotional Disturbance Waiver, contact the Community Mental Health Center (CMHC) for your county (https://www.kdads.ks.gov/services-programs/behavioral-health/services-and-programs).
- For the Technology Assisted Waiver, contact Family Waiver Care by phone at (785)296-9551 or by email at tawaiver@family-waiver-care.com

Appeal Process

Consumers denied eligibility, dissatisfied with services or lack of assistance can submit for Medicaid Eligibility or KanCare managed care organization can submit:

- A Grievance - express dissatisfaction about any matter other than an adverse decision
- Request a Reconsideration - review request with assistance of 3rd party review
- An Appeal - Review of the denial of payment or a new healthcare service request
- State Fair Hearing - Completed by the Office of Administrative Hearings (OAH). Provides an opportunity to speak about the decision with an Impartial administrative law judge.
- Contact KanCare Ombudsman (855) 643-8180 to help:
    - Answer Questions
    - Resolve Issues

- Understand letters from KanCare
- Respond when you disagree with a decision or change
- Complete an application or renewal
- File a complaint
- File an appeal or fair hearing
- Learn about In-home services, HCBS

How to Guide: Medicaid

How to Apply

Kansas Medicaid, known as KanCare, provides medical and long-term care services to eligible Kansans through managed care organizations (MCOs). Assistive technology, such as durable medical equipment (DME), prosthetics, and communication devices, can be covered when medically necessary and prescribed by a physician.

You can apply for KanCare (Kansas Medicaid) in several ways:

1. Online: Apply through the KanCare Medical Services Self-Service Portal (https://kancare.ks.gov).
2. Paper Application: Download and print the application from the KanCare website or request one to be mailed to you.
3. By Phone: Call 1-800-792-4884 to request an application or get help completing it.
4. Waiver or PACE Services: If you're applying for specialized Medicaid programs (such as waivers or PACE), contact the appropriate agency for a functional eligibility assessment:
    - Frail Elderly, Brain Injury, Physical Disability Waivers, or PACE: Call the Area Agency on Aging or ADRC at (855) 200-2372.
    - Intellectual or Developmental Disability (I/DD) Waiver: Contact your local Community Developmental Disability Organization (CDDO).
    - Autism Waiver: Complete the preliminary application on the KDADS website or call (785) 296-8131.
    - Serious Emotional Disturbance (SED) Waiver: Contact your local Community Mental Health Center (CMHC).
    - Technology Assisted (TA) Waiver: Call (785) 296-9551 or email tawaiver@family-waiver-care.com.

Information Needed

- Before applying for Medicaid, gather the following documentation:
    - Proof of identity (driver's license, state ID, or birth certificate)
    - Social Security number for each person applying
    - Proof of income (pay stubs, tax returns, Social Security statements)
    - Proof of disability (if applicable, from the Social Security Administration)
    - Proof of residency (utility bill, lease, or similar)

  - Health insurance information (if you have any current coverage)
  - Bank statements or information about assets
  - Medical documentation if applying for assistive technology, durable medical equipment, or waiver services

When applying for Medicaid coverage or assistive technology reimbursement, you will need:

- Medical records or evaluations showing medical necessity for assistive technology.
- Physician's prescription or Letter of Medical Necessity for each device requested.
- Vendor information, including a quote or estimate from a Medicaid-approved supplier.
- For waiver services, an eligibility assessment from the appropriate agency (ADRC, CDDO, or CMHC).

Assistive technology must meet Medicaid's definition of Durable Medical Equipment (DME):

- It can withstand repeated use.
- It serves a primary medical purpose.
- It is not useful without illness or injury.
- It is appropriate for home use.

Helpful Tips

- Check your eligibility first. Eligibility is based on income, age, disability status, and residency.
- Choose a Medicaid-enrolled provider. Medicaid pays providers directly; they cannot charge you extra.
- Kansas Medicaid covers a wide range of assistive technology, including wheelchairs, walkers, prosthetics, communication devices, oxygen units, hearing aids, and adaptive equipment.
- Prior authorization is required for most equipment—your provider must submit medical documentation before purchase.
- Medicaid may rent or purchase equipment based on cost-effectiveness.
- Providers must be enrolled with Kansas Medicaid and accept the state's reimbursement rate.
- Medicaid is a payor of last resort—it will only pay after all other available funding sources are applied.

- For repairs, maintenance, or replacement of equipment, contact your provider or KanCare MCO for authorization.
- If you are denied coverage or experience service issues, you may file:
    - A Grievance (for dissatisfaction not related to service denial)
    - A Reconsideration (for third-party review)
    - An Appeal (for denied services or payment)
    - A State Fair Hearing (through the Office of Administrative Hearings)
- The KanCare Ombudsman (1-855-643-8180) can help answer questions, resolve issues, and guide you through the appeal or fair hearing process.
- Keep copies of all documents, prescriptions, and communications related to your Medicaid or assistive technology request.

Section 2: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)/KANBE HEALTHY

Program Purpose

Early Periodic Screening, Diagnosis, and Treatment (EPSDT), or Kan Be Healthy as it is known in Kansas, is not a separate medical assistance program, but the children's component of the Medicaid program.

Eligibility

EPSDT/Kan Be Healthy eligibility is based on family income level and disability. The Omnibus Reconciliation Act of 1989 extended eligibility for the program to include:

- Children under 21 years of age
- The highest income limit for a child is 250% of the federal poverty level
- Children are eligible if their parents or caregivers qualify for Kan Be Healthy, as well as children who receive adoption assistance or foster care maintenance payments
- Children with disabilities receiving Supplemental Security Income (SSI) payments because of limited incomes and resources also are eligible for Kan Be Healthy
- To be eligible for Kan Be Healthy medical services, children must have current health care screenings at specified times. If a child does not complete a screening at the specified time, Kan Be Healthy medical coverage will lapse. **It will restart after the next appointment*.

Services Covered

There are four screenings that Kan Be Healthy can cover. They include:

- **Vision screenings -** This includes eyeglasses
- **Hearing screenings** - This includes hearing aids and other devices that can help with communication
- **Dental screenings** - This includes routine cleanings and x-rays
- **Medical screenings** - This includes health and developmental examinations, immunizations, laboratory testing, long-term care needs, health, education and guidance.

EPSDT/Kan Be Healthy provides the same medical benefits for children listed under the Medicaid program. Additional services Include:

- Attendant Care for independent living
- Behavior management
- Chiropractic
- Dietitian services
- Dental (routine preventive in addition medically needed)
- Elective surgical hospitalizations
- Elective and non-elective surgeries
- Eye examinations and eyeglasses as needed
- Head Start Facility (medically necessary services such as counseling, dietitian services, speech, language and hearing therapy, skilled nursing services, and laboratory tests)
- Local education services (medically necessary services such as counseling, dietitian services, habilitation therapy, hearing assessment and therapy, Kan Be Healthy screenings, Occupational assessment and therapy, Physical assessment and therapy, Speech/language assessment and therapy)
- Podiatry
- Targeted case management for technology assisted children.

Like the adult Medicaid program, Kan Be Healthy services may have limitations and restrictions.

Assistive Technology Covered

Kan Be Healthy reimburses providers for the same assistive technology that is provided to adults. In addition, KanBe Healthy is required to treat medical conditions in children, requiring that any assistive technology that is medically needed be purchased.

KanBe Healthy coverage includes, but is not limited to, the following assistive technology:

Audiological and Hearing Services

- Covers evaluation and fitting
- Dispensing
- Adjusting hearing aids
- Accessories
- Batteries are provided at a rate of six per month for monaural aid and nine per month for binaural aids
- Hearing aids, repairs above $75, replacement ear molds, and dispensing require prior authorization

Durable Medical Equipment (DME)

- Apnea Monitors
- Augmentative Communication Devices
- Bath Chairs
- Batteries (Glucose Monitors, Hearing Aids, Wheelchairs)
- Crutches
- Glucose Monitor
- Helmets
- Intermittent Positive Pressure Breathing Machine
- Lifts
- Nebulizers
- Oxygen Units
- Respiratory/Cardiac Equipment
- Specialized Seating Equipment
- Splints
- Walkers
- Wheelchairs (Manual)
- Wheelchair Accessories
- **Orthotic** equipment used to support, or supplement weakened joints or limbs, such as braces, canes, crutches, and walkers
- **Prosthetics**, or artificial replacements for a limb, are covered
- **Vision services** include eye examinations and glasses allowed every year

**Services and restrictions may apply. Any of the above items may have requirements and restrictions, including prior authorization, only specific types of this equipment purchased, one time only purchases, rental only, etc.*

Kan Be Healthy may lease or purchase motorized wheelchairs for children. If a medical need is established for a child in school or a work situation, the most cost-effective strategy will be used.

Application Process

Applying for KanCare, Medicaid services in Kansas, financial eligibility will need to be determined. Applications can be completed:

- Online at KanCare's Medical Services Self Service Portal (https://cssp.kees.ks.gov/apspssp/)

- Paper Application found on KanCare website: https://www.kancare.ks.gov/apply-now
- Request applications and assistance by calling 1 (800) 792-4884

Appeal Process

Consumers denied eligibility, dissatisfied with services or lack of assistance can submit for Medicaid Eligibility or a KanCare managed care organization can submit:

- A Grievance - express dissatisfaction about any matter other than an adverse decision
- Request a Reconsideration - review request with assistance of 3rd party review
- An Appeal - Review of the denial of payment or a new healthcare service request
- State Fair Hearing - Completed by the Office of Administrative Hearings (OAH). Provides an opportunity to speak about the decision with an Impartial administrative law judge
- Contact KanCare Ombudsman (855) 643-8180 to help:
    - Answer Questions
    - Resolve Issues
- Understand letters from KanCare:
    - Respond when you disagree with a decision or change
    - Complete an application or renewal
    - File a complaint
    - File an appeal or fair hearing
    - Learn about In-home services, HCBS

How to Guide: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)/Kan Be Healthy

How to Apply

Kan Be Healthy, also known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, is the children's component of Kansas Medicaid. It provides comprehensive preventive, diagnostic, and treatment services to children and youth under age 21. To apply, families must complete a KanCare (Kansas Medicaid) application to determine financial eligibility.

Applications can be completed online through the KanCare Medical Services Self Service Portal at https://cssp.kees.ks.gov/apspssp/, by submitting a paper application available at https://www.kancare.ks.gov/apply-now, or by calling 1(800) 792-4884 to request assistance.

Information Needed

When applying for Kan Be Healthy services or requesting assistive technology coverage, you will need:

- Proof of Kansas residency
- Proof of income (to determine financial eligibility)
- The child's Social Security number and date of birth
- Medical documentation or prescriptions showing medical necessity for assistive technology
- Information about any other health insurance coverage
- Current Kan Be Healthy health screenings (required to maintain eligibility)
- For durable medical equipment (DME), provide a physician's order, diagnosis, and vendor estimate
- For hearing aids, communication devices, or other specialized items, prior authorization is required

Eligibility includes children under 21 who meet financial guidelines, receive adoption or foster care assistance, or receive SSI benefits due to disability.

Helpful Tips

- Kan Be Healthy covers the same durable medical equipment (DME) as adult Medicaid, plus assistive technology for children when medically necessary.
- Covered assistive technology includes hearing aids, augmentative communication devices, wheelchairs, bath chairs, lifts, prosthetics, braces, and other adaptive devices.
- Batteries, accessories, and repairs may also be covered with prior authorization.
- For vision and hearing services, eyeglasses and hearing aids are included, with replacement limits and service frequency rules.
- To maintain Kan Be Healthy coverage, ensure your child receives timely health screenings as required by the program.
- All assistive technology must be medically necessary, cost-effective, and prior authorized by KanCare.
- Kan Be Healthy may rent or purchase devices, depending on cost and medical need.
- If services are denied or delayed, families can file a grievance, appeal, or request a state fair hearing.
- The KanCare Ombudsman (1-855-643-8180) can help with appeals, complaints, renewals, and understanding notices or decisions.

Section 3: Medicare

Program Purpose

Established in 1965 under Title XVIII of the Social Security Act. It is federal health care assistance for older Americans and individuals who are blind or permanently disabled. Funding for the program is the responsibility of the federal government. The program is administered by the Health Care Finance Administration (HCFA), a division of the Department of Health and Human Services.

Medicare is a federal health insurance program for individuals 65 years and older, and those with certain disabilities. Medicare has two types of insurance coverage for eligible Individuals:

- Part A provides (hospital insurance)
    - Individuals eligible for Part A pay no premium, or payment on a monthly or quarterly basis, for this coverage
    - Individuals eligible may be required to pay a deductible and a co-pay of an established annual amount
- Part B provides optional medical insurance that individuals choose to enroll in.
    - Individuals pay a monthly payment or premium.
    - Individuals may pay an annual deductible amount
- Co-Insurance with other providers. Other insurers may cover deductibles, co-pays, and the difference between the assignment and the actual cost. Medicaid, for example, may pay these costs if an individual qualifies for their program. Major medical insurance companies, if an individual is enrolled in one, may pay the co-pay.

Eligibility

Those eligible for premium free Medicare Part A coverage include individuals 65 years and older who:

- Currently receive benefits under Social Security or Railroad Retirement systems
- Eligible to receive benefits under these systems but have not yet applied
- Have had Medicare-covered government employment, or are the spouse of someone who has
- Have been disabled for a specified number of months.

Services Provided

- Medicare Part A
    - Inpatient Hospital Stays
    - Outpatient Appointments
    - Skilled Nursing Facilities
    - Home Health Agencies
    - Hospices
- Medicare Part B
    - Services by doctor
    - Medical Personnel
    - Flu Shots
    - Durable Medical Equipment
    - Outpatient therapies
    - Labs

Service Consideration

- Medicare provides a fee schedule for services and providers. Healthcare providers may charge fees that exceed the amount approved by Medicare.
- Private supplemental Insurance may be purchased to cover at-home recovery, prescriptive drugs, preventative care, etc.
- Limited Coverage for dental surgery, chiropractor, podiatrist and optometrist under Medicare B

Assistive Technology Covered

Medicare Part B covers Durable Medical Equipment (DME). The equipment must be medically necessary and prescribed by a doctor. Suppliers of DME must be approved by Medicare and have a Medicare number.

To be defined as DME by Medicare:

- Equipment must primarily serve a medical purpose
- Be able to be used again by another patient
- Not be useful in the absence of illness or injury
- Must be appropriate for use in the home

Service Considerations:

Part B also requires that the equipment be "necessary and reasonable." When determining whether services are "necessary and reasonable," the Medicare Carriers Manual suggests that the following be considered:

- Would the expense of the item be disproportionate to the therapeutic effects that could be derived from use of the equipment?
- Is the item substantially more costly than a medically appropriate and realistically feasible alternative?
- Does the item serve essentially the same purpose as equipment already available to the beneficiary?

Augmentative Communication Devices (ACD)

- Reimbursement process includes:
    - **Medical Necessity:** The device is required to treat a severe speech or communication impairment due to illness, injury, or a disabling condition.
    - **Functional Limitation:** The patient is unable to communicate effectively using natural speech, and no alternative methods are sufficient.
    - **Durability & Home Use:** The device is durable, primarily serves a medical purpose, and is appropriate for use in the home environment.
    - **Evaluation Required:** A comprehensive assessment by a qualified speech-language pathologist (SLP) is necessary, documenting the patient's condition, communication needs, cognitive and physical ability, and justification for the selected device.
    - **Not Generally Useful Without Illness/Injury:** The device must not be typically useful to individuals without a medical condition.
    - **No Equivalent Device Available:** A medically appropriate, non-customized alternative must not meet the patient's needs.

Challenges Obtaining Assistive Technology

- **Strict Medical Necessity:**
    - Equipment must serve a medical purpose, withstand repeated use, and not be useful without illness or injury.
    - Devices for convenience, educational use, or primarily outside the home may be excluded.
- **Reimbursement Caps:**
    - Medicare and Kansas Medicaid pay based on fee schedules.

    - If provider charges exceed approved rates, beneficiaries may be responsible for the difference.
- **Rental vs. Ownership:**
    - Some items (e.g., oxygen, wheelchairs) are rented under Part B and may not become the property of the beneficiary immediately.
    - Ownership depends on the item type and rental period.
- **Home Use Requirement:**
    - Equipment must be appropriate for use in the home.
    - Devices intended primarily for use outside the home (e.g., vehicle lifts, transfer equipment) are generally not covered.
- **Hearing and Vision Limitations:**
    - Routine hearing aids, hearing exams, and most vision services are not covered by Medicare.
    - Some Medicare Advantage plans may offer additional coverage for these services.

Application Process

If you are receiving either Social Security or Railroad Retirement benefits, you will automatically receive a medical card when:

- You become age 65
- If you have a disability, you will automatically receive a card in the mail when you have been a beneficiary for 24 months.
- If you are not receiving any retirement benefits and do not plan to apply for them, you can apply for Medicare at your local Social Security Office.

Appeals Process

Reasons you may appeal:

- Cover a healthcare service, supply, item, or drug that should be covered
- Change the amount you pay for a healthcare service, supply, item, or drug
- Pay for a healthcare service, supply, item, or drug that you already got

Quick Summary of Medicare's Appeals Process:

- Put it in writing – All appeal requests must be written (use CMS forms or letters).
- Watch deadlines – Most appeal deadlines are 60 days, but some allow up to 120 or 180 days.
- Keep copies – Save everything you send and receive.

- Get representation – You may appoint someone using Form CMS-1696.
- Step 1: Redetermination (MAC) – Ask Medicare's contractor to review again within 120 days.
- Step 2: Reconsideration (QIC) – Request independent review within 180 days; include all evidence now.
- Step 3: OMHA Hearing (ALJ Judge) – Request within 60 days; you can have a phone, video, or paper review.
- Steps 4–5: Appeals Council → Federal Court – Ask the Council within 60 days; if still unresolved, you may file in U.S. District Court (must meet dollar threshold).

State Health Insurance Assistance Program (SHIP) - can provide free personalized health Insurance counseling and assist in filing an appeal.

Appeal forms are available from your carrier or your local Social Security Office.

How to Guide: Medicare

How to Apply

Automatic Enrollment

You'll automatically receive your Medicare card in the mail if you:

- Are receiving Social Security or Railroad Retirement benefits and turning 65, or
- Have a disability and have received Social Security Disability Insurance (SSDI) benefits for 24 months.

Manual Enrollment

If you are not automatically enrolled, you can:

1. Apply online at www.ssa.gov/medicare.
2. Visit or call your local Social Security Office.
3. Apply by phone at 1-800-772-1213 (TTY: 1-800-325-0778).

Enrollment Periods

- **Initial Enrollment Period (IEP):** Begins 3 months before your 65th birthday and ends 3 months after.
- **General Enrollment Period (GEP):** January 1 – March 31 each year (coverage begins July 1).
- **Special Enrollment Periods (SEP):** Available for individuals losing employer-based coverage or retiring.

Medicare includes several parts that cover different types of services:

- **Part A (Hospital Insurance)** – Covers inpatient hospital care, skilled nursing, hospice, and some home health services.
- **Part B (Medical Insurance)** – Covers outpatient care, physician services, preventive care, and Durable Medical Equipment (DME).
- **Part C (Medicare Advantage)** – Offers combined coverage through private health plans approved by Medicare.
- **Part D (Prescription Drug Coverage)** – Provides coverage for medications.

Information Needed

Before applying for Medicare or submitting a claim for assistive technology, gather the following documentation to ensure a smooth application process.

General Medicare Application

Have these documents ready when applying for Medicare benefits:

- **Proof of age** – Birth certificate, passport, or other government-issued identification
- **Social Security Number**
- **Proof of U.S. citizenship or lawful residency** – Naturalization certificate, green card, or similar document
- **Employment and insurance information** – Details of any group or employer coverage
- **Bank account information** – For automatic premium payment setup
- **Medical documentation** – Required if applying based on disability or long-term medical condition

For Durable Medical Equipment (DME) or Assistive Technology

If you are applying for Medicare coverage for assistive technology or Durable Medical Equipment, you will also need:

- A doctor's prescription or letter of medical necessity explaining why the device is required
- Medical documentation supporting the functional need and therapeutic benefit of the device
- A Medicare-enrolled supplier with a valid Medicare Supplier Number
- An evaluation report (if applicable) from a qualified professional
- A device estimate or quote from the supplier
- Your Medicare ID number and any secondary insurance information (such as Medicaid or Medigap coverage)

Helpful Tips

Medicare can be complex, especially when it comes to durable medical equipment (DME) and assistive technology. Use the following tips to ensure smooth access to coverage, accurate claims, and proper documentation.

Understanding Coverage

- Medicare Part A covers hospital stays, hospice, and limited home health services.
- Medicare Part B covers doctor visits, outpatient therapy, preventive care, and Durable Medical Equipment (DME) such as walkers, wheelchairs, and oxygen equipment.
- Equipment must be medically necessary, durable, and used in the home.
- Devices used primarily outside the home (like vehicle lifts) are not covered.

- Convenience, educational, or non-medical devices are excluded from coverage.
- Speech-generating devices (SGDs) can be covered under Part B when prescribed by a physician and evaluated by a Speech-Language Pathologist (SLP) with a detailed justification report.
- Hearing aids, routine hearing exams, and eyeglasses are not covered under Original Medicare, but some Medicare Advantage plans may offer partial coverage.

Assistive Technology Considerations

- Verify coverage before purchasing equipment—Medicare only covers items that meet DME criteria and are supplied by Medicare-approved vendors.
- Some high-cost equipment may require prior authorization; confirm with your supplier before ordering.
- All devices must meet the medical necessity and home-use requirements.
- Augmentative Communication Devices (ACDs) require a clinical evaluation from a qualified SLP, along with medical documentation and physician approval.

Costs and Coordination

- Medicare typically pays 80% of approved costs; beneficiaries are responsible for deductibles and 20% coinsurance.
- Medigap (Supplemental Insurance) or Medicaid can help pay remaining costs.
- Some equipment may be rented instead of purchased. Ownership depends on the device type and rental duration.
- Keep copies of all prescriptions, evaluations, invoices, and communication with Medicare or equipment suppliers.

Free Support and Resources

If you need help understanding coverage, filing claims, or appealing a denial:

- **State Health Insurance Assistance Program (SHIP):** Offers free, confidential, and personalized Medicare counseling.
- **Social Security Administration:** 1-800-772-1213 or www.ssa.gov/medicare
- **Medicare Hotline:** 1-800-MEDICARE (1-800-633-4227)
- **Official Website:** www.medicare.gov

Section 4: Services for Children with Special Health Care Needs

Program Purpose

Services for Children with Special Health Care Needs (SHCN) was established in 1931 utilizing state, county, and private funds. With the passage of the Social Security Act in 1935, programs for mothers and children, including children with special health care needs, was established across the nation in Title V of the Act. The program is administered by the Kansas Department of Health and Environment.

Kansas Special Health Care Needs (SHCN) promotes the functional skills of young people in Kansas who have a disability or chronic disease. The method for doing this is by providing or supporting a system of specialty health care.

Eligibility

Eligible individuals must live in Kansas, be under the age of 21 years, have a medical condition covered by the program, and meet the program's financial guidelines. Conditions that are eligible for treatment include:

- Spina bifida
- Cleft palate/cleft lip
- Acquired or congenital heart disease
- Burns
- Major orthopedic problems
- Congenital gastro-intestinal conditions requiring surgery
- Limited genitourinary problems requiring surgery
- Genetic and metabolic conditions (PKU, sickle cell, cystic fibrosis hypothyroidism, galactosemia, hemophilia, Maple Syrup Urine Disease)
- Hearing problems
- Limited vision disorders
- Selected craniofacial anomalies
- Seizures

Each application is individually reviewed, and a decision is made according to guidelines established for financial and medical eligibility. The special needs of the person with the disability and those of the family are considered part of each decision.

Services Provided

SHCN provides diagnosis and treatment, outreach clinics, and special services. Services Provided:

- Care Coordination
- Medical specialists
- Outpatient care
- Hospitalization
- Surgery
- Durable medical equipment
- Reimbursement for transportation to medical specialty care
- Interpreter services
- Support with transition planning
- Limited speech therapy for youth with severe hearing loss or cleft palate/cleft lip
- Limited rehabilitative physical or occupational therapy for youth with severe burns or eligible orthopedic conditions

All treatment services must have prior authorization.

Assistive Technology Covered

- SHCN primarily provides funding for durable medical equipment (DME) that supports medical and functional needs.
- The program is a payor of last resort, meaning all other funding sources must be used first (e.g., insurance, Medicaid/KanCare, charitable resources, etc.).
- SHCN may pay co-pays or the remaining balance after other approved funding sources have contributed.
- All purchases require prior authorization.
- DME providers must accept SHCN's reimbursement rate and cannot bill families for additional costs.
- Examples of covered assistive technology include braces, crutches, eyeglasses, hearing aids, manual wheelchairs, and other prescribed medical equipment.
- For higher-cost electronic equipment (such as power wheelchairs), SHCN may contribute toward the purchase price, depending on funding availability and prior approval.

Families enrolled in SHCN may access Direct Assistance Programs (DAPs) to address specific needs and may be eligible for Special Bequest funding for medical or adaptive

equipment, or other supports that improve function and quality of life. This will cover such items as bath chairs, car seats, and various adaptive equipment.

Problems Obtaining Assistive Technology

- SHCN provides funding only for specific eligible medical conditions.
- Children who do not have a qualifying diagnosis are not eligible for funding through this program.
- SHCN is a payor of last resort, meaning all other funding sources (e.g., private insurance, KanCare/Medicaid, or community programs) must be explored and exhausted first.
- The program may provide full or partial funding only after other resources have been applied.
- For some assistive technology or electronic equipment, SHCN funding may not cover the entire cost.
- Families may need to seek additional funding sources to cover remaining expenses.

Application Process

- Complete the SHCN Application Form
    - Use the official form available on the KDHE website: https://www.kdhe.ks.gov/747/Special-Health-Care-Needs
- Make sure all sections are filled out completely
- Sign Required Pages
    - Pages 3 and 4 of the application must be signed by the parent, guardian, or applicant (if 18 or older).
- Include Guardianship Documentation
    - If the applicant is 18 or older and under guardianship, include a copy of guardianship paperwork.
- Attach Required Documentation
    - Include medical documentation, proof of income, and insurance information (if applicable).
- Submit the Completed Application
    - You can mail, fax, or email the application to your local SHCN office.
    - Contact information for regional offices is available on the KDHE website or on the application form.

Helpful Contacts

SHCN Administrative Office
Services for Children with Special Health Care Needs
Landon State Office Bldg., Rm 1005N
900 SW Jackson
Topeka, Kansas 66612-1290
(785) 296-1313

SHCN Field Offices
Services for Children with Special Health Care Needs
3243 E. Murdock, Suite 202
Wichita, Kansas 67208
(316) 688-2021

Special Health Services, KUMC
CDU, Room 1005
3901 Rainbow Boulevard
Kansas City, Kansas 66160-7340
(913) 588-6343

Make A Difference Information Network
(800) 332-6262

Appeals Process

Families have the right to appeal a decision to deny or terminate services. Appeals should be submitted to the Director of SHCN, who will review the application and issue a response. If further review is desired, an additional appeal may be submitted to the Secretary of the Kansas Department of Health and Environment.

How to Guide: Services for Children with Special Health Care Needs (SHCN)

How to Apply

Families can apply for assistive technology (AT) and durable medical equipment (DME) through the Kansas Services for Children with Special Health Care Needs (SHCN) program. This program helps children and youth under age 21 who have eligible medical conditions and meet financial guidelines.

To apply, families must complete the SHCN Application Form, available on the Kansas Department of Health and Environment (KDHE) website at https://www.kdhe.ks.gov/747/Special-Health-Care-Needs. The application can be mailed, faxed, or emailed to the nearest SHCN regional office. All treatment and equipment purchases require prior authorization, and SHCN acts as a payor of last resort, meaning all other funding options must be used first.

Information Needed

- When submitting an application for SHCN assistive technology funding, include the following:
    - A completed SHCN Application Form (signed on pages 3 and 4)
    - Proof of Kansas residency
    - Medical documentation verifying an eligible diagnosis (such as spina bifida, cleft palate, heart disease, or other covered conditions)
    - Proof of income to determine financial eligibility
    - Insurance information, including Medicaid or private coverage
    - Guardianship paperwork (if applicable)
    - A physician's prescription or documentation showing medical necessity for the assistive device
    - Vendor quotes or estimates for the requested equipment
    - Once submitted, each application is reviewed individually for both medical and financial eligibility

Helpful Tips

- SHCN covers durable medical equipment and assistive technology such as wheelchairs, braces, hearing aids, and adaptive equipment.

- Because SHCN is a payor of last resort, families must apply for and use other funding sources (insurance, Medicaid/KanCare, etc.) before SHCN contributes.
- The program may pay remaining balances or co-pays after other sources have paid their share.
- All equipment purchases must be pre-approved; do not buy items before receiving authorization.
- Keep copies of all forms, medical documentation, and communication with SHCN offices.
- For questions or help with applications, contact your regional SHCN office:
    - Administrative Office (Topeka, KS): (785) 296-1313
    - Wichita Field Office: (316) 688-2021
    - KUMC Office: (913) 588-6343
- Families may also call the Make A Difference Information Network at 1-800-332-6262 for statewide support.

Section 5: Private Health Insurance

Program Purpose

During the 1930s the first Blue Cross organizations were founded, nonprofit groups formed by doctors and hospitals providing insurance against costly hospital stays. During the 1960s the federal government instituted Medicare and Medicaid, health care programs for individuals who were elderly, disabled, or had low incomes.

Those who were not covered by an employer or a federal program could buy health insurance for themselves and their families from private insurance companies—provided they could afford the regular premium payments required for coverage.

Although health insurance plans vary greatly in terms of coverage provided, there are some essential elements. Individuals enroll in a plan either on their own or through their employer.

- **Policy**- A legal document or contract issued by the insurance company and agreed upon by the individual or employer, outlines the conditions and terms of the insurance benefits and costs.
- **Premium**-The amount you pay each month for the insurance policy
- **Deductible**- This is the amount an individual must pay out of pocket before the insurance company starts covering costs.
- **Co-pay**- A percentage payment of the overall cost, may also be required.
- **Coinsurance** – The percentage you pay after you meet the deductible.
- **Stop-loss provision**- The maximum amount of co-payment required.
- **Policy limit**- The maximum coverage an insurance company will provide either for specific kinds of care or overall care. This can be annual or over the course of a lifetime.
- **Exclusions**- Services and/or items not covered by the policy.
- **Dependent**-A person who can be covered under the insurance policy. For example, a child or a spouse.
- **Pre-authorization** – Services can require a pre-approval from your insurance before the service and/or item is provided.

There are other forms of insurance which cover medical costs, including assistive technology:

- **Disability Income** - Insurance that individuals can purchase to provide income if they become unable to work due to injury or illness. The main goal of this coverage is to help the individual return to work.
- **Vision Insurance** – In addition to a health insurance policy. Vision insurance can cover examinations, glasses, and/or contact lenses.
- **Liability** - Coverage that protects against injuries or damages resulting from negligence, typically carried by businesses and sometimes by individuals, such as homeowners.
- **Workers' Compensation** - Employer-provided insurance, required by state law, that provides benefits to employees who are injured or become ill as a result of their work.

Eligibility

Individuals become eligible for health insurance in three ways:

- **Direct Purchase**- Buying insurance directly from an insurance company, either individually or as part of a small group. The policyholder is responsible for paying premiums, deductibles, and co-payments.
- **Employer-Sponsored Coverage** – Receiving health insurance through an employer that offers health care benefits to its employees.
- **Federal Program Eligibility** – Qualifying for health insurance coverage by meeting the eligibility requirements of federal programs.

Services Provided

Laws mandating what must be provided by insurance companies are primarily enacted at the state level rather than federal.

Depending on the policy obtained, health insurance can vary widely. Examples of some of the health care services covered by insurance:

- Doctor and hospital care
- Dental
- Durable medical equipment
- Long-term care
- Mental health
- Outpatient care

- Prescription drugs
- Preventive care
- Surgery
- Therapies
- Vision care, etc.

Assistive Technology Covered

Insurance coverage for assistive technology varies depending on the individual policy. The amount paid and the specific items covered are determined by the terms of the insurance plan. While specific devices are rarely listed, some insurance policies may identify items or categories that are excluded from coverage.

To obtain assistive technology through insurance, it is essential to demonstrate medical necessity. Documentation should clearly show that the device or equipment:

- Significantly improves the individual's medical condition, or
- Helps reduce additional health care costs.

In most cases, a physician must prescribe the device, and therapists or other qualified professionals must prepare a written justification supporting the request.

Insurance companies do not always consider improved functional abilities as sufficient justification for coverage. For example, the rationale for a leg brace for a child may focus on maintaining bone strength rather than improving walking stability.

Assessing Assistive Technology

To receive payment from an insurance company for assistive technology, the individual must file a claim. A claim is a notice that the service or device has been received and a request for payment in accordance with the insurance policy.

The following guidelines outline what should be included when filing a claim:

1. **Cover Letter**
    a. Explain why the equipment is needed.
    b. Summarize existing coverage under the policy that supports payment for the device.
    c. Include a brief summary of all supporting information provided.
2. **Required Forms**
    a. Complete all insurance company forms thoroughly and accurately.
    b. Medical Documentation

   c. Physician's prescription and/or letter of medical necessity.
   d. In some cases, a supporting letter from a therapist.
   e. Any relevant medical reports or documentation.
3. **Vendor Information**
   a. Bids or quotes from multiple vendors may be required.
4. **Record Keeping**
   a. Always keep copies of all submitted documents.
   b. Allow at least 30 days for a response after filing a claim.
   c. If no response is received, contact the insurance company to follow up.
   d. Keep a detailed record of any conversations with insurance representatives, including names, dates, and discussion points.
   e. If any promises are made, send a written confirmation to the representative.

Tip: Therapists and vendors often have significant experience with the claims process, and their assistance can be invaluable.

Problems Obtaining Assistive Technology

Health insurance policies are highly flexible because there are few strict federal regulations and, in many cases, limited state laws governing coverage. This allows insurance companies considerable discretion in determining what their policies include.

- **Assistive Technology Coverage-** Policies rarely specify which assistive technology devices are covered, so it is important to clearly explain the rationale for the equipment when requesting coverage.
- **Preexisting Conditions-** Many insurance plans do not cover preexisting conditions, which can prevent individuals from obtaining equipment related to an existing disability.
- **Employer-Sponsored Plans-** Many consumers receive insurance through employer group plans, which often offer little choice in coverage options.
- **Policy Limits-** Lifetime limits or caps may restrict the total amount an insurance company will pay, which can affect the assistive technology a consumer can access.
- **Equipment Ownership-** Insurance companies may choose to rent or lease equipment instead of purchasing it outright. In these cases, the equipment does not become the property of the consumer, and the company typically selects the least expensive option.
- **Affordability-** Many people cannot afford the required premiums, making health insurance—and coverage for assistive technology—unavailable to them.

Application Process

- **Employer-Sponsored Insurance**- If you receive health insurance through your employer, you may need to complete application forms provided by your employer or personnel office.
- **Individual Insurance-**
    - Research insurance companies available in your state.
    - Consider key factors when choosing a health care plan, such as coverage, costs, and benefits.
- **Resources**- The Kansas Insurance Department provides a free guide, Health Insurance in Kansas, which explains insurance terms, types of coverage, and important questions to ask about your plan.
- **Application Process-**
    - Once you have gathered information and selected a plan, complete the application with the chosen insurance provider.
    - Be Informed
    - Understanding your options and coverage protects you from being without health insurance when it is needed most.

Appeals Process

The appeal process can vary depending on the insurance company. Some insurers require specific forms to be completed. When filing an appeal, include the following:

- **Appeal Letter**
    - Explain why you believe the denial of funding was incorrect.
    - Clearly state why the policy should cover the device.
    - Review the deadlines and instructions for filing an appeal letter.
- **Supporting Information**
    - Demonstrate the medical need for the equipment.
    - Understand and reference the reason the coverage was denied.

If the claim is still denied and you believe the decision is unjustified, contact the Office of the Insurance Commissioner for assistance.

How to Guide: Private Health Insurance

How to Apply

Private health insurance can be obtained through employers, direct purchase, or federal programs. While the application steps are similar, forms and requirements may differ by provider.

Assistive technology (AT) may be covered under private health insurance if it is determined to be medically necessary. Coverage varies widely depending on the individual policy, employer plan, and insurance provider. In most cases, individuals must obtain a physician's prescription or letter of medical necessity and submit a claim to their insurance company. If the policy requires pre-authorization, approval must be obtained before purchasing or receiving the device.

1. Employer-Sponsored Insurance

- Most individuals receive insurance coverage through their employer.
- Complete any enrollment forms provided by the employer or human resources department.
- Review plan details carefully—coverage, co-pays, deductibles, exclusions, and policy limits.
- Some employers offer open enrollment periods for new plan selections or changes.

2. Individual or Family Plans

- Research insurance providers that offer coverage in Kansas.
- Compare options using trusted resources like the Kansas Insurance Department's "Health Insurance in Kansas" guide.
- When choosing a plan, consider:
    - Monthly premium costs
    - Deductible and coinsurance amounts
    - What assistive technology or Durable Medical Equipment (DME) is covered
    - Whether preauthorization is required
- Apply directly through the insurer's website, by phone, through a licensed broker, or via an online member portal.
- Complete all application sections accurately to prevent delays or denials.

Information Needed

1. General Application Information

Before submitting your insurance application or claim, prepare the following:

- Proof of identity and residency (e.g., driver's license or state ID)
- Social Security Number
- Employment information, if the plan is employer-sponsored
- Dependents' information, if applicable
- Bank account details for premium payment setup
- A copy of your insurance policy or benefits summary to confirm what is covered or excluded

2. Required Documentation for Assistive Technology Claims

If you are applying for coverage or reimbursement for assistive technology or durable medical equipment (DME), you will need:

- **Physician's prescription** or **letter of medical necessity** describing how the device improves or maintains a medical condition
- **Supporting documentation** from therapists or other qualified professionals (e.g., physical, occupational, or speech therapy reports)
- **Medical reports** that demonstrate how the equipment improves health, mobility, or independence
- **Vendor quotes or invoices** for the requested equipment, including detailed pricing
- **Completed insurance claim forms** or **pre-authorization forms**, as required by your plan
- **Insurance policy details** showing coverage for DME or related services
- **Copies of prior authorization requests or approvals**, if applicable
- **A cover letter** summarizing the need for the device and how it fits within policy guidelines

3. Record Keeping and Communication

- **Keep copies** of all documents submitted, including prescriptions, evaluations, and correspondence.
- Maintain a **log of communications** with your insurance company—record the names of representatives, dates of contact, and details of each discussion.
- If any verbal commitments or approvals are made, **follow up in writing** to confirm them.

Helpful Tips

Before You Apply

- **Review your insurance policy carefully** to understand what is covered, excluded, or requires preauthorization.
- **Confirm coverage for Durable Medical Equipment (DME)** and determine whether assistive technology falls under this category.
- **Obtain prior approval** before purchasing high-cost or customized equipment to avoid unexpected denials.
- **Compare plans and costs** if choosing private insurance—consider premiums, deductibles, and out-of-pocket expenses.

When Requesting Assistive Technology

- **Clearly document medical necessity.** Focus on how the equipment prevents further injury, supports recovery, or improves essential daily functioning.
- **Use clinical and measurable language.** Ask your healthcare provider or therapist to include specific outcomes or justifications that demonstrate medical need.
- **Involve professionals early.** Physicians, therapists, vendors, or rehabilitation specialists often have valuable experience navigating insurance claims and can help prepare strong documentation.
- **Confirm pre-authorization requirements.** Always verify with your insurance company before purchasing or receiving equipment.
- **Emphasize necessity, not convenience.** Insurers are more likely to approve equipment tied directly to medical improvement or prevention of decline.
- **Keep detailed records.** Document every submission, approval, and communication with your insurer. Written records are crucial if you need to file an appeal.

Other Helpful Insights

- **Track your coverage.** Policy limits or lifetime caps may restrict the total benefits available for assistive technology.
- **Understand equipment ownership.** Some insurance companies may choose to rent rather than purchase expensive equipment, depending on cost and policy terms.
- **Use expert support.** Therapists, vendors, and rehabilitation specialists often have experience navigating insurance systems—use their expertise.

- **Stay proactive.** Follow up with your insurance provider if you haven't received a response within 30 days. Keep a record of all phone calls, emails, and letters, including names, dates, and discussion points.
- **Access state resources.** The **Kansas Insurance Department** offers consumer support and publishes *Health Insurance in Kansas*, a free guide to understanding insurance coverage and resolving disputes.

Section 6: Veterans Affairs

Program Purpose

The Department of Veterans Affairs (VA) is a federal agency established in 1930 to administer the various Veteran's benefit programs.

Benefits for Eligible Veterans

- **Disability Compensation** – Monthly tax-free payments for service-connected disabilities.
- **Pension** – Financial support for wartime veterans with limited income and assets.
- **Health Care** – Access to VA medical services, including hospital, outpatient, and specialized care.
- **Vocational Rehabilitation and Employment (VR&E)** – Assistance for veterans with service-connected disabilities to prepare for, find, and maintain suitable employment.
- **Education and Training** – Programs like the GI Bill to support higher education and training.
- **Home Loan Guarantees** – VA-backed loans to purchase, build, or improve a home; includes specially adapted housing for disabled veterans.
- **Service-Disabled Life Insurance** – Life insurance for veterans with service-connected disabilities.
- **Specially Adapted Housing & Structural Alterations** – Grants for home modifications for veterans with certain service-connected disabilities.
- **Employment Assistance** – Support for finding and maintaining employment.
- **Small and Disadvantaged Business Programs** – Assistance for veteran-owned small businesses.
- **Medical and Domiciliary Care** – Long-term care services, including nursing home and residential care.
- **Homeless Veterans Programs** – Services to prevent and assist veterans experiencing homelessness.
- **Prosthetics and Sensory Aids** – Devices and equipment for service-connected conditions.
- **Automobile Assistance** – Financial aid for vehicle purchase or adaptive equipment for disabled veterans.

- **Death Benefits** – Benefits for survivors of deceased veterans, including burial and survivor compensation.

Eligibility

Veterans must have been discharged from active military service under conditions other than dishonorable. There may be length of service requirement for veterans depending on when they enlisted.

There is no time limit regarding application for enrollment.

Enrollment levels are based on eight priority groups established by Congress. The priority groups include:

Priority Group 1

- Veterans with service-connected disabilities rated 50% or more.
- Veterans with a total disability rating for compensation based on unemployability.

Priority Group 2

- Veterans with service-connected disabilities rated 30% to 40%.

Priority Group 3

- Former Prisoners of War (POWs).
- Veterans awarded the Purple Heart Medal.
- Veterans awarded the Medal of Honor.
- Veterans discharged for a disability incurred or aggravated in the line of duty.
- Veterans with service-connected conditions rated 10% or 20%.
- Veterans with special eligibility under Title 38 USC, Section 1151.

Priority Group 4

- Veterans receiving increased compensation or pension due to the need for regular aid and attendance or being permanently housebound.
- Veterans determined by the VA to be catastrophically disabled.

Priority Group 5

- Non-service-connected veterans, or service-connected veterans rated 0%, whose income and net worth do not exceed VA financial thresholds.
- Veterans receiving VA pension benefits.
- Veterans eligible for Medicaid.

Priority Group 6

- Veterans with compensable 0% service-connected disabilities.
- Veterans exposed to ionizing radiation during atmospheric testing or the occupation of Hiroshima and Nagasaki.
- Participants in Project 112/SHAD.
- Veterans who served in World War II between December 7, 1941, and December 31, 1946.
- Veterans who served in Vietnam between Jan 9, 1962, and May 7, 1975.
- Veterans of the Persian Gulf War who served in the Southwest Asia theater of operations between Aug 2, 1990, and Nov 11, 1998.
- Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987.
- Veterans can also qualify if all of these descriptions are true:
    - Served in a combat theater after November 11, 1998, and
    - Were discharged from active duty on or after October 1, 2013, and
    - Meet the minimum active-duty requirement

Priority Group 7

- Veterans with income below the Geographic Means Test (GMT) thresholds who agree to pay applicable copayments.

Priority Group 8

- Veterans with **gross household income above the VA Means Test** but who enrolled as of Jan 16, 2003, and agree to pay applicable copayments.
- Veterans whose income does not exceed VA Means Test or GMT thresholds by more than **10%** and agree to pay applicable copayments.

Once enrolled, veterans will remain enrolled for one year. Renewal is automatic, unless the veteran chooses not to enroll or if VA resources limit the number of veterans to whom VA can provide care.

Services Provided

VA can offer enrolled veterans a Uniform Benefits Package that emphasizes preventive medicine and primary care, and that provides a comprehensive healthcare benefit plan including inpatient and outpatient treatment. Among these services are the following:

1. Preventive and Wellness Services

- Immunizations
- Screening tests
- Health education and training programs

2. Primary and Outpatient Care

- Primary medical care
- Outpatient surgery
- Diagnosis and treatment
- Drugs and pharmaceuticals

3. Inpatient Care Services

- General medical and surgical care
- Mental health care
- Dialysis
- Acute care

4. Specialized Inpatient Care

- Intensive Care Units (ICU)
- Organ transplants
- Spinal cord injury care
- Traumatic brain injury care
- Polytrauma centers

5. Surgery and Specialty Care

- Surgery (general and specialized)
- Specialty care services, including:
    - Anesthesiology
    - Bariatric surgery
    - Cardiology
    - Dermatology
    - Neurology
    - Oncology
    - Orthopedics
    - Pain management
    - Chaplain services

6. Mental Health and Substance Use Treatment

- Counseling
- Therapy
- Substance abuse programs

7. Home and Long-Term Care

- Home healthcare
- Domiciliary care
- Nursing home care
- Respite and hospice care

8. Emergency and Urgent Care

- Emergency care in VA facilities

9. Ancillary and Support Services

- Audiology
- Vision rehabilitation
- Chiropractic care
- Dental care
- Laboratory services
- Nutrition
- Nuclear medicine
- Skilled therapies (physical, occupational, speech-language)
- Prosthetics
- Respiratory therapy
- Social work services

Program Considerations

- Co-payment charges for healthcare are the veteran's personal responsibility.
- Prescription Co-payments

Assistive Technology Covered

Medically necessary equipment provided by the VA

- Prosthetic appliances, devices, equipment and services for any condition, except for sensory-neural aids, will be provided to veterans receiving VA care.

- Sensory-neural aids, (i.e., hearing aids and eyeglasses), to veterans receiving VA care with compensable service-connected disabilities, former Prisoners of War, Purple Heart Recipients, or Veterans in receipt of VA's Aid and Attendance or Housebound benefits and receiving VA care or services, are provided eyeglasses based on clinical need.
- ***Automobile Adaptive and Access Equipment*** - Veterans and service members qualify for automobile and van adaptations if they have service-connected loss or permanent loss of use of one or both hands or feet, or permanent impairment of vision of both eyes. The VA will pay for adaptive equipment, and for repair, replacement, or reinstallation required because of a disability, as well as for the safe operation of a vehicle purchased with VA assistance or a previously or subsequently acquired vehicle.
- ***Home Improvements and Structural Alterations*** - Grants may be awarded for Improvements or structural alterations needed to access home or essential bathroom facilities.

Problems Obtaining Assistive Technology

- **Eligibility:** Individuals must be either a veteran or a dependent of a veteran to qualify for VA coverage. Each VA service area has its own specific eligibility requirements.
- **Access to Services:** If the Veterans Affairs Medical Center (VAMC) in a veteran's local area does not have a large prosthetics department, they may need to travel long distances to obtain assistive technology devices and related services.
- **Funding and Equipment Requests:** Recent funding shifts within the VA have redirected resources away from prosthetic devices toward other services. As a result, equipment requests are subject to increased scrutiny, which may lead to delays or denials in receiving assistive technology.

Application Process

Veterans can obtain application forms for enrollment by visiting, calling, or writing their nearest VA healthcare facility, Veterans Benefits Office, or Toll-free 1-877-222-VETS.

Appeals Process

Time Limit to Appeal: Veterans have one year from the date they are notified of a VA decision to file an appeal.

Step One: File a Notice of Disagreement: Submit a written statement to your nearest VA Regional Office explaining that you disagree with the decision. This is called a Notice of Disagreement (NOD).

Step Two: Review by the Board of Veterans' Appeals (BVA): The BVA reviews your case and makes the final decision within the Department of Veterans Affairs.

Step Three: Appeal to the Court of Veterans Appeals (COVA): If you disagree with the BVA's decision, you may appeal to the Court of Veterans Appeals (COVA). This court is independent from the VA.

Step Four: Further Appeals: If you are still not satisfied, you may appeal to the U.S. Court of Appeals for the Federal Circuit, and then to the Supreme Court of the United States. You may represent yourself, choose to have a lawyer, or select an approved representative to assist you at any stage of the process.

How to Guide: Veterans Affairs (VA)

How to Apply

Veterans can apply for assistive technology (AT) through the Department of Veterans Affairs (VA). AT may be covered if it is medically necessary due to a service-connected disability or health condition. Covered equipment includes prosthetics, sensory aids (hearing aids, eyeglasses, etc.), vehicle modifications, and home accessibility improvements. Applications can be made by visiting, calling, or writing your nearest VA healthcare facility or Veterans Benefits Office. You can also apply by calling 1-877-222-VETS or visiting the VA website at https://www.va.gov/.

Information Needed

When applying for VA assistive technology benefits, veterans should be ready to provide:

- Proof of military service and discharge status (must not be dishonorable)
- Documentation of a service-connected disability or health condition
- Prescription or recommendation from a VA physician or therapist for the AT device
- Supporting documentation showing how the device improves mobility, safety, or function
- For home or vehicle modifications, quotes or estimates from licensed vendors or contractors
- Completed VA application or benefits forms available at local VA facilities or online

Veterans with higher disability ratings (30% or more) often receive higher priority for AT-related benefits.

Helpful Tips

- Work with your VA healthcare provider or prosthetics department—they can submit equipment requests and documentation directly.
- Veterans with service-connected disabilities are eligible for specialized adaptive equipment and home improvement grants.
- Keep copies of all medical records, prescriptions, and correspondence related to your request.
- If your local VA facility does not have a prosthetics department, they may refer you to another facility.

- If your request is denied, file a Notice of Disagreement (NOD) within one year and follow the appeal process through the Board of Veterans' Appeals.
- Veterans Service Officers (VSOs) can assist with filing claims, appeals, and understanding benefit eligibility at no cost.
- For additional help or status updates, contact the VA Ombudsman or your regional VA office.

Section 7: Workers' Compensation

Program Purpose

Workers Compensation programs grew because of the need to protect workers who were injured on the job, or developed job related illness. All states require that most employers provide Workers Compensation insurance coverage.

Workers Compensation is an insurance plan provided by the employer to pay for an employee's medical expenses and/or lost wages in the event of a job-related injury.

Benefits under Workers Compensation fall into three categories, and are paid according to the nature and extent of the injury:

- **Income Benefits** to replace part of the wages lost due to the disability.
- **Medical Benefits** to treat the job-related injury or illness.
- **Survivor's Benefits** if the accident results in the death of the employee.

Vocational Rehabilitation Services

- Vocational rehabilitation may be offered at the discretion of the employer or the employer's insurance carrier.
- If these services are not provided, the employee may request a referral from the rehabilitation administrator to a qualified provider, at the employee's own expense.
- Employees may also request a referral to Kansas Rehabilitation Services or the Division of Services for the Blind for additional vocational support.

Eligibility

Under current Kansas law, all employers are required to provide workers' compensation coverage, except those specifically exempted by the legislature.

Exemptions include:

- Employers engaged in agricultural pursuits
- Owner-operators who are the exclusive operators of commercial motor vehicles
- Non-compensated officers of nonprofit organizations
- Licensed real estate agents working as independent contractors
- Firefighters who are members of a Firemen's Relief Association and have elected not to participate
- Employers with a gross annual payroll of less than $20,000

In general, most employees in Kansas are covered and eligible to receive workers' compensation benefits for work-related injuries or illnesses.

Services Provided

Employers are responsible for all medical care needed because of a work-related injury or illness. This includes:

- Care from licensed health providers (such as doctors, chiropractors, or podiatrists)
- Medical, surgical, and hospital treatment
- Medicines and medical supplies
- Nursing services
- Crutches, braces, or other medical equipment
- Ambulance services and transportation between the employee's home and medical appointments

The employer or their insurance carrier selects the authorized treating physician.
If an employee believes their medical treatment is inadequate, they may request a hearing to ask for a change in the authorized physician.

Assistive Technology Covered

Any medical equipment or assistive technology that is reasonably necessary to treat or accommodate a work-related injury or illness is generally covered under Kansas Workers' Compensation.

A licensed physician or other authorized healthcare provider must verify that the equipment is medically necessary. Coverage is based on:

- The nature and extent of the injury or illness, and
- The recommendations of medical professionals involved in the worker's treatment and rehabilitation.

Examples of covered equipment may include:

- Wheelchairs or mobility devices
- Prosthetic limbs or orthotic supports
- Home or vehicle modifications related to the injury
- Adaptive equipment such as specialized computer or communication tools
- Vision-related items such as eyeglasses (if damaged or medically required due to the injury)

Problems Obtaining Assistive Technology

- An insurance carrier may dispute a request for equipment or services. This can cause delays in receiving the equipment and may lead to a long appeal process.
- If the case goes to a hearing, the administrative law judge may decide to approve a different device than the one requested, especially if the alternative meets the worker's needs and is less costly.

Application Process

1. **Employee Notification:** If an employee is injured at work, they must notify their employer within 20 days of the accident or the date they first sought medical treatment (whichever is later).
    a. If the injury developed over time (such as repetitive motion), the employee must report it within 20 days of when they became aware it was work-related.
2. **Employer Notification and Reporting:**
    a. The employer must promptly notify their insurance carrier of the injury. The employer or insurance carrier must then file an Employer's Report of Accident with the Kansas Division of Workers Compensation within 28 days of learning about the injury.
    b. If the employer fails to file, the worker may have more time to file a claim, and the employer may face penalties.
3. **Information to Employee:** The employer provides the employee with written information about workers' compensation benefits, medical treatment options, and employee rights.
4. **Filing a Claim:**
    a. To formally pursue benefits, the employee must submit a written claim to the employer.
    b. This must be done within 200 days of the accident, or within 200 days of the last payment of compensation or authorized medical treatment (whichever is later).
5. **Benefits and Payments:** Once the claim is accepted, the insurance carrier pays for approved medical expenses and disability benefits as required by Kansas law.

There is an Ombudsman Program, established by Workers Compensation Reform legislation of 1993, to assist injured workers and survivors to obtain benefits. To contact the Ombudsman's Office, call 1-800-332-0353 or (785) 296-2996.

Appeals Process

1. **Prehearing Conference:** The employee (or their representative) may request a prehearing settlement conference.
    a. This meeting is usually informal and aims to clarify the issues and explore possible agreements before a formal hearing.
    b. A Prehearing Administrative Law Judge (ALJ) conducts the conference.
2. **Mediation:** If the disagreement is not resolved, the case may go to mediation.
    a. A neutral mediator helps both sides discuss the dispute and attempt to reach a voluntary agreement.
    b. The goal of mediation is to obtain voluntary agreement between the disputing parties.
3. **Preliminary Hearing:** If no agreement is reached, the case proceeds to a preliminary hearing before an Administrative Law Judge (ALJ).
    a. Both sides may present evidence and testimony.
    b. The ALJ issues a preliminary order, which can provide temporary benefits such as medical treatment or partial wage replacement while the case continues.
4. **Appeal of ALJ's Decision:** If either party disagrees with the ALJ's decision, they may request a review by the Workers Compensation Appeals Board.
    a. Further appeals may then be made to the Kansas Court of Appeals and, in some cases, the Kansas Supreme Court.
5. **Penalties for Late or Improper Benefits:** If benefits are delayed or denied without proper cause, an employer or insurance carrier may face penalties or sanctions under Kansas workers' compensation law.

For additional information contact:

Division of Workers Compensation
800 SW Jackson, Suite 600
Topeka, KS 66612-1227
785-296-2996
1-800-332-0353

How to Guide: Workers' Compensation

How to Apply

- **Report the Injury Promptly**
  - Tell your employer right away if you are injured or become sick because of your job.
  - You must report it within 20 days of the injury or within 20 days of realizing it is work-related.
- **Employer Reporting**
  - Your employer must notify their insurance company and file an Employer's Report of Accident with the Kansas Division of Workers Compensation within 28 days.
- **File a Claim**
  - To get benefits, you must submit a written claim to your employer.
  - The claim must be filed within 200 days of your accident or your last medical treatment.
  - Once accepted, the insurance carrier covers medical bills, lost wages, and rehabilitation services.
- **Request Assistive Technology (AT)**
  - If you need special equipment to recover or return to work, your doctor must verify that it is medically necessary.
- **If Problems Arise**
  - If your claim is delayed or denied, you can request a hearing, mediation, or appeal.
  - Contact the Ombudsman's Office for free help: 1-800-332-0353 or 785-296-2996

Information Needed

Before you apply, gather the following information:

Employee and Injury Information

- Your name, address, job title, and start date
- Date, time, and description of how the injury happened
- Copy of your workplace injury report

Medical Documentation

- Doctor's reports describing your injury and treatment
- Letter of medical necessity or prescription for assistive technology
- Therapy or rehabilitation evaluations
- Copies of medical records

Assistive Technology and Equipment

- Quotes or estimates for recommended devices or modifications
- Vendor contact information and supplier approval, if required

Employer and Insurance Details

- Contact information for your employer and insurance carrier
- Proof of your filed claim (within 200 days)

Record Keeping

- Keep copies of all paperwork, letters, and emails
- Write down the names, dates, and details of phone calls
- Store everything in one safe place

If You Need to Appeal

- Keep the denial letter or explanation of benefits
- Write an appeal letter explaining why the decision should change
- Include new medical or therapy documentation

Helpful Tips

1. **Report Early**
    - Report injuries right away to avoid delays or losing eligibility.
    - Use Approved Providers
    - Only see doctors or specialists authorized by your employer or insurer.
2. **Emphasize Medical Necessity**
    - Ask your doctor or therapist to clearly explain how your equipment helps you recover or function.
3. **Keep Records**
    - Save all forms, emails, bills, and phone call notes.
4. **Ask About Vocational Support**
    - If your injury affects your ability to work, ask about vocational rehabilitation or referrals to Kansas Rehabilitation Services.
5. **If You Disagree with a Decision**
    - You have the right to request a hearing, mediation, or appeal if your benefits or equipment are denied.
6. **Get Help and Stay Informed**
    - Contact the Kansas Workers' Compensation Ombudsman Program for free help: Phone: 1-800-332-0353 or 785-296-2996
    - Kansas Division of Workers Compensation
      800 SW Jackson, Suite 600
      Topeka, KS 66612-1227
      Phone: 785-296-2996 or 1-800-332-0353

Section 8: Considerations when Submitting Medical Justifications

It is important to know how to submit a medical justification properly. Otherwise, the funding request has a high chance of being rejected.

Use the following pointers when submitting medical justifications:

1. Use Appropriate Medical Language

- Medical insurance agencies will only pay for services that are medically necessary.
- Use medical terminology when making the request.
- Elaborate on both the medical condition and the medical need.
- The evaluation must address the individual's needs as specifically as possible from a medical perspective.

2. Follow Agency Requirements

- Meet the agency's requirements exactly when preparing a justification.
- Complete all required forms provided by the insurance agency.

3. Physician Involvement

- Since health insurance is part of a medical system, the "gatekeeper" will be a physician.
- Other professionals (e.g., audiologists, SLPs, PTs, OTs, etc.) may perform the primary evaluation, but a physician's prescription is still required.

4. Essential Documentation for Medical Need

Include the following materials in your submission:

- Physician's prescription
- Letter of medical necessity from the physician
- Letters of medical necessity from other involved professionals
- Discussion of the medical diagnosis, including relevant details
- Discussion of the assistive technology (AT) and its specifications

- Explanation of the individual's functional skills without the equipment and how he or she will improve with it
- Equipment specifications, including costs and photos/catalog images

Note: Medical documentation should usually be dated within six months of the request. Always confirm the time frame with the insurance carrier.

5. Evaluation/Diagnosis Content

The evaluation is an important part of the documentation. At minimum, it should include:

- Background and history of the individual
- Current status of the individual
- Recommended outcomes to improve the individual's condition, including a description of how the device will restore the best functional level

6. Funding Justification

- In addition to the evaluation, prepare a **funding justification**.
    - While the evaluation establishes need, the funding justification explains how the assistive technology will meet that need.
    - It bridges the evaluation and the insurance agency's review process.

An effective funding justification should address:

- Specific needs that the AT will address
- The individual's proven ability to use the AT
- Rationale for this technology as the only solution, including mention of other failed approaches
- Examples showing unmet medical needs without the AT
- Anticipated concerns from the funding agency based on past cases
- If applicable, before-and-after photos or videos showing benefits of the technology

7. Important Considerations

- Do not label the item as an educational device. Most insurers will not fund educational purposes.

- Avoid describing the device as a convenience or recreational item. Funding is only for essential medical equipment.
- Justify all components of the AT, including the accessories.
- Discuss the cost-effectiveness of the AT when appropriate.

8. Common Reasons for Denial

Funding denials often occur due to:

- Technical errors
- Incorrect or incomplete paperwork
- Lack of understanding or awareness of assistive technology by reviewers

If a claim is rejected, determine why, make the necessary changes, add information, and resubmit. Two sample medical justification letters can be found on the following pages.

HUTCHINSON CLINIC, P.A.

April 9, 1998

Blue Cross and Blue Shield of Kansas
1133 SW Topeka Blvd.
Topeka, KS 66629-0001

RE: <Name>
<Clinic #>

To Whom It May Concern:

I am submitting this letter regarding <Name> for your consideration in providing an augmentative communication device. <Name> is a 40 year-old woman with congenital cerebral palsy, intellectual disability, and nonverbal status. This will not change. She is stable and lives independently in a home with her friend, Stanley. She understands verbal communication quite well but is unable to speak.

During a 30-minute office visit on March 30, 1998, I was unable to understand any of her communication. Her mother was with her and did some interpreting explaining that certain gestures refer to the patient's sister, others to the TECH caseworker, and others to a dog that she wants. The <Assistive Technology> would be very appropriate for these reasons. If such a device could be provided, I would be interested in seeing its effectiveness and would be willing to help in its evaluation with reports to you if needed.

In my opinion, this device would be justified for <Name> on the basis of congenital cerebral palsy in a woman who understands spoken communication but who cannot respond verbally. She also has a severe spasticity and hemiparesis on the left and can use sign language only in a very general way.

Sincerely,

<Doctor's Name>

Sample Medical Justification

To Whom It May Concern:

<Name> is a three year old boy with a diagnosis of spastic quadriplegic cerebral palsy. He is in need of a pediatric wheelchair at this time. The Kuschall Munchkin is an appropriate chair for <Name> for several reasons. He is getting too large for his mother to be able to carry him, and he no longer fits in a stroller. The Munchkin allows the wheels to be adjusted forward and back. This is significant for <Name> in that he has limited range of motion in his left arm, and this will allow the wheels to be adjusted such that he can get both hands involved in wheeling.

Besides being a durable chair, the Kuschall also has the capability of growing with <Name>. Since growth is inevitable at this age, this chair would be able to accommodate his size for quite a number of years.

<Name> does not have the strength or balance to transfer into a standard size chair at this time. He is very motivated to move and is a sociable little boy. He needs to be in a wheelchair that allows him to be on the same level with his peers and one that will allow him to transfer in and out independently. It is feasible for him to do these things in a low to the ground type chair such as the Munchkin.

Thank you for your assistance in this matter.

Sincerely,

<Name>

Section 9: Individuals with Disabilities Education Act (IDEA – PART B)

Program Purpose

In 1975, Congress passed the first special education law, Education for All Handicapped Children Act (Public Law 94-142). This law was later amended and renamed the Individuals with Disabilities Education Act (IDEA) or Public Law 101-476 in 1990.

Among other provisions, IDEA,

- Defined assistive technology services and devices.
- The law stated that assistive technology must be provided by the local school district if needed for a child to receive a Free and Appropriate Education (FAPE) in the Least Restrictive Environment (LRE).

Congress strengthened the assistive technology component in amendments to IDEA in 1997 by requiring education teams to consider whether the student requires assistive technology devices and services.

In 2004, IDEA was amended to include a Responsive to Intervention process (RTI). As a result, special education programs implemented a Multi-Tiered System of Support (MTSS) that provides early intervention to students struggling academically or behaviorally, using evidence-based instruction and continuous progress monitoring to determine the intensity of support needed.

Implementation in Kansas

Kansas receives federal funds to provide education and special education services through a collaboration of:

- Local school districts
- Special education cooperatives
- Educational service centers

Children with disabilities must be educated in the Least Restrictive Environment (LRE) therefore giving them the opportunity to remain in the same classroom settings as their peers to receive an education.

Over the years, educators and advocates have sought clarification and guidance on how to apply education law. In response, the U.S. Department of Education has issued multiple

letters of guidance regarding the provision of special education and assistive technology services: (https://sites.ed.gov/idea/policy-guidance/).

In 2024, a comprehensive document titled "Myths and Facts Surrounding Assistive Technology Devices" was released. This publication addresses common concerns and provides clear explanations about assistive technology in schools. https://sites.ed.gov/idea/files/Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf.

Eligibility

Under IDEA Part B, a local school district must provide a Free and Appropriate Education (FAPE) for all children with disabilities between the ages of 3 and 21 years residing within its district.

The Educational Team

A child's educational team is made up of the child's

A child's educational team works together to develop, monitor, and support the child's learning plan. Members include:

- The parents or guardians
- The child (as age and abilities allow)
- General and special education teachers
- A school district representative
- Specialists who conduct evaluations (e.g., school psychologist, speech-language pathologist, occupational therapist, etc.)
- Other experts including those invited by the parents

Definition of a Child with a Disability

- A child with a disability is one who:
    - Has been evaluated as having one of 13 specific disabilities, and
    - Needs special education and related services as a result of that disability.

The 13 Disability Categories

- Autism
- Deaf-Blindness
- Deafness
- Emotional Disturbance
- Hearing Impairment

- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Speech or Language Impairment
- Specific Learning Disability
- Traumatic Brain Injury
- Visual Impairment (including Blindness)

Specific definitions for each disability can be found at https://www.parentcenterhub.org/categories/.

Multi-Tiered System of Support (MTSS)

The child's education team will implement the Multi-Tiered System of Support (MTSS) which requires use of evidence-based instruction and continuous progress monitoring to determine the intensity of support the child needs to succeed academically. The student's progress is monitored to determine if the child benefits from the support within a tier or if there is a need for a comprehensive special education evaluation. The tiers of the MTSS are:

- Tier 1 offering high-quality instruction to all students,
- Tier 2 providing targeted, small-group interventions, and
- Tier 3 offering intensive, individualized support.

If results of the MTSS process indicates a need for additional support at Tier 3 or beyond, a referral for a thorough, comprehensive special education evaluation is made.

Special Education Evaluation and Eligibility

- The evaluation is conducted to assess the student's strengths and needs.
- Members of the education team share the results of their evaluations and observations to determine if the student meets the criteria for special education services.
- If the child qualifies, an Individual Education Plan (IEP) is developed.

Individualized Education Program (IEP)

An IEP is a written document that explains how the school will support the student's individual learning needs in order to reach specific educational goals.
It includes:

- The student's strengths and needs

- Measurable annual goals and objectives
- Special education services, accommodations, and modifications to support success

Where Assistive Technology (AT) Fits In

Assistive technology services and devices may appear in:

- Goals and Objectives
- Accommodations
- Related Services
- Services and Supports

Section 504 Plans

Students with mental or physical disabilities that substantially limit one or more major life activity may benefit from a 504 Plan rather than an IEP.

A 504 plan is a written document that provides necessary accommodations and supports to ensure the student has equal access to education and school activities.

Examples of Major Life Activities

- Caring for oneself
- Walking, seeing, or hearing
- Speaking or breathing
- Learning, reading, or concentrating
- Performing manual tasks
- Emotional regulation or communication

Examples of Disabilities Covered

- Asthma, autism, diabetes, anxiety, hearing or vision impairments, and others.

Example Accommodations

- Support for medical needs
- Extended time on tests
- Use of a graphic organizer
- Noise-cancelling headphones
- Access to a quiet space

ADA Protections

Under Title II of the Americans with Disabilities Act (ADA), students with disabilities are entitled to reasonable accommodations that ensure equal access to:

- Programs
- Services
- Academics
- Extracurricular activities
- School transportation

A written plan is not required under ADA, but many students use a 504 Plan to document/outline accommodations and ensure that staff are informed.

Services

Students may receive a range of services as part of their Individualized Education Program (IEP). All services are based on recommendations from the educational team, which includes:

- Parents or guardians
- The student (as appropriate)
- General and special education teachers
- School specialists
- Invited experts

Services listed in an IEP can include:

- Specialized instruction
- Related services
- Supplementary aids and services
- Supports for environmental or behavioral needs

Types of IEP Services

1. **Specialized Instruction:** Targeted teaching or curriculum modifications to support learning.
Examples:

- Instruction in specific skill areas
- Modified curriculum

2. **Related Services:** Therapeutic or support services that enable the student to benefit from special education.
May include:

- Speech-language therapy
- Occupational therapy

- Psychological or counseling services
- Audiology or interpreting services
- Orientation and mobility services (for students with visual impairments)
- Social work services

3. **Supplementary Aids and Services:** Tools or supports to help the student learn alongside peers.
Examples:

- Scheduled breaks
- Access to quiet space
- Classroom modifications
- Assistive technology
- Staff support

4. **Supports for Environmental and Behavioral Needs:** Services to help a student navigate and succeed in their learning environment.
Examples:

- Behavioral intervention plans
- Environmental modifications for safety or focus

Flexible and Comprehensive Support

Other services may be included based on the student with a disability's needs and goals. All services must be listed on the student's Individualized Education Plan (IEP) if they are to be provided.

- IEPs are reviewed and updated annually but can be modified throughout the year as needed.

Assistive Technology Services Covered

IDEA as amended in 2004 ensures that eligible students with disabilities have access to assistive technology services if needed to benefit from a Free and Appropriate Public Education (FAPE).

Components of Assistive Technology Services

AT services may include:

- Evaluation of the student's AT needs

- Provision of assistive technology devices
- Customization and maintenance of devices
- Training on device use and care (for students, staff, and families)
- Technical assistance with device setup or troubleshooting

Deciding AT Services

All assistive technology services are determined by the IEP team based on the student's:

- Unique abilities
- Educational needs
- Functional goals

Only services listed in the Individualized Education Program (IEP) may be provided.

Common AT-Related Services on IEPs

- Speech-language pathology services
- Occupational or physical therapy
- Hearing services (e.g., audiology, interpreting)
- Vision support services (e.g., orientation and mobility training)
- Training on the use and care of AT devices in school settings

How and Where AT Services Are Delivered

Assistive technology services may take place:

- In one-on-one settings
- Directly in the classroom, supporting real-time use within:
    - Academic tasks
    - Communication
    - Physical participation

The goal is to help students apply their AT skills in meaningful, functional ways throughout their day.

Assistive Technology Devices Covered

A wide range of assistive technology devices may be considered for students with disabilities during the IEP planning process. Devices are selected case-by-case based on the student's abilities, needs, and educational goals.

Examples of AT Devices

Reading Supports

- Text-to-speech software
- Digital and audio books
- Visual supports (e.g., reading guides, screen masking)
- Customizable text settings

Writing Supports

- Speech-to-text software
- Word prediction tools
- Grammar check software
- Graphic organizers for planning
- Low-tech tools such as adaptive grips or tilted writing surfaces

Communication Supports

- Voice amplification devices
- Picture-based communication boards
- Single-message devices
- Dynamic display (speech-generating) devices

Hearing Supports

- Assistive listening systems (e.g., FM systems)
- Alerting devices
- Tactile signalers

Mobility Supports

- Wheelchairs
- Gait trainers

Computer Access Devices

- Alternative keyboards
- Ergonomic mice or trackballs
- Switch systems
- Eye-tracking software

Vision Supports

- Screen reader software
- Magnification tools

- High-contrast text displays
- Handheld magnifiers

Note: These examples are not comprehensive. New assistive technologies are continually being developed.

Why AT May Be Included in the IEP

Assistive technology devices may be added to a student's IEP to help them:

- Perform functions more independently
- Achieve or approximate normal fluency or a level of accomplishment in an educational task (use of adaptive keyboard or speech to text software)
- Access or participate in educational activities not otherwise possible
- Increase endurance and reduce fatigue during tasks
- Gain better access to information
- Engage in normal social interaction
- Learn in the least restrictive environment (LRE)

Funding AT Devices

Although schools are required to provide devices listed in a student's IEP, they are not required to directly pay for all devices. Schools may:

- Purchase or lease devices
- Use public or private funding sources
    - Examples: Medicaid, family health insurance, private foundations, community organizations

Parents cannot be required to pay for an assistive technology device, but the schools may work with the parents to acquire the device using the family's private health insurance.

If a device is medically necessary (e.g., a mobility or communication device), Medicaid or family insurance may be used. Schools must have parent permission to bill insurance, and parents cannot be required to pay.

In some cases, schools may cover copay costs or seek additional grant or community funding to help families when insurance is used.

Problems Obtaining Assistive Technology

Despite legal protections, some challenges may arise when obtaining assistive technology (AT) through the IEP process.

Cost Concerns

- Some assistive technology devices can be expensive.
- Budget constraints may cause school districts to hesitate or avoid recommending certain AT tools.
- Teachers and therapists may feel pressured not to recommend AT during IEP meetings, which would obligate a school to purchase it.

Disagreements Between Team Members

- Parents or guardians may believe a specific device will benefit their child, but school personnel may disagree.
- While parents are equal members of the IEP team, decisions about AT are based on majority agreement regarding what is necessary for a Free and Appropriate Public Education (FAPE).
- This can sometimes result in conflict between family members and school staff.

Delays in Acquisition

- Although the school system is mandated by law to provide equipment, lack of school funds or pursuit of private and public funds may delay purchase of the equipment.
- In some cases, this may delay student progress or implementation of IEP goals.

Potential Solutions

- Borrowing or leasing assistive technology devices can help the IEP team determine whether a tool is appropriate before committing funds.
- Exploring devices through a state assistive technology loan program or vendor may:
    - Improve team understanding
    - Prevent unnecessary costs
    - Keep up with evolving technology

Ownership and Transfer Issues

- When a school **purchases a device**, they **retain ownership**.
- School staff may hesitate to:
    - Allow the student to bring the device home
    - Transfer the device when the student moves to a different school (e.g., elementary to middle school)

Resources for Support

Information provided in the U.S. Department of Education guidance publication, Myths and Facts Surrounding AT Devices, may help members of the student's IEP team address the concerns of parents or other team members. A copy of the publication can be found at https://sites.ed.gov/idea/files/Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf.

Appeals

There are three options to resolve special education disagreements:

- Mediation
- Formal complaint
- Due Process Hearing

Tip: It's always best to first try resolving issues at the local level by working with:

- Teachers
- School principal
- Special education director
- Superintendent
- Local board of education

1. Mediation

Mediation is an informal process where an impartial third party discusses the issues with the parents and the school representative.

- The mediator helps both sides discuss issues openly and work toward a written agreement.
- Mediator does not make a ruling.
- Costs of mediation are paid for by the state.

How to Request Mediation

- Complete the Request for Mediation Form: https://www.ksde.gov/Portals/0/SES/forms/dispute/Med-all.pdf
- Submit the form to the Kansas State Department of Education (KSDE):
    - KS State Dept. of Education
      Special Education & Title Services
      900 SW Jackson St. Suite 602
      Topeka, KS 66612

800-203-9462 or special.education@ksde.gov

2. Formal Complaint

Parents or organizations may file a formal complaint if they believe the school is not complying with federal or state laws or regulations.

- Must be filed within 30 days of the violation.
- Can be filed with the local school board or KSDE Special Education Services.

How to File

Use the KSDE Formal Complaint Form:
https://www.ksde.gov/Portals/0/SES/forms/dispute/FC.pdf

Email to: formalcomplaints@ksde.org

KSDE investigates through interviews and site visits, then issues a written decision. If violations are found, corrective actions will be required.

3. Due Process Hearing

If the parents continue to disagree with the school's actions, they may submit a written Due Process request to the School Board of their school district.

Due Process Timeline and Rights

- Parents notified of relevant state statutes 10 days prior to the hearing
- Hearing date notification provided 5 days in advance
- A neutral hearing officer presides
- Parents may be represented by a lawyer or expert in the education of children with disabilities.

Parent Rights in a Hearing

- Obtain an independent evaluation
- Review all records and reports related to the child
- Present evidence
- Cross-examine witnesses
- Exclude evidence if not shared 5 days in advance
- Receive a verbatim written or electronic transcript
- Receive a written decision within 10 days after the hearing concludes

Placement during Dispute:

While a hearing is pending, the child is entitled to remain in his/her education program. If the dispute involves a child's admission into a program, the child must be placed in a public school program until the proceedings are completed.

Appeals Beyond the Hearing

- Appeals may be filed with the State Education Agency (SEA) Commissioner
- SEA conducts an impartial review and issues a decision
- SEA decision is final unless appealed further in state or federal court

How to Guide: Assistive Technology Under IDEA (Part B)

How to Apply

Requesting Support

- If your child is attending a public school and having difficulty learning, participating in school activities, or accessing educational resources, you can request an evaluation to determine if they would benefit from special education support services, accommodations, or modifications.

Education Team

- The education team will look at your child's needs and decide on the best strategies and services, including assistive technology.
- The team includes parents, the student, teachers, educational specialists, and therapists.
- Parents may invite other family members, specialists, or advocates to participate in team meetings.

Assistive Technology & FAPE

- Assistive technology devices and services must be considered when determining what your child needs to receive a Free and Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE).

Multi-Tiered System of Support (MTSS)

- Schools use a Multi-Tiered System of Support (MTSS), which requires evidence-based instruction and ongoing progress monitoring to determine what supports a child needs.
    - **Tier 1:** High-quality instruction for all students
    - **Tier 2:** Targeted, small-group interventions
    - **Tier 3:** Intensive, individualized support

Comprehensive Evaluation

- If additional supports or services are needed beyond the MTSS tiers, the education team may recommend a comprehensive special education evaluation.
- The comprehensive evaluation will review your child's strengths and needs.

- Team members share evaluation results and observations to determine if the student meets eligibility criteria for special education services.
- If the child qualifies, an Individual Education Plan (IEP) is developed.

Individual Education Plan (IEP)

- The IEP is a written plan that includes measurable annual goals and objectives and identifies special education services, accommodations, and modifications needed to help your child meet educational goals.
- Assistive technology devices and services may appear in several sections of the IEP, such as Goals and Objectives, Accommodations, Related Services, or Services and Supports.

504 Plan

- Not all children with disabilities need an IEP. If your child has a mental or physical disability that substantially limits one or more major life activities, they may benefit from a 504 Plan.
- A 504 Plan is a written document that provides necessary accommodations and supports to ensure equal access to education and school activities.
- Students may qualify due to disabilities or health conditions such as asthma, autism, diabetes, anxiety, or hearing or vision impairments (not a complete list).
- A 504 Plan may include accommodations such as:
    - Support for medical needs
    - Extended time on tests
    - Access to a graphic organizer
    - Use of noise-cancelling headphones
    - A designated quiet space

Major Life Activities

- Major life activities include caring for oneself; walking, seeing, or hearing; speaking or breathing; learning, reading, or concentrating; performing manual tasks; or emotional regulation or communication.

ADA Accommodations

- Your child may receive accommodations under Title II of the Americans with Disabilities Act (ADA) to ensure equal access to programs, services, and activities, including academics, extracurricular activities, and school transportation.

- A written plan is not required, but some families choose to use a 504 Plan to document accommodations and ensure school staff are informed of the child's needs.

Information Needed

- The school staff on your child's education team will conduct specialized tests to understand how your child learns and what barriers they encounter at school, in addition to observations about how your child is learning in the classroom.
- You can bring information that helps other team members understand your child's strengths and needs. This information could include:
  - Examples of your child's schoolwork or notes from the school to discuss what your child does well and where he struggles.
  - Information about assistive technology your child has tried in the past or uses at home and in other environments.
  - Reports and recommendations from therapists who have seen your child away from school including speech-language pathologist, physical or occupational therapists, counselors, etc.
  - Medical reports from your child's primary care physician or medical specialists who see your child.

Helpful Tips

Participate and Communicate

- You are an expert on your child. You have a unique perspective about your child's needs, strengths, interests, and life away from school. Decisions made in IEP and 504 Plan meetings can have a long-term impact on your child's learning. Stay involved.

Ask Questions

- Ask other team members to explain words and jargon that are new to you.
- Ask how school staff will measure your child's progress, how a suggested goal meets your child's need, and why they are suggesting specific strategies.
- Find out who will work with your child and what they will be doing.
- See if there is anything you can do at home to help.

Request an Assistive Technology (AT) Assessment

- Tell other team members if you think assistive technology will help your child complete tasks independently or at the same pace as their peers.

- Ask for the opportunity to try out a device to see if it helps.

Assistive Technology Supports (Examples)

Assistive technology devices are recommended on a case-by-case basis. Devices could include AT supports for:

- **Reading:**
  - text to speech technology
  - digital and audio books
  - visual supports including reading guides, screen masking
  - customizing text settings
- **Writing:**
  - speech to text software
  - word prediction software
  - grammar checking tools
  - graphic organizers
  - modified grips and easels
- **Communication:**
  - voice amplification devices
  - pictures
  - single-message devices
  - dynamic display devices
- **Hearing:**
  - FM systems to reduce background noise
  - alerting devices
  - tactile signalers
- **Mobility:**
  - wheelchairs
  - gait trainers
- **Computer Access:**
  - ergonomic input devices
  - alternative keyboards
  - switches
  - eye tracking software
- **Vision:**
  - screen reader software
  - magnification software

- high contrast text
- handheld magnification devices

Share Your Ideas

- If you know of an assistive technology device or accommodation that might help your child, share it with other team members.
- Be open to trying different solutions to figure out what works best.

Assistive technology may be included on the IEP if it helps your child to:

- More independently perform tasks that they can't otherwise do
- Complete a task at a rate closer to that of their peers
- Participate in educational activities that they couldn't before
- Independently access information
- Participate in normal social interaction with peers and adults
- Participate in the least restrictive environment

Cost of Assistive Technology

- Technology is provided at no cost. Schools are required to provide a device listed on your child's IEP, but they do not have to pay for it.
- Schools may purchase devices, lease devices, or seek public or private funds to acquire devices.
- Possible options include Medicaid, family health insurance, private foundations, and community or faith-based organizations.

Examples:

- If your child has a medical card, the school may use Medicaid funds to acquire a mobility or communication device.
- School staff may ask to submit a request through your private health insurance. You can agree and have the school pay the copay or authorize another funding source to pay it.

Training and Use of AT

- Make sure your child learns to use their AT.
- Ask for training so your child knows how to use the technology in the classroom and other educational settings.
- It is OK to ask that all support staff know how to use the technology as well.
- Training and technical assistance for staff, you, and your child can be included on the IEP.

Request a Meeting Anytime

- Request a meeting. Your child's IEP is written for one year, but you can request meetings with the primary teacher, therapist, specialists, or the entire team at any point if you have questions.

Attend School Events

- Attend school events. Life is busy, but take advantage of back-to-school events, open houses, parent-teacher conferences, and informal classroom activities.
- Get to know your child's teachers and other staff during more relaxed times.

When Parents Purchase AT

- When parents purchase AT: School staff are not obligated to incorporate assistive technology that parents send to school into the routine or allow the child to use it in the school setting.
- Family-purchased assistive technology needs to be recognized on the IEP or 504 Plan.

Assistive Technology for Home Use

- Assistive technology for home use: If a school obtains the AT used by a student, the device must be listed on the IEP as needed at home so it can go home with the student on nights and weekends.
- The IEP must show that the assistive technology would benefit the student "educationally," such as for studying or communicating classroom discussions or assignments.

Section 10: Individuals with Disabilities Education Act (IDEA – PART C Birth to Three, Infant Toddler Services)

Program Purpose

In 1986, Congress added Part H to the Education for All Handicapped Children Act (Public Law 94-142) to create an early intervention program for children from birth to age three. In 1990, the law was renamed the Individuals with Disabilities Education Act (IDEA), and it formally defined assistive technology services and devices. Later, in 1997, Congress updated IDEA again; renaming Part H to Part C, strengthening the assistive technology provisions, and assigning the Office of Special Education Programs (OSEP) to regulate and oversee Part C services for infants and toddlers.

The Kansas Department of Health and Environment (KDHE) oversees Kansas Infant Toddler Services, using federal and state funds to support 36 local programs run by community organizations, education centers, and school districts. The program's goals are to screen, identify and support young children with developmental delays or disabilities, promote independence and family involvement, ease transitions to future services, and reduce long-term service needs. Local staff work with families to create an Individualized Family Service Plan (IFSP) focused on goals and activities that support the child's development and family needs.

Eligibility

Under IDEA Part C, children from birth to age three who have a developmental delay in one or more area, have a diagnosed physical, mental, or neurobiological disability, or who have a diagnosed condition that increases their risk for delay, may qualify for early intervention services.

Eligibility is determined through a free developmental evaluation to determine if the child has a significant delay in one or more areas or to identify if the child has a qualifying diagnosis. If a child is at risk for a developmental delay due to a diagnosed physical, mental, or neurobiological condition, services can be provided based on the established risk for delay. The steps for referral, evaluation, and creating an Individualized Family Service Plan (IFSP) are described below:

- Anyone—including parents, relatives, caregivers, daycare providers, medical providers, or friends—can refer a child to the local Infant Toddler Services program. Referrals can be made by phone, fax, or online form. The online form is found here: https://www.kdhe.ks.gov/DocumentCenter/View/5830/KECDS-Initial-Referral-Form-PDF.
    - A complete list of local infant toddler programs can be found by entering the family's zip code on the page found at this link, https://www.itsofks.org/
- Once the local infant toddler program receives the referral, a local specialist contacts the family to schedule a screening or initial evaluation. These services are conducted in the child's home or other natural environment. They are at no cost to the family.
    - A free evaluation by two or more professionals assesses the child's development, including motor skills and/or communication. A child qualifies for services if they have a diagnosed physical, mental, or neurobiological condition that increases their risk for developmental delay.
- If the child meets the criteria to receive early intervention services, the infant toddler team develops an Individualized Family Service Plan (IFSP) to outline the goals and services for the child and family.
    - The child's team includes parents or caregivers, family members (if desired), a family service coordinator, and the professionals who evaluate or provide services. Families may also invite an advocate or other support person to join the team to provide support and assistance.
- The Individualized Family Service Plan (IFSP) is a family-centered written plan. The IFSP provides a comprehensive picture of the child's abilities and needs as well as services designed to meet the family's concerns. An IFSP includes:
    - The child's current developmental levels in various areas, such as cognitive, communication (expressive and receptive language), fine motor, gross motor, social-emotional, and self-help.
    - Family information addressing their concerns, resources, and priorities.
    - Statement of measurable results or outcomes for the child and family.
    - Specific services including their frequency, intensity, and duration.
    - Natural environments where services will be provided.
    - Details about the family service coordinator and primary provider as well as other licensed professionals as needed.
- When the child is nearing age three and eligible for early intervention services, the infant toddler team will refer the child to the local school district and help develop a **Transition Plan**, to continue with needed services.

Services

Eligible children and their families can receive early intervention services recommended by the local infant-toddler team. Licensed professionals provide these services, which may include the examples below or others based on the child's and family's needs.

- Therapies such as speech and language therapy, physical therapy, occupational therapy.
- Specialized services such as audiology, vision, medical, nursing, nutrition, social work, and psychological services.
- Assistive technology devices and services to support them in daily routines in the natural environment.
- Family support including family counseling, education to understand their child's development, and home visits.
- Transportation to allow the child and family to access services.
- Special instruction from a special education or early childhood teacher to help the child learn.

All services are provided in the natural environment, including the home, daycare, and other community settings. IFSPs are reviewed and updated every six months but can be modified at other times as needed.

Assistive Technology Services Covered

IDEA (amended in 2004) includes assistive technology services available to eligible children with developmental delays or diagnosed conditions. Specific assistive technology services can include evaluation, assisting with acquiring needed assistive technology devices, customization and maintenance of devices, training on use and care of devices, coordinating with other therapies, and technical assistance.

- All services listed on an IFSP are determined by the child's team and depend on the child's abilities and the needs of the child and family.
- Services must occur in the natural environment and are provided at no cost to the family.
- Family members and other members of the IFSP team can recommend borrowing an assistive technology device for trial use, acquiring an assistive technology device, or teaching the child, family members and licensed professionals how to use the device in daily activities in natural environments.

Assistive Technology Devices Covered

Under **IDEA Part C**, an **Individualized Family Service Plan (IFSP)** can include a wide range of **assistive technology (AT) devices** if they help the child meet developmental outcomes and participate in daily routines. A complete continuum of assistive technology devices is considered based on the child's developmental needs and the family's concerns and priorities. Assistive technology devices may include low-technology adaptations (puffed pages on board books and Velcro loops on puzzle pieces), mid-technology solutions (switch activated toys and cordless remote controls that activate household items such as lights and appliances), and high-technology (gait trainer, communication device, wheelchair, hearing aids, etc.) that allow the child to do something he or she couldn't otherwise do. Some examples of assistive technology devices are provided below:

- **Communication:** picture communication boards or books, single or multiple message devices with switches, speech generating devices (SGDs), augmentative and alternative communication applications on tablets, or mounts and stands for AAC devices
- **Self-Care and Daily Routines:** adaptive utensils, cups, or bottle holders, suction bowls, specialized seating, bathing chairs, and dressing aids
- **Mobility:** gait trainers, wheelchairs, and adapted strollers
- **Positioning:** corner chairs, bolsters, and standers
- **Sensory Enhancers for Hearing and Vision:** toys with sound or vibration, flashing signalers for doorbells or alarms, high contrast toys or utensils, and handheld magnifiers
- **Socialization and Play:** a ball designed with openings to help with grip, crayons with hand grips, switch adapted spinners for games, and standing devices to interact with siblings and peers
- **Cognitive:** switch-adapted toys and applications on tablets

Local infant-toddler programs are required to provide any device listed on a child's IFSP, but they are not required to pay for it. Local programs can buy or lease devices or use other funding sources. Other funding sources include Medicaid, Special Health Care Services, family insurance, private foundations, community organizations, or faith-based organizations. Examples are included below:

- If the child has a medical card, Medicaid funds may be accessed to acquire a medically necessary device, such as a mobility or communication device
- Parents cannot be required to pay for an assistive technology device, but the local infant toddler program may work with the parents to acquire the device using the

family's private health insurance. In these cases, the local program can pay the copay cost for the family or use other private funding resources to cover copay costs with the family's permission

Devices that are surgically implanted and medical, daily living, or life sustaining devices not primarily intended to improve functional abilities are not covered under assistive technology in IDEA, Part C.

Challenges Obtaining Assistive Technology

- **Cost:** Assistive technology can be costly, and local infant toddler programs may be reluctant to recommend or purchase it because of budget constraints. Occasionally, local specialists may feel pressured not to recommend assistive technology during the IFSP process, which would require them to provide it.
- **Limited Funding:** Local programs must ensure AT is provided but are not required to pay for the devices themselves. Finding outside funding (Medicaid, insurance, grants) can delay access.
    - Borrowing one or more assistive technology devices may help members of the IFSP team better understand the benefits of the device(s).
- **Complex and Inconsistent Funding Processes:** Families often encounter paperwork, eligibility checks, and prior authorizations, especially when using insurance or Medicaid. Different counties or service areas may interpret funding responsibilities differently.
- **Ownership:** Ownership of equipment remains with the local infant toddler provider if they purchased the device, and the local provider may be reluctant to allow the device to transfer when the child transitions into preschool settings.
- **Training and Awareness:**
    - Some local specialists may not be familiar with or aware of certain types of assistive technology, so they may hesitate to recommend it. Families can request the trial use of a device be a part of the IFSP.
    - Families and caregivers may not realize assistive technology can be included in the IFSP. Goals for teaching the child, family, and local specialists how to use and take care of the device can be added to the IFSP.
    - Information provided in the U.S. Department of Education guidance publication, **Myths and Facts Surrounding AT Devices**, may help members of the IFSP team address the concerns of parents or other team members. A copy of the publication can be found at https://sites.ed.gov/idea/files/Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf.

- **Collaboration:** Lack of collaboration among therapists, families, and funding sources can cause confusion about who is responsible for purchasing or maintaining equipment.
- **Waitlists:** Waitlists for evaluations or device availability can further delay implementation.
- **Transition Gaps:** When a child turns 3 and moves to school-based services (IEP), equipment ownership or transfer may become unclear.

Appeals

IDEA Part C (Birth to Three; Infant Toddler Services) provides **due process** for families. Due process includes dispute resolution through mediation, a fair hearing, or both. During a dispute, the child will continue to receive current IFSP services, unless both sides agree to changes. To resolve a disagreement the family can:

- Request a **meeting**. Some disagreements arise out of misunderstandings and can be easily resolved through a face-to-face meeting between the parents and the local infant toddler provider staff.
- If the informal meeting doesn't resolve the issue, parents may request **mediation**. Mediation is an informal process where an impartial third party discusses the issues with the parents and the local infant toddler provider staff and helps the two parties come to an agreement. Parents may request mediation by completing and sending the Request for Mediation Form to the KDHE Early Childhood Developmental Services team. Complaints should be filed within 30 days of the incident. The state pays for the cost of the mediation process.
    - The Request for Mediation Form can be found here: https://www.kdhe.ks.gov/DocumentCenter/View/5712/Mediation-Request-Form-PDF?bi.

      KS Early Childhood Developmental Services, KDHE
      1000 SW Jackson St. Suite 220
      Topeka, KS 66612
      785-296-3319 or KDHE.KECDS@ks.gov

- File a **state complaint**. A formal state complaint can be filed if a disagreement is unresolved or if the parents think the child's rights have been violated by the local infant toddler provider or the Kansas Early Childhood Developmental Services team.

    - A formal Complaint Request Form can be found here: https://www.kdhe.ks.gov/DocumentCenter/View/5711/Formal-Complaint-Request-Form-PDF.
- A hearing officer, not employed by KDHE or the local infant toddler program, will be appointed to conduct the hearing. After interviews, a written decision is issued. If the local infant toddler program or the Kansas Early Childhood Developmental Services program is in violation, corrective actions will be required.
- Finally, a request for a **Due Process Hearing** can be filed by the parents if they continue to disagree. Both the parents and the local infant toddler provider staff may present evidence, cross-examine witnesses, prohibit the introduction of evidence which has not been made available to them at least 5 days prior to the hearing, and obtain a written or electronic verbatim record of the hearing. The hearing officer must render a written decision no later than 10 days after the conclusion of the hearing.

How to Guide: IDEA – Part C, Birth to Three, Infant Toddler Services

How to Apply

- If you have concerns about your child's development, you can make a referral to your local infant toddler services program. Referrals can be made by phone, fax, or an online form.
    - **Online form:** https://www.kdhe.ks.gov/DocumentCenter/View/5830/KECDS-Initial-Referral-Form-PDF
    - **Zip code:** You can find your local infant toddler programs by entering your zip code at this link: https://www.itsofks.org/
- A local specialist will contact you to schedule a screening or an initial evaluation. These services will occur at your home and at no cost to you.
    - A free, comprehensive evaluation is conducted by two or more professionals to assess your child's developmental areas such as motor skills and communication. Your child could be eligible for services if they have a diagnosed physical, mental, or neurobiological condition that makes it more likely for them to have a developmental delay too.
- If your child is eligible, the infant toddler team will work with you to develop an Individualized Family Service Plan (IFSP) to outline goals and services for your child and your family.
    - **Team:** Your child's team consists of parents, caregivers, other family members at your request, the family services coordinator, professionals involved in your child's evaluations, and those providing early intervention services. You can invite an advocate or person outside your family to provide support and assistance if you'd like.
    - **Individualized Family Service Plan (IFSP):** The Individualized Family Service Plan (IFSP) is a family-centered written plan. It provides a comprehensive picture of your child's abilities and needs as well as services designed to meet your family's concerns. An IFSP includes:
        - Your child's current developmental levels in various areas, such as cognitive, communication: expressive and receptive, fine motor, gross motor, social-emotional, and self-help
        - Family information addressing your concerns, resources, and priorities
        - Statement of measurable results or outcomes for your child and family
        - Specific services including:
            - Frequency (how often it occurs)
            - Intensity (individual or with siblings/peers)
            - Duration (period of time with start and end dates)

    - Daily routines and natural environments where services will be provided
    - Details about the family service coordinator and primary provider as well as other licensed professionals as needed
- When your child is nearing age three and is still eligible for early intervention services, the infant toddler team will refer them to the local school district and help develop a **Transition Plan**, so needed services are continued.

Information Needed:

- The infant toddler provider staff on your child's IFSP team will conduct specialized tests to understand how your child is developing. You can bring information that helps other team members understand your child's strengths, difficulties, and any concerns you have. This information could include:
    - Discuss what your child can do in the areas of motor skills, vision, hearing, learning, communication, self-care, and emotional development.
    - Review what your child has difficulties within the areas of motor skills, vision, hearing, learning, communication, self-care, and emotional development.
    - Provide information about your child's likes, dislikes, and preferences. Include what can frustrate your child and any challenging behaviors that occur.
    - Talk about what your child's typical day or routine looks like, including when they eat, sleep, and play.
    - Explore what is working well and how your child does during everyday activities.
    - List any concerns or goals you have for your child.
    - List your needs. For example, childcare, transportation, teaching strategies, or getting more information about your child's development.
    - Share the people or agencies that help your child and family.
    - Tell your providers if your child used any assistive technology in the past and what he/she uses now.
    - Share any reports or recommendations from other therapies. For example, private speech-language pathologists, physical or occupational therapists, counselors, etc.
    - Share any reports or recommendations from your child's primary care physician or other medical specialists. For example, audiology or ophthalmologists.

Helpful Tips

- **Participate and communicate.** You are an expert on your child. You have a unique perspective about your child's needs, strengths, interests, and daily life. Decisions made in IFSP meetings can have a long-term impact on your child's learning. Stay involved.
- **Ask questions.** Ask other team members to explain words and jargon that are new to you. Ask how infant toddler staff will measure your child's progress, how a suggested goal meets your child's needs, and why they are suggesting specific strategies. Find out who will work with your child and what they will be doing. See what you can do at home to help.

- **Share your ideas.** If you know of an assistive technology device or accommodation that might help your child, share it with other team members. Be open to trying different solutions to figure out what works best. You want an assistive technology device if it helps your child learn, communicate, participate in daily activities, or interact with their siblings and friends. One that meets your child's unique needs.
- **Request an Assistive Technology (AT) assessment.** Tell other team members if you think assistive technology will help your child participate in an activity, complete tasks independently, or perform an activity at the same pace as their peers. Ask for the opportunity to try out a device to see if it helps.
    - Assistive technology devices are recommended based on your child's needs. AT devices could include supports with:
        - **Self-care:** suction bowl, bathing chair.
        - **Communication:** picture communication boards, single or multiple message devices with switches, dynamic screen communication devices, speech generating devices.
        - **Mobility:** gait trainers, wheelchairs.
        - **Positioning:** corner chairs, bolsters or other positioning devices, standers.
        - **Sensory enhancers for hearing and vision:** toys with sound or vibration, flashing signalers for doorbells or alarms, high contrast toys or utensils, handheld magnifiers.
        - **Socialization/play:** a ball designed with openings to help grip it, crayon with hand grip, switch-adapted spinner for games, standing devices to interact with siblings and peers.
        - **Cognition:** switch-adapted toys, apps on tablets.
- **Technology is provided at no cost**. Local infant toddler providers are required to help you access a device listed on your child's IFSP, but do not have to pay for it. They may purchase devices, lease devices, or seek public or private funds to acquire devices. Possible options include the use of Medicaid, Special Health Care Needs, family health insurance, private foundations, and community or faith-based organizations.
    - For example, if your child has a medical card, the local provider may use Medicaid funds to acquire a mobility or communication device.
    - For example, the school might ask to use your private insurance to request an assistive technology device. If you agree, the provider can pay your co-pay or use other funds to cover it with your permission.
- **Make sure your child learns to use their AT.** Ask for training so your child knows how to use the technology at home and in other natural environments. Training and technical assistance can be included on the IFSP for your child, you, and even local infant toddler specialists.
- **Request a meeting**. Your child's IFSP is written for a period of six months, but you can request to meet with the Family Services Coordinator, your primary infant toddler specialist, or the entire team earlier if you have questions.

Section 11: Pre-employment Transition Services (PRE-ETS)

Program Purpose

The Workforce Innovation and Opportunity Act (WIOA) amended the Rehabilitation Act of 1973 requiring state Vocational Rehabilitation (VR) programs to set aside at least 15% of their federal funds to create the Pre-Employment Transition Services (Pre-ETS) program. Kansas Pre-ETS and VR are part of the Rehabilitation Services (RS) program. Pre-ETS has the goal of empowering transition-age youth (starting around age 14-16) to achieve their employment potential.

- Pre-ETS services are designed to help students with disabilities explore career interests, build work skills, and prepare for future employment or further education.
- Students with disabilities may request Pre-ETS services directly from their local VR office or be referred by their local school.
    - You can find local VR offices here:
        - **Website** https://www.dcf.ks.gov/services/Pages/MapVR.aspx
        - **Phone number** 866-213-9079
        - **Address** for the KRS Central Office:

Rehabilitation Services – Pre-ETS
Department for Children and Families Administration Building
555 S. Kansas, 3rd Floor
Topeka, KS 66603
Toll-free Customer Service: 1-866-213-9079

Eligibility

Students with disabilities need to be transition-age to be eligible for Pre-ETS services. Transition age is defined as no younger than 14 years and not older than 21 years old. The following criteria must be met to be eligible.

- The student must attend a secondary, post-secondary, or other recognized education program. This includes traditional secondary schools, alternative education programs, home schooling, post-secondary programs, and other recognized education programs including those offered through the juvenile justice system.

- The student must be eligible for and receive services on an Individual Education Plan (IEP) or have a disability with a Section 504 Plan.
    - An **Individual Education Plan (IEP)** is an annual plan that outlines a student's special education needs and the specific supports and services they require to address their learning needs.
    - A **Section 504 Plan** is a document that outlines the accommodations and supports a student with a disability needs to have equal access to education. The student is eligible for a 504 Plan if they have a physical or mental impairment that substantially limits one or more major life activity (i.e., walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks).
- The student must be a Kansas resident or have employment authorization documentation if they are not a U.S. resident.

If the student appears to meet the eligibility criteria, the next step is to meet with the local Pre-ETS Transition Specialist.

- Students may be referred to their Pre-ETS Transition Specialist by their local school staff or may complete an application and submit it to the local Vocational Rehabilitation (VR) office. The student and a parent or legal guardian must sign the application.
    - Here is a fillable Pre-ETS Request for Services and Information Release: https://www.dcf.ks.gov/services/RS/Documents/RS%20Forms/Request_Verification_fillable.pdf.
- The local Pre-ETS Transition Specialist will schedule an appointment to meet with the student, parent/guardian, and local educators if referred by the school. For verification, eligibility documents can include copies of:
    - The Individual Education Plan (IEP)
    - 504 Plan
    - SSI/SSDI or
    - Medical records documenting disability
- Once the student is determined eligible, the local Pre-ETS Transition Specialist will work with the student and parent/guardian (if appropriate) to develop a Pre-ETS Plan. The Pre-ETS Plan will identify the services to be provided, the student's and other participant responsibilities, and expectations. The goal of the plan is to empower the student to develop self-reliance and prepare for employment.

Services

Pre-ETS services are designed to help a student achieve their highest employment potential. Five key services are provided through Pre-ETS depending on the student's needs.

- **Job Exploration Counseling**. Helps students learn about careers that match their interests, strengths, and goals.
    - The local Pre-ETS Transition Specialist could:
        - Help complete a vocational interest inventory,
        - Share information about the local and regional labor market
        - Discuss local jobs and careers, and
        - Connect the student with community resources
- **Self-Advocacy**. Empowers students to express their needs and goals in a variety of settings including school and work.
    - Students will:
        - Learn about their rights under education laws
        - Learn how to advocate
        - Build their self-advocacy skills to help them request resources, accommodations, or services and supports they need to succeed at work and in life.
- **Workplace Readiness Training**. Teaches students about the skills needed for employment.
    - For example, students can learn core skills needed to succeed in any job (e.g., teammate interactions, reporting to a supervisor, customer service, etc.).
    - For example, students can access local career centers, build social and job skills, participate in independent living, and get connected to community resources.
- **Counseling on Comprehensive Transition or Post-Secondary Education**. Helps students create a clear path to employment.
    - Activities may include providing information about education opportunities including disability support services, discussing reasonable accommodations needed in training and academic settings, exposing students to post-secondary training programs, and linking students with other community resources.
- **Work-based Learning Experiences**. Helps students build skills to succeed in the workplace based on work experiences.

- For example, students could have opportunities to job shadow or participate in mock interviews, connect with career track or other work-based learning programs, gain experience with local businesses for work-based learning experiences, and participate in volunteer and internship opportunities.

Assistive Technology Services Covered

If the student with a disability requires an AT service or device to access or participate in Pre-ETS, he/she can receive assistive technology (AT) services and devices. If the AT device or service is provided by another place like their school, the VR counselor may approve and pay for it through Rehabilitation Services (RS).

- For example, screen reading software programs could be purchased to allow an individual who is blind to access information on a computer during a work-based learning experience. For people who are blind or visually impaired, the screen reader itself counts as an "auxiliary aid," not the computer.
- Auxiliary aids and services in Pre-ETS need approval from the Pre-ETS Program Administrator first.
- An assistive technology evaluation may be conducted to determine if the student would benefit from an assistive technology device or service to participate in a work setting. VR could pay for the evaluation.

Assistive Technology Devices Covered

Assistive technology devices may be provided if the eligible student with a disability requires an AT device to access or participate in Pre-ETS services. First, the local Pre-ETS Transition Specialist will confirm that the device is not already provided by the student's school.

- If a student with a disability requires personal devices, services, or individually prescribed assistive technology, Pre-ETS will work with a local VR counselor to determine if the student meets the eligibility criteria of VR. If yes, then an Individual Plan for Employment (IPE) is developed to include those additional services through VR funding, not Pre-ETS funding.
- Pre-ETS cannot provide individually prescribed assistive technology and personal devices or services (e.g., prescription eyeglasses, hearing aids, readers for personal study or personal services).

Challenges Obtaining Assistive Technology

Assistive Technology (AT) devices can be provided for the student by the local school, Pre-ETS or VR. Therefore, the student and parents/guardians may be confused about how to

access the technology needed. The process of having eligibility established for Pre-ETS, developing a Pre-ETS Plan, then needing to determine eligibility for VR if AT is needed can be particularly confusing for individuals who are not familiar with the programs. The Pre-ETS Transition Specialist will work to simplify the process, but concerns and confusion may arise. The most common challenges are explained below:

- **Delays:** A delay can occur if there is a disagreement about whether the school or Pre-ETS should provide the device. The school may choose to use other resources to provide short-term access to a device.
- **Large Caseloads:** VR counselors may have many cases, so students should stay in touch and be proactive with their IPE tasks to keep things on track. The local Pre-ETS Transition Specialist can help.
- **Time and Funding:** Assistive technology services and devices authorized on an individual's IPE through VR will be paid for by KRS. However, the length of time to review recommended devices can vary. A longer review process occurs if:
    - A device costs over $1,999.00,
    - The device cannot be purchased through a state approved vendor, or
    - The device is needed for a type of employment that the VR counselor isn't familiar with.

Appeals

If a student, parent, or guardian is not satisfied with their services, they can talk about their concerns with their Pre-ETS Transition Specialist.

- If there are still concerns or if they would like an additional perspective, they can talk about their concerns with the Pre-ETS Transition Specialist' supervisor. Most problems can be resolved.
    - Contact information for program administrators' is located here: https://www.ksde.gov/Portals/0/CSAS/CSAS%20Home/Hidden%20File%20Links/DCF%20Pre-Employment%20Transition%20Services%20Managers%20by%20Region%20011321.pdf
- If the dispute is still unresolved, the student, parent, or guardian may request an administrative review. The review can be conducted by a Pre-ETS Transition supervisor, not involved in their case, or an exception request can be made from the Commissioner of Kansas Rehabilitation Services.
- Lastly, the student and/or parent/guardian can submit a fair hearing request conducted by a Fair Hearing Officer.
    - Contact the KRS Commissioner's office to request any of these reviews:

Rehabilitation Services
Department for Children and Families Administration Building
555 S. Kansas, 3rd Floor
Topeka, KS 66603
Phone: 785-368-7143
Fax: 785-368-7467
TTY: 785-368-7478
Tollfree Customer Service Line: 1-866-213-9079

- If there still are concerns, the student, parent, or guardian may contact
  - The Client Assistance Program (CAP) staff: www.drckansas.org
  - Client Assistance Program Disability Rights Center (DRC): www.drckansas.org ;877-776-1541

How to Guide: Pre-employment Transition Services (PRE-ETS)

How to Apply

If you are a transition age student with a disability and are interested in learning how to acquire employment skills and training, you can apply for services through the Pre-Employment Transition Services (Pre-ETS) program.

- You can apply yourself. Download and complete the fillable Pre-Employment Transition Services Request for Services and Information Release. The form can be found here:
    - Website: https://www.dcf.ks.gov/services/RS/Documents/RS%20Forms/Request_Verification_fillable.pdf
    - You and a parent or legal guardian will need to sign the form.
    - You will send the completed form to your local Vocational Rehabiliation office.
        - Find the contact information for your local VR office here:
            - Website: https://www.dcf.ks.gov/services/Pages/MapVR.aspx
            - Call: The Customer Service line in Topeka (1-866-213-9079)
            - You may be referred to Pre-ETS by teachers or a transition teacher at your school.
            - If you are working with staff at an Assistive Technology Access Site, they may refer you to Pre-ETS.
            - The local Pre-ETS Transition Specialist will be assigned to your case once the application has been submitted. The Pre-ETS Transition Specialist will contact you to schedule an appointment.

Information Needed

- The application form you submit allows the Pre-ETS Transition Specialist to ask the school to share information. This will see if you are eligible for Pre-ETS. They will check any documents you and your school can provide. Examples include:
    - An Individualized Education Plan (IEP)
    - A 504 Plan

    - Medical reports regarding your disability
    - Grades or transcripts from high school or technical school
    - Reports from other professionals who have provided services to you
- **Use of assistive technology:** If you currently use any assistive technology, explain how it might be helpful at work.
- **Job Experience:** If you have job experience, it's helpful to explain how your disability prevents you from getting a job, doing tasks that are required at a job, and keeping a job.
- **Other:** If your local Pre-ETS Transition Specialist is not familiar with a type of job that interests you, you may need to provide more information. Examples could include, what tasks you have to do in that job and/or explain how a specific piece of technology would help you do the work.

Helpful Tips

- **Keep your appointments.** Always keep your appointments and let your Pre-ETS Transition Specialist know the best way to reach you and your parents. Let them know if your phone, email, or address changes.
    - Sometimes Pre-ETS Transition Specialists will contact a teacher if that helps you.
- **Share your interests and ask questions.**
    - Think about your strengths. What are your "superpowers?" What do you do best? What do you like doing?
    - Think about areas where you might need support to be successful.
    - Share your ideas with your Pre-ETS Transition Specialist and teachers helping with your transition planning. The more everyone knows about your abilities and goals, the better they can help.
    - You might take a vocational interest test or inventory to help learn more about your interests, abilities, and skills. There might be jobs you don't know about.
- **Share your ideas about technology.** If you know of an assistive technology device that might help you participate in transition activities, tell your Pre-ETS Transition Specialist. Be open to trying different devices to figure out what works best.
- **Ask for an AT assessment.** Ask your Pre-ETS Transition Specialist to approve an assistive technology evaluation for you. This lets you try assistive technology devices that could help with work, training, or learning skills you need for the job you want.

    - You may need to work with vocational rehabilitation (VR) services to get an assessment and have assistive technology devices authorized and bought for your use so you can participate in Pre-ETS services. Your Pre-ETS Transition Specialist will help you with this.
- **Get services and devices approved first.** *All services and assistive technology devices must be listed and authorized on a VR Individualized Plan for Employment (IPE)* ***before*** *they are provided. If you or your parents buy a device before it's approved, VR and KRS will not pay for them*.
- **Learn to use your AT.** Ask for training so you know how to use and take care of new assistive technology devices. Your Pre-ETS Transition Specialist can arrange for training or technical assistance for you. It might have to be listed on a VR Individualized Plan for Employment (IPE).
- **Cost and approval.** Assistive technology device that cost over $1,999 will require your VR counselor to get approval from the Program Administrator or Central Office.
    - If the vendor for an assistive technology device is not on the State Contract list, you may need to get 3 bids for the device. The AT Specialist who did your AT Evaluation will help get the bids, but this will take a little longer.

Section 12: Vocation Rehabilitation

Program Purpose

Vocational Rehabilitation (VR) is an employment program offered through Kansas Rehabilitation Services (KRS) which is part of Kansas Department for Children and Families (DCF). It is funded through a matching combination of federal and state dollars (78.7% Federal to 21.3% State funds).

- Vocational Rehabilitation's mission is to help people with disabilities prepare for, find, and keep a job.
- **Permanent, competitive, integrated** employment is the goal for VR. People with disabilities can receive training, education, rehabilitation devices, and other services needed to achieve their employment goal.
- Find local VR offices here:
    - **Website:** https://www.dcf.ks.gov/services/Pages/MapVR.aspx
    - **Phone:** 866-213-9079
    - **Address:** KRS Central Office
      Rehabilitation Services
      Department for Children and Families Administration Building
      555 S. Kansas, 3rd Floor
      Topeka, KS 66603
      Toll-free Customer Service: 1-866-213-9079

Eligibility

Anyone with a disability can access VR, but the services they receive depend on eligibility criteria. To qualify, a person should be interested in competitive, integrated employment and have:

- A physical, mental, learning, or emotional disability,
- A problem getting or keeping a job because of a disability, and
- The need for VR services to help prepare for, get and/or keep a job.

How it works:

- **Apply:** People with disabilities may complete and submit a VR application or contact their local VR office for an appointment with a VR counselor.

  - A fillable Application for Vocational Rehabilitation Services can be found here: https://www.dcf.ks.gov/services/RS/Documents/RS%20Forms/VR%20Application_PDF%20-%20fillable.pdf.

- **Eligibility Determination:** A VR counselor is assigned to review and help the individual with a disability complete the application in an initial interview.
  - Helpful information to document eligibility could include:
    - Medical reports regarding disability
    - School transcripts or past Individual Education Plans (IEPs)
    - Relevant professional reports, or
    - A description of past work experience or resume
  - The VR counselor may help the individual obtain needed documentation.
  - VR counselors may authorize evaluations to better understand an individual's needs.
  - The VR will pay for an evaluation if the evaluation or service was authorized in writing by the VR counselor before it occurs.
- **Develop an Individualized Plan for Employment**: Once eligibility is determined, the VR counselor will work with the individual with a disability to plan and develop an Individualized Plan for Employment (IPE) designed to meet their employment goals. The IPE will list the specific employment goal, the timeframe for services, customer responsibilities, and approved service providers.

Services

Services provided are based on the needs of the person with a disability and their employment goal(s). Services may include:

- **Medical examinations:** Examples include general physical, psychological, or other specialist examinations
- **Vocational evaluation** of interests, skills, and abilities for future work
- **Vocational guidance**
- **Career counseling**
- **Physical or mental restoration services:** Examples include mental health counseling, speech therapy, physical therapy, etc.
- **Training:** Universities, colleges, technical schools, apprenticeship programs, on-the-job training, supported employment, etc.

- **Rehabilitation devices**: medical equipment necessary for employment. Examples could include wheelchairs, prosthesis, glasses, etc.
- **Rehabilitation engineering:** Assistance with job site modifications (changing lighting, adapting a telephone, a computer, or a tool, etc.), and training on use of the modified equipment.
- **Job placement**
- **Follow up** after employment to ensure job success

The above is a partial list of services. Other services may be included based on the person with a disability's needs and goals.

IMPORTANT: All services must be listed on the individual's Individualized Plan of Employment (IPE) by the VR counselor and be approved by Kansas Rehabilitation Services (KRS) before they occur to be paid by KRS.

- A person with a disability may be eligible to receive services from VR but may be ineligible for financial assistance for payment of some services and devices if their income is too high.
- The VR counselor may ask the individual to seek "comparable services and benefits" before VR will pay for a service. Examples include applying for a Pell Grant for tuition assistance, using health insurance for a service, or Medicaid for a covered health service before VR pays for the remaining costs.
- VR does follow an "order of selection" where eligible individuals with the most significant disabilities are given priority for services. VR may set up a wait list based on the date of a person's completed application and the severity of their disability if funds cannot keep up with demand during a year.

Assistive Technology Services Covered

The amended Rehabilitation Act (1973) requires that rehabilitation services, rehabilitation engineering, and rehabilitation and assistive technology devices be considered when determining eligibility for VR services. This means the VR program needs to provide:

- A range of rehabilitation technology and assistive technology services on a statewide basis if needed by people with disabilities to get and keep a job. All services must be available regardless of where the person with a disability lives.
- Assistive technology assessment and training services if it appears the individual could benefit from those services in their pursuit of employment.

- Assistive technology services if they are listed on the individual's IPE and approved by KRS for payment **before** the service is received.
    - Technology is exempt from the comparable benefit requirement, but people with disabilities must meet the economic eligibility before VR can authorize and pay for assistive technology services and devices.
- The most common AT services provided in Kansas are AT Initial Assessment, AT Functional Evaluation, AT Training, and AT Technical Assistance.

Assistive Technology Devices Covered

A complete continuum of assistive technology devices may be considered when developing an IPE. Most VR counselors will authorize an AT Assessment or AT Evaluation to determine the most appropriate device(s) needed to achieve a person's employment goals.

- Any type of assistive technology device may be authorized if the individual needs the device(s) for employment.
    - Types of technology authorized may include laptops, tablets, software, handheld and desktop magnification devices, hearing aids, signalers, speech communication devices, memory aids, mobility devices, etc.
- AT Assessments and AT Evaluations reports will provide recommendations of assistive technology devices that will meet the individual's employment needs based on device demonstrations, short-term device borrowing, and input from the individual.
- The VR counselor will review the assistive technology report recommendations. The VR counselor may need to seek authorization from their Program Administrator or Kansas Rehabilitation Services central office staff depending on the cost of the recommended assistive technology devices.
- If a device costs over $1,999 and is not available through a vendor who is on the State of Kansas State Contract, the evaluator or the individual with a disability may have to obtain three bids to determine the best price.
- Despite a preference for state vendors, a bid may be obtained from regional or local vendors if the individual lives in a rural area that is not close to approved state vendors.

Challenges Obtaining Assistive Technology

- **Time:** The average VR case takes about two years, so it's important to respond to VR counselor's requests for information and eligibility documentation as soon as possible.
- **Large Caseloads:** VR counselors may have large caseloads, so keeping in contact and completing IPE tasks helps keep the case on track.
- **Review:** Assistive technology services and devices authorized on an individual's IPE will be paid for by KRS. However, the length of time to review recommended devices can vary. A longer review process occurs if:
    - A device costs over $1,999
    - The device cannot be purchased through a state approved vendor; or
    - The device is needed for a type of employment that the VR counselor doesn't know well.

Appeals

If a person with a disability is not satisfied with their services, they should talk about their concerns with their VR counselor.

- If there are still concerns or if the individual would like an additional perspective, they can talk about their concerns with the Program Administrator, the regional supervisor. Most problems can be resolved at this level.
    - Program administrators' contact information is found on this website: https://www.dcf.ks.gov/services/RS/Pages/RS_Program_Administrators.aspx
- If there still are concerns, the person may contact the Client Assistance Program (CAP) staff
    - Website: www.drckansas.org or
    - Client Assistance Program
      Disability Rights Center (DRC)
      www.drckansas.org
- If the dispute is still unresolved, the person may request an administrative review conducted by a KRS supervisor not involved in their case or request an exception from the Commissioner of Kansas Rehabilitation Services.

- Lastly, the person with a disability can submit a fair hearing request conducted by a Fair Hearing Officer. Contact the KRS Commissioner's office to request any of these reviews.
    - Rehabilitation Services
      Department for Children and Families Administration Building
      555 S. Kansas, 3rd Floor
      Topeka, KS 66603
      Phone: 785-368-7143
      Fax: 785-368-7467
      TTY: 785-368-7478
      Tollfree Customer Service Line: 1-866-213-9079

How to Guide: Vocational Rehabilitation (VR)

How to Apply

- If you have a disability and are interested in getting a job, you should apply for services through Vocational Rehabilitation Services. If you are working with staff at an Assistive Technology Access Site, they may refer you to your local VR office if you are interested.
- You can download and complete the fillable Application for Vocational Rehabilitation Services and send it to your local VR office. The application form can be found here: https://www.dcf.ks.gov/services/RS/Documents/RS%20Forms/VR%20Application_PDF%20-%20fillable.pdf.
- You can also set up an appointment with a VR counselor at your local VR office. The VR counselor assigned to your case can help you complete the Application for VR Services.
    - Find the contact information for your local VR office at https://www.dcf.ks.gov/services/Pages/MapVR.aspx or call the Customer Service line in Topeka (1-866-213-9079) for that information.
- A VR counselor will be assigned to your case once the application has been submitted or when an appointment is scheduled if you choose to call your local office.
- Kansas Rehabilitation Services (KRS) outlines the following steps in the VR process:
    - Referral and Application
    - Initial Interview
    - Evaluation/Assessment
    - Eligibility
    - Planning
    - Services
    - Employment
    - Successful Employment over time (Your Guide to Vocational Rehabilitation, KRS, DCF).

Information Needed

- Bring the following information to your interview to help your VR counselor determine what services you are eligible to receive from VR.
    - Medical reports regarding your disability.
    - Grades or transcript from high school or technical school.
    - If you have an Individualized Education Plan (IEP), bring a copy of it.
    - Reports from other professionals who have provided services to you.
    - A history of your work or a resume.
    - Information about your monthly income.
    - If you currently use any assistive technology, explain how it helps you.
- If you have job experience, it's helpful to explain how your disability prevents you from getting a job, doing tasks that are required at a job, and keeping a job.
- If your VR counselor is not familiar with an area of employment that interests you, you may need to provide additional information about it and explain how a specific piece of technology would help you work in that area.

Helpful Tips

- **Keep your appointments.** Go to all your meetings with your counselor. Tell them the best way to contact you. If your phone number, email, or address changes, let them know right away.
- **Share your interests and ask questions.** Tell your counselor about your goals, interests, and what you're good at. The more they know, the better they can help you. They might ask you to take a short test to learn more about your skills and interests.
- **Get services approved first.** *All services and assistive technology devices must be listed and authorized on your Individualized Plan for Employment (IPE)* ***before*** *they are provided. If not authorized, VR and KRS will not pay for them.*
- **Ask for an AT assessment.** Once you are eligible, ask your counselor to authorize an assistive technology assessment on your IPE. This lets you try assistive technology devices that could help with work, training, or education you need for the job you want.
- **Share your ideas.** If you know of an assistive technology device that might help you get or keep a job, tell your counselor. Be open to trying different devices to see what works best for you.

- **Learn to use your AT.** Ask for training so you know how to use and take care of new assistive technology devices. Training and technical assistance can be included on your IPE.
- **Cost and approval.** Assistive technology device that cost over $1,999 will require your VR counselor to get approval from the Program Administrator or Central Office.
    - If the vendor for an assistive technology device is not on the State Contract list, you may need to get 3 bids for the device. The AT Specialist who did your AT Evaluation will help get the bids.
- **Vehicle modifications** may be authorized on your IPE. KRS does not pay for the vehicle but may pay for the modifications. Vendors are usually on the State Contract list, but local vendors may be used if bids are submitted.
- **Home modifications.** Home modifications can be approved if you can show they are necessary for you to work. For example, a bathroom modification that will allow you to independently get ready for work and get to work on time. Bids from 2 – 3 contractors are needed for consideration of home modification.

Section 13: Social Security Work Incentive Programs

Programs History:

In 1935, Congress passed the Social Security Act to give retirement payments to people 65 and older.

Over time, the program grew to include more people and offers more benefits. In 1954, Social Security Disability Insurance (SSDI) was added to help workers who can't work because of a disability. In 1974, Supplemental Security Income (SSI) was added to help people with disabilities who don't qualify for regular Social Security.

In 1987, the Employment Opportunities for Disabled Americans Act became part of the Social Security Act. It encourages people with disabilities to work by offering programs like Impairment Related Work Expenses (IRWE), Plan for Achieving Self-Support (PASS), and Blind Work Expenses.

1. Impairment-Related Work Expenses (IRWE)

Program Purpose

The Impairment-Related Work Expense (IRWE) program helps people who receive Social Security benefits—either SSI or SSDI—by letting them deduct certain disability-related costs from their earnings. This helps them keep more of their benefits while working.

IRWE recognizes that people with disabilities often have extra expenses, such as assistive technology, medical care, or personal assistance. These costs can be subtracted from a person's gross income when Social Security decides how much they earn for benefit purposes. For SSI recipients, the deductions reduce their countable income. For SSDI beneficiaries, the deductions lower their earnings under the Substantial Gainful Activity (SGA) test, which helps them stay eligible for benefits longer after starting work.

An expense can be counted as an IRWE if it:

- You need the item or service to be able to work.
- You need the item or service because of your disability.
- You paid for it yourself and didn't get reimbursed by Medicare, Medicaid, or insurance.
- The cost is reasonable for your area.
- You paid for it in a month when you were working. (In some cases, Social Security may also allow expenses paid before you start or after you stop working.)

The Social Security Administration reviews each case to make sure expenses qualify, and they may ask for proof that the person paid for the items or services themselves.

Eligibility

- **Individuals receiving SSDI or SSI:** You must be a current recipient of one of these benefits due to a disability.
- **Disabled individuals under age 65:** For SSI, there are specific age-related requirements, though eligibility can continue after age 65 if you received SSI disability payments before then.

To be eligible for SSDI, a person must:

- Have worked and paid Social Security taxes (F.I.C.A.) for enough years to be covered under Social Security; some of the taxes must have been paid in recent years.
- Be considered medically disabled.
- Not be working or working but earning less than the Substantial Gainful Activity (SGA) level.

Services Provided

An IRWE lets you subtract the cost of disability-related expenses from your earnings. This helps Social Security decide if you are earning over the Substantial Gainful Activity (SGA) limit and allows you to keep getting SSI or SSDI benefits while working.

Examples of expenses you can deduct include:

- Assistive technology (for personal or work use)
- Attendant care services
- Prescription drugs
- Guide dog and related expenses
- Home or vehicle modifications
- Medical services
- Medical supplies
- Transportation costs related to your disability

Assistive Technology Covered

You may be able to deduct the cost of the following disability-related items or services if they are needed for you to work:

- **Assistive devices:** Hearing aids, communication devices, Braille equipment, or other tools needed to do your job.
- **Computer hardware and software:** Specialized programs or computer support services that help you work with your impairment.
- **Work-related equipment:** Tools or devices designed to meet your needs, such as one-handed typewriters, typing aids, or other adaptive tools.
- **Mobility aids:** Wheelchairs, braces, crutches, and other equipment that help you get to and perform your job.
- **Vehicle modifications:** Adaptive equipment or changes to your personal vehicle, like ramps, hand controls, or other modifications needed to get to work.
- **Guide dog and related expenses:** Costs for food, grooming, and veterinary care.
- **Home modifications:** Changes to your home needed for work, such as ramps, railings, wider doorways, or accessible workspace (indoor if you work from home, outdoor if you work elsewhere).
- **Medical devices:** Equipment such as pacemakers, respirators, traction equipment, hemodialysis machines, or wheelchairs.
- **Non-medical appliances or devices:** Items verified by a doctor as necessary to manage your condition, such as an electronic air cleaner.
- **Prosthetic devices:** Artificial arms, legs, hips, or other body parts used for medical—not cosmetic—purposes.

Problems Obtaining Assistive Technology

- The assistive technology must, in some way, enable the person to perform his/her job. If this is not demonstrated, the equipment cannot be deducted.
- Some individuals cannot afford to purchase costly assistive technology, and thus are unable to benefit from the program.
- In order for this method to be helpful, a person must pay for the assistive technology over a period of time. Many vendors require full payment at the time of purchase.

Application Process

You can apply for Social Security benefits at your **local Social Security Office**.
Be sure to bring your **Social Security number** and information about your **income and resources**.

If you have questions, call 1-800-772-1213.
To find an office near you, visit:
https://www.dcf.ks.gov/services/RS/Pages/SS_Offices.aspx

2. Plan for Achieving Self-Support (PASS)

Program Purpose

A Plan to Achieve Self-Support (PASS) allows a person with a disability to set aside income and/or resources to reach a specific work goal. Money or property set aside under an approved PASS does not count toward the $2,000 SSI resource limit. This allows individuals to keep SSI benefits while working toward independence and self-support. You cannot use SSI cash benefits themselves for a PASS. However, you may use other income or resources such as Social Security Disability Insurance (SSDI), Veterans' benefits, Workers' compensation, or Inheritance/personal funds.

Updated Social Security Administration (SSA) Guidelines (2025): Work goals must be realistic and achievable, usually at an entry or mid-level position, unless you can show that a higher-level goal is necessary to achieve self-support. PASS applicants must also demonstrate a clear plan showing how they will meet their work goal, with specific steps and milestones.

PASS Requirements

- Be designed especially for the person.
- Be in writing.
- Have a specific work goal which the person is capable of performing.
- Have a specific time frame for reaching the goal.
- Show what money and other resources will be used to reach the goal.
- Show how the money and resources will be used.
- Show how the money set aside will be kept identifiable from other funds.
- A PASS may not cover installment payments. Usually a PASS is developed for an 18-month period, but extensions may be obtained.

- A PASS must be **in writing** and submitted using the official **SSA-545 form** (https://www.ssa.gov/forms/ssa-545.html?utm).

Updated SSA Guidelines (2025): A PASS can cover startup costs for a business or job but not ongoing expenses unless ongoing support (like job coaching) is needed. Business-related PASS plans must include a detailed business plan. Expensive items like vehicles may be covered for a down payment only; installment payments cannot be covered.

Approval Process

The Social Security Administration (SSA) must review and approve the PASS before it goes into effect. Each SSA region has a PASS Cadre (specialist) who reviews, approves, or denies PASS applications. Once approved, your PASS will be reviewed regularly to ensure funds are used correctly and progress is being made toward your goal.

Who Can Help Develop a PASS

You can write your own PASS or get help from:

- Vocational Rehabilitation (VR) counselors
- Independent Living counselors
- Social workers or benefits specialists
- Employers or job coaches
- Work Incentive Planning & Assistance (WIPA) staff

These partners can help you identify your work goal, estimate costs, and prepare your PASS application.

Eligibility

To qualify for a PASS, you must be disabled or blind as defined by Social Security, receive SSI (or be eligible if not for excess income/resources), and have a specific, realistic work goal that will help you become self-supporting.

Services Provided

A PASS can help you save money to pay for expenses directly related to your work or self-support goal. Examples include:

- Assistive technology or adaptive equipment
- Starting a business (startup costs, equipment, supplies)
- Tuition or training for education or vocational programs
- Books, software, or tools needed for training or work
- Childcare costs related to employment

- Home modifications for accessibility (related to employment)
- Specialized clothing or safety gear
- Vehicle modifications or transportation equipment

Updated SSA Guidelines (2025): PASS funds may only cover new work-related expenses necessary to reach your goal. Previously existing costs can only be included if the expense increases because of your work plan.

Assistive Technology Covered

The following are examples of assistive technology items that may be included in a PASS plan (this list is not all-inclusive):

- **Adaptive equipment:** augmentative communication devices, Braille equipment, electronic visual aids, modified tools, telecommunication devices (TTYs).
- **Home modifications:** ramps, railings, widened doorways, or dedicated workspace (for home-based employment).
- **Medical and mobility devices:** wheelchairs, scooters, or mobility aids.
- **Prosthetics:** artificial limbs, hips, or other medical devices necessary for employment.
- **Vehicle modifications:** hand controls, lifts, or adaptive driving aids.

Problems Obtaining Assistive Technology

Technology must be clearly tied to your ability to perform your job or work goal. Some people cannot afford assistive technology before the PASS is approved. Many vendors require full payment up front, and since installment payments are not covered, this can be challenging.

Application Process

1. Complete the PASS application (Form SSA-545, 07-2025 edition) from ssa.gov/forms/ssa-545.html
2. Submit your complete plan to your local Social Security Office.
3. A PASS Cadre (regional specialist) will review your plan.
4. SSA will approve or deny your plan based on whether it is complete, feasible, and follows guidelines.

Additional Resources

- SSA PASS Overview: ssa.gov/disabilityresearch/wi/pass.htm
- PASS Fact Sheet: choosework.ssa.gov/library/fact-sheet-plan-to-achieve-self-support

- Kansas SSA Offices: dcf.ks.gov/services/RS/Pages/SS_Offices.aspx
  General SSA Questions: 1-800-772-1213

3. Blind Work Expenses

Program Purpose

The Blind Work Expenses (BWE) work incentive applies to individuals who are blind and receive Supplemental Security Income (SSI). It allows certain work-related expenses to be excluded from countable income when SSA calculates monthly SSI benefits.

The BWE incentive applies only to SSI. People who are blind but receive Social Security Disability Insurance (SSDI) may qualify for a different work incentive called Impairment-Related Work Expenses (IRWE).

To qualify as blind, a person must meet SSA's definition: central visual acuity of 20/200 or less in the better eye with best correction, or a visual field limitation such that the widest diameter subtends an angle no greater than 20 degrees.

SSA Blindness Definition: https://www.ssa.gov/disability/professionals/bluebook/2.00-SpecialSensesandSpeech-Adult.htm

Eligibility

- Receive Supplemental Security Income (SSI) payments due to statutory blindness.
- Be under age 65 OR be 65 or older and have received SSI payments for blindness before turning 65.
- Be earning income from work.

Services Provided

The BWE work incentive allows individuals who are blind and working to deduct the cost of certain work-related expenses from their earnings when determining SSI eligibility and payment amounts.

Examples of allowable Blind Work Expenses include:

- Assistive technology used for employment
- Transportation to and from work
- Federal, state, and local income taxes
- Social Security payroll taxes

- Attendant care services needed for work
- Meals consumed during work hours
- Professional association fees and union dues

BWE Fact Sheet: https://choosework.ssa.gov/library/fact-sheet-work-incentives-for-people-who-are-blind

Assistive Technology Covered

The following are examples of assistive technology which may be counted as Blind Work Expenses (this list contains examples and is not intended to be all inclusive):

- Guide dog expenses, including food, veterinary care, and licensing fees.
- Visual and sensory aids, such as magnifiers, screen readers, or refreshable Braille displays
- Braille translation services or materials translated into Braille
- Adaptive computer hardware or software used for work

Application Process

You can apply for SSI benefits or report Blind Work Expenses through:

1. Your local Social Security Office – Find offices in Kansas here: https://www.dcf.ks.gov/services/RS/Pages/SS_Offices.aspx
2. SSA Online Services – https://www.ssa.gov/benefits/ssi/
3. By phone: Call 1-800-772-1213 (TTY 1-800-325-0778)

You will need your Social Security number, proof of blindness or visual impairment, and documentation of work-related expenses (receipts, invoices, etc.).

Appeals Process for IRWE, PASS, and BWE

If you disagree with the Social Security decision, you can **appeal** (ask for a review). You must **send your appeal in writing within 60 days** after you get the letter of the decision.

There are **four steps** in the appeal process:

1. Reconsideration

- Your case will be reviewed by someone who was not involved in the first decision.
- They will look at all the information again and decide if the first decision should stay the same or be changed.
- You will get a letter explaining the new decision.

2. Hearing

- If you don't agree with the reconsideration decision, you can ask for a hearing.
- A judge (called an Administrative Law Judge) will lead the hearing.
- You will get a letter with the date, time, and place of the hearing.
- You can speak for yourself or have someone represent you.
- If you can't attend, you must tell Social Security in writing.
- The judge will make a decision based on the information already in your file and any new information you share.

3. Appeals Council Review

- If you disagree with the judge's decision, you can ask the **Social Security Appeals Council** to review it.
- The Appeals Council looks at all requests but may decide **not** to review your case if it agrees with the judge's decision.
- If it does review your case, it can either make a new decision or send your case back to the judge for another review.
- You will get a letter explaining what the Appeals Council decides.

4. Federal Court Action

- If you don't agree with the Appeals Council's decision—or if they decide not to review your case—you can file a lawsuit in Federal District Court.

How to Guide: Social Security Work Incentive Programs

Impairment-Related Work Expenses (IRWE)

How to Apply

Individuals receiving SSI or SSDI can apply for the Impairment-Related Work Expense (IRWE) program through their local Social Security Office. Applicants should bring proof of disability, receipts for expenses, and documentation that the items or services were necessary for work. Applications can be submitted in person or by calling 1-800-772-1213 for guidance. A directory of Kansas Social Security Offices is available at https://www.dcf.ks.gov/services/RS/Pages/SS_Offices.aspx.

Information Needed

To apply for or report IRWEs, you will need:

- Your Social Security number and proof of disability.
- Documentation of work-related expenses (receipts, invoices, etc.).
- Proof that expenses were paid by you (not reimbursed by insurance).
- A statement showing how the expense is related to your ability to work.
- Proof of employment and income for the months in which expenses occurred.

Helpful Tips

- Expenses must be directly related to your disability and necessary for work.
- Examples include assistive devices, mobility aids, home or vehicle modifications, or attendant care.
- You can deduct these expenses from earnings to remain eligible for SSI or SSDI.
- Keep all receipts, prescriptions, and verification from doctors or employers.
- IRWEs can reduce countable income, helping you maintain benefits while working.

Plan for Achieving Self-Support (PASS)

How to Apply

The PASS program allows individuals with disabilities to set aside income or resources to reach a specific employment goal while keeping SSI eligibility. Applications must be completed on Form SSA-545 (https://www.ssa.gov/forms/ssa-545.html) and submitted to

your local Social Security Office. Each PASS plan is reviewed and approved by a PASS Cadre (specialist).

Information Needed

When applying for a PASS, include:

- Your Social Security number and proof of disability.
- A written plan describing your work goal and how it will lead to self-support.
- A detailed breakdown of income and resources to be set aside.
- Specific timelines and steps for reaching your goal.
- Cost estimates for items or services needed (education, tools, transportation, assistive technology, etc.).
- Proof that funds will be kept separate from other money.

Helpful Tips

- Work with a Vocational Rehabilitation counselor, Independent Living specialist, or WIPA representative when creating your plan.
- A PASS can fund assistive technology, business startup costs, tuition, or home modifications related to employment.
- Funds must be used for new work-related expenses tied to your goal.
- Keep receipts and progress reports—your PASS will be reviewed regularly.
- Expensive items like vehicles may only be covered for down payments, not installment payments.
- Additional resources: SSA PASS Overview (ssa.gov/disabilityresearch/wi/pass.htm) and Kansas SSA Offices (dcf.ks.gov/services/RS/Pages/SS_Offices.aspx).

Blind Work Expenses (BWE)

How to Apply

Blind individuals receiving SSI can report Blind Work Expenses to their local Social Security Office or online at https://www.ssa.gov/benefits/ssi/. You can also apply or update your records by calling 1-800-772-1213 (TTY 1-800-325-0778). Provide receipts for work-related expenses and proof of blindness as defined by the SSA.

Information Needed

To report BWE, you will need:

- Proof of blindness or visual impairment meeting SSA's definition.
- Proof of current SSI benefits.

- Documentation of work-related expenses such as receipts, invoices, or mileage logs.
- Proof of employment and income.
- A description of how each expense relates to your work activities.

Helpful Tips

- BWE allows individuals who are blind and working to deduct work-related expenses from income when calculating SSI benefits.
- Allowable expenses include assistive technology, guide dog costs, transportation, meals during work, and taxes.
- Keep detailed records of expenses and payments to ensure they qualify.
- SSA's Blind Work Expenses Fact Sheet provides examples and updates: https://choosework.ssa.gov/library/fact-sheet-work-incentives-for-people-who-are-blind.

Section 14: Funding for Home Modifications

Overview

Many individuals need interior and/or exterior modifications to their homes so they can continue living independently. Common needs include ramps, bathroom modifications, and accessibility improvements like widened doorways or improved lighting. This section provides public and private funding sources, financial loan options, and tax credits that may help fund home modifications. A Home Modification Checklist is also included to guide you through the process.

I. Public Funding for Home Modifications

Community Development Block Grants (CDBG)

Community Development Block Grants are federal funds distributed to local governments for community development; especially benefiting low and moderate income residents.

Key points:

- The Community Development Block Grant (CDBG) program gives cities, counties, and tribes money from the federal government to improve their communities.
- Each community can decide how to use these funds based on its own needs and goals.
- The local government runs the program and chooses which local projects will get funding.
- CDBG funds can be used to fix or improve homes and buildings.
- In some areas, CDBG money can help pay for home modifications like ramps, wider doors, or bathroom changes to make a home more accessible.
- To find out if help is available, contact your local city or county office.
- You can also visit the Kansas Department of Commerce website to learn more about CDBG programs in Kansas: https://www.kansascommerce.gov/dataview/community-development-block-grants

USDA Rural Development – Section 504 Home Repair Program

This program helps **very low-income homeowners** fix, improve, or update their homes. It also helps **older adults** make their homes safer and remove health hazards.

- **Loans** can be used to repair or improve a home, or to make it safer.
- **Grants** must be used only to remove health or safety hazards, like fixing wiring or adding a wheelchair ramp.

Funding Options

Depending on your situation, you may qualify for one of the following:

- Grant up to $10,000: For homeowners who are 62 or older and cannot afford to repay a loan. This can pay for safety improvements, such as ramps or bathroom repairs.
    - In disaster areas, grants can go up to $15,000.
- Loan up to $40,000: For very low-income homeowners, at a 1% interest rate with up to 20 years to repay.
- Loan and Grant Combo: You may qualify for both, with a combined total of up to $50,000, or $55,000 in disaster areas.

Note: If you receive a grant and sell your home within 3 years, you must pay back the grant.

Eligibility

To qualify, you must:

- Own and live in your home full-time.
- Have a very low income, as defined for your county (see the USDA website for limits).
- Be unable to get affordable credit anywhere else.
- For grants, you must be 62 years or older.

How to Apply

To apply for a **loan or grant** for home repairs or accessibility modifications:

- Contact your **USDA Rural Development office**.
- A program specialist can help you check your eligibility and walk you through the application process.
- Visit: https://www.rd.usda.gov

Infant Toddler Services (Birth to Three)

If a family needs home modifications because they have a child with a disability under age three, they can contact their local Infant Toddler Services provider for help.

In Kansas, home modifications for young children are considered an assistive service through the Kansas Early Childhood Developmental Services (Birth-to-Three) program.

These programs are required to help families find funding for assistive technology and home changes that support the child's growth and daily activities.

Examples of developmentally helpful modifications include:

- Making it easier to get in and out of the home
- Improving bathroom access for the child and caregivers

Some local Infant Toddler programs have limited funds set aside for assistive technology, which may include home modifications.

Each family is assigned a Family Service Coordinator, who helps identify possible funding sources for needed technology or home changes. Any home modification should be included in the child's Individual Family Service Plan (IFSP).

To find your local Kansas Infant Toddler Services provider, visit:
https://www.itsofks.org

Kansas Department for Aging and Disability Services – Senior Care Act (SCA)

The Kansas Department for Aging and Disability Services (KDADS) helps Kansans who are 60 and older and have difficulty taking care of themselves or living independently. Support is provided through the Aging and Disability Resource Center (ADRC) and the 11 Area Agencies on Aging (AAA) across the state.

Key points:

- Services vary by county, depending on local programs and resources.
- Services are offered on a sliding fee scale, which means the cost depends on your income and assets.
- A case manager will meet with you to do an assessment, create a plan of care, and help find funding or support for needed services.
- For more information about services in your area, call the Area Agency on Aging (AAA) at (855) 200-2372.
- To find your local agency, visit the Kansas Association of Area Agencies on Aging & Disabilities website:
  https://k4ad.org

II. Private Funding Sources for Home Modifications

Many community groups and local churches help people who need home modifications. In addition to the resources listed in this guide, you can also check with clubs such as the

Knights of Columbus, Masons, Ministerial Alliance, Lions, Kiwanis, Sertoma, Elks, Eagles, and Rotary.

To find contact information for these groups, reach out to the local Chamber of Commerce in the person's community. They can provide a list of civic organizations, contact names, and phone numbers. The person may also wish to ask their church if assistance is available.

Tips for Applying for Help

- Each organization or foundation has its own rules and application process.
- If there is an application form, fill it out completely and accurately.
- Some organizations only help pay for specific types of assistive technology or for certain goals such as work, school, or daily living.
- When contacting these groups, explain how the assistive technology or home modification will help the person be more independent and reach their goals.
- Many groups cannot cover the full cost, but you may be able to combine funds from several sources to pay for what's needed.
- Make the application personal—help them understand who the person is, what their needs are, and how the technology will improve their life.
- If the application does not ask for enough details, include a cover letter that explains:
    - The person's situation and abilities
    - What technology or modification is needed
    - The exact cost
    - How it will help the person be more independent
- Always keep a copy of all forms, letters, and documents you send.
- When making phone calls, write down the name of the person you spoke with, the date, and what you discussed.
- Try to work with the same contact person each time, and build a positive, ongoing relationship.

Friends of Man

Friends of Man is a charitable organization that helps people pay for many different needs, including **home modifications**.

To qualify:

- Your income must be at or below 300% of the Federal Poverty Guidelines.

- You must have lived in a stable, independent living situation (such as your own home or apartment) for at least 3 months.
- You cannot be homeless or living in assisted living, long-term care, or a group home.
- You must have been free from alcohol or substance abuse for at least 1 year.

Application requirements:

- The application must be completed by you and a referring professional (for example, a case manager, counselor, or social worker).
- You must provide identification, such as one of the following:
    - Social Security Number
    - Individual Taxpayer Identification Number (ITIN)
    - Protected status or other U.S. government-issued document
    - Or, if you do not have one of these, proof of stable residence or employment for at least 1 year

To apply or learn more, visit their website:
www.friendsofman.org

Kansas Society for Children with Challenges

The Kansas Society for Children with Challenges helps families pay for assistive technology and home modifications for children under 21 years old.

The organization's mission is to make sure that no child with a disability in Kansas goes without needed equipment or services because their parents, guardians, or foster parents cannot afford the cost.

To ask about help:

- Call 316-262-4676 (Monday–Friday, 8:30 a.m. to 4:30 p.m.)
- Or email ksfccwoods@gmail.com
- Be ready to share details about the child and what assistance is needed when you call or email.

For more information, visit their website:
https://www.kssociety.org

Cerebral Palsy Research Foundation (CPRF) Equipment Fund

The CPRF Equipment Fund helps people pay for medical equipment and assistive technology, including home modifications. They also provide referrals and information to help you find additional support.

To qualify:

- You must be a Kansas resident.
- Your family income must be within these limits:
    - 1 person: $50,000 or less
    - 2 people: $55,000 or less
    - 3 people: $60,000 or less (income limits increase slightly for larger families).
- You can apply once per year.

Important details:

- Funding may be limited during certain times of the year. The best time to apply is July or August.
- Always call first to make sure funds are available in your county.
- Applications are usually reviewed within one week.

To apply or learn more:

- Visit: https://www.cprf.org/equipment-fund/
- Call: (316) 688-1888

Kansas Technology Assisted (TA) Waiver

The Technology Assisted (TA) Waiver is part of the Home and Community-Based Services (HCBS) program. It helps children and young adults (ages 0–21) who have serious medical needs and depend on medical technology to live; such as a ventilator, trach, or feeding tube.

What the program provides:

- Support services that help the child live at home instead of in a hospital or facility.
- Home modifications to make the home safer and easier to live in.

How it works:

- The child's needs are assessed, and a plan of care is created to identify what services and supports are needed.
- Eligibility is based on the child's income, not the parents' income.

How to apply:

Call Family Waiver Care at (785) 296-9551 for more information or to start the application process.

III. Financial Loans for Home Modifications

K-Loan Program

K-LOAN is a loan program that helps people pay for home modifications and assistive technology. It is designed to make borrowing money easier and more affordable for people with disabilities.

Program details:

- You can borrow money to buy equipment or make home changes that improve accessibility.
- People with limited or poor credit history can still apply.
- Loans have a low interest rate and flexible repayment options.
- Loan amounts range from $500 to $50,000, depending on your needs, credit history, and ability to repay.

To apply or learn more:

- Visit: https://k-loan.net
- Call: (620) 421-6554 or (866) 465-2826

IV. Tax Credits for Home Modifications

Kansas Disabled Access Tax Credit (Form K-37)

The Disabled Access Tax Credit helps Kansas homeowners who spend money to make their homes more accessible for people with disabilities.

How it works:

- You can get a tax credit if you paid for home modifications that make your home easier to use for a person with a disability.
- The home must be your personal residence in Kansas.
- The credit is based on your income and covers part of the cost of the modifications.
- The maximum credit is $9,000, or less if your tax bill is smaller.
- The credit cannot be more than the total amount of taxes you owe.

To claim this credit:
Use Form K-37, available here: https://www.ksrevenue.gov/pdf/k-3720.pdf

Local Home Modification Services

Organizations such as The Whole Person provide direct home modification services in certain Kansas counties.
More resources: https://homemods.org/directory-state-profile/ks/

Checklist for Helping Someone Who Needs Home Modifications

First Contact (Usually by Phone)

☐ Find out about the person, their disability, and the type of home modification needed (fill out an intake form).

☐ If several modifications are needed, ask which one or two are most important.

☐ Find out if they rent or own the home.

☐ Ask how long they have lived there and if they plan to stay.

☐ Ask if they have a case manager and get contact information.

☐ Provide information about possible funding sources, application steps, and needed documents.

☐ Tell them you will be sending some paperwork.

☐ Schedule a time to visit their home.

Mail to Them

☐ Send the completed intake form for review and signature.

☐ If they have a case manager, send a release of information form.

☐ Include a self-addressed stamped envelope for return mail.

When You Receive the Signed Intake and Release

☐ Confirm your appointment with the person.

☐ Contact their case manager and provide a copy of the release of information.

☐ Invite the case manager to the appointment.

☐ Note: HCBS funding requests must be submitted by the case manager with an updated plan of care.

Meet with the Customer at the Home

☐ Bring assessment checklists and measuring tape.

☐ Bring application forms for potential funding sources.

☐ Take photos of the area to be modified.

☐ Take measurements (doorways, bathroom, entrance height, etc.).

☐ Help fill out applications, leaving cost sections blank.

☐ Collect necessary documents (driver's license, bank statements, landlord signature, etc.).

☐ Ask if the customer would like to include a personal letter or photo for funders.

☐ Find out if the customer has a preferred contractor; if not, help identify some.

☐ Get a list of local licensed contractors if needed.

Back at the Office

☐ Create a project sheet for contractors to provide quotes.

☐ Include photos, measurements, and contact information.

Meet with the Customer Again

☐ Review the project sheet for accuracy and approval.

☐ Get customer signatures on copies for contractor bids.

☐ Review potential contractors and have customer select which to contact.

☐ Pick up completed applications, documents, and support letters.

Regarding Contractors

☐ Family or friends can serve as contractors if qualified.

☐ Ensure proper documentation: licenses, insurance, or proof of experience.

☐ Confirm homeowner's insurance.

Contact Contractors

☐ Provide each contractor with the approved project sheet.

☐ Explain that the bid should include all work with no cost overruns.

☐ Clarify that additional customer requests not in the project sheet will not be covered.

Wait for Bids

☐ Follow up with contractors if needed.

☐ Offer multiple ways to send bids (email, fax, mail).

☐ Explain the payment process after project completion.

When All Bids Have Been Received

☐ Contact the customer with total costs and lowest bid.

☐ Finish filling out funding application forms.

☐ Confirm all supporting documents are ready.

Mail/Fax Funding Application Forms

☐ Include a cover letter, project sheet, contractor bids, and customer photo/letter.

Wait for Responses from Funding Sources

☐ Follow up as needed with funders by phone or email.

☐ Respond to requests for more information.

☐ Request deadline extensions if needed.

When Responses Are Received

☐ Meet with the customer to compare funding results with total project cost.

☐ If fully funded, notify the contractor and schedule work.

☐ If additional funds are needed, help identify other sources or apply for a K-Loan.

☐ If funding falls through, explain that the project must be canceled.

When the Work Is Completed

☐ Meet with the customer and contractor to review the finished work.

☐ Take photos and get customer signatures for completion.

☐ Submit photos, final bill, and thank-you letter to funders.

☐ Send completion copies to contractor and funders.

Advocate for the Contractor

☐ Follow up if payments are delayed.

☐ Keep a list of reliable contractors for future projects.

Ability Found

Region: US
Age Group: All
Health Conditions: Ability Found provides equipment based upon the diagnoses and disabilities of the people they serve as opposed to financial qualifications.
Contact Information: Visit https://abilityfound.org/pages/contact-us or email – info@abilityfound.org
Address: 2324 S Constitution Blvd., West Valley City, UT 84119
Phone: 801-505-0529
Website: https://www.abilityfound.org

Eligibility

Ability Found provides equipment based upon the diagnosis and disabilities of the people served as opposed to financial qualifications.

Assistive Technology Supported

Mobility and daily living equipment may include manual and power wheelchairs, walking aids and gait trainers, hospital beds and specialty mattresses, bathroom and toileting equipment, patient lifts and transfer devices, pediatric mobility and seating systems, augmentative communication devices, hygiene aids, oxygen equipment, ramps, and wheelchair or home access lifts.

Process

- **Donation:** They receive mobility equipment through monetary or in-kind donations.
- **Customization:** Equipment is adapted to fit individual needs.
- **Accessibility:** Equipment is provided at a low-cost fee to ensure access for those who need it.
- **Please begin by having a discussion with your physical or occupational therapist:** They will be able to determine your specific mobility needs to determine what equipment might best meet your situation. Your provider can submit a request to Ability Found on your behalf.
- **If you do not have a physical or occupational therapist:** Ability Found can assist you in determining which type of mobility equipment might work best for you and whether it can be provided.

Additional Notes

There may be low cost-fee.

Ambux/Amtryke

Region: US
Age Group: Children, Adults, and Veterans
Health Conditions: People with disabilities
Contact Information: Contact National AMBUCS,Inc./Amtryke LLC to find your local chapter or visit website: https://ambucs.org/chapter-directory/
Address: 4285 Regency Dr., Greensboro, NC 27410
Phone: 800-838-1845
Website: https://www.ambucs.org/amtryke-program/

Eligibility

- Must be unable to ride a conventional bicycle.
- Must have a safe place to store tryke, protected from water and theft.
- Must properly maintain trykes

Assistive Technology Supported

Specialized trykes.

Process

- Go to website and print Amtryke Request form.
- Must be working with therapist or physician and have them complete the Evaluation Packet part of request form.
- Make sure to find out who your local chapter is to submit request form to them directly. There can be up to a 2-year wait, especially if you skip local chapter and go thru National Chapter.

ArCare

Region: US
Age Group: All
Health Conditions: Have a disability determination from Social Security or the State Medicaid Agency, or a disability defined as intellectual, mental or physical impairment that is verified by medical findings.
Contact Information: info@arcare.org or Anna McNamara – annam@arcare.org
Address: PO Box 12890, Overland Park, KS 66282
Phone: 913-648-0233
Website: https://www.arcare.org

Eligibility

- Meet income guidelines given on first page of application.
- Have no available funding source, such as, but not limited to Medicare, Medicaid or private insurance.
- Have not received a grant from ArCare, Inc. within last calendar year.
- Not have exceeded the maximum grant monies available for an individual, or $2,500 per year.

Assistive Technology Supported

- Durable medical goods and equipment.
- Numerous non-AT related services. See website for further details.

Process

Complete the online form to apply for grant funding.

Additional Notes

- Funding decisions are usually made within 15 business days. An email and paper letter will be mailed out with decision.
- Be prepared to have proof of income, proof of any benefits received and a quote/bid for the AT being requested. You will be required to upload it to website when filling out application.
- Have at least half of the cost of the AT being requested already funded if it's over $2,500.00. They will want to know how you are funding the remaining balance before they fund any amount.

Association of Blind Citizens

Region: US
Age Group: All
Health Conditions: Must be legally blind
Contact Information: Email - president@blindcitizens.org
Address: PO Box 246, Holbrook, MA 02343
Phone: 781-961-1023
Website: https://www.blindcitizens.org/assistive-technology-fund/

Eligibility

- Applications must be submitted by June 30th and December 31st for each grant period (2 per year).
- Products must retail for a minimum of $200 with a maximum retail price of $6,000.
- Family income must be less than $50,000 and cash assets of less than $20,000.

Assistive Technology Supported

Adaptive devices or software that will have a significant impact on improving employment opportunities, increase the level of independence, and enhance their overall quality of life.

Process

- Go to website and fill out request form to request funds.
- Applicants will be notified if their request for a grant is approved.
- You will be notified by ABC within 45 days after the application deadline.
- The grantee will have 30 days after notification to purchase the product or the ABC reserves the right to withdraw the award and assign it to another applicant.
- All decisions are final.

Additional Notes

- Provides up to 50% of the retail price.
- If applicants are selected to receive technology grant, applicants will be asked to provide documents such as tax returns, bank statements, and any other documents that the ABC Board or its designee would deem necessary to assess financial need for grant.
- Applicants may submit one request per calendar year

Autism Care Today (ACT)

Region: US
Age Group: All
Health Conditions: Autism Spectrum
Contact Information: Email – autismcaretoday@gmail.com
Address: 5959 Topanga Canyon Blvd, Ste 185, Woodland Hills, CA 91367
Website: https://www.act-today.org/apply-for-grant

Eligibility

Families with an annual income below $100,000 will receive priority consideration; however, those with higher incomes may still qualify based on individual circumstances.

Assistive Technology Supported

Helmets, GPS trackers, sensory equipment, protective fencing for children prone to wandering or self-harm, tools and apps that build language skills.

Process

- Go to website and view FAQs, download/print Grant Application Checklist and obtain required documentation to submit application prior to completing application.
- Grant allocation procedures are listed on the FAQs.
- Click on 'APPLY FOR A GRANT' and follow directions.

Additional Notes

- Grants awarded range between $100 - $5,000.
- Applications are accepted quarterly. The dates will be listed on the website.

Autism Spectrum Disorder Foundation – My ASDF

Region: US
Age Group: 3-18
Health Conditions: Autism
Contact Information: info@myasdf.org
Address: 228 W. Lincoln Hwy 301, Schererville, IN 46375
Phone: 866-791-3383
Website: https://www.myasdf.org

Eligibility

- Must have registered Autism diagnosis.
- Must have a financial need for assistance.

Assistive Technology Supported

iPads

Process

On-line application only. Will not accept phone calls, emails or faxes.

Additional Notes

Filling out the app does not guarantee child an iPad. They only give out 50 per month throughout the US.

Bryon Riesch Paralysis Foundation

Region: US
Age Group: All
Health Conditions: Spinal cord injury or spinal cord related disorder
Contact Information: Email – info@brpf.org
Address: N14 W23900 Stone Ridge Dr., Waukesha, WI 53188
Phone: 262-547-2083
Website: https://www/brpf.org/charitable-grants

Eligibility

- Applicants must suffer from a spinal cord injury or spinal cord related disorder.
- Must demonstrate financial need and provide documentation.

Assistive Technology Supported

Upgrade and maintenance of wheelchairs, vehicle modifications, small home modifications and other adaptive equipment.

Process

- Go to website and click 'CHARITABLE GRANT APPLICATION'.
- Thoroughly read the Charitable Funding information and fill out application, emailing it, along with any other requested documentation.

Additional Notes

- Grants awarded up to $1,600.00.
- Grants are reviewed quarterly in January, March, June and September.
- If requesting partial mount towards larger items, you must have secured remaining balance.

Cerebral Palsy Research Foundation - CPRF

Region: Kansas
Age Group: All
Health Conditions: All disabilities
Contact Information: Email – Krista Ward – kward@cprf.org
Address: 511 E 21st St N, Wichita, KS 67208
Phone: 316-688-5687
Website: https://www.cprf.org/equipment-fund

Eligibility

- Must be a Kansas resident.
- Must not have received funding in the last year.
- Must meet income criteria – determined on a case-by-case basis.

Assistive Technology Supported

All Assistive Technology and Durable Medical Equipment.

Process

- Go to website and click 'Apply for Financial Assistance' email Krista Ward for a paper copy to be mailed in.
- Must have estimate or quote on device/equipment being requested.

Additional Notes

- Funding amounts awarded are based on type of device/equipment being requested.
- Must have other funding to cover the remaining balance, as they will only fund half of cost up to their maximum of $2,000.00.

Challenged Athletes Foundation

Region: US
Age Group: All
Health Conditions: Permanent physical disabilities
Contact Information: Email – caf@challengedathletes.org
Address: 9591 Waples St., San Diego, CA 92121
Phone: 858-866-0959
Website: https://www.challengedathletesfoundation.my.site.com/Grants/s/

Eligibility

Individuals with permanent physical disabilities that affect mobility, motor control, or balance.

Assistive Technology Supported

Adaptive sports equipment needed to compete, train and thrive in your chosen sport.

Process

- Go to website and fully read thru Adaptive Sports Equipment Grant Details.
- Click 'Apply For A Grant'.
- Site will direct you to Log In to CAF Portal. At that time, you will need to follow directions to Create Account. Be sure to keep your login info in a safe place so that you can login in again.

Additional Notes

- Maximum award is $3,500.00.
- Requests for general mobility or non-sport equipment are not eligible.

Chive Charities

Region: US
Age Group: All
Health Conditions: Rare medical conditions
Address: 98 San Jacinto Blvd., Ste 160, Austin, TX 78701
Phone: 737-377-3744
Website: https://www.recipients.chivecharities.org/register

Eligibility

- Applicants must fall in 1 of 4 categories: military families, rare medical causes, Veterans, and first responders.
- Must provide proof of financial need, including income statements and quotes for requested items.

Assistive Technology Supported

Therapy equipment like adaptive tricycles and robotic walkers, service dogs, wheelchair-accessible vans and a wide variety range of mobility items.

Process

- Go to website and review the FAQ to determine eligibility.
- Apply online. You will be prompted to create an account under 'I AM A NEW APPLICANT'.

Additional Notes

You will not be able to create an account if they are not accepting new applications. Keep checking back to see when it will re-open.

Friends of Man

Region: US
Age Group: All
Health Conditions: Varies
Contact Information: Email – volunteers@friendsofman.org
Address: PO Box 937, Littleton, CO 80160-0937
Phone: 303-798-2345
Website: https://www.friendsofman.org

Eligibility

- A referring professional must request and submit application.
- Total household income must be 300% or less of Federal Poverty guidelines.
- Must have been in a stable, independent living environment for at least 3 mos.
- Cannot be homeless, in an assisted living, long-term or group home.
- Alcohol/substance-abuse free for at least 1 year.

Assistive Technology Supported

Adaptive equipment, AT medically prescribed, Bioness and walk-aid devices, hearing aids, home mods (no walk-in tubs), lift chairs, medical equipment, mobility equipment, ortho braces and shoes, prostheses, stair lifts, vehicle adaptations, wheelchair ramps.

Process

- Referring professional must go to website and fill out 'Request for Application Request'.
- FOM will email application that must be filled out with referring professional.

Additional Notes

- Will not cover home mods on rentals.
- Must have home owner's insurance that will cover replacement cost on home mods and certain AT devices.

Habitat for Humanity of Ellis County

Region: Ellis Co.
Age Group: Adult
Health Conditions: Varies
Contact Information: Referenced as – Neighborhood Revitalization/Home Repair
Address: 2707 Broadway, Hays, KS 67601-1909
Phone: 785-623-4200
Website: https://www.hfhec.org/repair-your-home.html

Eligibility

- Must be a homeowner who resides within Ellis County.
- Must agree to partner with Habitat to perform various sweat equity duties.
- Repairs must be within the scope of work accepted by Habitat for Humanity of Ellis County (HFHEC).
- If you qualify, HFHEC will contact you to set up an interview and home inspection.
- Work will be completed by HFHEC volunteers and contractors.

Assistive Technology Supported

- Ramp access to primary entrance
- Hand rail to primary entrance
- Grab bars in bathroom
- See website for other repairs

Process

Print and fill out an application from website, attach income qualifying documents and proof to see if you meet income qualifications and exhibit ability to repay.

Habitat for Humanity - Lawrence

Region: Douglas and Jefferson Co.
Age Group: Depends on grant requesting
Health Conditions: Varies
Address: 2108 W 27th St. Ste. C, Lawrence, KS 66047
Phone: 785-832-0777
Website: https://www.lawrencehabitat.org/home-preservation

Eligibility

- Have an income less than 80% of the median family income.
- Own and reside in the home.
- Depends on grant you are choosing. May require repayment, be able to complete some of the work, age, etc. See website for qualifications.

Assistive Technology Supported

- Ramps
- Hand rails
- See website for all repairs

Process

- Go to website and decide which grant will fit you best – Aging in Place, Critical Repair or Mobile Home Repair and select 'Apply Here'.

Habitat for Humanity - Topeka

Region: Shawnee Co
Age Group: 60 or older
Health Conditions: Varies
Contact Information: juan@topekahabitat.org
Address: 121 NE Gordon St., Topeka, KS 66608
Phone: 785-234-4322
Website: https://www.topekahabitat.org/repair-a-home

Eligibility

- Must own and reside in the home.
- Be at or below 60% of the average median household income.

Assistive Technology Supported

- Grab bars
- Hand rails
- Ramps
- See application for further repairs

Process

- Go to website and click 'Apply" under Aging in Place.
- Fill out application and email or mail in.

Hearing Aid Project

Region: US
Age Group: All
Health Conditions: Hearing loss
Contact Information: Hearing Aid Project c/o Sertoma International
Address: 720 Main St, FL 1, Kansas City, MO 64105
Phone: 816-895-2410
Website: https://www.hearingaiddonations.org/get-an-aid/

Eligibility

- Must have hearing loss diagnosed and documented by a licensed audiologist.
- Low-income – no health insurance.
- Low-income – insured but policy provides $0 coverage for hearing aids.
- A resident of the US.

Assistive Technology Supported

Hearing aids

Process

Go to website and click 'complete our online contact'.

Additional Notes

Due to overwhelming number of applications, they are currently accepting applications from individuals located within a reasonable distance of one of their existing audiology partners.

The Heather Abbott Foundation

Region: US
Age Group: All
Health Conditions: Lost limbs due to traumatic circumstances
Address: 181 Bellevue Ave, Newport, RI 02840
Phone: 401-396-9619
Website: https://www.heatherabbottfoundaiton.org/pre-screening-application

Eligibility

Amputee who has lost limbs due to traumatic circumstance and need prosthetic device to help return to the life they love or try something new.

Assistive Technology Supported

Specialized prosthetic devices.

Process

Apply online.

The HIKE Fund, Inc.

Region: US
Age Group: 0-20
Health Conditions: Hearing Impaired
Contact Information: Ellen Garrabrant, Email – e.garrabrant@icloud.com
Address: 1511 River View Rd., Maidens, VA 23102-2725
Phone: 804-339-5353
Website: https://www.thehikefund.org

Eligibility

- Must have a recent audiogram and quote from a licensed and/or certified audiologist and/or physician.
- Gross income cannot exceed $125,000.
- Device cannot have already been purchased.
- Please see application for full list of eligibility criteria.

Assistive Technology Supported

Hearing aids and/or assistive listening devices.

Process

- Go to website and click 'application'.
- You will be directed to the 7 page application that you will need to print out. It gives very detailed instructions on how to complete the application. Please read it carefully and follow all instructions to be considered for a grant.

Home Improvement Program

Region: Wichita
Age Group: All
Health Conditions: All
Contact Information: Housing & Community Services
Address: 455 N Main St., #10, Wichita, KS 67202
Phone: 316-462-3700
Website: https://www.wichita.gov/420/Home-Repair

Eligibility

- Must live in City of Wichita city limits.
- Must be current on property tax.
- Must be current on mortgage.
- Must have homeowner's insurance.
- Must be at or below 80% of area median income.

Assistive Technology Supported

Basic, comprehensive and home improvement repairs.

Process

- Go to website and click 'Home Repair Application'.
- You will fill out screening information first and then be directed from there.

HopeBUILDERS Home Repair, Inc.

Region: Johnson or Wyandotte Co.
Age Group: All if there's a physical disability, otherwise, 62+
Health Conditions: Physical disability
Address: 11184 Antioch Rd. #324, Overland Park, KS 66210
Phone: 888-467-3001
Website: https://www.hopebuilders-kc.org/request-assistance

Eligibility

- Family must own and live in the home and have lived in home for at least 3 years.
- House must be located in Johnson or Wyandotte Co.
- Household must have limited financial resources for no-cost services.
- Financial documentation is required for all occupants over 18.
- Homeowners are 62 years and older, or have household member/s that have a physical disability.

Assistive Technology Supported

- Wheelchair ramp.
- Walker steps.
- Handrails at steps – interior and/or exterior.
- Repair of steps – interior and/or exterior.
- Grab bars.
- Taller toilet.
- Handheld shower heads.
- Door widening.
- Stair lifts.

Process

Go to website to see if they are taking intakes.

Jordan Thomas Foundation

Region: US
Age Group: up to 18 yrs old
Health Conditions: Limb loss
Contact Information: info@jordanthomasfoundation.org
Address: 9005 Overlook Blvd., Brentwood, TN 37027
Phone: 615-455-5505
Website: https://www.jordanthomasfoundation.org

Eligibility

- Must be 18 or under.
- Applications made on a rolling basis and decisions are made on a number of factors, including the organization's ability to provide support until the child turns 18.

Assistive Technology Supported

Specialized prosthetic devices.

Process

- Go to website.
- Click on About and Select FAQS.
- Select arrow for 'How do I apply to be a JTF kid?'.
- Select the proper way , depending on if you are the prosthetist, doctor, therapist, etc.
- Your email will pop up and you will send email requesting application.
- A link will be sent and you will follow directions from there.

Kansas Lions Club – Eyeglass Procurement

Region: KS
Age Group: All
Health Conditions: Visual impairment
Contact Information: Search website to get your local contact info
Website: https://www.kansaslions.club

Eligibility

Must meet financial qualifications and have a current prescription for glasses.

Assistive Technology Supported

Basic eyeglass frame fitted with prescription lenses or replacement lenses for an existing pair of eyeglass frames as prescribed by an eye doctor.

Process

Go to website and use search feature or the state map to find your local club and contact them for information to request services available to your specific location.

Kansas Society for Children with Challenges

Region: KS
Age Group: Up to 21
Health Conditions: Varies
Contact Information: Katheryn Weiniger
Address: 100 N Main St. Ste. 1002, Wichita, KS 67202
Phone: 316-262-4676
Website: https://www.kssociety.org

Eligibility

- The needs of disabled Kansas children under the age of 21 will be considered if a parent or guardian is unable to meet the costs involved for medical services or equipment or if no other source of financial assistance is available.
- Any health care insurance benefits available will be taken into consideration before the Society extends financial support.

Assistive Technology Supported

Assistive technology and durable medical equipment, including things like home/vehicle modifications, communication devices, safety equipment, wheelchairs, car seat, etc.

Process

The Society evaluates all applications on a case-by-case basis. Parents or guardians can make an initial contact by calling Katheryn at the above number or emailing ksfccwoods@gmail.com to discuss child's needs and proceed on with the next steps.

K-Loan

Region: KS
Age Group: 18 and above
Health Conditions: All disabilities
Contact Information: Jeanette Graue – email – jeanetteg@skilonline.com
Address: 1712 Main, PO Box D, Parsons, KS 67357
Phone: 866-465-2826
Website: https://www.k-loan.net

Eligibility

- Applicant must be 18 or over.
- Must be Kansas resident.
- Must be able to provide all required documentation.
- Loan amount must be minimum of $100.

Assistive Technology Supported

Most AT supported, including vehicle modifications.

Process

- You can print application off from website, call and request one or email to request one.
- Once application is completed, it goes to committee for approval or denial.

Additional Notes

Low-interest loan program designed to help disabled folks purchase AT.

Lawrence Accessible Housing Program (AHP)

Region: Lawrence
Age Group: All
Health Conditions: Physical limitations
Contact Information: Daniel Brown – email - dbrown@independenceinc.org
Address: Independence Inc., 2001 Haskell Ave., Lawrence, KS 66046
Phone: 785-841-0333
Website: https://www.independenceinc.org/accessible-housing-program/

Eligibility

- Must reside in Lawrence city limits and agree to remain in home for at least one year following the home mods.
- Must have a current disability-related need for requested mod.
- Total household gross income (including adults living in the home over the age of 18) must not exceed 80% of the median income for the area.
- Financial assistance is based on the availability of funds at the time of the request.

Assistive Technology Supported

- Entrance ramp or stair lift.
- Widening of doorways.
- Flashing light signal for doorbell and smoke detector.
- Accessible height toilet and/or accessible sink with knee clearance.
- Walk-in or roll-in shower with grab bars.
- A hand held shower unit.

Process

Application can be downloaded from website, picked up in office or can be mailed to you upon request.

Additional Notes

This program is funded through the City's Affordable Housing Trust Fund and managed by Independence, Inc. There is a competitive process to obtain funding, so funding is not guaranteed beyond the current year. It's recommended to check back periodically to see if funds are available.

Leavenworth CDBG Home Accessibility Program

Region: Leavenworth
Age Group: All
Health Conditions: Physical limitations
Contact Information: Bradley Brandon – email – Bradley.Brandon@firstcity.org
Address: 100 N 5th St., Leavenworth, KS 66048
Phone: 913-680-2628

Website: https://www.leavenworthks.gov/cd/page/cdbg-accessibility-application-home-owners-or-renters

Eligibility

- Home must be within corporate bounds of the City of Leavenworth.
- Applicant must meet the current HUD Income Limits guidelines for low/moderate income.
- Applicant must be current homeowner and occupant for a minimum of one year OR a renter with a current lease.
- See more on the application minimum qualifications.
- Assistive Technology Supported
- Grab bars
- Wheelchair ramp
- Staircase rails
- Other – must indicate in detail what accessibility needs you are seeking

Process

- Go to website and print out all nine pages of application process.
- Read thoroughly and follow all directions.

Magic Mobility Vans by Special Kids Fund

Region: US
Age Group: All
Health Conditions: Physical disability that requires adapted vehicle
Contact Information: Contact thru website
Website: https://www.magicmobilityvans.org

Eligibility

- Must be able to demonstrate inability to afford adapted vehicle.
- Required to carry insurance, register vehicle, and pick it up from donor.
- Assistive Technology Supported
- Adapted vans

Process

On-line application only.

Additional Notes

- There are no guarantees as to availability, timeframe, or location of vans.

Miracle Ear Foundation – Gift of Sound Program

Region: US
Age Group: All
Health Conditions: Hearing loss
Contact Information: miracleearfoundation@amplifon.com
Address: 150 S 5th St., Ste. 2300, Minneapolis, MN 55402
Phone: 800-234-5422
Website: https://www.miracle-earfoundation.org/gift-of-sound

Eligibility

- Must have a hearing loss that requires hearing aids.
- Must be denied financing options available at the Miracle-Ear store.
- Household income must be at or below 200% of the federal poverty guidelines.
- For Adult applications, a $200 application fee is required in the form of a cashier's check or money order made payable to Miracle-Ear.
- See website for further eligibility criteria.
- Assistive Technology Supported
- Hearing aids and lifetime aftercare.

Process

Contact your local Miracle-Ear store to confirm participation in the Gift of Sound program and to receive a free hearing evaluation.

Complete app online or print and bring to Miracle-Ear store. $200 fee for Adult apps must be paid before app can be submitted.

Move for Jenn

Region: World-wide
Age Group: All
Health Conditions: Sarcoma or other affiliated diseases
Contact Information: info@moveforjenn.org
Address: 9935-D Rea Rd. #208, Charlotte, NC 28277
Website: https://www.moveforjenn.org

Eligibility

- Must be an amputee due to sarcoma or affiliated disease.
- Assistive Technology Supported
- Prosthetics

Process

Go to website and complete online grant application.

Multiple Sclerosis Foundation – MS Focus

Region: US
Age Group: All
Health Conditions: Multiple Sclerosis
Contact Information: support@msfocus.org
Address: 6520 N Andrews Ave., Fort Lauderdale, FL 33309-2132
Phone: 888-MSFOCUS (673-6287)
Website: https://www.msfocus.org

Eligibility

- Must have written confirmation of MS diagnosis by a physician.
- Income eligibility is considered when reviewing a grant request.

Assistive Technology Supported

- Aids for daily living
- Communication devices
- Computer aids
- Environmental control systems
- Home and Vehicle Mods
- Orthotics
- Seating, positioning, and mobility devices
- Aids for vision and hearing
- Cooling aids

Process

Apply online under 'Assistive Technology Program'.

Additional Notes

Other grants offered. See website under Grants & Programs to see which best fits your needs.

National Organization for Vehicle Accessibility (NOVA) – Ralph Braun Grant Program

Region: US and Canada
Age Group: All
Health Conditions: Any disability that requires accessible vehicle
Contact Information: Executive Director – Rosemarie Calvert – email – rcalvert@nova-na.org
Address: 364 Patterson Dr. #322, Morgantown, WV 26505
Phone: 304-606-2984
Website: https://www.novafunding.org/grant-program/

Eligibility

- Must need essential mobility transportation equipment.
- Equipment must be purchased from NMEDA certified dealer.
- Check website to read through all application rules and the FAQS section.

Assistive Technology Supported

Essential mobility transportation equipment, including lifts, van conversions, driving aids, etc.

Process

- Contact a mobility dealer certified by the National Mobility Equipment Dealers Association (NMEDA) to assess vehicle mod and get a quote.
- Once you have secured 75% of the funds, go to website and apply for grant.
- Follow instructions thoroughly or application will be denied.

Additional Notes

You may submit applications anytime, however they are reviewed in a quarterly cycle – January-March, April-June, July-September, October-December. Can fund up to 25% of the cost of mods with maximum being $5,000.

Olathe – Accessibility Modification Program

Region: Olathe
Age Group: All
Health Conditions: Physical limitations
Contact Information: Olathe Housing Services
Address: 17200 W 119th St., Bldg. 2, Olathe, KS 66061
Phone: 888-MSFOCUS (673-6287)
Website: https://www.olatheks.gov/government/housing-rehabilitation

Eligibility

- Must meet income guidelines.
- Insurance is required on property.
- Real estate taxes must be paid up-to-date.
- Proof of ownership must be provided.
- Must be current on mortgage payments.
- Owner must be living in the home.
- See website for full list of eligibility criteria.

Assistive Technology Supported

- Widening of doors, if structurally feasible.
- Connecting exterior door or housing unit to grade level.
- Access ramps.
- Bath mods.
- Accessible kitchen cabinets.
- Handrails, guardrails, grab bars.
- Other improvements may be deemed appropriate on a case-by-case basis.

Process

Return completed application to the office of Community Enhancement, by dropping off at or mailing to Housing Rehab Program, c/o Community Enhancement, 17200 W 116th St., Bldg. 2, Olathe, KS 66061.

Additional Notes

Maximum of $7,500 may be received. Anything above that amount must be submitted in writing and approved by the Community Enhancement Supervisor.

Oracle Health Foundation

Region: US
Age Group: Up to 21 (a person 22-25 may be considered if they are receiving pediatric treatment)
Health Conditions: Varies
Contact Information: casegrants_ww@oracle.com
Address: 8779 Hillcrest Rd., Dock 2048, Kansas City, MO 64138
Phone: 816-573-6050
Website: https://www.oraclehealthfoundation.org/

Eligibility

- Must be under the care of a physician.
- Request must be clinically relevant to a specific healthcare need of child.
- There must be no existing insurance coverage for the requested expenses.
- One request per 12 months, per child for a maximum of three requests in a child's lifetime.
- Pediatric grants do not exceed $17,000 for clinical and equipment requests and are on average $2,500.
- See website for income guidelines.

Assistive Technology Supported

- Wheelchairs, assistive technology equipment, prostheses, care devices, hearing aids, etc.
- See website for further info.

Process

- Go to website and apply. You will be directed to Applicant Portal.
- Create an account and follow directions.

Additional Notes

- All completed material are due by the 15th of the month to be considered for review the following month.
- All completed material are due by the 15th of the month to be considered for review the following month.

RCIL – Build-A-Ramp-Program (BARP)

Region: Butler, Lyon and Osage Co.
Age Group: All
Health Conditions: Physical limitations
Contact Information: info@rcilinc.org
Address: 1137 Laing St., PO Box 257, Osage City, KS 66523
Phone: 785-528-3105 or 800-580-7245 (Toll free)
Website: https://www.rcilinc.org

Eligibility

- RCIL utilizes donated materials and volunteer workers when available, and repairs existing ramps or constructs new ramps.
- Call for more information.

Assistive Technology Supported

ADA accessible ramps

Process

Contact RCIL to request an application packet and to get further instructions on process.

Sedgwick County Department on Aging Critical Assistance Program

Region: Sedgwick Co
Age Group: 60 and over
Health Conditions: Any
Address: 271 W 3rd St. N. Ste. 500, Wichita, KS 67202
Phone: 316-660-5120

Eligibility

- Must not have used services in last 12 mos.
- Must meet at least one of the following:
  - At risk for APS referral.
  - At risk for falls, injury, health risks.
  - No other resources available.
  - Must be staff or a partner agency referral.

Assistive Technology Supported

Depends on situation

Process

Contact South Central Assistive Technology or other AAA partner agency to fill out paperwork to see if you qualify.

Additional Notes

This program is designed to meet needs not provided by any other agency or program and limited funds.

Small Steps in Speech

Region: US
Age Group: 3-22
Health Conditions: Speech disorders
Contact Information: apply@smallstepsinspeech.org
Address: PO Box 65, Eagleville, PA 19408
Phone: 888-SPEAK (888-577-3256)
Fax: 856-632-7741
Website: https://www.smallstepsinspeech.org

Eligibility

- Application must request a specific need in regards to a communication delay/disorder within the speech and language realm.
- Speech and Language Evaluation must be completed by a certified SLP within 2 years of date of application.
- Family joint household income cannot be over $125,000.
- See application for full list.

Assistive Technology Supported

- Speech communication software
- AAC device
- No iPads

Process

- Download and complete online application and submit by mail, email or fax.
- Review FAQs on website.

Additional Notes

- Grants are awarded quarterly.
- Notification letters are sent out within 60 days after application deadline.

Steps of Faith Foundation

Region: US
Age Group: All
Health Conditions: Amputee
Contact Information: info@stepsoffaithfoundation.org
Address: 10740 Nall Ave., Ste. 215, Overland Park, KS 66211
Phone: 615-426-6034
Website: https://www.stepsoffaithfoundation.org

Eligibility

- Must be uninsured or underinsured with no other way to pay for prosthetic.
- Assistive Technology Supported
- Prosthetics

Process

- Download and print Client Eligibility Application and fill it out in its entirety.
- Mail, email or fax back.

Steve Chamberlain's 50 Legs

Region: US
Age Group: All
Health Conditions: Amputee
Contact Information: Can email from website
Address: 100 S Belcher, PO Box 8245, Clearwater, FL 33758
Website: https://www.50legs.org

Eligibility

Must be an amputee.

Assistive Technology Supported

Prosthetics

Process

- Apply online.
- Additional Notes

Additional Notes

See website for further information. If not currently accepting applications, call or continue to check back online.

Sunshine Foundation

Region: US
Age Group: 3-18
Health Conditions: Severe or profound physical/developmental/intellectual challenges or trauma from physical/sexual abuse
Contact Information: info@sunshinefoundation.org
Address: 101 Lakeside Park, Southampton, PA 18966
Phone: 215-660-7314
Website: https://www.sunshinefoundation.org

Eligibility

- Children must be diagnosed with Severe or Profound physical, developmental, or intellectual challenges or trauma from physical/sexual abuse.
- Family household income may not exceed $75,000/year.
- Must not have had a previous dream/wish granted through Sunshine Foundation or any other wish granting organization.
- Must be a US citizen and reside in the US.

Assistive Technology Supported

Any assistive technology customized for the child's desires, with maximum amount being $2,000.

Process

- Go online and complete the 'Refer A Child Form'.
- If child meets criteria, you will receive a link to the application within a few weeks.

Additional Notes

Sunshine Foundation has a waiting list that may be several years, depending on location and funding sources.

Travelers Protective Association Hearing Trust

Region: US
Age Group: All
Health Conditions: Deaf/Hearing loss
Contact Information: support@tpahq.org
Address: 2041 Exchange Dr., Saint Charles, MO 63303-5987
Phone: 636-724-2227
Website: https://www.tpahq.org/tpa-hearing-trust

Eligibility

US citizen who suffers deafness or hearing loss; who will benefit from medical, mechanical, specialized treatment or specialized education and who are unable to provide the funds therefore themselves.

Assistive Technology Supported

Mechanical and medical devices or specialized treatment and education.

Process

- Print application from website and completely fill out and mail, email or fax.
- The Medical Certification must be completed and signed by a doctor or audiologist.

Additional Notes

See website for more rules and regulations.

Topeka Residential Accessibility Program (Barrier Removal)

Region: Topeka
Age Group: All
Health Conditions: Disabled
Address: 620 SE Madison St., Floor, Unit 8, Topeka, KS 66607-1118
Phone: 785-368-3711
Website: https://www.topeka.org

Eligibility

- Home must be within Topeka city limits.
- Household income must be 80% or less that the Topeka area median family income.
- You or someone in your household must be disabled. You must provide a medical request from a licensed physician.

Assistive Technology Supported

- One access to the home
- Wheelchair ramp
- Handrails
- Door widening
- Accessible bathroom
- Rental Services – One access to the home. Wheelchair ramp.

Process

May call 785-368-3711 to apply or download the Accessibility Program Application from website.

Tyler Schrenk Foundation – Demonstrating Independence Grant

Region: US
Age Group: All
Health Conditions: Mobility-related
Contact Information: May email from website
Address: PO Box 2579, Woodinville, WA 98072
Phone: 888-MSFOCUS (673-6287)
Website: https://www.thetsf.org

Eligibility

Must demonstrate a need for AT that will dramatically improve quality of life and independence on a daily basis.

Assistive Technology Supported

AT that promotes independence with daily living and computer-related AT.

Process

Go to website and look at Track 1 and Track 2 applications to see which will best suit you and fill it out online.

Additional Notes

Submissions are reviewed and recipients are selected on a rolling basis.

United Healthcare Children's Foundation

Region: US
Age Group: 16 and under
Health Conditions: Varies
Contact Information: uhccfcustomerservice@uhc.com
Address: Attn: MN017-W400, 9700 Healthcare Ln., Minnetonka, MN 55343
Phone: 855-MY-UHCCF (855-698-4223)
Website: https://www.uhccf.org/apply-for-a-grant

Eligibility

- Must meet income guidelines.
- Must be a US citizen with a Social Security number issued by the Social Security Administration.
- See website for other conditions of eligibility.

Assistive Technology Supported

Most AT, with a list of exclusions on the website.

Process

- Be sure to read through all of the conditions online and have all requested documentation.
- Click 'Apply now'.
- Check Acknowledge box if you are able to answer YES to all questions.
- Click on 'Create HealthSafe ID' and follow all directions.
- Additional Notes