Your Right to Assistive Technology

Assistive technology (AT) is any device that is used to increase, maintain, or improve functional capabilities of an individual with a disability. AT includes services that enable someone to use such an item, like an evaluation, assistance picking out a device, or training on how to use it.

Examples of AT include things as simple as an adapted hair brush, door knob, or utensil. They also include items that are more technologically advanced, like screen readers, communication devices, or environmental control systems. An AT device may be available in stores, or it may be something that is modified or custom-built.

AT services help a person with a disability to select, get, or use an AT device. This may include designing, fitting, customizing, maintaining, repairing, or replacing an AT device.

When assistive technology is necessary for a person with a disability to be able to learn, live, have independence, or have a job, certain public programs may pay for that AT. Those programs include public schools, the Division of Vocational Rehabilitation Services (VR), and certain Medicaid programs.

AT versus Durable Medical Equipment

Durable medical equipment (DME) primarily is used for a medical reason, can withstand repeated use, and would not be helpful to someone who does not have an illness or disability. Examples of DME include blood sugar monitors, hospital beds, walkers, and oxygen equipment. Be aware that sometimes the line between AT and DME is blurry.

Medicaid programs do cover DME, but that service is separate from assistive technology. Public schools do not provide DME.

Assistive Technology in Public Schools

To qualify for AT, a student must need the AT to receive a free appropriate public education (FAPE). The right to FAPE is guaranteed by the Individuals with Disabilities Education Act (IDEA).
If an evaluation determines the student needs an AT device or service to receive FAPE, the school must provide it. The school cannot refuse to provide AT because of the cost or because it does not have the device. Schools are not obligated to provide AT that is medical, such as a cochlear implant.

The need for AT must be determined on a case-by-case basis through an evaluation that considers the unique needs of the student. The evaluation looks at the student’s functional capabilities and whether AT may increase, maintain, or improve those capabilities. AT may be considered either as special education and related services or as supplementary aids and services that maintain a student in the least restrictive environment.

IDEA authorizes the use of public insurance, such as Medicaid, or private insurance to pay for the purchase of AT devices. However, this use of insurance must be voluntary. A school cannot deny AT because parents refuse to authorize the use of insurance. A school may use parents’ private insurance only with the parents’ informed consent.

You can read the NC Department of Public Instruction’s policies on assistive technology at ec.ncpublicschools.gov/instructional-resources/assistive-technology.

**Assistive Technology through Vocational Rehabilitation**

NC Division of Vocational Rehabilitation Services (VR) may pay for AT if it will help you live independently or reach your employment goal.

**AT for Work**

First, you must become a client of VR. If you are not currently a client, you or someone acting on your behalf must contact VR to request VR services. The process for determining if you are eligible for VR services may include an evaluation and/or work trial experiences. If you need AT during the evaluation or work trial, VR must provide it.

Once you are approved for VR services, a VR counselor will work with you to create an Individualized Plan for Employment (IPE). The IPE will include your employment goal. If you need AT in order to reach that goal, VR should provide it.

VR may not place a fixed dollar limit on the cost of a specific good or service or on the total cost of goods and services you can receive. However, there is a limit on the total cost of goods and services that a VR counselor can approve. The VR chief of policy will have to approve the purchases if the cost exceeds the limit.

**AT for Independent Living at Home**

VR’s Independent Living program may purchase AT if it will help you live independently in your own home. You must apply by calling the local VR Independent Living office and submitting an application for help.
Visit www.ncdhhs.gov/divisions/dvrs for information on Vocational Rehabilitation.

**Assistive Technology through Medicaid**

The following Medicaid waiver programs include AT in their available benefits:

- The Innovations Waiver
- CAP/C (Community Alternatives Program for Children)
- CAP/DA (Community Alternatives Program for Disabled Adults)

In addition, all children under age 21 who have Medicaid may be entitled to AT, regardless of whether they have a waiver, if the device or service is medically necessary.

**Innovations Waiver**

The Innovations Waiver includes AT that increases, maintains, or improves functional capabilities of a beneficiary. The AT must fall within the following list of categories:

- Aids for daily living or aids to increase independent living
- Aids for gross-motor development or fine-motor-skill development
- Environmental controls and modifications
- Positioning systems or devices to aid with positioning
- Alert and monitoring systems
- Sensory aids
- Communication aids
- Mobility aids
- Nutritional supplements
- Medical supplies

Find more information about the Innovations Waiver at www2.ncdhhs.gov/ncinnovations.

**CAP/C**

CAP/C includes AT that:

- Improves or maximizes the functional capabilities of the beneficiary;
- Improves the accessibility and use of the beneficiary’s environment; or
- Addresses 24-hour-a-day, 7-days-a-week coverage issues.

Under CAP/C, the AT service can be used to pay for:

- Adaptive or therapeutic equipment designed to enable beneficiaries to increase, maintain, or improve functional capacity in performing daily life tasks
- Specialized monitoring systems
- Specialized accessibility and safety adaptations or additions
• A ceiling track system for the purpose of transfers
• An environmental control unit or an electronic aid to daily living that allows the beneficiary to control aspects of their environment (such as lights, television, etc.)
• Adaptive tricycles


**CAP/DA**

CAP/DA includes the following AT:

• Adaptive or therapeutic equipment designed to enable the beneficiary to increase, maintain, or improve functional capacity in performing daily life tasks
• Specialized monitoring systems
• Specialized accessibility and safety adaptations or additions


**Children on the Medicaid State Plan**

All children under the age of 21 who have Medicaid are entitled to all services that are medically necessary to make or keep them physically or mentally healthy, including AT.

The federal Medicaid Act includes a provision called Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). This provision requires state Medicaid programs to cover any services or equipment that correct or ameliorate a child’s physical or mental condition. That means the service does one or more of the following:

• Improves or maintains the recipient’s health in the best condition possible;
• Compensates for a health problem;
• Prevents a health problem from getting worse; or
• Prevents the development of additional health problems.

If a child’s therapy or medical provider believes AT would correct or ameliorate the child’s condition, Medicaid should pay for that AT under EPSDT. To learn more about EPSDT, go to www.disabilityrightsnc.org and search for EPSDT in our Self-Advocacy Tools.

**Showing Medical Necessity**

For all Medicaid programs, a service must be medically necessary in order to be covered. You will need to submit a well-drafted letter of medical necessity (LMN) from a physician, therapist, or clinician. While there is no special format a LMN must take, here are some general guidelines from the National Assistive Technology Advocacy Project:
• Where possible, the LMN should be written on the health care provider’s letterhead and should be dated and signed.
• The letter should list the medical provider’s professional title, relevant credentials, and any special licenses he or she may have.
• The medical provider should explain the nature of his or her relationship with the Medicaid beneficiary, the length of time working with him or her, and any specific evaluations or tests conducted to determine the need for an AT device or service.
• In particular, the medical professional should specify how the recommended device or service will treat the beneficiary’s medical conditions or otherwise address the limitations caused by his or her disability.
• The LMN should avoid technical or medical terms that someone without advanced training would not understand.
• If the medical provider is recommending a specific item of AT for the beneficiary, he or she should explain any less-costly alternatives that were considered and why these alternatives were ruled out.

Resources on Assistive Technology

The North Carolina Assistive Technology Program (NCATP) provides assistive technology services statewide to people of all ages and abilities. It provides device demonstration, short-term device loans, and reutilization of assistive technology.

The NCATP website has videos on how to use various AT devices, lists of organizations that may provide money for the purchase of AT devices, and contact information for the state’s nine NCATP centers. The easiest way to find the website is to go to www.ncdhhs.gov and type “assistive technology” in the search box.