



April Events Spotlight Assistive Technology At Work

Many Delawareans with disabilities are working in their chosen careers with the support of assistive technology (AT). Several of these individuals will share their stories as a part of **Assistive Technology - Innovative Concepts at Work**, a two-part event to be held at the Trabant University Center on the University of Delaware campus on April 27. The morning event, to which business people statewide have been invited, will be opened by University of Delaware President David Roselle. Delaware’s entire Congressional delegation—Senators Biden and Roth and Congressman Castle—have joined with the University in support of this event and will be on hand to offer their views on AT and workplace opportunity. The morning event will feature a keynote presentation from Steve Jacobs, Senior Technology Consultant for NCR Corporation of Dayton, Ohio. Mr. Jacobs is an advocate for accessibility in workplace and product design both within his own company and on the national level, and he will discuss the benefits to businesses that result from increased accessibility. The event will conclude with a video spotlighting Delawareans who use AT on the job, and an exhibition of products and services geared to the AT needs of working-age individuals. (cont’d on page 2)

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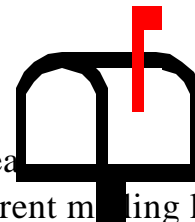
From noon until 2 p.m. on the 27th, the exhibition opens to the general public. Attendees will

have an opportunity to talk with representatives from several agencies and organizations that address the employment-related needs of people with disabilities, including the Division of Vocational Rehabilitation, the Governor’s Committee on Employment of Persons with Disabilities, the Division for the Visually Impaired, and the State Coalition on the ADA. Also present at the exhibition will be companies that offer a range of technologies from simple environmental adaptations through computer-based tools that enhance workplace access and productivity. Among those exhibiting are Sentient Systems Technology, Prentke Romich Corporation, Chesapeake Low Vision, HumanWare, Delaware Hearing Consultants, Gentleman Door, and Space Tables. The Delaware Assistive Technology booth will feature a sample of the low-tech tools and computer input adaptations available through the DATI Assistive Technology Resource Centers statewide.

For more information on the events taking place on April 27, please contact the DATI Central Site at 800-870-DATI or call 302-651-6790 (Voice), 302-651-6794 (TDD). n

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Thanks for your cooperation.

Let's Play A Game!

*Michael Meyreles, AT Practitioner
New Castle County ATRC*

You think it could never happen to you, but what if it does? As the result of an accident, you become paralyzed due to a spinal cord injury. Before the injury, you were highly competitive and involved in many sports. After your rehabilitation, you would like to become involved in sports again. For individuals with a spinal cord injury, there are many competitive wheelchair sports. Wheelchair basketball, tennis, track and field, and skiing have organized teams with dedicated, competitive athletes. One sport that is not as well known but can be remarkably satisfying is quad rugby. This article is a brief introduction to this highly competitive and extremely aggressive sport.

Quad Rugby, a sport developed by three Canadians from Winnipeg, Manitoba, is a combination of wheelchair basketball and ice hockey. Due to the aggressive manner in the way this game is played, it was originally called “murderball,” but that name was changed for obvious reasons! The game was introduced in the United States in 1981. In 1988, the United States Quad Rugby Association (USQRA) was formed to help regulate and promote the sport. The sport of Quad Rugby now enjoys international status with teams from all around the globe in addition to 45 organized teams in the United States.

There are some stringent guidelines on who is eligible to play the game in a USQRA sanctioned tournament. Players must have some physical involvement of both the upper and lower extremities to be considered. Most players have a spinal cord injury with a resulting quadriplegia. There are seven classification categories, ranging from 0.5 to 3.5, in which a player can be placed. Classifications are based on the severity of the impairment with a classification of 0.5 applied to those with the most severe limitations and a classification of 3.5 applied to those with the fewest limitations.

Player classification is an extremely complex process involving both the examiner and the participant. There are four levels of classifications for the examiners. The examiners can be either an occupational or physical therapist or a doctor with formal training in neuromuscular evaluation and demonstrated competence in manual muscle testing of the upper extremities, trunk, and lower extremities. The players are rated in seven categories based on the three off-court tests—a bench test, a functional trunk test, and functional movement test—as well as during on-the-court play.

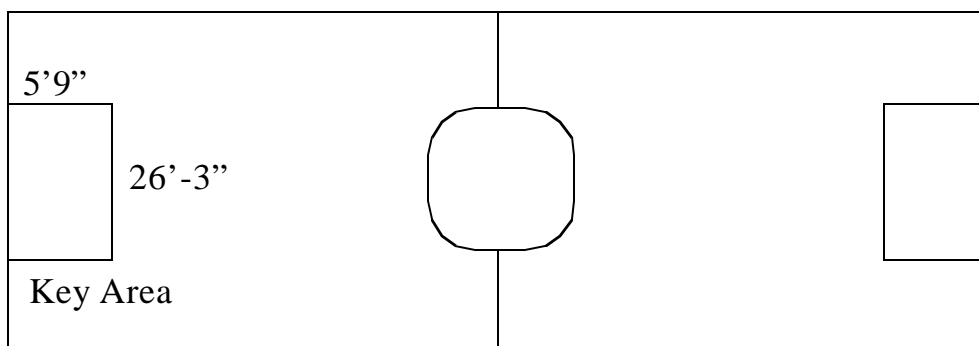
The game is quite simple. A team consists of four players, and the players on the floor can not have a classification total of more than 8.0 points. It is played on a regulation-sized basketball court with some minor changes involving what is called the key area as seen on page 4.

The goal for each team is to have a player score by touching or crossing the opponent's goal line while maintaining possession of the ball. The ball may be passed, thrown, batted, rolled, dribbled, or carried in any direction subject to the restrictions laid down in the rules, The team scoring the most goals by the end of the game is declared the winner. The three basic rules of quad rugby are:

1. A player has 15 seconds to advance the ball into the opponent's half-court.
2. Fouls are assessed and penalties can include awarding of a goal, a timed penalty or a turnover.
3. A player with the ball has unrestricted pushes but must pass or dribble the ball every 10 seconds or a turnover is awarded.

There are three teams in the general area, two out of Pennsylvania (Magee Rolling Rebels and Pittsburgh Steelwheelers) and one from the District of Columbia (the Potomac Panthers). The United States Quad Rugby Association can be contacted through their secretary, Judy Pfishester at 309 Stoney Ford Road, Holland, PA 18966. Her telephone number is (215) 504-0443 and her email address is <judy@quadrugby.com>.

The information for this article was gathered from the Quad Rugby website at <<http://www.quadrugby.com/>>. n



Outdoor Fun for Everyone

Everyone wants to take advantage of Mother Nature's beauty and bounty. Recreational opportunities abound for people with disabilities, whether you plan to enjoy the outdoors in Delaware or venture somewhat farther from home. The following list was compiled by DATI staff to reflect a wide range of options for recreational and leisure pursuits. The accuracy of the descriptions has been verified, but please be aware that inclusion in this list does not constitute an endorsement of the organization or company by the DATI. As with any other product or service, investigate your options thoroughly before committing your participation or financial resources.

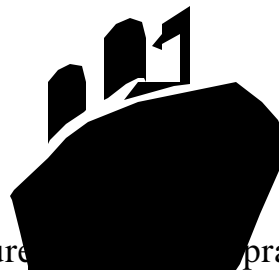
Able Sailboat Co. LTD

P. O. Box 4142
Yarrow, Stn. Main
B.C., Canada V2R-5H8
604-823-6897

The "Mini - 12" sailboat accommodates sailors with varying degrees of spinal cord injury. It can be navigated by individuals with no lower extremity function and severely reduced upper extremity function.

Access-Able Travel Source

P. O. Box 1796
Wheat Ridge, CO 80034
303-232-2979; 303-239-8486 (Fax)
Internet: <<http://www.access-able.com>>



This firm supplies travelers with disabilities and the mature with practical information needed to go across town or around the world. The database has not only accessible accommodations, but everything to make a trip fun and exciting. They have information about scuba diving for persons with all types of disabilities. There are accessible safaris, sailing, raft trips, and even a place where you can learn to sky sail.

Adaptive Sports Center

Crested Butte, CO 81224
800-544-8448 ext. 2296; 970-349-2296
Email <ASCI@CSN.NET>

The center provides recreational instruction for people with physical disabilities such as multiple sclerosis, muscular dystrophy, spinal cord injuries, spina bifida, amputations, traumatic brain injury, and visual or hearing impairments. The program also serves individuals with cognitive disabilities such as mental retardation and autism.

All American Outfitters Guide and Service

Brandon Gaudell

505-533-6200

Email: <darrellbrazell@hotmail.com>

Internet: <<http://home.onestop.net/gilaguide>>

This guide service specializes in elk, deer, black bear, antelope, cougar, javelina, and turkey hunting in the majestic Gila National Forest of New Mexico.

Backcountry Odysseys

503-585-5464

Email: bco@cyberis.net

Internet: <<http://www.cruising-america.com/backcountry/rafting.html>>

Experience the beauty and thrills of Class I to Class V whitewater rafting. Great for families, corporate groups or groups of people who are physically challenged. One to five day trips, camping under the stars or in rustic riverside lodges, fishing as you go. Our trips can be combined with any of our ranch vacations to include guest ranch stays, overnight pack trips, horseback riding and more.

Camp Horseshoe

Little Bits Riding Club for the Disabled

P.O. Box 7426

Edmonton, Alberta, T5E6K1, Canada

403-474-0282 or 477-9706

Internet: <<http://www.compumart.ab.ca/jfair/info.htm>>

Camp Horseshoe offers seven one-week integrated programs for both disabled and non-disabled children and youth. Camp activities include horseback riding, lakeside activities, a recreational program, and campfire fellowship.

Camp Optimism

Attn.: Tifphyne Ward

703 South 23rd St.

Arlington, VA 22202

703-486-2257

Internet: <<http://www.novaplaza.com/campoptimism>>

This summer residential camp for children with disabilities provides medical personnel and routine care on a 24-hour basis. Camp Optimism has programs for swimming, boating, softball, volleyball, soccer, crafts, games, and nature trails.

Dialysis Traveller/Sea Cruises

107-13th Ave.
P.O. Box 218
Indian Rocks Beach, FL 33785
800-544-7604 or 813-596-7604; 813-596-0203 (Fax)
Email: DASC@dialysis-at-sea.com

This agency offers a wide range of cruises with full dialysis service on-board. They welcome the whole family and have many years of experience in this specialized service.

Electric Fishing Reel Systems, Inc.

1700 Sullivan Street
P. O. Box 20411
Greensboro, NC 27420
800-654-7168 or 910-273-9101

This company manufactures small, light-weight electric drive systems for the Penn 320 GTi Super Level Wind Reel. It is easily handled by women, children, senior citizens, and anglers who are physically challenged. A model is also available with a toggle and remote waterproof switch for one arm use.

Freedom Rider

P. O. Box 4188
Dedham, MA 02027
888-253-8811 (toll-free)
Email: FreRder@aol.com
Internet: <<http://homepage.usr.com/f/frerder/calendar/94692.shtml>>



The organization publishes a catalog dedicated to the challenged equestrian and a web-based calendar of events and links of interest to the equestrian.

Kids Camps

5455 N. Federal Highway, Suite O
Boca Raton, FL 33487
561-989-9330, Extension 2; 561-989-9331 (Fax)
Internet: <http://www.kidscamps.com/special_needs.html>

This group offers a comprehensive directory of camps and summer experiences. To find a camp of interest, check the listing by region within following categories: developmental disabilities, diabetes, epilepsy, learning disabilities/A.D.D., physical disabilities, mainstream, oncology, speech/hearing impairments, visually impaired, and weight loss.

Metalite Industries

1805 West 4th St.
Spokane, Washington 99204
800-541-5880 or 509-624-4333
Internet:<www.metaliteind.com>

Chinook pontoon boats offer many options to individuals with special needs. The boats have an open deck layout allowing full access of the entire boat from a wheelchair, 36” wide gates throughout, and an optional Hoyer Lift. A side ramp provides ease of boarding from the dock and front boarding ramps provide wheelchair access to beaches and onto the boat at launch facilities which do not have an accessible dock.

North American Riding for the Handicapped

P.O. Box 33150
Denver, CO 80233
800-369-RIDE, (303) 452-1212; FAX: (303) 252-4610

Regardless of their disabilities, whether physical, cognitive, or emotional, children and adults riding at NARHA riding centers experience a wide range of benefits—from increased flexibility and better balance, to greater confidence and self esteem. Contact the association for a riding center near you.

Sky Ranch Inc.

27955 Terrace Drive
North Olmsted, OH 44070-4962
440-235-2473
Email: SkyRanch1@aol.com
Internet: <<http://members.aol.com/SkyRanch1/index.htm>>



Sky Ranch has been created as a non-profit, multipurpose, barrier free, accessible, family campground. Designed to be fun, safe, and family oriented, it provides barrier-free facilities for camping, recreation, and conferences. Opens summer '99!

Sky Sailing

31930 Highway 79
Warner Springs, CA 92086
760-782-0404; 760-782-9251 (Fax)

They have installed special factory manufactured hand controls into the “Sailplane Magic.” They assist people with spinal cord injuries in experiencing the magic and the joy of soaring.

Vermont Adaptive Ski and Sports (VASS)

Ascutney Mt. Resort, Brownsville, VT—802-484-3525

Sugarbush Resort, Warren, VT—802-583-4283

VASS is a non-profit organization dedicated to providing sports and recreational opportunities to individuals with disabilities. VASS offers programs in the following sports: horseback riding, downhill skiing, cross-country skiing, horse carting, camping, canoeing, aquatics camp, water-skiing, and dog carting.

Wisconsin Hoofers

608-262-1630

Internet: <<http://www.hoofers.org>>

The Hoofers outdoor recreation program promotes the intergration of individuals with disabilities who want to participate in sailing, scuba, skiing, riding, hang gliding, mountaineering, and outing (which does everything else.) n

Video Magnifiers: Making Print Larger

by Ed Salisbury, Kent County AT Specialist

The video magnifier commonly referred to as a closed circuit television (CCTV) is used by people with visual impairments to magnify printed material. CCTVs are able to magnify such things as books, magazines, daily mail, and maps. CCTVs, like many assistive devices, vary widely in quality, features, and price. It is important to become familiar with the various features and components of video magnifiers in order to choose one that best meets individual needs. In addition, an evaluation by a low vision specialist is very important in determining whether a CCTV will be beneficial.

Components

All CCTVs, regardless of size and appearance, consist of several essential components. The first is a CCD video camera fitted with a special zoom lens and a light source. Second, and equally important, is a video display. Video displays used with CCTVs include composite monitors and television screens. Although more expensive than conventional televisions, monitors generally provide higher image resolution and higher contrast., both of which are important to the readability of enlarged text. The third essential component is a means of positioning the printed material beneath the camera. This is generally accomplished using an X/Y positioning table. The X/Y table can move simultaneously in both the horizontal and vertical axes, allowing quick and effortless access to any area of the printed page. The above components are standard on most CCTVs.

Types of CCTVs

CCTVs fall into several categories. The most common type of CCTV is the all-in-one style. In this configuration, all components are stacked vertically and placed within a metal or plastic casing. This type of CCTV generally is the most portable and takes up the least desk space. Also common is the modular style of video magnifier. Components can be stacked vertically, like the all-in-one models, or arranged side-by-side allowing for maximum flexibility and comfortable access. Portable CCTVs consisting of a hand-held camera and a miniature television screen or even a “virtual reality” style of monitor, are popular for use by people who need text magnification in all environments. These portable systems can be used to read price tags at retail or grocery stores, menus, small signs, etc. Some systems interface with the computer, taking advantage of the high resolution of VGA monitors. These systems allow the magnified image to be placed in a window on the computer screen and viewed simultaneously with computer output. This type of system is excellent for students and professionals who need access to a variety of reference material when composing reports and other documents. One software program is able to give the user the benefits of a CCTV using a computer and image scanner. This software provides not only an inexpensive alternative to the standard CCTV but includes many features not available

with video magnifiers.



Features

Price and usefulness of a CCTV are generally dependent on its features. Features of the X/Y table that are important to many users include: motorization of the table for hands-free panning; adjustable friction control for those who wish to position the document manually; the ability to lock the X/Y table into a particular axis for easy row or column viewing; and larger size tables to accommodate several documents or oversized books. Features of the camera include focus free lenses for quick and easy changing of magnification level and zoom factors of up to sixty times magnification or more. Features of the monitor include size, resolution and placement. Larger monitors provide a greater area of magnification at the same zoom level than smaller monitors do. This decreases the need for constant panning using the X/Y table. The ability to swivel or tilt the monitor improves comfort and readability. CCTVs are also available in black and white, monochrome, or color. Black and white CCTVs only provide text/background reversal to increase contrast. In other words, the user can see standard black text on a white background or white text on a black background. Monochrome versions allow the user to customize contrast by providing the ability to assign a variety of colors to text and background. Color CCTVs actually magnify in the full color of the document. This feature is excellent for viewing maps and photographs. Some models provide a feature for underlining or masking blocks of text. This is an ideal feature for those who tend to lose their place on the page.

Who Needs a CCTV?

CCTVs are generally of most benefit to those who require a higher magnification than what most hand held magnifiers provide. For those who have difficulty holding a magnifier, regardless of

magnification level, the CCTV provides obvious advantages. Also, the CCTV allows one to remain in a comfortable reading position reducing back and neck fatigue. In many instances, the ability to change the color scheme for increased contrast is more important than level of magnification. In determining what type and brand of CCTV to purchase, it is very important to consult with or be assessed by a low vision specialist. The Division for the Visually Impaired in Delaware, as well as several other organizations, can be of assistance in this matter. The ATRCs do have several CCTVs available for short-term loan. For further information on specific brands, as well as information on where to obtain an assessment and funding, contact your local ATRC. n

Therapeutic Interventions for the Neurologically Impaired Child

The Alfred I. duPont Hospital for Children announces
The Tenth Annual Pediatric Rehabilitation Conference

Friday, May 8, 1998

duPont Hospital for Children

Wilmington, Delaware

Topics Include:

Role of Physical Therapy After Botox Injection

The Rehab Model in the Dysfunctional Brain

The Application of Gait Analysis in the Neurologically Involved

Retraining Cognition

Guidance for the Therapist in Rehabilitation Planning for the Visually Impaired Patient an

Ophthalmological and

Optometric Perspective

Registration Fee: \$95—Physicians and Faculty

\$75—Allied Health Professionals

\$25—Parents and Students

For more information call 302-651-6750

Additional Recreation & Leisure Resources

Access to Recreation (fitness equipment catalog) 800-634-4351

Aquatic Tends (water workout station) 800-296-5496

Deming Designs (beach wheelchairs) 904-478-5765

Donkey Creek Consultant and Guide Service (hunting guide service) 307-756-3771; 307-756-3647 (Fax)

Eddyline (kayaks) 360-299-2300

Floating Swimwear (one-piece floating body suits) 800-374-8111

Future Products (flotation swimsuits) 800-453-9399

Harris-Kayot (accessible pontoon) 219-432-4555

Brain Johnson Designs (paddlesport grip cuff & handle, kayak stabilizers, flotation device) 414-691-4248

Interior Mediquip (steel wheel aquatic wheelchairs) 800-561-8998

National Association of Handicapped Sportsmen—618-532-4565

Physically Challenged Bowhunters of America—785-637-5421 or 724-668-7439

Recreation Industry (full-body exercise, watercraft waterbike, seacycle) 800-WATERBIKE

Recreonics (swimming and aquatic equipment) 800-428-3254

Se-able (adaptive boat building & consulting) 808-247-8498

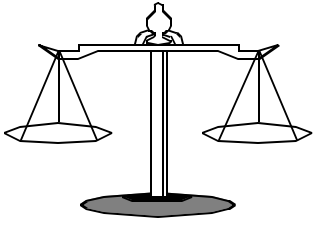
Skistar Technologies (Bi-skis, para paddle raft frames, ski outriggers, ski walkers) 916-581-2441

Sprint/Rothhammer International (water sports, therapy and fitness products) 800-235-2156

Tahoe White Waters (accommodates people with disabilities)

TecRec (fishing reels) 888-4-TECREC

Wheelchair Sports and Recreation Camp (camp) 507-533-4315 n



Medicaid's New Definition of Medical Necessity

Laura J. Waterland, Esq. Staff Attorney,
Disabilities Law Program

Users of assistive technology (AT) often look to the Medicaid program to fund needed devices and services, perhaps without a clear understanding of the scope of Medicaid coverage. The Delaware Medicaid Office recently issued a new regulation defining the concept of “medical necessity” in an effort to bring into clearer focus the scope of services it intends to provide Delaware’s Medicaid recipients.

Medicaid is a federal/state cooperative program designed to provide payment for medical services for certain low-income populations. While the United States Congress enacted the controlling legislation (Title XIX of the Social Security Act) and regulations (42 CFR Parts 430- 498), states have considerable flexibility in formulating eligibility, benefits and reimbursement policies. Each state documents these policies in a state Medicaid Plan, which must be approved by the Health Care Financing Administration (“HCFA”). HCFA also grants waivers to states to alter Medicaid rules and requirements; Delaware’s Medicaid managed care program, Diamond State Health Plan, operates under such a waiver.

States continue to struggle to keep up with the burgeoning demand for services and to keep costs under control. One way states can control Medicaid spending is to impose additional criteria for payment. Medicaid law permits states to “place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.” 42 CFR § 230(d). Federal law does not define “medical necessity,” leaving it to the states to do so. This power to create definitions must be exercised consistently with the purposes of the Medicaid statute, however.

The Delaware Medicaid program has always limited its payment for services to those which are “medically necessary” but, until recently, the term had never been defined. The new regulation, which went into effect in January 1998, defines *medical necessity* as:

the essential need for medical care or services (all covered Medicaid Plan services, subject to age and eligibility restrictions and/or EPSDT requirements) which, when prescribed by the beneficiary’s primary physician care manager and delivered by or through authorized providers, **will:**

- be directly related to the diagnosed medical condition or the effects of the condition of the beneficiary (the physical or mental functional deficits that characterize the beneficiary’s condition), and be provided to the beneficiary only;
- be appropriate and effective to the comprehensive profile (e.g. needs, aptitudes, abilities, and environment) of the beneficiary and the beneficiary’s family;

- be primarily directed to treat the diagnosed medical condition or the effects of the condition of the beneficiary in all settings for normal activities of daily living, but will not be solely for the convenience of the beneficiary, the beneficiary's family, or the beneficiary's provider (this means that services which are primarily used for educational, vocational, social, recreational, or other non-medical purposes are not covered under the Medicaid program);
- be timely, considering the nature and current state of the beneficiary's diagnosed condition and its effects, and will be expected to achieve the intended outcomes in a reasonable time;
- be the least costly, appropriate, available health service alternative, and will represent an effective and appropriate use of program funds;
- be the most appropriate care or service that can be safely and effectively provided to the beneficiary, and will not duplicate other services to the beneficiary;
- be sufficient in amount, scope and duration to reasonably achieve its purpose;
- be recognized as either the treatment of choice (i.e. prevailing community or statewide standard) or common medical practice by the practitioner's peer group, or the functional equivalent of other care and services that are commonly provided;
- be rendered in response to a life threatening condition or pain, or to treat an injury, illness, or other diagnosed condition, or to treat the effects of a diagnosed condition that has resulted in or could result in a physical or mental limitation, including loss of physical or mental functionality or developmental delay,

and will be reasonably determined to:

- diagnose, cure, correct or ameliorate defects and physical and mental illnesses and diagnosed conditions or the effects of such conditions; **or**
- prevent the worsening of conditions or effects of conditions that endanger life or cause pain, or result in illness or infirmity, or have caused or threaten to cause a physical or mental dysfunction, impairment, disability, or developmental delay; **or**
- effectively reduce the level of direct medical supervision required or reduce the level of medical care or services received in an institutional setting or other Medicaid program; **or**
- restore or improve physical or mental functionality, including developmental functioning, lost or delayed as the result of an illness, injury, or other diagnosed condition or the effects of the illness, injury, or condition; **or**
- provide assistance in gaining access to needed medical, social, educational and other services required to diagnose, treat, or support a diagnosed condition or the effects of

the condition,

in order that

the beneficiary might attain or retain independence, self-care, dignity, self-determination, personal safety, and integration into all natural family, community, and facility environments and activities.

The medical necessity analysis does not limit the type of services covered under the Medicaid plan. Instead, the Medicaid office or Managed care Organization (“MCO”) reviews an individual recipient’s request (which must come through the primary care provider) for covered services and evaluates that individual’s need under this new definition. The recipient must satisfy all nine of the criteria listed in the first section of the definition, and then meet at least one of the criteria in the second section, which follows the phrase “and will be reasonably determined to.”

Consequently, AT services will continue to be provided under Medicaid. However, any individual requesting AT services must satisfy the medical necessity criteria in order for payment to be approved for AT services.

The impact, if any, that this new definition will have on approval of payment for AT is unclear. There is undoubtedly a tension between services to improve function and the narrower concept of “medical” treatment. An AT device is defined in the “Tech Act,” 29 USC Chapter 24, as “any item, piece of equipment or product system....that is used to increase, maintain or improve functional capabilities of individuals with disabilities,” 29 USC § 2202(2). On the one hand, the State Medicaid office in its comments accompanying the regulation (Medical Necessity Overview, January 1, 1997) stressed that “diagnosed functional and developmental deficits are considered to be medical conditions.” Furthermore the regulation contains many phrases and terms that could easily encompass AT-related goals, such as “directly related...to the effects of the condition”; “primarily directed to treat...the effects of the condition, in all settings for normal activities of daily living”; and “restore or improve physical functionality, including developmental functioning, lost or delayed as a result of illness.” Moreover, the overriding goal of the regulation is to assist recipients in attaining and retaining independence.

On the other hand, the regulation excludes “services which are primarily used for educational, vocational, social, recreational or other non-medical purposes.” So, we have specifically included in the definition services that will restore or improve physical and mental functionality, yet the definition excludes services that are “primarily educational, vocational, social, or recreational purposes,” which are most of the realms in which people function. It is hard to reconcile the language and even harder predict how it will be applied.

How best, then, to maximize the chances of obtaining Medicaid funding for AT?

À Primary Care Physicians (PCPs) must become familiar with this regulation and must

carefully link the patient's diagnosis to the need for the AT. The PCPs should use the language in the regulation when writing orders.

- Â Patients must be prepared to challenge denials of services for AT or any other services that are deemed "not medically necessary." MCOs may take an overly restrictive approach to approving AT when it has applications that extend beyond what is thought of as "medical."
- Â As a last resort, apply for funding from other sources, such as the Division of Vocational Rehabilitation or the Department of Education. Consider requesting AT as a reasonable accommodation under the Americans with Disabilities Act.

Please call the Disabilities Law Program to consult with an advocate if you encounter any difficulties with the new medical necessity regulation. In New Castle County, call 575-0660; in Kent County, call 674-8500; and in Sussex County, call 856-0038. n

FINANCING ASSISTIVE TECHNOLOGY

New Public Health Insurance Program for Uninsured Children

Ron Sibert, DATI Funding Specialist

Health insurance remains far and away the most frequently tapped source of assistive technology (AT) funding. However, for thousands of Delaware's children who remain uninsured, options may be quite limited. According to the U.S. Census Bureau, approximately 10 million children in the nation are without health insurance. The same agency estimates that 24,000 of those children reside in Delaware. Local estimates suggest that the number is closer to 10,500. In any case, it's safe to assume that a significant number of children in Delaware are without health insurance.

The Balanced Budget Act of 1997 [P.L. 105-33, Subtitle J] created a new children's health insurance program under Title XXI of the Social Security Act. This new amendment enables states to initiate and expand health insurance coverage for uninsured, low-income children. Following the Governor's lead, Delaware's Medicaid administrators and Health Care Commission are currently exploring our State's participation in this program. The State's proposal must be filed with the Health Care Financing Administration (HCFA) by July 1, 1998. If HCFA approves the plan, Delaware will have a new public health insurance program for its low-income uninsured children before year-end.

The law gives states several choices when defining their new programs. First, as with Medicaid, the State must choose whether to participate in the Title XXI program at all and, if so, it must submit a State Child Health Plan to the Federal Government for approval by the Secretary of Health and Social Services. The plan must include eligibility standards, descriptions of outreach activities, and methods of assuring quality and appropriateness of care as well as access to covered services. Also note that eligibility may not be denied on the basis of a child having a pre-existing condition.¹

States are permitted to expand coverage for uninsured children in one of three ways:

1. States may expand coverage through the existing Medicaid program. This new option for States would be available for children who would not have qualified for Medicaid under State rules in effect as of April 15, 1997.
2. States may use their available Title XXI funds to establish or expand a separate child health insurance program. Delaware Medicaid is exploring this option currently. Under this option,

1. Bergman, Allan I., Memo to UCP Affiliate Executive Directors, Statewide Advocacy Needed for Implementation of the New State Children's Health Insurance Program, August 8, 1997.

states must establish enrollment systems that are coordinated with Medicaid and other sources of health coverage for children and also must screen children during the application process to determine if they are eligible for Medicaid. If they are, these children must be enrolled promptly in Medicaid.

3. States may use a combination of the above two options. For example, a State may cover children whose family incomes are at or below 133% of the federal poverty level through Medicaid and a targeted group of children above that level through a separate program. For the children the State chooses to cover under Medicaid, the description provided under “Option to Expand Medicaid” would apply. Similarly, for children the State chooses to cover under a separate program, the provisions outlined above in “Option to Create or Expand a Separate Program” would apply.²

As is true of the Medicaid program, a federal match is offered to states as an incentive for participation in the Title XXI program. For qualifying expenditures, states will receive an “enhanced” federal matching rate that is equal to its the current federal medical assistance (Medicaid) match plus 30 percent of the difference between its regular matching rate and 100 percent. However, the maximum enhanced federal match is 85 percent. For example, in Delaware, the difference between our regular match (50%) and 100% is 50%. Thirty percent of that difference is 15%. So, the enhanced federal match for Delaware is 50% + 15%, or 65%. Therefore, the Federal Government will give back to Delaware 65 cents for every dollar it spends on this program once it is established. The federal grant to states is \$24 billion, and Delaware’s allotment would be about \$41 million. The State Health Care Commission’s projections say that Delaware would receive \$8.5 million annually from 1998 - 2001, and \$6.7 million for the year 2002; they expect the State match to be about \$3 million annually.

While Title XXI and Medicaid (Title XIX) share similarities (like match funding), they are also quite different. Medicaid is an entitlement to individuals; Title XXI is not. It is a block grant—sort of an entitlement to states—to establish a special program. Under Title XXI, states are free to charge premiums to recover costs and to determine how, for whom and when to implement the program. In addition, Title XXI funds may **not** be used for children who are: a) eligible for Medicaid or other health insurance coverage; b) inmates of a public institution; c) patients in an institution for mental diseases; or d) in families who are eligible for coverage under a state health benefits plan because of a family member’s employment with a public agency in the state.

In conjunction with the new State child health insurance program, the Balanced Budget Act included three new provisions designed to increase children’s health care coverage through the

2. Website of the Health Care Financing Administration at the following URL:
<<http://www.hcfa.gov/init/schiplt3.htm>>

Medicaid program:

- (1) ***Presumptive eligibility for children***: Under this provision, states now have the option of establishing a presumptive Medicaid eligibility procedure to facilitate the enrollment of children. Certain qualified entities may enroll children in Medicaid on a temporary basis, relying on information supplied by the family on income levels. This can be a particularly useful tool for reaching children who are not receiving welfare and whose parents are employed at low-wage jobs that do not offer health insurance coverage.
- (2) ***Coverage of SSI Children***: States also are now required to continue Medicaid coverage for all disabled children who were receiving SSI on August 22, 1996 but who lost their Medicaid eligibility as a result of last year's law restricting the SSI child disability standards. (See Daniel Atkins' description of the Community Legal Aid Society's Children's SSI Project in the March/April '98 edition of *The AT Messenger*, pgs. 6 & 7.)
- (3) ***12 Month Continuous Eligibility***: States now have the option to guarantee 12 months of coverage to children enrolled in Medicaid regardless of whether the child experiences changes in family income or other circumstances that would render him/her ineligible for Medicaid during that 12 month period.³

A very encouraging component of Title XXI is the crucial role the public can and should play in defining, shaping and even modifying the plan after it has been established. The law requires that State Plans describe the process used to involve the public in their design and implementation—and the method for insuring *ongoing* public involvement. In Delaware, public hearings to discuss plan development are already being conducted by the office of the Insurance Commissioner. Watch for additional opportunities and let your voice be heard. n

3. Ibid - HCFA website



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- *Switch Tips*
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- *Technology & Play*

Single copies are \$1.50 each, and a packet of 25 copies is available for \$25. All orders for Information Sheets must be accompanied by payment or a purchase order.

The *CompuKids newsletter*, published bimonthly by C & P Distributing, is packed with practical information and creative ideas to help everyone get the most out of using computers. From developing skills to tips on hardware, software, and adaptations, there is something for everyone using Macintosh and Windows/PC computers. Subscriptions are \$14.95 per year in the United States, and \$26.95 if mailed to Canada. To obtain either of these resources, send your order with payment to CompuKids, 30202 Circle S. Road, Red Wing, MN 55066. For more information, call 612-267-0891 or email <CompuKids@compuserve.com>. n

Delaware State Parks—Accessible Trails

For more information, call 302-739-4702

Bellevue—paved trails

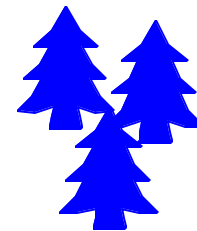
Brandywine—sensory trail being developed

Cape Henlopen—paved trail, bike path

Fox Point—paved trails along the Delaware River

Lums Pond—sensory trail, boardwalk

Port Penn—partially paved trail which leads into a boardwalk that extends out to the marsh.





Delaware Recycles AT

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

Devices Available:

Ambulation/Mobility

Cane, wooden, Free, Donna, 731-1775

Crutches, wooden, Free, Donna, 731-1775

Walker, \$50, Connie, 653-7341

Walker, folds, front wheels & storage bag, Free, Donna, 731-1775

Walker, folds, w/wheels, Free, Donna, 731-1775

Communication

Canon 7P Communicator, w/tape print out, single switch scanning or keyboard access, new, \$650, Dick or Gloria, 910-686-9744

Hearing

Telecaption II Decoder, \$25, Donald, 892-9038

Personal Care/Home Management

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

Commode, bedside, Free, Donna, 731-1775

Commode, portable, arm rests, back support, neg., Maryanne, 737-6215

Flexiflow Companion Nutrition Pump, Ross, Free, Donna, 731-1775

Hospital Bed, new, w/mattress in plastic, \$300, Joseph, 733-0628

Hospital Bed, Electric, \$200, Richard, 610-565-3636

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

Hospital Bed, Electric, \$1,200, Billie, 322-7863 after 6 p.m.

Hospital Bed, Electric, inc. trapeze, \$600, Stuart, day - 934-9801, eve. - 645-8750

Hospital Bed, Invacare, \$375, Ruby, 764-8585

Hospital Bed, Fully Adj., \$350, Ray, 738-1271

Hospital Bed, Manual, Free, Harry, 855-1692

Lift Chair, holds up to 300 lbs., \$300, Mary, 856-9791

Linear Pump, Wright, aids circulation, Free, Lucille, 836-1283

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

Oxygen Machine, \$1K, Millie, 800-982-2248

Peristaltic Gradient Sequential Compression Pump, Negotiable, Joanne, 658-5878

Pulmo-Aide Compressor, \$40, Millie, 800-982-2248

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

Reacher, 30", Free, Donna, 731-1775

Shoe Horn, Extended, Free, Donna, 731-1775

Sock Aid, Terry Cloth, Free, Donna, 731-1775

Stair Glide, Bruno, \$999, Gordon, 674-1264

Stair Glide, (2) Cheney, perfect condition, neg., Sandra, 239-7440

*Stair Glide, Liberty Special, excellent condition, \$1.5K
or B/O, Joan, 239-4976*

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

Stair Lift, \$2,500, Brad, 517-773-2158

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

Three/Four-Wheeled Powered Scooters

Scooter, Amigo, 3-wheel, electric, adult-size, battery recharger, \$950, Mike, 764-4499

Scooter, Lark, w/lift, can attach to car, \$1,500, Nancy, 834-7554

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

Scooter, BEC, never used, \$950, Ralph, 368-5550

Scooter, 3-wheel, w/basket, teal, make offer, Nora, 610-583-9435 between 4-7 p.m.

Scooter, Pride, 3-wheel, electric, adult-size, Free, Laurian, 475-7606

Vehicles/Accessories

Braun Swing Lift for full-sized van, \$2,200, Ginny, 234-1512

Braun Power Door Opener w/remote control for lift and door, \$600, Ginny, 234-1512

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

*Hand Controls for brakes, emergency brake, and accelerator, \$30 for all, Robert,
322-5264*

Ramp, permanently attaches to a van, \$60, Elizabeth, 422-2896

*Van, '88 Dodge Maxi, 2-tone brown, 50K, lift, bed, toilet, storage, electric, \$20K or \$12K to
qualified buyer, Franklin, 368-4675*

*Van, '88 Ford E150, Ricon, sidedoor w/c lift, driver hand controls, remote control, 91K, \$6.5K
or B/O, Jean, 325-2528*

Van, '89 Ford E150, blue, Braun w/c lift, automatic, \$4.5K, Richard, 610-274-0242

Van, '93 Mercury Villager Mini, hand controls, scooter lift, 43K, \$9.8K, Dick, 764-1714

W/C Lift for van, Braun, semi-automatic stepwell, \$600, Freda, 629-9603

Wheelchairs/Accessories

Adult, Electric, w/recharger, E&J, \$1,500, Mary, 984-1225 after 6 p.m.

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

764-5324

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

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

Adult, Electric, charger w/new batteries, lift for vehicle, \$900, Pat, 610-518-5871

Adult, Electric, Action 9000, inc. joystick & battery charger, 1 1/2 yrs old, \$2,450, Ruby, 764-8585

Adult, Manual, Invacare, Jay Back, \$600 Firm, William, 652-1914

Adult, Manual, standard, almost new, \$200, Bert, 529-9095

Adult, Manual, collapsible, \$100, Nancy, 834-7554

Adult, Manual, 24" wheels, \$175, Ruby, 764-8585

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

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

Child, Quickie P10, Electric, \$1,200, Richard, 610-565-3636

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

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

W/C Arm Rest, \$20, Dick, 239-4243

W/C Full Tray, \$30, Dick, 239-4243

W/C Seat Cushion, Free, Donna, 731-1775

Devices Needed:

Barrier Free Lift, Herb, 610-667-5051

Bike, Adult, 3-wheeled, Sandra, 875-8095

Bike, Adult, 3-wheeled, pedal with your hands or feet, willing to pay reasonable price, Pat, day - 292-9913, eve. - 653-6892

Hoyer Lift, Ralph, 368-5550

Lift Chair, willing to pay reasonable price, Chris, 834-8734

Mattress, Roho, willing to pay reasonable price, Lynda, 652-4483

Ready Racer/Star Car, Tumble Forms, willing to pay reasonable price, Katherine, 219-277-5849

Shower Chair w/back, wheels, and opening for commode, Herb, 610-667-5051

Stroller base for Tumble Forms chair, willing to pay reasonable price, Patty, 998-6302

Tub Benches or shower chairs, need donations, Michelle, 235-1135

W/C Cushion (Roho), Herb, 610-667-5051

W/C, 22", collapsible, Barbara, 834-2267

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

W/Cs, manual, need donations for senior center, Sharon, 422-1510


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

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

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

Press #1 for English or
Press #2 for Spanish
then press...



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

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