

# Claiming for Assistive Devices

## Assistive Device List

Under the School-Based ACCESS Program (SBAP), participating Local Education Agencies (LEAs) are eligible to claim Medical Assistance (MA) reimbursement for procurement and repairs of student-specific assistive technology devices, provided the following criteria are met and/or forms are completed:

1. **Student has been identified as receiving special education services.**

The student must have a current Individualized Education Program (IEP) that defines the student's need for the device and any needed related supportive services. The student's IEP team must have determined that an assistive device and/or service are necessary for the student to benefit from his/her education program.

2. **Student is between 3-20 years old.**

3. **Student is enrolled in the Medical Assistance (MA) program.**

The student must be actively enrolled in the MA program and eligible to receive MA benefits.

4. **The assistive device needed by the student is identified under SBAP guidelines as eligible for reimbursement.**

Only certain assistive devices qualify for reimbursement. Under SBAP, an assistive device is defined as an item, piece of equipment, or product system that is used to increase, maintain, or improve the functional capabilities of the student with a disability. For a list of devices that qualify for reimbursement, refer to the *Assistive Device List* in this packet.

5. **Parental consent has been obtained.**

Per the Individuals with Disabilities Education Act (IDEA) and the Family Educational Rights and Privacy Act (FERPA), the student's parent must sign a *Parental Consent Form*, authorizing the LEA to claim MA reimbursement for the assistive device.

**Note:** If the parent/guardian has already signed a *Parental Consent Form* authorizing the LEA to claim for MA reimbursement for the current prescribing IEP, an additional form is not required for the assistive device.

6. **Medical authorization has been obtained.**

The assistive device must be deemed medically necessary and be ordered on either:

- a. Physician's prescription
- b. *Medical Practitioner Authorization Form*

If using the *Medical Practitioner Authorization Form*, the appropriate assistive device category must be checked and the form must be signed and dated by one of the following practitioners:

- Medical Doctor (MD)
- Doctor of Osteopathy (DO)

## Assistive Device List

7. **Transfer of ownership letter/notice has been signed and received from parent.**

If the LEA is submitting an eligible assistive device for SBAP reimbursement, the ownership of the device must be transferred to the student. The LEA must send a *Transfer of Ownership* letter to notify the parent of a possible transfer.

8. **Assistive Device Billing Form has been completed and submitted to SSG.**

The LEA must complete an *Assistive Device Billing Form* and submit it to SSG.

- **You must also include a copy of the device invoice and a copy of the Transfer of Ownership Letter.** If claiming reimbursement for a device repair, include a copy of the repair invoice as proof of payment.

9. **Billing Rejection Notice is sent to the parent (only if claim is rejected).**

In the event that MA rejects as assistive device claim, SSG will notify the LEA. The LEA will notify the parent via the *Billing Rejection Notice* that the device will remain the property of the LEA.

10. **The LEA will make copies of all paper documentation as needed to submit a claim; the LEA will maintain all original documents submitted to SBAP as part of the claim. The LEA will maintain these documents for six years for audit purposes.**

**Assistive Device documentation can be sent to SSG through the following methods:**

**Email**

[pasupport@sivicsolutionsgroup.com](mailto:pasupport@sivicsolutionsgroup.com)

Please place "Assistive Device" in the subject.

## Assistive Device List

Assistive Devices
32 MESSAGE COMMUNICATOR 6 LEVEL
4 CHOICE SEQUENTIAL SCANNER FOR THE VISUALLY IMPAIRED
6DOT BRAILLE LABEL MAKER
7 – Level Communication Builder
Accent 1000
ACCENT 1400
ACCENT 1400 WITH LOOK EYE TRACKING SYSTEM
ACCI Choice Communicator 64 w/ Compass with Gateway Pageset
ACCI CHOICE COMMUNICATOR 64 W/ GOTALK NOW AN DGO NOW RUGGED CASE
ACCI Choice Communicator Multi-Pac 64
ACCI Choice Communicator with PODD W/ Compass
ACCI MINI MULTIPAC CHOICE COMMUNICATOR
ACTIVE BRAILLE 40
Allora 2
Apps for AAC
ASSORTED PROXIMITY SWITCHES
BASIC TALK 4
BIGmack Communicator Kit (includes 4 BIGmack Communicators)
BLAZE ET PORTABLE DAISY PLAYER
BRAILLE BUZZ
BRAILLE EDGE 40
BRAILLE SENSE POLARIS
BRAILLNOTE TOUCH
BRAILLESENSE 6
BRAILLESENSE 6 MINI
BRAILLESENSE POLARIS MINI
BRAILLIANT BI 14 BRAILLE DISPLAY
BRAILLIANT BI 40X
Busy Box Kit – 5 Function Activity Center
CANDY 4 HD HANDHELD MAGNIFIER
CANDY 5 HD HANDHELD VIDEO MAGNIFIER
CHAMELEON 20 REFRESHABLE BRAILLE DISPLAY
CHATTERVOX PERSONAL VOICE AMPLIFICATION SYSTEM
Cheap Talk 4 – Direct / Scan with Jacks (in-line)
CHEAP TALK 4 INLINE DIRECT SELECT
CHEAP TALK 8 SIX LEVEL COMMUNICATOR
CHOICE 4 COMMUNICATOR
CLEARVIEW GO 15 video Magnifier
CLEARVIEW GO 17 VIDEO MAGNIFIER

## Assistive Device List

COCHLEAR BAHA 5 POWER SOUND PROCESSOR
COCHLEAR WIRELESS MINI MICROPHONE 2+ Compatible w/ BAHA 5, NUCLEUS 6 and Higher
CODE JUMPER
COMPACT 10 HD WITH SPEECH
COMPACT 6 HD WITH WEAR OPTION AND SPEECH DOCK
Cosmo Braille Writer
C-PEN READER PEN
ELBRAILLE PORTABLE BRAILLE COMPUTER
ENABLING DEVICES SWITCH ASSESSMENT KIT
Evaluation switches Kit
Evaluation Switches Kit
EXPLORE 3 HANDHELD ELECTRONIC MAGNIFIER
EXPLORE 5 HANDHELD ELECTRONIC MAGNIFIER
EXPLORE 7 HANDHELD ELECTRONIC MAGNIFIER
EXPLORE 8 HANDHELD ELECTRONIC MAGNIFIER
EYE-PAL ACE PORTABLE SCANNER AND READER
Focus 14 Blue Braille Display
Focus 40 Blue Braille Display
FOCUS 40 BLUE TEXTURED DISPLAY
Four Level Communication Builder
Go Talk 20+
GO TALK 32+
Go Talk 9+
GoVISION ELECTRONIC MAGNIFIER BY HIMES INC.
GRID PAD 10S
GRID PAD 15 WITH LUMIN-I EYEGAZE
Half=Qwerty 508 Keyboard for windows or Mac
Head Mouse Extreme
IPEVO VZ-X WIRELESS HDMI AND USB DOCUMENT CAMERA
JUNO CLASSROOM SOUND SYSTEM
Linkswitch with Taction Pads
Logan Braille Coach
Logan Proxpad
Logan Proxpad with Tangible Object Cards
Logan Proxtalker
LOW VISION TACTILE SWITCH KIT
Magic Arm Mount Kit
MAGNILINK TAB
MAGNILINK ZIP PREMIUM FHD 13 PORTABLE VIDEO MAGNIFIER
MAGNILINK ZIP PREMIUM FHD 17 PORTABLE VIDEO MAGNIFIER

## Assistive Device List

MANTIS Q40 40-cell refreshable braille display
MECHANICAL SWITCH EVALUATION KIT BY AMDI
MEDLEY
MEGABEE COMMUNICATOR
MINI BEAMER WIRELESS SWITCH
NOVA Chat 10.6
NOVA Chat 5.4
Nova Chat 8
OMNIREADER PORTABLE SCANNING AND READING SOLUTION
ONYX Deskset HD 20" Video Magnifier
ONYX OCR Deskset HD 24" Portable Video Magnifier
ONYX PORTABLE HD VIDEO MAGNIFIER
ONYX PRO CAMERA SYSTEM
OPTELEC TRAVELLER HD PORTABLE VIDEO MAGNIFIER
ORBIT READER 20 REFRESHABLE BRAILLE DISPLAY
ORCAM MYEYE 2.0
ORCAM READ
Orion TI-84 Plus Talking Graphing Calculator
OTICON CONNECTCLIP WIRELESS HEARING AID ACCESSORY
OTICON EDUMIC
Partner/Plus Four
Pearl Portable Reading Camera
Perkins SMART Brailier
PHOENIX WITH TOUCHCHAT
PHONAK DYNAMIC SOUNDFIELD SYSTEM
Powerlink 3 with Airlink Cordless Switch
PRIO FEATURING LAMP WORDS FOR LIFE
QBRAILLE XL
QUICKTALKER FT 23
Reading Pen
REDCAT ACCESS CLASSROOM AUDIO SYSTEM
REVEAL 16 TRANSPORTABLE MAGNIFICATION SYSTEM
ROGER DIGIMASTER KIT
Roger Kit – Requires an audiologist to order
ROGER MYLINK WITH ROGER PEN
RUBY 10 VIDEO MAGNIFIER WITH SPEECH
RUBY 7 HD HIGH-DEFINITION HANDHELD VIDEO MAGNIFIER
RUBY XL HD HIGH-DEFINITION HANDHELD VIDEO MAGNIFIER
SARA – Scanning and Reading Appliance
SCHOOL DAF

## Assistive Device List

SENSOR SWITCH EVALUATION KIT BY AMDI
SMALLTALK DAF / FAF DEVICE
Smart 128
Smart Talk (8 location)
Sonic Alert HomeAware Fire Safety Value Package
Super Talker Progressive Communicator
Symbol Communicator for the Blind
Talk 4 (with 12 Levels and Optional Vibration)
TALK PAD 10
TALKING LABQUEST 2 ACCESSIBLE SCIENCE KIT FOR BVI
TAPTILO
TD PILOT WITH TD SNAP
Tech Speak – 32 location
Tech Talk – 8 Location
TECLA-E
THERAPEUTIC MANIPULATOR
THINKLABS ONE DIGITAL STETHOSCOPE
TOBII DYNAVOX EM-12 WITH EYE MOBILE PLUS
TOBII DYNAVOX EM-12 WITH EYE MOBILE PLUS9/5
TOBII DYNAVOX I-110 W/ SNAP + Core First
Tobii Dynavox Indi Featuring Communicator 5 discontinued by the manufacturer
Tobii Dynavox Indi Featuring Snap + Core First discontinued by the manufacturer
Tobii I-13 with Eye Tracking
Tobii I-16 ( with Eye Tracking Module)
TOBII PCEYE GO
TOPAZ PHD PORTABLE VIDEO MAGNIFIER
Topaz Space Saver Desktop Video Magnifier with 17 inch Monitor
TOUCHCHAT EXPRESS
TOUCHCHAT EXPRESS 8 – 2ND GENERATION
Tracker Pro
TRANSFORMER HD WITH BUILT-IN WIFI
TWIN TALK AND PLAY
USB Switch Interface (Mac or PC)
VIA PROP WITH LAMP WORDS FOR LIFE AND TOUCHCHAT
VICTOR READER TREK
VISION IPAD
VISUALLY IMPAIRED COMMUNICATOR KIT
WEGO 10A WITH LAMP AND TOUCHCHAT
WEGO 13A WITH TOUCHCHAT GRID AND PREDICTABLE
ZUVO 12 WITH EYESPEAK INSPO

## Assistive Device Parental Consent Form

Local Education Agencies (LEAs) are eligible to receive federal Medicaid reimbursement for student-specific assistive technology devices and its repairs when the device meets the requirements of the state's Medicaid program and is necessary for the student to benefit from his or her education program.

The Individuals with Disabilities Education Act of 2004 (IDEA) and the Family Educational Rights and Privacy Act (FERPA) require schools to obtain written parental consent to share students' education and health-related records such as Individualized Education Programs (IEPs) and Evaluation Reports. We are requesting your permission to share this information with the Pennsylvania Department of Education, the Pennsylvania Department of Human Services, and a physician in order to bill Medical Assistance.

In addition to the Medicaid-covered services your child may receive as part of his/her IEP, MA will continue to pay for medically necessary, Medicaid-covered services that are provided to your child outside of school.

---

I understand that:

- If I give permission, I may withdraw it for future services at any time. However, it does not negate an action that has occurred after consent was given and before the consent was revoked.
- My refusal to give consent will not change the services my child received under his/her IEP.
- Whether I consent or refuse, I will not have to pay for these services.
- Upon request, I may receive copies of my child's records that are disclosed as a result of this authorization.

- I **give** my child's LEA permission to share my child's education and health-related information and bill Medical Assistance.
- I **do not give** my child's LEA permission to share my child's education and health-related information and bill Medical Assistance.

---

Name of Local Education Agency

---

Student's Full Name (last, first, middle initial)

---

Date of Birth

---

IEP Meeting Date

---

IEP Start Date

---

IEP End Date

---

Parent/Guardian Name (print)

---

Parent/Guardian Signature

---

Date



# Assistive Device Medical Practitioner Authorization Form

LEA Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Current IEP: \_\_\_\_\_

I have reviewed the student's Individualized Education Program (IEP) and agree that the following assistive device and services recommended by the IEP team are both appropriate and medically necessary for the proper treatment and management of the student's illness or disability.

## Type of Assistive Device

- Computer Access: i.e. alternative keyboards/mouses, eye tracking systems, voice recognition
- Assistive listening amplification device
- Augmentative/alternative communication device
- Sensory Impairment
- Vision device

## Supportive Services Needed

Authorized Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

Printed Name/Practitioner Title \_\_\_\_\_

License # \_\_\_\_\_

NPI # \_\_\_\_\_

MA Provider # \_\_\_\_\_

## Assistive Device Transfer of Ownership

Student's Name: \_\_\_\_\_

Transfer of Ownership Date: \_\_\_\_\_

Dear Parent/Guardian:

Your child's Local Education Agency (LEA) is a participant of the School-Based ACCESS Program (SBAP). Through SBAP, they can submit a claim for reimbursement from Medical Assistance (MA) for the cost of providing your child with this assistive device.

A claim for this device, which was purchased specifically for your child, is being processed. Once MA approves and reimburses the LEA for the federal portion of the cost, the ownership of this device must transfer to your child.

Please note that if MA rejects the claim, your child will continue to have full access to this device as part of his/her Individualized Education Program (IEP); however, the device will remain the property of the LEA.

The LEA, through the Assistive Technology Team, will provide the necessary training and support in the use of the device. It is important to collaborate with the school personnel who are assisting in the training process for the proper use of the device.

If the device is not working and needs to be repaired, please contact us at \_\_\_\_\_ for assistance. The LEA is responsible for any costs related to the repair of the device; however, the school district does not cover any repairs once the student graduates.

If you have any questions, please contact your LEA for assistance.

Sincerely,

cc: School District Representative

# Assistive Device Billing Form

LEA Name		Transfer of Ownership Date
Student Name (last, first, middle initial)	Date of Birth	Medical Assistance ID Number
LEA Contact Name and Title		LEA Contact Phone
<b>Assistive Device</b>		
Assistive Device Description		Cost
Attach a copy of the Transfer of Ownership Letter and copy of the device invoice.		Total Cost \$
<b>Assistive Device Repair</b>		
Equipment owned by: <input type="checkbox"/> Student		
Date Paid	Vendor Name	Cost
Attach a copy of the repair invoice.		Total Repair Cost \$

<b>Signature</b>	
LEA Contact Signature: _____	Date: _____

**Note:** *If billing for equipment, attach a copy of the Transfer of Ownership Letter. If billing for repairs, a Transfer of Ownership Letter is not required.*

## Assistive Device Billing Rejection Notice

Date: \_\_\_\_\_

Dear Parent/Guardian:

This letter is to inform you that Medical Assistance (MA) has denied our Local Education Agency's (LEA's) claim for cost reimbursement for your child's assistive device.

Therefore, the device will remain the property of our LEA. However, your child will continue to have full access to the device as part of his/her Individualized Education Program (IEP) until your child graduates.

If the device should malfunction and need repair, please call \_\_\_\_\_ at \_\_\_\_\_ for assistance. The LEA is responsible for any costs related to the repair of the device.

Please do not hesitate to contact me if you have questions.

Sincerely,

cc: