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center

topic facts

Funding Assistive Technology with Medicaid

Susan, Medicaid-eligible, started high school this year. She needed a power wheelchair and communication device to succeed. Since the equipment was medically necessary, Medicaid paid for it.

Can Medicaid pay for assistive technology?

Medicaid is based on financial need. It is available to people who are on a limited income or who are disabled. If medically necessary, Medicaid may pay for assistive technology devices and services for children, birth through 21. Dr. Dynosaur is an expanded Medicaid program for children birth to 18. Dr. Dynosaur is more flexible for income eligibility requirements.

Medicaid may refer to assistive technology devices as durable medical equipment, prosthetic devices or equipment related to rehabilitative therapy, such as speech and language or physical therapy.

Services, such as evaluations, consultations or training in the use and maintenance of devices, can also be paid for by Medicaid. If Medicaid pays for equipment, it belongs to the child. If it seems more cost effective, Medicaid may rent the equipment for the child rather than purchasing it.

Since Medicaid is a complicated system, assistance from an individual or organization with experience in Medicaid funding may be helpful.

Definitions

medically necessary Usually, an AT device or service is considered medically necessary if it will help a child to function more independently, improve or maintain current levels of functioning or prevent further deterioration in his or her condition.

durable medical equipment (DME) Durable medical equipment is equipment that can stand repeated use, is generally used for medical purposes and is appropriate for home use. Wheelchairs, walkers, canes, crutches, shower chairs and special lifts are some examples of durable medical equipment.

*Because
Medicaid is
complicated,
ask for the
help of a
parent or
organization
experienced
in Medicaid
funding.*



To order copies of this fact sheet, or to learn more about VPIC's materials and services, contact the Vermont Parent Information Center (VPIC), 600 Blair Park, Suite 301, Williston, VT 05495, (802) 876-5315 (v/tty) or toll free 1 (800) 639-7170. You can also contact us via e-mail at vpic@vtpic.com. And don't forget to visit our website at www.vtpic.com.

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prosthetic devices Prosthetic devices can help a child overcome limitations related to illness, a medical condition or injury. They are devices specifically designed to replace, correct or support the function of a body part. Examples include augmentative or alternative communication devices to help a child with limited or no ability to speak or an artificial limb to help a child walk. Other examples of prosthetic devices are braces and hearing aids.

rehabilitative therapy Medicaid may pay for technology if it is needed for rehabilitative therapy, such as physical, occupational or speech therapy. Therapy-related technology includes therapy balls, hearing aids, pencil grips, special eating utensils, augmentative communication devices and communication boards. Prior authorization from Medicaid is sometimes needed before a supplier can provide the device.

How do I get AT funded by Medicaid?

First, your child's physician or other approved Vermont Medicaid provider, such as a physical therapist or speech and language pathologist, must fill out a medical necessity form, which serves as a prescription for durable medical equipment, prosthetic devices or supplies.

All requests for Medicaid funding of AT should include a detailed, written explanation of why the equipment or service is needed to help your child function more independently, improve his or her current abilities or prevent deterioration in his or her condition.

Next, you must submit the prescription to an approved Medicaid vendor, such as a medical supply store. In some instances, the supplier can provide the device first and then bill Medicaid.

Make sure the Medicaid vendor submits the medical necessity form with the request for prior authorization. These forms should be submitted even if the vendor believes Medicaid won't pay for the device.

What if Medicaid won't pay for my child's AT?

If your request for funding is denied, you should receive written notice of the decision including your appeal rights and procedures. Don't accept a verbal denial from the vendor or Medicaid.

You may file an appeal by contacting the Department of Social Welfare. If you would like legal representation to appeal a denial, the Disability Law Project can help you.

Resources

Vermont Parent Information Center
help for families advocating for AT
(802) 876-5315 (v/tty) • (800) 639-7170
vpic@vtpic.com • www.vtpic.com

Parent to Parent of Vermont
one-to-one parent support on AT
(802) 655-5290 (v/tty) • (800) 800-4005
www.partoparvt.org

Disability Law Project
legal support for getting AT
(800) 747-5022 *Burlington/Champlain Valley*
(800) 789-4195 *Central Vermont*
(800) 747-5022 *Rutland Area*
(800) 747-5022 *Northeast Kingdom*
(800) 747-5022 *Southern Vermont*
All phones (v/tty).

Vermont Center for Independent Living
information on AT devices and funding
(800) 639-1522
www.vcil.org

Titles in VPIC's Assistive Technology (AT) Series

Facts About AT • AT Evaluations • AT & the IEP • AT & the IFSP • AT & Section 504 • Funding AT • Funding AT Through Medicaid • Funding AT Through Private Insurance