

# Accessible Instructional Material Center

Oklahoma Department of Rehabilitation Services (DRS)

## Purpose

The Accessible Instructional Materials (AIM) Center maintains a central repository of braille and large print textbooks and other specialized instructional materials for loan to Oklahoma students who cannot use regular print.

The AIM Center also maintains the Federal Quota Registry of blind and visually impaired children. The Registry is important because it draws federal funding to help states provide accessible instructional materials.

## Contact(s)

Pepper Watson, Director AIM Center

Oklahoma Library for the Blind and Physically Handicapped

300 N.E. 18th Street

Oklahoma City, OK 73105

(405) 522-0523 (TDD)

(800) 523-0288 (TDD)

FAX: (405) 521-4033

Email: [pwatson@okdrs.gov](mailto:pwatson@okdrs.gov)

[www.OLBPH.org/Aim](http://www.OLBPH.org/Aim)

## Financial Criteria

- None

## Eligibility

Children in pre-kindergarten through 12th grade who attend public and private schools in Oklahoma, are enrolled in a home-school program, or receive services from SoonerStart, and:

- are blind or visually impaired
- have a physical disability that makes it difficult to use regular print books and school materials; or
- have a medically diagnosed learning disability that makes it difficult to read regular print.

## AT Services Provided/Covered

- Information & Referral

## **AT Devices Provided/Covered**

- Aids for Vision Impaired
- Computers & Related
- Learning Cognition & Development

## **Application Process**

Contact the Oklahoma Library for the Blind and Physically Handicapped

## **Pieces of the Puzzle**

The program lends instructional materials for students to use as long as needed during the school year. A professional who works with the child must recommend the services or adaptive equipment needed. The types of instructional materials that are loaned include:

- Braille and large print textbooks.
- Braille and large print instructional materials such as tests, charts, and hand-outs.
- Specialized educational aids.
- Developmental toys and games to build concepts and enhance learning.
- Materials for writing braille and learning adaptive skills.
- Books with both braille and print text so that parents and teachers can share reading experiences with children who are blind.

The AIM Center provides referrals of persons who may require specialized AT devices for accessible instructional materials (AIM) to Oklahoma ABLE Tech. Targeted audience would be:

- those not already using some type of AT to access instructional materials and/or
- those who have had a change in function that might result in a new or additional need for AIM/AT and/or
- those who require a piece of AT that the AIM Center does not have available.

# **Aging Services - Area Agencies on Aging Services**

Department of Human Services

## **Purpose**

Aging Services plans, administers, coordinates and evaluates a statewide network of services for older Oklahomans. Aging Services helps develop systems that support the independence and dignity of older persons and promotes citizen involvement in service planning and delivery. Older Americans Act Title III programs and services are administered through the state's eleven Area Agencies on Aging (AAA) with federal, state, and local funding.

## **Contact**

Lance Robertson, Director

Aging Services

2401 NW 23rd, Ste 40

Oklahoma City, OK 73107

(405) 521-2281

FAX: (405) 521-2086

<http://www.okdhs.org/AgingServicesMain.aspx>

Area Agency on Aging (AAA)

Senior Info-Line

(800) 211-2116

## **Financial Criteria**

- None

## **Eligibility**

- Individuals age 60 and older; and
- under special conditions, persons under 60 may be eligible for certain services (i.e., the spouse of an individual 60 or older, or a person with a disability residing with an eligible person or caregiver, or a grandparent or older relative caregiver, 55 or older, living with and providing care for a child 18 or younger).

## **AT Services Provided/Covered**

- Information & Referral
- Locating Alternate Funding
- Training for Consumer & Family

## **AT Devices Provided/Covered**

- AT devices are provided or covered.

## **Application Process**

- Contact your local Area Agency on Aging (AAA) and request information and services.

## **Pieces of the Puzzle**

- Services funded are determined on an area-by-area basis.
- Attention is given to those older adults with the greatest economic (low income) or social need (rural/isolated area).
- Services that MAY BE funded and available in each AAA planning and service area includes: Congregate and Home Delivered Meals, Nutrition Education, Nutrition Counseling (by a Registered Dietitian), Home Repair, Chore Assistance, Evidence-Based Health Promotion/Disease Prevention Activities, Outreach (referrals to other needed services), Legal Services, Transportation, Caregiver Assistance and Respite and Grandparents and Older Relatives Raising Children Caregiver Assistance and Respite, and Long-term Care Ombudsman Services.

# American Indian Vocational Rehabilitation

## Purpose

The American Indian Vocational Rehabilitation (AIVR) Program is designed to assist eligible Native Americans with disabilities in becoming employed. In Oklahoma, the program provides culturally appropriate services to individuals through a cooperative agreement between the state of Oklahoma and federal and tribal service providers. Each Oklahoma tribal Vocational Rehabilitation program has a working partnership with DRS. VR clients have the option to work with both programs during the rehabilitation progress. Services provided by AIVR may include vocational, medical and psychological evaluations, vocational counseling and guidance, physical and mental restoration, training, rehabilitation equipment and devices and job placement.

## Contact(s)

Andrea Hall  
Tribal Liaison  
3535 NW 58th St., Ste 500  
Oklahoma City, OK 73112  
(405) 951-3400  
(800) 845-8476

## Financial Criteria

- None

## Eligibility

To be eligible for AIVR services an individual:

- must be a member of a federally recognized tribe;
- must live within the tribal VR service area;
- has a physical or mental impairment, which are barriers to employment;
- can benefit from vocational rehabilitation services to obtain an employment outcome;
- requires VR services to obtain, keep or return to work.

## AT Services Provided/Covered

- Assessments & Evaluations
- Information & Referral
- Case Management
- Locating Alternate Funding
- Training for Consumer & Family
- Maintenance & Repairs

## **AT Devices Provided/Covered**

- Aids for Daily Living
- Speech Communication
- Aids for Hearing Impaired
- Environmental Adaptations
- Aids for Vision Impaired
- Mobility/Seating & Positioning
- Computers & Related
- Vehicle Modifications

## **Application Process**

- Contact the AIVR office that serves the area in which you reside to apply for services. Referrals are considered applicants as soon as the counselor has a document signed by the individual requesting AIVR services. This may be a formal application or a letter signed by the applicant, applicant's parent, guardian, or other representative, which provides the minimum basic information and requests AIVR services.
- In application status, the counselor will secure sufficient information to make a determination of eligibility or ineligibility for AIVR services, determine a priority group assignment, or make a decision to put the client into extended evaluation. The information needed by the counselor may include the results of a physical examination, an assistive technology evaluation, or an extended evaluation of vocational potential for gainful employment.
- If a person is determined to be eligible for services based on evaluation information, the counselor and the individual will develop an Individualized Plan for Employment (IPE) that is designed to result in eventual competitive employment for the individual.

## **Dispute Resolution Process**

- Each AIVR Project has a formal appeals process that clients are advised about upon application for services. The appeals process may vary by Project.

## **Assistance Provided For Appeals**

- The Client Assistance Program (CAP) assists disabled persons who are seeking or receiving services from any program funded by the Rehabilitation Act of 1973 as amended. CAP can: a) advise clients of their rights and responsibilities under the Rehabilitation Act; b) assist clients in communicating their concerns to AIVR Projects; and c) represent the individual in the fair hearing process when appropriate and/or needed.
- Additional information concerning vocational rehabilitation and the appeals process can be obtained from the CAP at (405) 521-3756 or (800) 522-8224 statewide.

## **Pieces of the Puzzle**

- The IPE is an individualized program of services based around a core of comprehensive evaluation, vocational counseling, and job placement that are needed to assist the person in attaining his or her employment goal. Any assistive technology that the person needs for employment must be included in this plan. However, AT devices and services may be essential to help the person demonstrate vocational capabilities.
- Persons may be required to participate in the cost of some services, including AT, depending on their income level.
- Once a decision has been made to supply an eligible client with assistive technology, it may be possible to provide a wide range of devices if they are vocationally relevant. However, AIVR cannot buy devices that other sources can buy or that the Americans with Disabilities Act (ADA) require other sources to provide.
- The primary purpose of assistive technology devices and services provided by the AIVR program is to enable a person to obtain and maintain gainful employment.

# Children's Hearing Aid Program

Oklahoma Equipment Distribution Program,  
Oklahoma Department of Rehabilitation Services (DRS)

## Purpose

The Oklahoma School for the Deaf is currently administering a children's hearing aid program for school age children in Oklahoma. This program is specifically for children who have no other means to obtain a hearing aid. The program will provide two hearing aids per qualifying child. Application should be made through the Oklahoma School for the Deaf Telecommunication Program.

## Contact

Starla Allen, Administrative Assistant

1100 E Oklahoma Ave.

Sulphur, OK 73086-3108

(580) 622-4913 (V/TDD)

(866) 309-1717 (V/TDD)

Email: [sallen@osd.k12.ok.us](mailto:sallen@osd.k12.ok.us)

[www.osd.k12.ok.us](http://www.osd.k12.ok.us)

## Financial Criteria

- See "Eligibility"

## Eligibility

- The student must be: a resident of the state of Oklahoma, family income must meet program guidelines; and the family and/or student does not qualify to receive hearing aids from any other program such as Medicaid or private health insurance.

## AT Services Provided/Covered

- Assessments and Evaluations
- Information and Referral

## AT Devices Provided/Covered

- Aids for Hearing Impaired

## Application Process

- Complete an application from the Oklahoma Telecommunications Equipment Distribution Program and return to the Oklahoma School for the Deaf. For an application, call the Student Assessment Center at the Oklahoma School for the Deaf at (580) 622-4913 office.



- Parents will be required to provide proof of family income and a signed statement that their child is unable to obtain hearing aids through Medicaid or private insurance.

### **Pieces of the Puzzle**

- After approval, children will be evaluated by the audiologist from the Oklahoma School for the Deaf. Evaluations will be done either at the school campus in Sulphur, or in Tulsa at Total Source for Hearing-loss and Access (TSHA). Based on the audiologist's evaluation and recommendation, the child's hearing aids will be ordered through the Oklahoma School for the Deaf.

# Family Support Assistance Program

Developmental Disabilities Services Department of Human Services

## Purpose

The Family Support Assistance Program provides a cash payment for children with developmental disabilities who reside in their family home and who meet other required eligibility criteria. These payments help families pay for needed services such as respite care, technical assistance, attendant services or personal items including assistive technology devices and services. Payments range from \$250 - \$400 a month, depending on the number of children with developmental disabilities living in the home.

## Contact

Ann Riggs

Developmental Disabilities Services

Oklahoma DHS

P. O. Box 25352

Oklahoma City, OK 73125

(405) 521-6267

FAX: (405) 522-3037

[www.okdhs.org/services/dd/pages/FSA.aspx](http://www.okdhs.org/services/dd/pages/FSA.aspx)

## Financial Criteria

- The family with whom the eligible family member is residing has an annual gross adjusted income, which does not exceed \$45,000.

## Eligibility

The family member for whom the application is made must:

- be under 18 years of age;
- have an intellectual disability or other developmental disability;
- live in the family home or has plans to return to the family home; and
- not receive Home and Community-Based Waiver Services.

The family with whom the eligible family member is residing must:

- reside in the State of Oklahoma;
- have an annual gross adjusted income that does not exceed \$45,000; and
- be headed by a biological parent, adoptive parent, or legal guardian of the eligible family member. If the eligible family member lives with an adoptive parent or parents who already receive the Department of Human Services' Adoption subsidy, the family cannot receive family support assistance under this program.

## AT Services Provided/Covered

- No AT services are provided or covered. The cash payments can be used for any purpose including AT services.

## **AT Devices Provided/Covered**

- No AT devices are provided or covered. The cash payments can be used for any purpose including AT devices.

## **Application Process**

- Applications are available through the DDS Area Offices.
- Application forms are also available from DHS county offices.

## **Dispute Resolution Process**

1. The appeal process for the Family Support Assistance Program is through the fair hearing process. If a service is denied a DDS-4 will be sent explaining why the service was denied and the appeal rights. A person would follow the instructions listed on the DDS-4 in order to file an appeal.
2. For grievances that have not been informally resolved, individuals may file a formal grievance using form GR15001P with the assistance of the Local Grievance Coordinator (LGC). The grievant keeps the yellow copy and the white copy stays with the LGC.
3. A first level response to the grievance indicating specific actions to resolve the complaint is due five (5) working days from the date the LGC assigns the grievance to a respondent. The proposed resolution, as documented on form 15GR002E, will be presented to the grievant. The grievant has 3 business days to either accept or reject the resolution proposed.
4. Resolutions not accepted by the grievant are appealed to the second level. At this level, the second level respondent has (7) working days to issue a response from the date the LGC assign it.
5. Further appeals are facilitated by the Office of Client Advocacy Grievance Liaison.

## **Pieces of the Puzzle**

- Funds are limited; families who qualify are served in chronological order, based on the date of their application.
- It is better for families to contact the DDS area offices for application because they can assist the family in determining if there are other programs under the Developmental Disabilities Services that they may be eligible to receive.
- Documents that will need to be submitted with the application are tax documents and disability supporting information.
- Families do not have to be receiving Medicaid to be eligible for the Family Support Assistance Program. Generally a child must have an I.Q. of 70 or below to be determined eligible.
- Families who meet the income eligibility may choose this State-funded cash payment in lieu of Medicaid Home and Community-Based services.

# Head Start / Early Head Start

## Purpose

Head Start provides a comprehensive program of health, education, parent involvement, and services for children with disabilities, all of which are coordinated with community-based service systems. Early Head Start programs also include services to low income families with infants and toddlers, and pregnant women. In addition to the full range of services provided to all children, special services may be available for children with disabilities enrolled in the program including equipment and materials or modifications to existing facilities. These types of support services may be provided through Head Start, outside agencies, or a combination of both. Head Start services are provided at no charge to eligible families.

## Contact

Kay Floyd, Head Start  
Collaboration Director  
Oklahoma Association of Community Action Agencies  
605 Centennial Blvd.  
Edmond, OK 73013  
(405) 949-1495  
FAX: (405) 509-2712  
<http://okacaa.org/head-start-2/>

## Financial Criteria

- 90% of the families are at/ or below federal poverty level.

## Eligibility

- Children ages birth to 5 and pregnant women with a family income at or below 100% of the federal poverty line;
- those with disabilities must have been diagnosed by appropriate professionals;
- children who are homeless or in foster care are categorically eligible; and
- a minimum of 10% of Head Start enrollment opportunities must be filled by children with professionally diagnosed disabilities requiring special services.

## AT Services Provided/Covered

- Assessments & Evaluations
- Information & Referral
- Case Management
- Locating Alternate Funding
- Advocacy/Other
- Training For Family
- Medical/Dental Home
- School Readiness

## **AT Devices Provided/Covered**

- Support services may be provided through Head Start, outside agencies, or a combination of both. Head Start programs use non-Head Start resources whenever possible.

## **Application Process**

- Contact your local Head Start to apply. See Appendix B for Head Start listings.

## **Dispute Resolution Process**

1. Each Head Start program has its own formal appeals process in place.
2. If a parent has a disagreement with the program that is not resolved at the local level, the parent can contact the Regional Office in Dallas, Texas by calling (214) 767-9648.

## **Pieces of the Puzzle**

- To ensure appropriate special services and optimal transition into public schools, an Individualized Education Program (IEP) is developed for each child who has a disability by the diagnostic team, parents, and teacher. The IEP reflects the child's participation in the full range of Head Start services and also describes the special education and related services needed to respond to the child's disability. Needed AT devices and services should also be addressed in the IEP.
- Head Start programs in Oklahoma are administered locally by Community Action Agencies, private nonprofit agencies, American Indian Tribes, and school districts.

# Insure Oklahoma

## Purpose

Insure Oklahoma is a health premium assistance program Oklahoma has created to bridge the gap in health coverage for low-income working adults. Under the Employer-Sponsored Insurance (ESI) option, commercial health insurance premium costs are shared by the state (60%), the employer (25%) and the employee (15%). The Individual Plan (IP) option allows people who can't access benefits through their employer, including those who are self-employed or may be temporarily unemployed, to buy health coverage at a reduced rate directly through the state.

## Contact

Insure Oklahoma  
P. O. Box 54200  
Oklahoma City, OK 73154  
(888) 365-3742  
FAX: (405) 949-9563  
[www.insureoklahoma.org](http://www.insureoklahoma.org)

## Financial Criteria

- Annual gross household income limits apply to individuals and employees under either plan.

## Eligibility

To qualify for the Individual Plan an Oklahoman must be between the ages of 19-64, not be enrolled in Medicare or Medicaid, and one of the following criteria:

- works for an Oklahoma business with 250 or fewer employees but does not qualify for Insure Oklahoma Employer-Sponsored Insurance;
- is self-employed;
- is unemployed and qualifies for unemployment benefits;
- has a disability and a Ticket to Work; or
- is a college student ages 19 - 22.

To qualify for premium assistance under the Employer-Sponsored Insurance option, an employer must meet the following criteria:

- have an operating location in Oklahoma (have a FEIN number issued from the Oklahoma Employment Securities Commission);
- have no more than 250 employees; and
- must be enrolled, or in the process of enrolling in, a qualified health plan.

Employees receiving health premium assistance through ESI must meet separate qualifications.

## **AT Services Provided/ Covered**

- Employer-Sponsored Insurance: varies by carrier.
- Individual Plan: May cover some AT services. See member handbook for details.

## **AT Devices Provided/ Covered**

### **Application Process**

- Applications are available by contacting Insure Oklahoma or going to their website at: [www.insureoklahoma.org](http://www.insureoklahoma.org)

### **Pieces of the Puzzle**

- Oklahoma small business owners of 99 or fewer employees that offer a qualified health plan to their employees and contribute at least 25% of premiums for qualified employees may apply for Insure Oklahoma premium subsidies for qualifying employees.
- A qualifying employee must be between the ages of 19 to 64, have a gross annual household income below the financial guidelines and contribute up to 15% of premium cost for self or eligible spouse.
- Insure Oklahoma pays 60% or more of the employee's premium cost and 85% or more of the premium cost for the employee's spouse.

# Medicaid - Advantage Waiver Program

ADvantage Administration Unit, Aging Services, Department of Human Services

## Purpose

The ADvantage Program of the Home- and Community-Based Waiver Services provides Medicaid services to help people stay at home instead of going to a nursing home. The program assists frail elders and adults who have physical disabilities.

A person must first qualify for Medicaid, a low income service, prior to receiving ADvantage. ADvantage cannot be provided for children or those individuals with an intellectual disability or a cognitive impairment.

## Contact(s)

Megan Haddock

Medicaid Services Director

Mailing Address:

P.O. Box 50550

Tulsa, OK 74150

Physical Address:

823 S. Detroit Ave. 4th Floor

Tulsa, OK 74120

(918) 933-4900

(800) 435-4711

## Financial Criteria

- See "Eligibility"

## Eligibility

- Be a resident of Oklahoma;
- meet Medicaid financial eligibility requirements, which currently limit monthly countable income to \$2,199 and a resource limit of \$2,000. These figures are subject to change;
- 65 years of age or older;
- age 21 or older with a physically disability;
- if age 21 or older with a clinically documented, progressive degenerative disease process that responds to treatment and previously has required hospital or nursing facility (NF) level of care services for treatment related to the condition and requires ADvantage services to maintain the treatment regimen to prevent health deterioration;
- if developmentally disabled, and between the ages of 21 and 65, but does not have an intellectual disability or a cognitive impairment related to the developmental disability; and
- nursing home level-of-care needs.



## **AT Services Provided/Covered**

- Assessments & Evaluations
- Case Management
- Training for Member & Family
- Information & Referral
- Locating Alternate Funding

## **AT Devices Provided/Covered**

- Speech Communication
- Environmental Adaptation
- Mobility/Seating & Positioning

## **Application Process**

- Call the statewide referral number (800) 435-4711 or go to the local DHS county office to apply.
- The staff will refer appropriate applicants to their local DHS office for a functional assessment.

## **Dispute Resolution Process**

1. Oklahoma Department of Human Services (OKDHS) and the ADvantage Program provides an opportunity to request a fair hearing to individuals who are not given the choice of Home and Community-Based Services as an alternative when eligible for nursing home care, are denied services of their choice or the provider of their choice or, whose services are denied, suspended, reduced or terminated. Fair Hearings are held primarily to safeguard the rights and interests of applicant/members, afford protection to the applicant/member against infractions on the part of OKDHS and help identify the need for clarification or revision of policy or practice.
2. The Service Plan form and Service Plan addendum allows a recipient to disagree with the Service Plan as it is written, by selecting “No” to the following statement. “I have been informed of my right to request a fair hearing if I disagree with any action taken regarding my Medicaid services. A Fair Hearing is intended to safeguard my rights and interests by affording me due process. I understand I have the right to appeal any action of the Oklahoma Department of Human Services, which I consider improper by reporting my complaint verbally or in writing to a local county office”.

## **Pieces of the Puzzle**

- The ADvantage Waiver is a Medicaid Program. The program recognizes that many individuals at risk of institutionalization can be cared for in their homes and communities, preserving their independence and ties to family and friends, at a cost no higher than that of institutional care.

- When applying for ADvantage call the contact line or go to the local county OKDHS office, where an “assessment” will be arranged. A nurse will come to the home to complete the assessment. At that time, the nurse will determine medical eligibility for ADvantage. During the same time period, an OKDHS social worker will decide financial eligibility for ADvantage. If both financial and medical eligibility is determined, a case manager will help decide what services are needed and will develop an individualized treatment plan. The case manager will also help to arrange the services.
- Home modifications can be provided if needed in the treatment plan.
- ADvantage Program Case Managers can assist members with acquiring specialized equipment. However, these items are not generally purchased directly with ADvantage funds.
- Consumer Directed Personal Assistance Services and Supports (CD-PASS) offers ADvantage members the opportunity to direct decisions regarding personal care services. CD-PASS enables members with personal assistance needs to recruit, hire, train, supervise, and when necessary, fire their personal service assistant. ADvantage members are not required to utilize the CD-PASS option.
- A redetermination for both financial and medical eligibility is conducted annually.
- The number of individuals who may receive ADvantage services is limited. If the OKDHS/Aging Services determines all ADvantage waiver slots are filled, the individual cannot be certified on the OKDHS computer system as eligible for ADvantage services; the individual’s name is placed on a waiting list for entry as an open slot becomes available.
- All DME purchased with Oklahoma Medicaid funds become the property of the OHCA to be used by the recipient until no longer needed.
- When the ADvantage member no longer needs the valuable DME they may contact the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP) so it can be refurbished, repaired if needed, and reassigned to another Oklahoman at no cost. Priority is given to SoonerCare members for the first 60 days. Call OKDMERP staff at 405-523-4810 or go to <http://okabletech.okstate.edu> for more details.

# Medicaid - Community Waiver

Developmental Disabilities Services, Department of Human Services

## Purpose

The Community Waiver provides services and support to Oklahoma residents with specific types of intellectual disabilities. The waiver assists individuals in their goal to lead healthy, independent and productive lives in the community. Services offered are not otherwise covered through Oklahoma's Medicaid State Plan (SoonerCare). Services provided under the Community Waiver include assistive technology, as well as, other services, which may relate to assistive technology including audiology, dental, nutrition, occupational therapy, physical therapy, speech therapy, architectural modification and specialized medical supplies.

## Contact

Paula Green  
Program Manager  
Oklahoma Department of Human Services  
Developmental Disabilities Services  
P.O. Box 25352  
Oklahoma City, OK 73125  
(405) 521-6274  
FAX: (405) 522-0729  
[www.okhca.org](http://www.okhca.org)

## Financial Criteria

- See "Eligibility"

## Eligibility

- An individual must be age three or older;
- meet SoonerCare financial eligibility requirements, which currently limits monthly countable income to \$2,199, and a resource limit of \$2,000. These figures are subject to change;
- not be simultaneously enrolled in any other waiver program or receiving services in an institution including a hospital, rehabilitation facility, mental health facility, nursing facility, residential care facility or Intermediate Care Facility for persons with Mental Retardation (ICF-MR);
- not be receiving DDS state-funded services such as the Family Support Assistance Payment, Respite Voucher Program, sheltered workshop services, community integrated employment services or assisted living without waiver supports;
- have a disability as determined by the Social Security Administration (SSA) or the Oklahoma Health Care Authority's (OHCA) Level of Care Evaluation Unit and must also have a diagnosis of an intellectual disability;

- be determined by the OHCA Level of Care Evaluation Unit to meet ICF-MR level of care requirements; and
- for additional information regarding waiver eligibility, please refer to Oklahoma's rules.

### **AT Services Provided/Covered**

- Assessment for the need of assistive technology/auxiliary aids
- Training the service recipient/provider in the use and maintenance of equipment/auxiliary aids
- Repair of adaptive devices
- Interpreter services
- Reader services

### **AT Devices Provided/ Covered**

- Aids for Hearing Impaired
- Mobility/Seating & Positioning
- Speech Communication
- Environmental Adaptations
- Aids for Vision Impaired

### **Application Process**

- Oklahoma's Developmental Disabilities Services (DDS) operates statewide with four offices in the state. To apply for waiver services, please contact the area office nearest you.

### **Dispute Resolution Process**

1. Anyone who applies for/or receives services from the Oklahoma Department of Human Services has a right to request the OKDHS Appeals Unit to review an OKDHS action or delay action. This is called a Fair Hearing.
2. You have the right to request a Fair Hearing within 30 days after you have been notified of a decision with which you don't agree or when there has been unusual delay by OKDHS in reaching a decision on your application or case.
3. If you want to request a hearing, contact the local OKDHS office that took the action or failure to act, that you disagree with.
4. You will be asked to fill out a form that says exactly what you disagree with. You may represent yourself or be represented by a lawyer.

5. The hearing decision will be made by the Appeals Committee, which is made up of the hearing officer and two OKDHS state office employees who were not involved in the action you are appealing. The Appeals Committee tries to get most cases decided within 30 days after the hearing. If the appeal is decided against you, you may ask the Director of OKDHS to review the hearing decision. The Appeals Committee letter will explain how to do this.
- Please refer to the OKDHS website at: [www.okdhs.org/](http://www.okdhs.org/) for further details related to Fair Hearings and Appeals.

## **Pieces of the Puzzle**

- Currently, there is a waiting list to receive services through the Community Waiver.
- To be eligible for the Community Waiver, a person must have critical support needs that cannot be met by the In-Home Supports Waivers or other service alternatives.
- Services provided through Oklahoma's SoonerCare Child Health Program will not be covered by the Community Waiver. The SoonerCare Child Health Program lets children with SoonerCare, ages 0-20, get free medical, vision, hearing and dental checkups. If your child's SoonerCare doctor finds a health problem during a health checkup, he or she may send you to another provider or another place for follow-up care. Services needed to take care of the problem will be covered through SoonerCare.
- All Community Waiver services are provided by agencies or individuals who have entered into contract agreements with the Oklahoma Health Care Authority.
- A DDS Case Manager assists with the development of a plan of care, which must be approved prior to all service delivery. A DDS Case Manager is also responsible for providing support and monitoring the implementation of the plan.
- DDS Area Offices operate an assistive technology reuse program. Contact the area office closest to you for more information.
- Please refer to Oklahoma's rules related to DDS assistive technology (AT) devices and services. These rules may be viewed at: [www.okhca.org](http://www.okhca.org) in the Provider, Policies and Rules section under OAC 317:40-5-100.

# Medicaid - In-Home Supports Waiver For Adults

Developmental Disabilities Services, Department of Human Services

## Purpose

The In-Home Supports Waiver for Adults (IHSW-A) provides services and support to Oklahoma residents with specific types of intellectual disabilities. The waiver assists individuals in their goal to lead healthy, independent and productive lives in the community. Services offered are not otherwise covered through Oklahoma's Medicaid State Plan (SoonerCare). Services provided under the IHSW-A include assistive technology, as well as, other services, which may relate to assistive technology including adaptive equipment, audiology, dental, nutrition, occupational therapy, physical therapy, speech therapy, architectural modification and specialized medical supplies.

## Contact

Paula Green  
Program Manager  
Oklahoma Department of Human Services  
Developmental Disabilities Services  
P.O. Box 25352  
Oklahoma City, OK 73125  
(405) 521-6274  
FAX: (405) 522-0729  
[www.okhca.org](http://www.okhca.org)

## Financial Criteria

- See "Eligibility"

## Eligibility

- An individual must be age 18 or older;
- meet SoonerCare financial eligibility requirements, which currently limit monthly countable income to \$2,199, and a resource limit of \$2,000. These figures are subject to change;
- not be simultaneously enrolled in any other waiver program or receiving services in an institution including a hospital, rehabilitation facility, mental health facility, nursing facility, residential care facility or Intermediate Care Facility for persons with Mental Retardation (ICF-MR);
- not be receiving DDS state-funded services such as the Respite Voucher Program, sheltered workshop services, community integrated employment services or assisted living without waiver supports;



- have a disability as determined by the Social Security Administration (SSA) or the Oklahoma Health Care Authority's (OHCA) Level of Care Evaluation Unit and must also have a diagnosis of an intellectual disability and meet ICF-MR level of care requirements;
- reside in the home of a family member or friend, his or her own home, an OKDHS Children and Family Services (CFS) foster home, or a CFS group home, and have critical support needs that can be met through a combination of non-paid, non-waiver and SoonerCare resources available to the individual and with waiver resources that are within the annual waiver limit; and
- for additional information regarding waiver eligibility, please refer to Oklahoma's rules. These rules may be found in the Provider, Policies and Rules section at [www.okhca.org](http://www.okhca.org), OAC 317:40-1-1.

### **AT Services Provided/Covered**

- Assessment for the need of assistive technology/auxiliary aids
- Training the service recipient/provider in the use and maintenance of equipment/auxiliary aids
- Repair of adaptive devices
- Interpreter services
- Reader services

### **AT Devices Provided/ Covered**

- Aids for Hearing Impaired
- Mobility/Seating & Positioning
- Speech Communication
- Environmental Adaptations
- Aids for Vision Impaired

### **Application Process**

- Oklahoma's Developmental Disabilities Services (DDS) operates statewide with four offices in the state. To apply for waiver services, please contact the area office nearest you.

### **Dispute Resolution Process**

1. Anyone who applies for/or receives services from the Oklahoma Department of Human Services has a right to request the OKDHS Appeals Unit to review an OKDHS action or delay action. This is called a Fair Hearing.
2. You have the right to request a Fair Hearing within 30 days after you have been notified of a decision with which you don't agree or when there has been unusual delay by OKDHS in reaching a decision on your application or case.
3. If you want to request a hearing, contact the local OKDHS office that took the action or failure to act, that you disagree with.

4. You will be asked to fill out a form that says exactly what you disagree [with](#). You may represent yourself or be represented by a lawyer.
5. The hearing decision will be made by the Appeals Committee, which is made up of the hearing officer and two OKDHS state office employees who were not involved in the action you are appealing. The Appeals Committee tries to get most cases decided within 30 days after the hearing. If the appeal is decided against you, you may ask the Director of OKDHS to review the hearing decision. The Appeals Committee letter will explain how to do this.
6. Please refer to the OKDHS website, [www.okdhs.org/](http://www.okdhs.org/) for further details related to Fair Hearings and Appeals.

## **Pieces of the Puzzle**

- Currently, there is a waiting list to receive services through the IHSW-A.
- There is a maximum dollar limit of services that an individual may receive through the IHSW-A during a 12 month period.
- Services provided through Oklahoma SoonerCare will not be covered by the IHSW-A. Individuals ages 18-20 will receive services through SoonerCare Child Health Services Program. IHSW-A will not cover any services provided through that program. For more information related to the SoonerCare Program visit [www.okhca.org](http://www.okhca.org).
- All IHSW-A services are provided by agencies or individuals who have entered into contract agreements with the Oklahoma Health Care Authority.
- A DDS Case Manager assists with the development of a plan of care, which must be approved prior to all service delivery. The Case Manager also assist with locating, securing and coordination of needed services.
- DDS Area Offices operate an assistive technology reuse program. Contact the area office closest to you for more information.
- Please refer to Oklahoma's rules related to DDS assistive technology (AT) devices and services. These rules may be viewed at [www.okhca.org](http://www.okhca.org) in the Provider, Policies and Rules section under OAC 317:40-5-100.
- Self-Directed Services (SDS) is an option for IHSW-A members that provides the opportunity to exercise choice and control in identifying, accessing, and managing specific waiver services and supports in accordance with their needs and personal preferences. SDS are waiver services DDS specifies that may be directed by the member or a representative using both employer and budget authority. IHSW-A members are not required to utilize the SDS option.



# Medicaid - In-Home Supports Waiver For Children

Developmental Disabilities Services, Department of Human Services

## Purpose

The In-Home Support Waiver for Children (IHSW-C) provides services and support to Oklahoma children with specific types of intellectual disabilities. The waiver assists children in their goal to lead healthy, independent and productive lives in the community. Services and support offered are not otherwise covered through Oklahoma's Medicaid State Plan (SoonerCare). In order to be eligible for the IHSW-C, a child must reside in the home of a family member or friend, his or her own home and have needs that can be met through a combination of non-paid, non-waiver, SoonerCare and IHSW-C resources within the annual waiver limit. Services provided under the IHSW-C include assistive technology as well as other services which may relate to assistive technology including architectural modification and specialized medical supplies.

## Contact

Paula Green  
Program Manager  
Oklahoma Department of Human Services  
Developmental Disabilities Services  
P.O. Box 25352  
Oklahoma City, OK 73125  
(405) 521-6274  
FAX: (405) 522-0729  
[www.okhca.org](http://www.okhca.org)

## Financial Criteria

- See "Eligibility"

## Eligibility

- An individual must be age 3-17;
- meet SoonerCare financial eligibility requirements, which currently limits monthly countable income to \$2,199, and a resource limit of \$2,000 (only the child's income and resources are counted), these figures are subject to change;
- not be simultaneously enrolled in any other waiver program or receiving services in an institution including a hospital, rehabilitation facility, mental health facility, nursing facility, residential care facility or Intermediate Care Facility for persons with Mental Retardation (ICF-MR);
- not be receiving DDS state-funded services such as the Family Support Assistance Payment, Respite Voucher Program, sheltered workshop services, community integrated employment services or assisted living without waiver supports;

- have a disability as determined by the Social Security Administration (SSA) or the Oklahoma Health Care Authority's (OHCA) Level of Care Evaluation Unit and must also have a diagnosis of an intellectual disability;
- be determined by the OHCA Level of Care Evaluation Unit to meet ICF-MR level of care requirements;
- reside in the home of a family member or friend, his or her own home, an OKDHS Children and Family Services (CFS) foster home, or a CFS group home and have critical support needs that can be met through a combination of non-paid, non-Waiver and SoonerCare resources available to the individual and with waiver resources that are within the annual waiver limit; and
- for additional information regarding waiver eligibility, please refer to Oklahoma's rules. These rules may be found in the Provider, Policies and Rules section at [www.okhca.org](http://www.okhca.org), OAC 317:40-1-1.

### **AT Services Provided/Covered**

- Assessment for the need of assistive technology/auxiliary aids
- Training the service recipient/provider in the use and maintenance of equipment/auxiliary aids
- Repair of adaptive devices
- Interpreter services
- Reader services

### **AT Devices Provided/ Covered**

- Aids for Hearing Impaired
- Mobility/Seating & Positioning
- Speech Communication
- Environmental Adaptations
- Aids for Vision Impaired

### **Application Process**

- Oklahoma's Developmental Disabilities Services (DDS) operates statewide with four offices in the state. To apply for waiver services, please contact the area office nearest you.

### **Dispute Resolution Process**

1. Anyone who applies for/or receives services from the Oklahoma Department of Human Services has a right to request the OKDHS Appeals Unit to review an OKDHS action or delay action. This is called a Fair Hearing.
2. You have the right to request a Fair Hearing within 30 days after you have been notified of a decision with which you don't agree or when there has been unusual delay by OKDHS in reaching a decision on your application or case.

3. If you want to request a hearing, contact the local OKDHS office that took the action or failure to act, that you disagree with. You will be asked to fill out a form that says exactly what you disagree with.
4. You may represent yourself or be represented by a lawyer.
5. The hearing decision will be made by the Appeals Committee, which is made up of the hearing officer and two OKDHS state office employees who were not involved in the action you are appealing. The Appeals Committee tries to get most cases decided within 30 days after the hearing. If the appeal is decided against you, you may ask the Director of OKDHS to review the hearing decision. The Appeals Committee letter will explain how to do this.
6. Please refer to the OKDHS website, [www.okdhs.org/](http://www.okdhs.org/) for further details related to Fair Hearings and Appeals.

## **Pieces of the Puzzle**

- Currently, there is a waiting list to receive services through the IHSW-C.
- There is a maximum dollar limit of services that a child may receive through the IHSW-C during a 12 month period.
- Services provided through Oklahoma's SoonerCare Child Health Program will not be covered by the IHSW-C. The SoonerCare Child Health Program lets children with SoonerCare, ages 0-20, get free medical, vision, hearing and dental checkups. If your child's SoonerCare doctor finds a health problem during a health checkup, he or she may send you to another provider or another place for follow-up care. Services needed to take care of the problem will be covered through SoonerCare. For more information related to the SoonerCare Child Health Program visit [www.okhca.org](http://www.okhca.org).
- All IHSW-C services are provided by agencies or individuals who have entered into contract agreements with the Oklahoma Health Care Authority.
- A DDS Case Manager assists with the development of a plan of care which must be approved prior to all service delivery. The Case Manager also assist with locating, securing and coordination of needed services.
- DDS Area Offices operate an assistive technology reuse program. Contact the area office closest to you for more information.
- Please refer to Oklahoma's rules related to DDS assistive technology (AT) devices and services. These rules may be viewed at [www.okhca.org](http://www.okhca.org) in the Provider, Policies and Rules section under OAC 317:40-5-100.
- Self-Directed Services (SDS) is an option for IHSW-C members that provides the opportunity to exercise choice and control in identifying, accessing, and managing specific waiver services and supports in accordance with their needs and personal preferences. SDS are waiver services DDS specifies that may be directed by the member over the age of 18 or a representative using both employer and budget authority. IHSW-C members are not required to utilize the SDS option.

# Medicaid - Medically Fragile Waiver

Oklahoma Living Choice Project, Oklahoma Health Care Authority

## Purpose

The Medically Fragile Waiver provides services which allow Medicaid eligible persons who need hospital and/or skilled nursing facility level of care to remain at home or in the residential setting of their choosing while receiving the necessary care. The Medically Fragile Program is a home and community-based alternative to placement in a hospital and/or skilled nursing facility to receive Medicaid-funded assistance for care. This waiver also incorporates self-direction opportunities for a specified group of services as a service delivery mechanism.

## Contact(s)

Tatiana Reed, Coordinator  
Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105  
405-522-7270

SoonerCare Helpline  
(800) 987-7767  
(800) 757-5979 (TDD)  
FAX: (405) 530-7185

## Financial Criteria

- See "Eligibility"

## Eligibility

- Individuals must continue to meet SoonerCare financial eligibility requirements;
- must be at least 19 years of age; and
- must continue to meet skilled nursing facility/hospital level of care.

## AT Services Provided/Covered

- Assessment for the need of assistive technology/auxiliary aids
- Training the service recipient/provider in the use and maintenance of equipment/auxiliary aids
- Repair of adaptive devices

## AT Devices Provided/ Covered

- Mobility/Seating & Positioning
- Environmental Adaptations

## **Application Process**

- Members work with their transition coordinator/case manager to determine the need for assistive technology services.

## **Dispute Resolution Process**

1. The appeals process allows a member to appeal a decision involving medical services, prior authorizations for medical services, or discrimination complaints.
2. In order to file an appeal, the member files a LD-1 form within 20 days of the triggering event. The triggering event occurs at the time when the member knew or should have known of such condition or circumstance for appeal. The staff advises the Appellant that if there is a need for assistance in reading or completing the grievance form, arrangements will be made.
3. If the LD-1 form is not received within 20 days of the triggering event or if the form is not completely filled out with all necessary documentation, OHCA sends the Appellant a letter stating the appeal will not be heard.
4. Upon receipt of the member's appeal, a Fair Hearing before the Administrative Law Judge (ALJ) will be scheduled. The member will be notified in writing of the date and time for this procedure. The member must appear at this hearing. The ALJ's decision may be appealed to the CEO, which is a record review at which the parties do not appear.

## **Pieces of the Puzzle**

- Each member will continue to work with a Case Manager to update the service plan as the member's needs change.
- The Medically Fragile Waiver provides medical/nursing services along with other home and community based services (i.e. housekeeping, meal prep, laundry) to members.
- Medically Fragile Waiver members have a Case Manager that assesses and monitors the member's need for services and other life changes that may affect delivery of services.
- The annual cost of waiver services cannot exceed the aggregate average cost of providing care in a nursing/hospital facility. Services are approved and reimbursed by OHCA.
- The Medically Fragile Waiver offers participants self-directed services that provide the individual the opportunity to direct decisions regarding personal care services. Self-directed services enables the individuals with personal care needs the opportunity to recruit, hire, train, supervise, and when necessary, fire their personal care assistant. Participants are not required to utilize the self-directed service option.
- Any participant who no longer meets skilled nursing/hospital facility level of care may qualify for a State Plan or other community based services to meet their needs.

# Medicaid - Money Follows The Person Waiver

Oklahoma Living Choice Project, Oklahoma Health Care Authority

## Purpose

The Oklahoma Living Choice Project promotes community living for people of all ages who have disabilities or long-term illnesses. The project gives Oklahomans more options for managing their health care needs and adding more balance to the state's long-term care system. With grant funding from the Centers for Medicare & Medicaid Services (CMS) under the Money Follows the Person Rebalancing Demonstration, the Oklahoma Health Care Authority (OHCA) will help individuals transition into their own homes in the community.

## Contact

Erin Jackson  
Money Follows the Person/  
Living Choice Project Director  
Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105  
(405) 522-7300  
(888) 287-2443

## Financial Criteria

- See "Eligibility"

## Eligibility

- Individuals must be determined eligible for SoonerCare for at least one day prior to transition from a nursing home/institution;
- be at least 19 years of age;
- must have lived in the institutional setting for 90 consecutive days prior to transition;
- the individual wants to transition back into the community;
- be able to live safely in the community; and
- be willing to play an active role in his or her plan of care.

## AT Services Provided/Covered

- Assessment for the need of assistive technology/auxiliary aids
- Training the service recipient/provider in the use and maintenance of equipment/auxiliary aids
- Repair of adaptive devices



## **AT Devices Provided/ Covered**

- Mobility/Seating & Positioning
- Speech Communication
- Environmental Adaptations

## **Application Process**

- A referral is made to the Oklahoma Health Care Authority (OHCA) Living Choice Project staff by calling (888) 287-2443 to complete an intake form by telephone.
- Formal and informal assessments will be conducted to determine transition feasibility. A Living Choice Common Intake Form will be completed.
- Once eligibility and assessment indicates the individual qualifies for transition, the OHCA ensures that a written Individual Transition Plan will be developed by the individual and their transition team.
- The Individual Transition Plan will include the needed services, who will provide the services and the goals to outline the expected duration of each service.

## **Dispute Resolution Process**

1. The appeals process allows a member to appeal a decision involving medical services, prior authorizations for medical services, or discrimination complaints.
2. In order to file an appeal, the member files a LD-1 form within 20 days of the triggering event. The triggering event occurs at the time when the member knew or should have known of such condition or circumstance for appeal. The staff advises the Appellant that if there is a need for assistance in reading or completing the grievance form, arrangements will be made.
3. If the LD-1 form is not received within 20 days of the triggering event or if the form is not completely filled out with all necessary documentation, OHCA sends the Appellant a letter stating the appeal will not be heard.
4. Upon receipt of the member's appeal, a fair hearing before the Administrative Law Judge (ALJ) will be scheduled. The member will be notified in writing of the date and time for this procedure. The member must appear at this hearing. The ALJ's decision may be appealed to the CEO, which is a record review at which the parties do not appear.

## **Pieces of the Puzzle**

- Each participant will work with a transition coordinator and a transition planning team to complete a transition plan to meet the person's needs.
- The individual selects from a list of available providers. Providers contract with SoonerCare as an agreement to provide services.

- The Living Choice Project is designed to assist with resources that would allow an eligible individual the ability to move out of the nursing home or institution. A one-time allotment of up to \$2,400 is available for participants to assist them with home establishment services such as housing deposits, furniture, and utility deposits.
- The Living Choice Project provides medical services along with Home and Community-Based services to individuals during their first year of community living. The participant will receive services for 365 days. On day 366, older persons with physical disabilities will then move into the ADvantage Waiver (p. 28). Individuals that have transitioned out of NORCE or SORC will transition into the Community Based Waiver on day 366.
- The annual cost of services cannot exceed the aggregate average cost of a nursing home. Services are approved and reimbursed by OHCA. There is no co-payment or deductible.
- Living Choice participants have a transition coordinator/case manager that monitors the participant's transition plan at least monthly. Living Choice also utilizes a quality improvement strategy where staff members conduct provider audits and survey satisfaction on provider retrospective claims reviews.
- The Living Choice Project offers participants 19 years of age and older that have a physical disability or long-term illness self-directed services. Self-directed services will provide the individual the opportunity to direct decisions regarding personal care services. Self-directed services enable participants that have personal care assistance needs to recruit, hire, train, supervise, and when necessary, fire their personal care attendant. Participants are not required to utilize the self-directed Service option.



# Medicaid - SoonerCare Child Health

Oklahoma Health Care Authority

## Purpose

SoonerCare (Oklahoma Medicaid) provides health care services for children covered by SoonerCare from birth through 20 years of age. Children receive a broad range of primary and preventive health services. SoonerCare covers regular and periodic exams to identify health conditions and provide referral and access to medically necessary health care services. Medically necessary AT devices and services may be covered, even if that service is not covered in Oklahoma's Medicaid state plan.

## Contact(s)

Stan Ruffner

Oklahoma Health Care Authority

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

(405) 522-7300

<http://tinyurl.com/24mnpqg>

SoonerCare Helpline:

(800) 987-7767

## Financial Criteria

- See "Eligibility"

## Eligibility

- All children ages 0-20 years who are enrolled in SoonerCare;
- meet financial income and resources standards;
- a resident of Oklahoma and meet citizenship or legal immigration status; and
- check specific SoonerCare eligibility information at [mysooner.org](http://mysooner.org).

## AT Services Provided/Covered

- Assessments & Evaluations
- Training for Consumer
- Maintenance & Repairs
- Case Management

## AT Devices Provided/Covered

- Aids for Daily Living
- Speech Communication
- Aids for Hearing Impaired
- Aids for Vision Impaired
- Mobility/Seating & Positioning

## **Application Process**

- Apply online at [mysooner.org](http://mysooner.org)
- Enrollment assistance is available by calling the SoonerCare helpline or visit the local Community Action Agency

## **Dispute Resolution Process**

1. The appeals process allows a member to appeal a decision involving a denial of services or a reduction of services.
2. In order to file an appeal, the member files an LD-1 form within 20 days of the triggering event. The triggering event is the time when the member knew or should have known of the circumstance for the appeal. Arrangements will be made if the member needs assistance in reading or completing the grievance form.
3. If the appeal is one that can be heard before the agency, A Fair Hearing before an Administrative Law Judge (ALJ) will be scheduled. The member will be notified in writing of the date and time for the hearing. After the hearing, the ALJ will issue a decision and the written decision will be sent to the member. The ALJ's decision may be appealed to the CEO, which is a record review at which the parties do not appear.

## **Pieces of the Puzzle**

- SoonerCare payment is payment in full. Providers may not bill both the individual and SoonerCare.
- If approved, choose a Primary Care Physician (PCP) right away and make an appointment for the child. It is important to visit with the PCP, even if the child is not sick, to build a health history and relationship with the child's doctor.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) can offer expanded services to children ages 0-20 years that are not available to other SoonerCare members. These EPSDT services can include AT devices and services that have been and continue to be excluded in the state plan for the regular Medicaid program.
- Not all types of AT devices will be covered through SoonerCare. There must be a medical need, which must be clearly demonstrated on a case-by-case basis, for an AT device. "Medically necessary" service means medical, dental, behavioral, rehabilitative or other health care services which are:
  - reasonable and necessary to prevent illness or medical conditions, or provide early screening, interventions, and/or treatment for conditions that cause suffering or pain, cause physical deformity or limitation in function, cause illness or infirmity, endanger life, or worsen a disability;
  - provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's medical conditions;

- consistent with the diagnosis of the condition;
  - no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, efficiency and independence; and
  - assisting the individual in achieving or maintaining maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual, and those functional capacities that are appropriate for individuals of the same age.
- The amount, duration, or scope of services to members may not be denied arbitrarily or reduced solely because of the diagnosis, type of illness, or condition. Appropriate limits may be placed on services based on medical necessity.
  - Incontinence supplies will be provided to children 4-20 who have a documented medical necessity.
  - According to OHCA, AT refers to those medically necessary devices used by an individual with a disability to enhance developmental skills, learning, and adaptation to the individual's environment. These devices must be unique, customized or personalized to the specific individual. AT devices include, but are not limited to, cognitive and developmental aids, and alternative augmentative communication aids.
  - SoonerCare is the payor of last resort for equipment purchases. If an individual has private health insurance, SoonerCare only begins paying after the health insurance stops.
  - Schools may be SoonerCare providers and receive reimbursement for services that are provided under the IDEA if the school district contracts with OHCA.
  - Due to parental income, some children with disabilities may not have been eligible for SoonerCare prior to the age of 18, but may become income eligible for SoonerCare and could receive services through age 20.
  - All Durable Medical Equipment (DME) purchased by SoonerCare is the property of the OHCA to be used by the member until no longer needed.
  - When the SoonerCare member no longer needs the valuable DME they may contact the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP) so it can be refurbished, repaired if needed, and reassigned to another Oklahoman at no cost. Priority is given to SoonerCare members for the first 60 days. Call OKDMERP staff at 405-523-4810 or go to <http://okabletech.okstate.edu> for more details.

# Medicaid - SoonerCare Choice

Oklahoma Health Care Authority

## Purpose

SoonerCare Choice is a Primary Care Case Management (PCCM) Program in which each member has a medical home. The medical home provider will coordinate all health care services to qualifying Oklahomans. SoonerCare is administered by the Oklahoma Health Care Authority (OHCA). OHCA contracts with designated PCCM to be SoonerCare providers. You must go to your PCCM for most of your health care needs. If you need care that your PCCM can't provide, he/she will refer you to an appropriate specialist. Assistive technology is purchased as Durable Medical Equipment (DME) through a fee for service with contracted vendors.

## Contact(s)

Becky Pasternik-Ikard  
Deputy State Medicaid Dir.  
Oklahoma Health Care Authority  
2401 NW 23rd, Ste 1A  
Oklahoma City, OK 73107  
(405) 522-7300

<http://www.okhca.org/individuals.aspx?id=548>

## SoonerCare Helpline

(800) 987-7767  
(800) 757-5979 (TDD)  
FAX: (405) 530-3426

## Financial Criteria

- See "Eligibility"

## Eligibility

- Individuals qualifying under the "Temporary Assistance for Needy Families" are eligible
- must meet income and resource tests for eligibility and be medically needy
- pregnant women (Soon-To-Be Sooners have limited pregnancy benefits) and/or children under the age of 18 with a family income at/or below 185% of the federal poverty level
- pregnant women at/or below 133% of federal poverty level receive a full scope of SoonerCare Choice services
- financial eligibility is determined at the local DHS office
- may be categorically eligible if individuals are over 65 years old, blind, or disabled

- all persons receiving Supplementary Security Income (SSI) benefits from the Social Security Administration are eligible to make a separate application to the county DHS office for Medicaid services
- persons above the income limits may receive assistance by utilizing a “spend down” procedure if they are categorically related

### **AT Services Provided/Covered**

- Assessments & Evaluations
- Information & Referral
- Maintenance & Repair

### **AT Devices Provided/ Covered**

- Aids for Daily Living
- Mobility/Seating & Positioning

### **Application Process**

- Apply online at <http://www.okhca.org> and click on “Enroll Online Now”
- Application for SoonerCare can be made at the local Department of Human Service Office. There is at least one office in every county in Oklahoma. Call BEFORE you go to apply. It will be necessary to make an appointment and be sure to ask what types of medical, financial and other information to bring to the appointment. If you are receiving SSI payments or cash from Temporary Cash Assistance for Needy Families (TANF), you must apply at your local DHS office.
- Enrollment is also available at the State Health Department or an Indian Health Center,

### **Dispute Resolution Process**

1. Call the SoonerCare Helpline. The SoonerCare Helpline will make a full report of your problem and work with you to try to resolve it, or;
2. The appeals process allows a member to appeal a decision involving medical services, prior authorizations for medical services, or discrimination complaints.
3. In order to file an appeal, the member files a LD-1 form within 20 days of the triggering event. The triggering event occurs at the time when the member knew or should have known of such condition or circumstance for appeal. The staff advises the Appellant that if there is a need for assistance in reading or completing the grievance form that arrangements will be made.
4. If the LD-1 form is not received within 20 days of the triggering event or if the form is not completely filled out with all necessary documentation OHCA sends the Appellant a letter stating the appeal will not be heard.

5. Upon receipt of the member's appeal, a Fair Hearing before the Administrative Law Judge (ALJ) will be scheduled. The member will be notified in writing of the date and time for this procedure. The member must appear at this hearing. The ALJ's decision may be appealed to the CEO, which is a record review at which the parties do not appear.
6. Member appeals are to be decided within 90 days from the date OHCA receives the member's timely request for a Fair Hearing unless the member waives this requirement.

## **Pieces of the Puzzle**

- SoonerCare Choice combines a managed care approach to services through the use of a Primary Care Case Management (PCCM) and the state reimbursement on a fee-for-service to other community providers such as specialist, pharmacists and durable medical equipment vendors.
- SoonerCare Choice covers many health care services. However, there are limitations that apply to ensure that only medically necessary services are provided. Some services are for children only. Medicaid recipients exempt from SoonerCare Choice remain in the fee-for-service SoonerCare Traditional program.
- These include individuals who are:
  - dually-eligible for Medicaid and Medicare;
  - in state custody such as foster care;
  - reside in an institution such as a nursing facility; or
  - served through a Home and Community-Based Waiver, such as the ADvantage Waiver Program and In-Home Support Waiver Services.
- Not all types of AT devices can be purchased under Medicaid. OHCA will either purchase or rent DME that is prescribed by an approved medical provider and is medically necessary.
- Questions about Medicaid coverage of specific items should be directed to the Oklahoma Health Care Authority, SoonerCare Helpline (800) 987-7767 or 711 TDD.
- Medicaid does not reimburse the member directly for medical expenses incurred. Adults have co-pays for most SoonerCare covered services; children do not have co-pays.
- Medicaid is the payor of last resort on equipment purchases. If an individual has health insurance, Medicaid only begins paying after the health insurance ceases to pay.
- All DME purchased with Oklahoma Medicaid funds becomes the property of the OHCA to be used by the member until no longer needed
- When the SoonerCare member no longer needs the valuable DME they may contact the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP) so it can be refurbished, repaired if needed, and reassigned to another Oklahoman at no cost. Priority is given to SoonerCare members for the first 60 days. Call OKDMERP staff at (405) 523-4810 or go to <http://okabletech.okstate.edu> for more details.



# Medicaid - SoonerCare Traditional

Oklahoma Health Care Authority

## Purpose

SoonerCare Traditional fee-for-service has a statewide network of providers that includes hospitals, family practice doctors, pharmacies and Durable Medical Equipment companies. SoonerCare members in this program may choose any of these contracted providers for needed services. SoonerCare Traditional program covers a broad range of medical services for categorically qualified persons with low income. In Oklahoma, SoonerCare is administered by the Oklahoma Health Care Authority (OHCA). Assistive technology is purchased as Durable Medical Equipment (DME).

## Contact(s)

Becky Pasternik-Ikard  
Deputy State Medicaid Dir.  
OK Health Care Authority  
4345 N Lincoln Blvd  
Oklahoma City, OK 73105  
(405) 522-7300

SoonerCare Helpline  
(800) 987-7767  
(800) 757-5979 (TDD)  
FAX: (405) 530-3426  
[www.OKHCA.org](http://www.OKHCA.org)

## Financial Criteria

- See "Eligibility"

## Eligibility

- Medicaid SoonerCare Traditional program is provided to certain SoonerCare members that are currently exempt from SoonerCare Choice that includes:
  - residents of long-term care facilities;
  - people with private HMO coverage;
  - dually eligible for SoonerCare and Medicare;
  - children in state or tribal custody;
  - members receiving service through a Home and Community-Based Services (HCBS) Waiver;
  - must meet income and resource tests for eligibility and be medically needy;
  - must fit into specific categories and must have income and resources below specific thresholds;
  - may be categorically eligible if they are over 65 years old, blind or have a disability;
- and

- all persons who are receiving Supplementary Security Income (SSI) benefits from the Social Security Administration (SSA) are eligible to make a separate application for SoonerCare services.

## **AT Services Provided/Covered**

- Assessments & Evaluations
- Maintenance & Repairs

## **AT Devices Provided/ Covered**

- Aids for Daily Living
- Mobility/ Seating & Positioning

## **Application Process**

- Apply online at: <http://www.okhca.org> and click on “Enroll Online Now”.
- Application for SoonerCare can be made at the local Department of Human Service Office. There is at least one office in every county in Oklahoma. Call BEFORE you go to apply. It will be necessary to make an appointment and be sure to ask what types of medical, financial and other information to bring to the appointment. If you are receiving SSI payments or cash assistance (TANF), you must apply at your local DHS office.
- Enrollment is also available at the State Health Department or an Indian Health Center.

## **Dispute Resolution Process**

1. Call the SoonerCare Helpline. The SoonerCare Helpline will make a full report of your problem and work with you to try to resolve it, or;
2. The appeals process allows a member to appeal a decision involving medical services, prior authorizations for medical services, or discrimination complaints.
3. In order to file an appeal, the member files a LD-1 form within 20 days of the triggering event. The triggering event occurs at the time when the member knew or should have known of such condition or circumstance for appeal. The staff advises the Appellant that if there is a need for assistance in reading or completing the grievance form that arrangements will be made.
4. If the LD-1 form is not received within 20 days of the triggering event or if the form is not completely filled out with all necessary documentation, OHCA sends the Appellant a letter stating the appeal will not be heard.
5. Upon receipt of the member’s appeal, a Fair Hearing before the Administrative Law Judge (ALJ) will be scheduled. The member will be notified in writing of the date and time for this procedure. The member must appear at this hearing. The ALJ’s decision may be appealed to the CEO, which is a record review at which the parties do not appear.



6. Member appeals are to be decided within 90 days from the date OHCA receives the member's timely request for a Fair Hearing unless the member waives this requirement

## **Pieces of the Puzzle**

- Not all types of AT devices can be purchased under Medicaid. OHCA will either purchase or rent DME that is prescribed by an approved medical provider and is "medically necessary".
- OHCA requires prior authorization for most DME.
- Individuals obtain DME by a prescription from a physician then given to a DME supplier. The DME supplier must be contracted with the SoonerCare program (e.g., on SoonerCare's approved vendor list).
- SoonerCare will not pay for services of a non-SoonerCare provider. A provider's participation in the SoonerCare program is voluntary and SoonerCare members should ask if SoonerCare is accepted before scheduling an appointment or requesting DME.
- Medicaid is the payor of last resort on equipment purchases. If the individual is eligible for Medicare, then Medicaid will only pay the remainder of the cost after Medicare has paid within the limits of the fee schedules. If an individual has health insurance, Medicaid only begins paying after the health insurance ceases to pay.
- All DME purchased with Oklahoma Medicaid funds become the property of the OHCA to be used by the member until no longer needed.
- When the SoonerCare member no longer needs the valuable DME they may contact the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP) so it can be refurbished, repaired if needed, and reassigned to another Oklahoman at no cost. Priority is given to SoonerCare members for the first 60 days. Call OKDMERP staff at (405) 523-4810 or go to <http://okabletech.okstate.edu> for more details.

# Medicaid - TEFRA

Oklahoma Health Care Authority

## Purpose

TEFRA (Tax Equity and Fiscal Responsibility Act of 1982) gives states the option to make Medicaid (SoonerCare) benefits available to children with physical or mental disabilities who would not ordinarily be eligible for Supplemental Security Income (SSI) benefits because of their parent's income or resources. This option allows children who are eligible for institutional services to be cared for in their homes. Children with disabilities eligible under TEFRA will get full health insurance coverage under Medicaid services that include coverage with SoonerCare Child Health Program.

## Contact(s)

Lori Kann

TEFRA Services

Oklahoma Health Care Authority

4345 N Lincoln Blvd

Oklahoma City, OK 73105

(405) 522-7300

Email: [debbie.harmon@okhca.org](mailto:debbie.harmon@okhca.org)

<http://www.okhca.org/>

## Financial Criteria

- See "Eligibility"

## Eligibility

- Be under the age of 19;
- meet the Social Security definition of disability;
- have gross monthly income at or below \$2,199 and countable resources at or below \$2,000 (only the child's income and resources are counted), these figures are subject to change;
- meet one of the three levels of institutional care which are: intermediate care facility for the mentally retarded, nursing facility, or hospital;
- must be appropriate to care for the child at home; and
- the estimated cost of caring for the child at home cannot exceed the estimated cost of caring for the child in the institution.

## **AT Services Provided/Covered**

- Assessments & Evaluations
- Training for Consumer & Family
- Maintenance & Repairs
- Case Management
- Information & Referral
- Locating Alternate Funding

## **AT Devices Provided/ Covered**

- Aids for Hearing Impaired
- Mobility/Seating & Positioning
- Speech Communication
- Environmental Adaptations
- Aids for Vision Impaired

## **Application Process**

- Apply for TEFRA at the local DHS office (the same process as applying for Medicaid).
- Call the county office to see if you need to schedule an appointment.
- Bring a denial letter from the Social Security Administration (SSA). If you do not have a denial letter, call SSA at (800) 772-1213 and talk to a representative about your child's eligibility for SSI.
- Complete a TEFRA-1 Physician Assessment Form. The form is available from the Oklahoma Department of Human Services County Offices, the SoonerCare Helpline or the Oklahoma Health Care Authority website.
- If your child has private insurance coverage that you intend to maintain in addition to any TEFRA eligibility, please document only your actual costs per month for the services listed. If the service is not covered by the insurance provider, or you do not have third party insurance coverage, indicate the full cost of each service provided

## **Dispute Resolution Process**

1. The appeals process allows a member to appeal a decision involving medical services, prior authorizations for medical services, or discrimination complaints.
2. In order to file an appeal, the member files a LD-1 form within 20 days of the triggering event. The triggering event occurs at the time when the member knew or should have known of such condition or circumstance for appeal. The staff advises the Appellant that if there is a need for assistance in reading or completing the grievance form that arrangements will be made.
3. If the LD-1 form is not received within 20 days of the triggering event or if the form is not completely filled out with all necessary documentation, OHCA sends the Appellant a letter stating the appeal will not be heard.

4. Upon receipt of the member's appeal, a Fair Hearing before the Administrative Law Judge (ALJ) will be scheduled. The member will be notified in writing of the date and time for this procedure. The member must appear at this hearing. The ALJ's decision may be appealed to the CEO, which is a record review at which the parties do not appear.
5. Member appeals are to be decided within 90 days from the date OHCA receives the member's timely request for a Fair Hearing unless the member waives this requirement.

## **Pieces of the Puzzle**

- Once financial eligibility for TEFRA has been established, the TEFRA application will be reviewed to evaluate whether the criteria for disability, institutional level of care, cost effectiveness, and safety and appropriateness have been met. To avoid unnecessary delays in processing the application, please make sure that both you and the child's physician have completed all sections of the TEFRA-1 assessment form. In addition, OHCA will need supplemental documentation to support information provided on the TERFA-1 document.
- Once determined eligible the child is covered for up to 12 months. You must reapply every year.
- If the child has private insurance coverage that the family intends to maintain in addition to any TEFRA you must:
  - use your insurance first;
  - follow the rules of your insurance; and
  - see providers who have contracts with both your insurance and Medicaid SoonerCare in order to be fully covered for all costs of services.
- All DME purchased with Oklahoma Medicaid funds become the property of the OHCA to be used by the recipient until no longer needed. When the SoonerCare member no longer needs the valuable DME they may contact the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP) so it can be refurbished, repaired if needed, and reassigned to another Oklahoman at no cost. Priority is given to SoonerCare members for the first 60 days. Call OKDMERP staff at (405) 523-4810 or go to <http://okabletech.okstate.edu> for more details.

# Medicare

Centers for Medicare and Medicaid Services

## Purpose

Medicare is a federal health insurance plan administered by the Centers for Medicare Services (CMS) for persons age 65 and older, and for eligible individuals with disabilities. The Social Security Administration (SSA) helps CMS by enrolling people in Medicare and by collecting Medicare premiums. Eligibility is NOT based on need or income/asset limits.

- Medicare - Part A covers hospital and related health care.
- Medicare - Part B is a voluntary medical insurance program that provides assistive technology (AT) purchased as Durable Medical Equipment (DME) and must be “necessary and reasonable.”
- Medicare - Part D is a voluntary insurance for prescription drugs.

## Contact(s)

For information about applying for Medicare, eligibility, or replacing a lost Medicare card contact the Social Security Administration:

(800) 772-1213

[www.medicare.gov](http://www.medicare.gov)

For general Medicare information call the Medicare Hotline: (800) 633-4227

For questions regarding general information contact the Senior Health Insurance Counseling Program (SHIP) which is a non-profit organization helping to inform the public about Medicare and other senior health insurance issues. This division provides accurate and objective counseling, assistance, and advocacy relating to Medicare, Medicaid, Medicare supplements, Medicare Advantage, long-term care, and other related health coverage plans for Medicare beneficiaries, their representatives, or persons soon to be eligible for Medicare.

Senior Helpline:

(800) 763-2828

## Financial Criteria

- None

## Eligibility

- Individuals 65 years of age or older;
- have been receiving Social Security Disability Insurance (SSDI) payments for twenty-four months as a result of being blind or have a permanent disability;
- have End Stage Renal Disease; or
- Amyotrophic Lateral Sclerosis (ALS).

## **AT Services Provided/Covered**

- Assessments & Evaluations
- Maintenance & Repairs

## **AT Devices Provided/ Covered**

- Aids for Daily Living
- Mobility/Seating & Positioning
- Speech Communication
- Aids for Vision Impaired

## **Application Process**

- Applications for a Medicare health insurance card are taken at all local offices of the Social Security Administration. For eligibility information and to locate the Social Security Office nearest you, call the Social Security information hotline at (800) 772-1213.
- Apply on-line at [www.medicare.gov](http://www.medicare.gov)

## **Dispute Resolution Process**

1. If Medicare makes a decision you disagree with, you can file an appeal. If you disagree with the decision made at any level of the process, you can generally go to the next level. After each level, you will be given instructions on how to proceed to the next level of appeal.
2. Level 1 is a redetermination by the company that handles claims for Medicare. A redetermination is a second look at a claim. If you disagree with the decision made on your claim, you must request a redetermination within 120 days from the date you got your Medicare Summary Notice (MSN). Follow the directions on the MSN to do this. You will get a response called a "Medicare Redetermination Notice" about 60 days after the company gets your appeal request.
3. If you disagree with the redetermination decision in level 1, you have 180 days after you get your decision to ask for a reconsideration. This is the second level of appeal.
4. Level 2 is a reconsideration by the Qualified Independent Contractor (QIC).
5. To check the status of your reconsideration you can call 1-800-Medicare (800 633-4227).
6. For assistance, contact the Senior Health Insurance Counseling Program (SHIP) at (800) 763-2828 (in state only) or (405) 521-6628 (out of state).



## Pieces of the Puzzle

- Anyone who has Medicare Part B can have Medicare help pay for the rental or purchase of durable medical equipment, as long as the equipment is “medically necessary”. Medical equipment is prescribed by a doctor (or qualified nurse practitioner, physician assistant, or clinical nurse specialist) for use in the home.
- Most people will pay the Medicare Part B premium of \$104.90 in 2015 unless according to their IRS income tax return they earn above a certain amount, in which case they may have an increase in the premium as a result of an Income Related Monthly Adjustment Amount.
- Individuals with low income may qualify for additional financial assistance to help pay for Part B premiums, deductible and co-payments. To apply for the Qualifying Medicare Benefits Program or Specified Low-Income Medicare Beneficiary Programs, go to the local Oklahoma Department of Human Services County Office.
- Oklahoma is part of the DME competitive bidding program, which changes the amount Medicare pays suppliers for certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Under this program, suppliers submit bids to provide certain medical equipment and supplies at a lower price. Medicare uses these bids to set the amount it will pay for that equipment and supplies under the competitive bidding program. Qualified, accredited suppliers with winning bids are chosen as Medicare contract suppliers.
- If the equipment or supplies ordered by the doctor are included in the competitive bidding program, individuals must get their equipment or supplies from a Medicare contract supplier for Medicare to pay for the item(s).
- Medicare covers power-operated vehicles (scooters and wheelchairs), walkers, and manual wheelchairs as DME that your doctor prescribes for use in your home. Before Medicare helps pay for a power wheelchair you must have a face-to-face examination and a written prescription from a doctor or other treating provider.
- Medicare covers Speech Generating Devices (SGDs) as DME even though the device can perform other functions as long as it is used solely by the patient with the severe speech impairment and are used primarily for the generation of speech. Medicare recipients may choose to purchase accompanying services for the SGD such as phone, text or internet.
- The Gleason Act was signed into law on July 31, 2015. This law ends Capped Rental for Speech Generating Devices (SGDs) on October 1, 2015 and will include eye control as an accessory for SGDs after January 1, 2016.
- Medicare beneficiaries who have their diabetic testing supplies delivered to their home will have to get their supplies from a contract supplier in order for Medicare to help pay. Medicare will help pay for supplies if individuals use a mail-order contract supplier or go to their local pharmacy. Local stores don't have to be Medicare contract suppliers unless they're also offering diabetic supplies through the mail.
- The Medicare website, [www.medicare.gov/](http://www.medicare.gov/) is very informational. The website also has a directory to look up DME suppliers and physicians online at: [www.medicare.gov/](http://www.medicare.gov/)



# Oklahoma Able Tech

Department of Wellness, Oklahoma State University

## Purpose

The purpose of ABLE Tech is to increase the access to and acquisition of assistive technology (AT) devices and services for individuals with disabilities, their families and support professionals. ABLE Tech accomplishes this purpose by providing AT through a short-term equipment loan program, demonstration centers, a low interest financial loan for AT, reutilization of AT through the Oklahoma Equipment Exchange (OEE) and the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP). In addition, ABLE Tech provides information and referral, training on various AT topics and collaborates with state agencies and organizations to enhance the understanding and access to AT. ABLE Tech is funded under the Assistive Technology Act by the U.S. Department of Health & Human Services, Administration for Community Living and is located at Oklahoma State University in the Department of Wellness.

## Contact

Linda Jaco, Director  
OSU Department of Wellness  
1514 W. Hall of Fame  
Stillwater, OK 74078-2026  
(405) 744-9748 (V/TDD)  
(800) 257-1705 (V/TDD)  
FAX: (405) 744-2487  
<http://okabletech.okstate.edu/>

ABLE Tech INFO-line:  
(888) 885-5588 toll free

## Financial Criteria

- None

## Eligibility

- Any Oklahoman

## AT Services Provided/Covered

- Information & Referral
- Training for Consumer, Family, & Professional Groups
- Locating Alternate Funding
- Short-term Equipment Loan & AT Demonstration

## **AT Devices Provided/ Covered**

- Various AT devices are available on a short-term loan basis for trial or evaluation use
- ABLE Tech is a vendor of iPads as speech generating devices for eligible SoonerCare members though the age of 20.
- Reutilization of AT

## **Application Process**

- Contact the main office by phone to request service(s).
- Contact the Oklahoma ABLE Tech INFO-line for AT information and referral. (See “Pieces of the Puzzle”).

## **Pieces of the Puzzle**

- ABLE Tech operates AT device demonstration centers with various partners across the state. The purpose of the device demonstration is to enable an individual to make an informed choice by allowing hands-on opportunities to learn about AT. The list of available AT for demonstration and their partners are on the ABLE Tech website: <http://okabletech.okstate.edu>.
- ABLE Tech operates a short-term equipment loan program, which allows individuals to borrow AT in order to “try before you buy.” Short-term loans are also beneficial for purposes of assessment, meeting interim needs when devices need to be repaired and for personnel development activities. ABLE Tech will lend AT free to any Oklahoman up to 42 days. ABLE Tech has several partner entities across the state that can lend specialized AT to Oklahomans. The list for available AT for short-term loans and their partners are on the ABLE Tech website: <http://okabletech.okstate.edu>.
- ABLE Tech, BancFirst and the Oklahoma Assistive Technology Foundation (OkAT) work together to offer a financial loan program. This program allows qualified Oklahomans with disabilities a fixed rate financial loan. Individuals can purchase any type of AT; such as, wheelchairs, adapted cars or vans, communication devices, hearing aids, etc. The financial loan can also provide individuals with disabilities that qualify to receive a low interest loan or a guaranty loan to borrow money to purchase equipment for an employment or telework outcome. Telework can be either through an employer or self-employment, which is work that can be performed from home and/or remote sites away from the office, such as work on the road.
- The Oklahoma Equipment Exchange (OEE) is ABLE Tech’s free AT device exchange program. The Equipment Exchange is similar to a “want ad” where pre-owned AT is listed. The OEE is an opportunity to re-sell or buy AT for a lower cost than new items; such as, modified vehicles, wheelchairs, and daily living aids. To buy, donate, or sell used AT, call the toll-free ABLE Tech INFO-line, (888) 885-5588 (V/TDD) or visit the website at: <http://oec.okstate.edu>.

- ABLE Tech and the Oklahoma Health Care Authority, have partnered to provide the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP). The program is designed to reuse valuable DME that is no longer needed, and assign it to someone in need at no cost. Oklahoma residents who wish to donate gently used equipment, or Oklahomans in need of DME are encouraged to apply. Please call (405) 523-4810 for more information.
- ABLE Tech provides information and referral services on AT for people of all ages with disabilities. Anyone can call; family, friends, service providers, and other professionals. ABLE Tech's resources include statewide and national resources, an in-house collection of catalogs, fact sheets, and various publications.
- ABLE Tech offers educational and training workshops on AT to consumers, parents, and professionals that serve individuals with disabilities.
- ABLE Tech serves as the Assistive Technology & Information Services Program for Oklahoma public schools and assists educators in meeting the requirements of the Individuals with Disabilities Education Act (IDEA). ABLE Tech conducts regional trainings, webinars, videos, one-on-one consultations, and technical assistance documents. In addition, students, educators, and families have access to ABLE Tech's AT devices and short-term loan program, training, and support recommendations to help students with disabilities achieve educational goals.
- ABLE Tech assists students, educators, and families obtain Accessible Educational Materials (AEM) and determine the appropriate technology often necessary to read specialized formats. Some students have difficulty reading textbooks and other curricular materials due to blindness, low vision, a specific learning disability, such as dyslexia, or a physical disability preventing the student from holding the textbook or turning pages. To succeed in school, these students need specialized formats. The federal special education law, Individuals with Disabilities Education Act (IDEA), requires schools to provide AEM for elementary and secondary students. AEM includes: large print, braille, audio, and digital text.
- ABLE Tech partners with the Department of Rehabilitation Services (DRS) to bring training to Oklahoma's Workforce partner system through regional training and technical assistance. The partnership between DRS and ABLE Tech seeks to close the gaps in workforce utilization, income, and poverty among people with disabilities by providing equal access to workforce services. The program trains staff in best practices to help job seekers with disabilities gain competitive employment. The shared goal of the Workforce System is to provide access to employment for everyone, ultimately increasing household wealth. The program helps Workforce staff to be aware of the benefits and requirements for ensuring accessible Workforce services and environments and to learn more about the responsibilities that are part of the new Workforce Innovation and Opportunity Act (WIOA).

- ABLE Tech provides technical assistance, training and consultation about web and digital accessibility and the standards and laws that make accessibility mandatory for agencies and institutions in the State of Oklahoma. In addition, ABLE Tech provides a fee-for-service consultation to assist Oklahoma state agencies and higher education institutions in designing, developing and procuring accessible websites and software.
- ABLE Tech is a vendor of iPads and communication apps to be used as speech generating devices for eligible SoonerCare members. SoonerCare approves devices for persons up to age 21, that have completed a formal evaluation of 3 different devices by a licensed speech pathologist. For assistance completing all the necessary documentation contact ABLE Tech.
- As funding is available, ABLE Tech partners with “Fire Protection Publications” in offering the installation of free specialized smoke alarms to Oklahoma residents and provide fire safety messages to eligible Oklahomans who are deaf, hard of hearing, blind, low vision, or use a mobility device.

# Oklahoma Equipment Distribution Program

Oklahoma Department of Rehabilitation Services (DRS)

## Purpose

The program was established by legislation in 1986 as an accessibility program for Oklahomans that have hearing or speech problems that make it difficult for them to access the telephone. The Oklahoma Equipment Distribution Program can provide one amplified or text telephone, video phone, voice carry over phone, ring signalers, and other types of equipment to Oklahomans who are deaf, hard of hearing, speech impaired, or deaf-blind, regardless of age. This program also operates the Senior Citizen Hearing Aid Program, as described on Page 56, and the Children's Hearing Aid Program as described on Page 23. Based on income eligibility, a sliding scale co-payment may apply.

## Contact(s)

Jason Sledd, Specialist on Deafness,  
Equipment Distribution Program  
1100 E Oklahoma Ave.  
Sulphur, OK 73086-3108  
(405) 294-3977 (Video Ph)  
(866) 309-1717 (V/TDD)  
FAX: (580) 622-5850  
EMAIL: [jsledd@osd.k12.ok.us](mailto:jsledd@osd.k12.ok.us)  
[www.osd.k12.ok.us](http://www.osd.k12.ok.us)

## Financial Criteria

- Income eligibility, based on number in household

## Eligibility

- The individual must be a resident of the State of Oklahoma and provide verification of:
  - hearing or speech impairment with loss severe enough requiring the use of a TDD or amplifier to use the telephone;
  - income; and
  - a list of other contributing disabilities (i.e., blindness, visual impairment, physical disability, etc.).
- A request for Captioned Telephones (CapTel) requires an audiogram.

## AT Services Provided/Covered

- Information & Referral
- Training for Consumer & Family

## **AT Devices Provided/ Covered**

- Aids for Hearing Impaired
- Speech Communication

## **Application Process**

- Contact the Oklahoma School for the Deaf (866) 309-1717 or (405) 294-3977 (VP) to request an application form.

## **Dispute Resolution Process**

- There is no formal dispute process. A person is determined eligible based on proof of disability. Equipment is distributed as funds are available.
- If there is a question regarding an individual receiving equipment, questions should be directed to Traci Prince at the Oklahoma School for the Deaf.

## **Pieces of the Puzzle**

- Funds for this program are limited; therefore applicants may be placed on a waiting list for services.
- Individuals who have an income above the allotted guideline, contribute to the program based on a sliding scale. Family income and number of people in the family are used to determine costs for each individual.
- If you are in need of assistance with setting up your equipment, you may request program staff to come to your home.
- The program also has a demonstration lab at Total Source for Hearing-loss and Access (TSHA) in Tulsa where you may schedule an appointment and try out equipment. Contact TSHA (918) 832-8742 to make an appointment.

# Oklahoma Library For The Blind & Physically Handicapped

Division of Visual Services Oklahoma Department of Rehabilitation Services (DRS)

## Purpose

The Oklahoma Library for the Blind and Physically Handicapped (OLBPH) in the Division of Visual Services offers services for persons who are blind, visually impaired and those with disabilities preventing them from using standard print materials. Thousands of books, textbooks and periodicals in recorded and braille formats, and playback equipment are available through the library at no charge and are sent and returned via postage-free mail. OLBPH is a regional depository for the Library of Congress, National Library Services for the Blind and Physically Handicapped. The OLBPH also operates the Accessible Instructional Materials (AIM) Center, that provides textbooks and other instructional materials in braille and other accessible formats for students with visual impairments in kindergarten through grade 12.

## Contact

Kevin Treese, Director  
300 NE 18th St.  
Oklahoma City, OK 73105  
(405) 521-3514  
(800) 523-0288  
(405) 521-4672 (TDD)  
FAX: (405) 521-4582  
Email: [ktreese@okdrs.gov](mailto:ktreese@okdrs.gov)  
[www.library.state.ok.us](http://www.library.state.ok.us)

## Financial Criteria

- None

## Eligibility

The following persons are eligible for service:

- Residents of the United States, including territories, the District of Columbia, and American citizens living abroad;
- Blind persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees;

Other physically handicapped persons are eligible as follows:

- Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of regular printed material;



- Persons certified by competent authority as unable to read or unable to use regular printed material because of physical limitations; or
- Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent reading regular printed material in a conventional manner. This certification must be made by a doctor of medicine or doctor of osteopathy who may consult with colleagues in associated disciplines.

## **AT Services Provided/Covered**

- Information & Referral
- Loan of tape recorded and braille books
- Loan of cassette machines for playing talking books
- Loan of descriptive videos
- Newslines: newspapers read over the phone by computer
- Braille, tape, and large print textbooks and specialized instructional equipment for visually impaired children and youth in Oklahoma Schools

## **AT Devices Provided/ Covered**

- Playback machines for reading talking books are loaned

## **Application Process**

- To request an application for service, books and operating equipment, contact the Oklahoma Library for the Blind & Physically Handicapped online at: <http://www.library.state.ok.us/dir/apply>

## **Pieces of the Puzzle**

- The Library for the Blind and Physically Handicap operates The NEWSLINE® service which reads newspapers over the telephone to Oklahomans who are unable to read standard print due to blindness, visual impairment, a learning disability or the physical inability to hold or turn the pages of printed material.
- For more information about NEWSLINE®, contact the Oklahoma Library for the Blind and Physically Handicapped at (405) 521-3514 in Oklahoma City or (800) 523-0288 toll free statewide.

# Older Blind Independent Living Services Program

Division of Visual Services, Oklahoma Department of Rehabilitation Services

## Purpose

The Older Blind Independent Living Program expands independent living services for people who are 55 years or older and legally blind. Rehabilitation teachers, located in the Division of Visual Services offices throughout the state, provide one-on-one assistance to older people in adjusting to blindness and regaining or maintaining maximum independence and self-sufficiency.

## Contact(s)

Fatos Floyd

Field Coordinator

444 S Houston, Ste 200

Tulsa, OK 74129

(918) 581-2351

(855) 887-7397 (V/TDD)

FAX: (918) 551-4935

Email: [ffloyd@okdrs.gov](mailto:ffloyd@okdrs.gov)

<http://www.okrehab.org/drupal/independence/older-blind>

## Financial Criteria

- See "Eligibility"

## Eligibility

- Individuals must be 55 years of age or older;
- must be legally blind or have a progressive vision problem, which will lead to legal blindness in the foreseeable future and require services to enhance quality of life;
- legal blindness occurs when visual acuity with best correction is 20/200 or less or when side vision results in a field restriction of 20 degrees or less; and
- individuals that do not meet the vocational goal criteria for DRS may receive services through the Older Blind Independent Living Program.

## AT Services Provided/Covered

- Advocacy Training
- Assessments & Evaluations
- Case Management
- Information & Referral
- Training for Consumer & Family
- Orientation and Mobility Training

## **AT Devices Provided/ Covered**

- Aids for Daily Living
- Computers & Related
- Speech Communication
- Aids for Vision Impaired

## **Application Process**

- Individuals are considered applicants when they:
  - have completed and signed an application form or have otherwise requested services (including, but not limited to requests made verbally, by telephone, in writing, by facsimile, etc.);
  - have provided information necessary to initiate an assessment to
  - determine eligibility and need for services; and
  - are available to complete the assessment process as soon as the rehabilitation teacher has a document signed by the individual requesting VS services. This may be a formal application or a letter signed by the applicant, applicant's parent, guardian, or other representative, which provides the minimum basic information and request VR services.
- In application status, the rehabilitation teacher will secure sufficient information to make a determination of eligibility or ineligibility for Older Blind services. The information needed may include a current visual examination and/or a low vision evaluation.
- The rehabilitation teacher will make the eligibility determination decision within 60 days of application.

## **Dispute Resolution Process**

1. Individuals who disagree with a VS Program decision are encouraged to contact the local Program Manager to attempt an effective resolution of the issue. In the event of a reduction, suspension or cessation of VS services, individuals have a right to a case review by an impartial hearing officer, mediation, and/or assistance from the Client Assistance Program (CAP).
2. A request for a Fair Hearing should be made in writing to your VS rehabilitation teacher within 30 days of DRS informing you of the decision with which you disagree. The fair hearing will be conducted by a hearing officer within 45 days of the written "Request for a Fair Hearing" by the consumer.
3. Individuals filing a "Request for a Fair Hearing" may request a confidential mediation session to resolve grievances. Mediation is voluntary and subject to the agreement of both parties. In the event mediation sessions do not resolve the grievance, individuals retain their right to a fair hearing.

4. After filing a “Request for a Fair Hearing,” the administrative review must be conducted by the Program Manager and concluded within the same 45 days, with the results of the review provided in a written letter. If the review resolves the grievance, the Withdrawal of Request for Hearing Form must be completed; otherwise, the hearing will continue.
5. The written decision of the hearing officer including findings and grounds for the decision will be made to the consumer, hearings coordinator and the director of DRS within 30 days of the completion of the hearing.
6. Individuals may request a review of the hearing officer’s decision by the Cabinet Secretary of Human Services within 20 days of the decision.
7. In the event an individual brings civil action regarding the decision, the final decision either by the hearing officer or the Cabinet Secretary will be implemented pending court review.

### **Assistance Provided For Appeals**

- The Client Assistance Program (CAP) assists persons with disabilities who are seeking or receiving services from any program funded by the Rehabilitation Act of 1973 as amended. CAP can:
  - advise clients of their rights and responsibilities under the Rehabilitation Act;
  - assist clients in communicating their concerns to DRS; and
  - represent the individual in the fair hearing process when appropriate and/or needed.
- Additional information concerning vocational rehabilitation and the appeals process can be obtained from the CAP at (405) 521-3756 or (800) 522-8224 statewide.

### **Pieces of the Puzzle**

- The Older Blind Program can provide an individual with a screen reader or screen enlargement software to assist them in using their existing computer, but the program does not purchase a computer.
- The Older Blind Program operates the Telephone Information Line, a free service that you can call 24/7, and hear daily recorded Tulsa World/The Oklahoman newspaper articles. In the Tulsa area, the number is (918) 743-3332. The statewide, toll free number is (800) 829-3255.

# Senior Citizens Hearing Aid Project

Oklahoma Equipment Distribution Program,  
Oklahoma Department of Rehabilitation Services (DRS)

## Purpose

The Senior Citizens Hearing Aid Project provides one (1) hearing aid per person at little or no cost to individuals who are 60 years of age or older and have a hearing loss of 35 decibels or greater in the better ear. Hearing loss must be determined by a contracted audiologist selected by the applicant. Based on income eligibility, a sliding scale co-payment may apply.

## Contact

Starla Allen, Administrative Assistant

1100 E Oklahoma Ave.

Sulphur, OK 73086-3108

(866) 309-1717 (V/TDD)

(405) 294-3977 (Video Ph)

FAX: (580) 622-5850

Email: [sallen@osd.k12.ok.us](mailto:sallen@osd.k12.ok.us)

<http://www.okdrs.org/drupal/independence/sr-citizen>

## Financial Criteria

- See "Eligibility"

## Eligibility

- The individual must be a resident of the state of Oklahoma;
- be 60 years of age or older;
- have a 35db hearing loss in your better ear (a contracted audiologists will administer a hearing test and determine your degree of hearing loss); and
- have a limited income. Individuals earning above the income guidelines will be charged a co-payment. The co-payment will equal 10% of the difference between your monthly income and the monthly income guideline.

## AT Services Provided/Covered

- Assessments and Evaluations
- Information and Referral

## AT Devices Provided/ Covered

- Aids for Hearing Impaired

## **Application Process**

- Complete an application from the Oklahoma Telecommunications Equipment Distribution Program and return to the Oklahoma School for the Deaf. For an application, you may call the office at (580) 622-4913 or, download a PDF application here: [http://www.osd.k12.ok.us/edp/equip\\_application.pdf](http://www.osd.k12.ok.us/edp/equip_application.pdf)
- Income verification must be included with the application. If you currently file income tax with the IRS, provide a copy of the front page of your 1040 plus verification of the Social Security income. (Because Social Security Income is often not declared on the 1040, it is necessary to send both documents.)

## **Pieces of the Puzzle**

- This project has very limited funding. By the end of each fiscal year, there is a waiting list.
- The Senior Citizen Hearing Aid Project will provide you with a list of participating audiologists that you may choose from to provide the needed hearing test and hearing aid. After necessary paperwork is received an authorization will be faxed to the audiologist you selected. A letter with instructions to make an appointment for a hearing test will be mailed to you. If your hearing loss qualifies you for a hearing aid, the audiologist will take an ear mold impression, and order a hearing aid for you. You will then make another appointment to have the aid fitted, but due to funding limitations the program is only able to pay for one hearing aid. You can discuss the cost of purchasing a second aid with the audiologist if you choose.
- The type of hearing aid you receive (in the ear or behind the ear) will be decided based on the results of the hearing test, and discussion between you and the audiologist.

# Single Family Housing Repair Loans & Grants

Rural Development Program and Rural Housing Services,  
United States Department of Agriculture (USDA)

## Purpose

The USDA Rural Development Program, Rural Housing Services offers a variety of programs ranging from new construction to home repair, including the Single Family Housing Repair Loans and Grants program. They offer the Guaranteed Program, and the Direct Program, the 504 Loan/Grant Program.

## Contact

Tommy Earls, Oklahoma's Single Family Housing Program Director

Rural Development Office

(405) 742-1070

[tommy.earls@ok.usda.gov](mailto:tommy.earls@ok.usda.gov)

<http://www.rd.usda.gov/programs-services/single-family-housing-repair-lo...>

## Financial Criteria

- Adjusted income cannot exceed the very low income level (50% of county median).

## Eligibility

- The home must be owner-occupied;
- must be unable to obtain affordable credit elsewhere and must have very low income;
- the funds are needed for repairs and improvements to make the dwelling more safe and sanitary or to remove health and safety hazards; and
- grants are only available to homeowners who are 62 years or older and unable to repay a loan.

## AT Services Provided/Covered

- No AT services are provided or covered.

## AT Devices Provided/ Covered

- Home Modifications (includes ramps)

## Application Process

- Contact the local Oklahoma Rural Development office nearest you to apply for services.
- In the initial interview, the USDA staff will assist you in obtaining the needed information to complete the application.



## **Dispute Resolution Process**

- Any applicant has the right to appeal an adverse decision. To file a complaint of discrimination, write to the USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW, Washington, DC 20250-9140 or call (800) 795-3272 (V) or (202) 720-6382 (TDD).

## **Pieces of the Puzzle**

- Funds that are available for the Housing Repair Loan and Grant Program can be very limited and may not be available until the next funded year. An individual may be placed on a waiting list to receive the funds.
- 504 loans and grants can be made in rural areas. If an area was classified as rural prior to 10/01/1990, even if it is within a Metropolitan Statistical Area (MSA), it may still be considered rural as long as it:
  - has a population between 10,000 and 35,000,
  - is rural in character, and;
  - has a serious lack of mortgage credit.
- Construction and environmental standards include:
  - repairs to the home must comply with local codes and ordinances;
  - all major health and safety hazards must be removed upon completion of the work;
  - repairs are not limited to handicap accessibility features;
  - lead base paint requirements apply for all dwellings built prior to January 1, 1978;
  - National Flood Insurance must be provided for any property located within designated special flood hazard areas;
  - homeowner will find and select a qualified contractor; and
  - repairs can be made to mobile homes provided the applicant owns the home and the site and the repairs are needed to remove health or safety hazards. The home must also be on a permanent foundation (or be placed on a permanent foundation with 504 funds).
- If a house is in such disrepair that it is not decent, safe or sanitary, assistance will not be considered.
- Under the Single Family Housing Loan and Grant Program loans up to \$20,000 and grants up to \$7,500 are available. Loans can be for a term of 20 years. A real estate mortgage and full title services are required for loans of \$7,500 or more.
- Under the Single Family Housing Loan and Grant Program, grants may be recaptured if the property is sold in less than 3 years. Grant funds may be used only to pay for repairs and improvements resulting in the removal of health and safety hazards. A loan/grant combination is made if the applicant can repay part of the cost. Loans and grants can be combined for up to \$27,500 in assistance.
- The Guaranteed Program is designed for the purchase of a single family residence, refinance construction loans to permanent financing, refinance your existing Rural Development Guaranteed or Direct loan to lower the interest rate and/or extend the term. Your income cannot exceed the moderate income limit. Application is made

through an approved lender or a mortgage broker that works with an approved lender. 100% financing is available.

- The Direct Program will aid you in the qualified purchase of a single family residence. This requires a stable source of income and a workable credit history. Your household income cannot exceed the low income level. These limits vary by county. The Direct Program financing is from the USDA Rural Housing Service and is a fixed interest rate with a 33 year loan term. 100% financing is also available.
- The 504 Loan/Grant Program has allowed numerous homeowners to remove health and safety hazards from their existing dwelling. The purpose of this program is to repair or modernize your home. Grants are available to make health and safety repairs to homes for homeowners who are at least 62 years of age and cannot afford a loan. The individual must be considered very-low income in order to be eligible for this program. Again, these limits vary depending on the county where you live and can be viewed by visiting the website.

# Social Security Disability Insurance (SSDI)

Social Security Administration (SSA)

## Purpose

Social Security Disability Insurance (SSDI) is administered by the Social Security Administration (SSA). SSDI pays disability benefits to individuals who are blind or have a disability and unable to work as a direct result of the disability.

## Contact(s)

Contact your local Social Security office or call the Social Security Administration at:

(800) 772-1213

(800) 325-0778 (TDD)

Social Security publications and information are available on the web at:

<http://www.ssa.gov>

## Financial Criteria

- See “Eligibility”

## Eligibility

- Persons must have a severe mental or physical impairment (including blindness) that is verified by a physician;
- the disability is expected to last at least one year or result in death;
- the person is not able to do his or her work or other gainful activity;
- a “recent work” test based on the age at the time the disability occurred;
- a “duration of work” test to show the beneficiary worked long enough under Social Security; and
- the spouse and dependent children of fully insured workers, including adult children with disabilities whose disability began prior to age 22, are also eligible for benefits upon the retirement, disability or death of a primary beneficiary.

## AT Services & Devices Provided/Covered

- No AT services or devices are provided or covered. However, after receiving disability benefits for two years, individuals will be automatically enrolled in Medicare. AT devices and services can be accessed under the durable medical equipment benefit through the purchase of Medicare Part B.

## Application Process

- Apply online at [www.socialsecurity.gov](http://www.socialsecurity.gov); or
- call toll-free (800) 772-1213, to make an appointment to file a disability claim at the local Social Security office; or

- set up an appointment for someone to take your claim over the telephone. The disability claims interview lasts about one hour. Individuals who are deaf or hard of hearing, may call the toll-free TDD number, (800) 325-0778, between 7 a.m. and 7 p.m. on business days. For an appointment, Social Security will send a Disability Starter Kit to help individuals prepare for the disability claims interview. The Disability Starter Kit is also available online at [www.socialsecurity.gov/disability](http://www.socialsecurity.gov/disability).

## **Dispute Resolution Process**

- Whenever SSA makes a decision that affects eligibility or benefits, a letter is sent explaining the decision. If the applicant disagrees, the decision may be appealed and SSA will help with completion of the paperwork. There are four levels of appeal. Individuals may wish to appeal the decision. Throughout the appeals process, there are 60 days at every level to appeal a decision to the next level.

## **Pieces of the Puzzle**

- The SSDI payment amount is based on a worker's lifetime average earnings covered by Social Security. The payment amount may be reduced by workers compensation payments and/or public disability benefits, Windfall Elimination Provisions, or Government Pension Offset. It is not affected by other income or resources.
- You can receive Social Security disability benefits at any age and certain members of one's family may also qualify for benefits on one's record. They include:
  - an unmarried son or daughter, including an adopted child, or, in some cases, a stepchild or grandchild. The child must be under 18 or if in high school full time 19 years of age;
  - an unmarried son or daughter, 18 or older, if he or she has a disability that started before age 22. (If a disabled child under 18 is receiving benefits as a dependent of a retired, deceased, or disabled worker, someone should contact Social Security to have his or her checks continued at age 18 on the basis of disability); and
  - a spouse who is 62 or older, or any age if he or she is caring for a child of yours who is under 16 or disabled and also receiving checks.
- The process to determine disability is based on answering the five following questions:
  1. Are you working?
  2. Is your medical condition "severe"?
  3. Is your medical condition found in the list of disabling impairments?
  4. Can you do the work you did previously?
  5. Can you do any other type of work?

- If you are blind, the Social Security Administration has a publication in large print, braille, word file on a CD, and on cassette entitled “If You Are Blind, What Social Security and SSI Will Do For You.” To obtain a copy in large print call (800) 772-1213. To obtain a copy in either braille or on cassette, contact: Braille Services Unit, Room 1-H-23 Operations Building, Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235 or call (410) 965-6414.
- Workers with disabilities receiving SSDI benefits are eligible for coverage under Medicare - Part A. However, there is a 24-month waiting period between the month in which the worker becomes entitled to SSDI benefits and the month in which the worker becomes eligible for Medicare.
- After receiving SSDI, individuals may want to try working again. Social Security has special rules called work incentives that allow individuals to test their ability to work and still receive monthly SSDI. The “Ticket to Work” provides assistance with education, rehabilitation and training needed in order to work.

# SoonerStart - Early Intervention Program

Special Education Services Division, Oklahoma State Department of Education

## Purpose

SoonerStart is Oklahoma's early intervention program for families of infants and toddlers, birth to 36 months who have developmental delays, disabilities or both. SoonerStart was established under Part C of the Individuals with Disabilities Education Act (IDEA). SoonerStart builds upon and provides supports and resources to assist family members to enhance infant's or toddler's learning and development through everyday learning opportunities. The SoonerStart program provides case management, evaluation, AT devices and services.

## Contact(s)

Lead Agency:

Mark Sharp, Exe. Director  
SoonerStart Early Intervention  
Oklahoma State Dept. of Ed.  
2500 N Lincoln, Ste 412  
Oklahoma City, OK 73105  
(405) 521-4880  
FAX: (405) 522-1590  
<http://ok.gov/sde/soonerstart>

Service Provision Agency:

John Corpolongo, Chief  
SoonerStart Early Intervention  
Oklahoma State Dept. of Health  
1000 NE 10th, Rm 803  
Oklahoma City, OK 73117  
(405) 271-9444 ext. 56806  
(405) 271-8333  
FAX: (405) 271-4419  
[http://www.ok.gov/health/County\\_Health\\_Departments/Carter\\_County\\_Health ...](http://www.ok.gov/health/County_Health_Departments/Carter_County_Health...)

Sharon House, Exe. Director  
Oklahoma Parents Center, Inc.  
P.O. Box 512  
Holdenville, OK 74848  
(877) 553-4332 (V/TDD)  
(405) 379-6015  
(405) 379-2108  
FAX: (405) 379-0022  
[www.OklahomaParentsCenter.org](http://www.OklahomaParentsCenter.org)

Jo Anne Pool Blades  
Program Manager  
Special Education Resolution Center (SERC)  
9726 E 42nd St, Ste 203  
Tulsa, OK 74146  
(918) 270-1849  
(888) 267-0028 (toll free)  
Fax: (918) 270-2062  
<http://serc.okstate.edu>

Allyson Robinson  
SLP, AT Specialist  
Oklahoma ABLE Tech  
1514 W Hall of Fame  
Stillwater, OK 74078-2026  
(405) 744-4608  
(888) 885-5588  
FAX: (405) 744-2487  
<http://abletech.okstate.edu>

## **Financial Criteria**

- None

## **Eligibility**

- Infants and toddlers birth through 36 months of age who:
- exhibit a delay in their developmental age compared to their chronological age of 50% in one, or 25% in two or more of the following areas: cognitive, physical, communication, social/emotional, or adaptive development; or
- have a diagnosed physical or mental condition that has a high probability of resulting in delay. This includes, but is not limited to: chromosomal disorders, neurological abnormalities, inborn errors of metabolism, genetic disorders, congenital malformations of the brain, congenital infections, sensory abnormalities, impairments, or identified syndromes.

## **AT Services Provided/Covered**

- Assessments & Evaluations
- Locating Alternate Funding
- Case Management
- Training for Consumer & Family
- Information & Referral
- Fabrication of Devices
- Maintenance & Repairs



## **AT Devices Provided/ Covered**

- Aids for Hearing Impaired
- Mobility/Seating & Positioning
- Speech Communication
- Aids for Daily Living
- Aids for Vision Impaired
- Recreation & Leisure Devices

## **Application Process**

- A referral for SoonerStart services can be made by physicians and other health professionals, family members, childcare professionals, neighbors, friends and other interested individuals.
- The referring individual or family member should contact the Oklahoma State Department of Education, Special Education Services at (405) 521-3351 and ask for the phone number to the local SoonerStart office, based upon the county of residence of the child.
- SoonerStart referral numbers to specific county offices can be found at: <http://ok.gov/sde/sites/ok.gov.sde/files/2013%20Referral%20Guide%20back.pdf>
- Participation in SoonerStart is voluntary. SoonerStart will complete the developmental screening, evaluation of the child's development or both at no direct cost to the family.
- If the family chooses to accept services, an Individualized Family Service Plan (IFSP) identifying the needed services and supports for the child and the family will be developed. The family will participate in identifying these services and supports.

## **Dispute Resolution Process**

1. Informal Process: Families should go back to the Early Intervention Coordinator with concerns about services and ask for a meeting to work out the request through local procedures to expedite resolution of the problem. However, families have the right to go through the formal process, in addition to, or in lieu of, the informal process.
2. Formal Process: Complaints must be written and include:
  - how SoonerStart has violated a requirement under Part C of IDEA;
  - the basic facts which lead to the belief that the law has been violated;
  - complaints pertaining to a specific child with a disability that include the child's name, date of birth, and current IFSP; and
  - the signature of person(s) filing the complaint.
3. Upon receipt of a complaint or request for a due process hearing, the Early Intervention Unit will offer mediation within five working days of receiving the complaint or hearing request. A request for a due process hearing must be in writing, signed, and addressed to the Oklahoma State Department of Education (Attention: SoonerStart Early Intervention Program), 2500 N Lincoln Boulevard, Ste 510, Oklahoma City, Oklahoma 73105-4599.

4. The Oklahoma Parents Center is available to provide information on federal and state laws regarding the provision of early intervention services, and parent rights and responsibilities to all eligible infants and toddlers and their families.

## **Pieces of the Puzzle**

- There is no direct cost to families for early intervention services, regardless of the family's income.
- SoonerStart is a joint effort of the Oklahoma Departments of: Education, Health, Human Services, Mental Health and Substance Abuse Services, Health Care Authority and the Commission on Children and Youth. Its lead agency is the Oklahoma State Department of Education.
- The IFSP is a coordinated plan of service based on the identified needs of the individual child and family. The IFSP is jointly developed by the family and appropriate early intervention personnel.
- The early intervention services identified in the IFSP may include assistive technology devices that are used to increase, maintain or improve the functional capabilities of children with disabilities.
- AT devices may be provided by SoonerStart when certain criteria have been met. Those requirements are listed in the SoonerStart Operations Manual Section 1800 found at: <http://www.ok.gov/sde/soonerstart-operations-manual> An AT Request form can be found in the Operations Manual.
- AT devices provided by SoonerStart remain the property of the program.
- AT devices are made available to SoonerStart teams statewide for demonstration to help families and caregivers decide if one or more AT devices will meet the child's needs. Many devices are provided for demonstration and short-term loan purposes by ABLE Tech.
- For children who may be eligible for IDEA Part B services, at least 90 days before the child's third birthday, a meeting to ensure a smooth transition from SoonerStart to the preschool program under Part B of IDEA will be held. If the child is eligible for special education services, any needs for AT will be addressed by the Individual Education Plan (IEP). (See Page 63, Special Education Services Division).

# Special Education Services Division

## Local Education Agency (LEA)

Oklahoma State Department of Education (OSDE)

### Purpose

The Special Education Services Division of the Oklahoma State Department of Education assists school districts in the provision of special education and related services so that all students with disabilities will be college, career and citizen ready upon graduation from high school. Under federal special education law and state rules, students with disabilities who require assistive technology devices or services in order to receive a Free and Appropriate Public Education (FAPE) are eligible for those devices and/or services as specified in the student's Individualized Education Program (IEP).

### Contact(s)

Dr. Rene Axtell

Assistant State Superintendent, Special Education Services

Oklahoma State Dept. of Ed.

2500 N Lincoln Blvd, Ste 412

Oklahoma City, OK 73105

(405) 521-3351

FAX: (405) 522-2380

<http://www.ok.gov/sde/>

### Financial Criteria

- None

### Eligibility

- Children with disabilities, ages 3-21;
- to determine if a referral for special education service is appropriate, a multidisciplinary group including the parents will meet; and
- if the group has reason to believe the student has a disability, they will evaluate the child to determine if the student qualifies for special education.

### AT Services Provided/Covered

- Information & Referral
- Training for Student & Family
- Assessments & Evaluations
- Supporting Software
- Locating Alternate Funding
- Maintenance & Repairs
- Fabrication of Devices

## **AT Devices Provided/ Covered**

- Aids for Hearing Impaired
- Mobility/Seating & Positioning
- Speech Communication
- Environmental Adaptations
- Aids for Vision Impaired
- Aids for Daily Living
- Computers & Related
- Recreation & Leisure Devices
- Learning Cognition & Developmental

## **Application Process**

- As part of an initial evaluation, a group of qualified professionals and the parent/guardian shall review existing and new evaluation data.
- Parents or educators of students with disabilities who have suspected AT needs should inquire regarding referral for evaluation of these needs by the local school system.
- If the child is determined eligible, an Individualized Education Program (IEP) is developed.

## **Dispute Resolution Process**

1. Parents may contact the Oklahoma Parents Center or the Special Education Resolution Center for information on federal and state laws that guarantee a child's right to a Free Appropriate Public Education (FAPE) and parental rights and responsibilities.
2. Special Education Services encourage parties to resolve disputes at the earliest stage possible. Mediation regarding AT issues is available at any time a dispute arises. Neutral trained mediators are available at no cost to either party.
3. A parent or a school may initiate a due process hearing to resolve a dispute regarding the proposal or refusal to initiate or change the identification, evaluation or educational placement of a child or the provision of a FAPE to a child. A parent's request for a due process hearing must be in writing, signed and addressed to the local school administrator and include: child's name; date of birth; current grade or class placement; established or purported disability; and the reason for challenging identification, evaluation, placement, or appropriateness of the education for the child. A copy of the request must also be mailed to:
  - Attention: Due Process Hearings
  - Special Education Services
  - Oklahoma State Department of Education
  - 2500 N Lincoln Blvd.
  - Oklahoma City, OK 73105-4599

4. The hearing officer's decision will be final and binding unless a request is made to appeal the decision. Any party unhappy with the decision may initiate an appeal process within 30 days of the hearing officer's decision. Appeals must be sent in writing to the State Department of Education, Special Education Services. Impartial appeals officers conduct the reviews.
5. Formal Written complaints should be filed with the Oklahoma State Department of Education (OSDE). Complaints to the OSDE should be addressed to the superintendent or administrator of the school district. Complaint forms can be downloaded from the website: <http://ok.gov/sde/sites/ok.gov.sde/files/SpecEd-ComplaintReqLEA.pdf>
6. Assistance regarding complaints can also be provided through Special Education Services Division by calling (405) 521-3351.
7. Complaints must be written and include:
  - how the LEA has violated a requirement under Part B of IDEA;
  - the basic facts which lead to the belief that the law has been violated;
  - the complaint must allege a violation that occurred not more than one year prior to the date the complaint is received by the LEA or OSDE;
  - complaints pertaining to a specific child with a disability that include the child's name, date of birth, and current educational status; and
  - the signature of person(s) filing the complaint.

## **Pieces of the Puzzle**

- If the team determines the student would need AT to receive FAPE, the team will address a comprehensive evaluation to determine what type of AT devices and/or services are needed. The evaluation may include an assessment of the student's functioning in several areas: cognitive, academic, auditory, vision, speech/language, and motor skills, and must consider AT needs and identify appropriate devices and/or services.
- If the student is determined ineligible for Special Education Services, AT may be accessed through the provisions of the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act. See Appendix A for more information on obtaining AT through ADA or Section 504.
- It is the IEP planning process that is important in determining whether the school system is the appropriate entity to obtain AT for a child. If the IEP team determines that an assistive device and/or service is needed for the child to successfully meet the goals and objectives of the IEP, the school system **MUST** provide the individual with the specified AT device and/or service at no cost to the parents, as part of the student's FAPE.
- The school system may provide the AT device or service by:
  - using existing resources (equipment) that they already have;
  - obtaining the needed device through equipment lending libraries;
  - locating other sources of funding outside the school district, such as Medicaid;

- asking the parents if they want to obtain the device through their private insurance company, if coverage exists; or
- purchasing the device with district funds. Thus, once the need for AT is written into an IEP, the school district MUST ensure that the student obtains the specified AT device and/or service. If parents choose not to use their private insurance, school systems cannot require them to do so.
- Once the school has made a commitment to obtain the specific AT, the child should receive proper training and follow-up to insure that the child will benefit from using the device. In addition, the child's parents, teachers, and support staff should receive training on how to use the device and how to maximize the child's use of the device at school, at home, and in the community.
- Just because a parent wants a particular device for his/her child does not mean that the need for that device will be written into the IEP. Although the parent is a member of the IEP team, any and all decisions are TEAM decisions. The IEP team must decide whether a particular assistive technology is educationally necessary for the child. Team decisions can occasionally place the parent at odds with other team members. There is a process for resolving disputes if the parent feels that the IEP does not meet the needs of the child. (See "Appeals Process" above.)
- If the school district purchases an AT device, the device remains the property of the school system. On a case-by-case basis, the use of school-purchased AT devices in a child's home or in other settings is required if the child's IEP team determines that the child needs access to those devices in order to receive a FAPE.
- When developing transition service plans, be sure to address any AT issues. For example, if the school district has purchased the device, the device stays with that school system when the student graduates, leaves school or even moves to another district. However, a formal mechanism allows school districts to sell or transfer AT devices to parents, other state agencies, or other school districts. For more information, refer to the "Assistive Technology Technical Assistance Guide" at: <http://ok.gov/sde/documents-forms>
- The Assistive Technology & Information Services Program is a collaborative program between the Oklahoma State Department of Education, Special Education Services and ABLE Tech.
- The Assistive Technology & Information Services Program provides school personnel opportunities for awareness and advanced level training through presentations at state and local education conferences and regional training courses.
- School personnel and families have access to ABLE Tech's AT short-term loan program. Short-term loans are available for assessment, preview, trial purposes, accommodation, as a loaner while the student is waiting for device repair and professional development. The AT short-term loan is for six weeks.
- The AT available for demonstration and short-term loans can be found at the ABLE Tech's fully accessible website.



- ABLE Tech provides information services that assists school personnel with referrals to other appropriate service providers, agencies, vendors or manufacturers.
- IDEA requires that states and school districts provide accessible versions of educational materials to students with disabilities in a timely manner, as an essential component of FAPE. The National Instructional Materials Accessibility Standard (NIMAS) is a uniform electronic format for textbooks and related materials from which accessible formats can easily be made.
- Accessible Educational Materials (AEM) are for students with sensory, physical, or specific learning disabilities that impair the ability to access printed materials. ABLE Tech contracts with the State Department of Education and provides:
  - information and demonstration of AT devices and services;
  - technical assistance and training for educators and/or parents;
  - assistance to schools and parents in determining student eligibility to curriculum resources and availability dependent upon IEP or 504 status;
  - access to repositories of digital textbook files and curriculum downloads from the National Instructional Materials Access Center (NIMAC);
  - the facilitation of braille or large print curriculum content to vendors such as Liberty Braille and the AIM Center that are authorized to create specialized formats; and
  - the needed AT for the student to access AEM and facilitate the delivery of AT the same time as specialized format is delivered.
- For more information on the Individuals with Disabilities Education Act (IDEA), see Appendix A.



# Supplemental Security Income (SSI)

Social Security Administration (SSA)

## Purpose

Supplemental Security Income (SSI) is administered by the Social Security Administration (SSA). The purpose of the SSI program is to assure a minimum level of income to persons who are elderly or have a disability and have limited income and resources. Specific eligibility criteria must be met. Individuals under age 65 must meet the SSA's definition of "disabled" or "blind". There is no disability waiting period for SSI. People may be eligible for SSI even if they have never worked, and may also receive social security payments IF they are eligible for both.

## Contact

Social Security Administration  
(800) 772-1213

Social Security publications and information are available at: <http://www.ssa.gov/pgm/ssi.htm>

## Financial Criteria

- See both "Eligibility" and "Pieces of the Puzzle."

## Eligibility

- Persons who have limited income and resources;
- aged 65 or older;
- children or adults that are blind or have a disability; and
- be a U.S. citizen or national.

## AT Services & Devices Provided/Covered

- No AT services are provided or covered. However, SSI recipients are usually able to get Medicaid and thus access AT as DME through SoonerCare.

## Application Process

- Schedule an appointment with a Social Security representative by calling (800) 772-1213 or contact the local Social Security office. They will assist with the application process. Be prepared to provide information by completing the online disability report or take the following information to the scheduled appointment:
  - the medical problem(s) that prevents the individual from working and the date the individual stopped working;
  - names, addresses, and phone numbers of all the doctors, hospitals and clinics visited for medical treatment. (Individuals making applications will be asked to sign forms, which authorize these sources to release your medical records);

- information on medical tests including the times and places;
  - jobs for the last 15 years, including the physical and mental demands of each job;
  - education; and
  - current daily activities.
- Application is forwarded to the Disability Determination Section (DDS) in Oklahoma City. Under an agreement with SSA, DDS follows federal regulations to process and make decisions on disability claims.
  - An adjudicator who is trained in the SSA Disability Program will be responsible for compiling the case by obtaining medical records. If the medical information obtained is incomplete or not current, DDS may authorize and pay for an examination by the applicant's doctor.

## **Dispute Resolution Process**

1. Whenever SSA makes a decision that affects eligibility or benefits, a letter is sent explaining the decision.
2. If you disagree you may appeal the decision, and SSA will help you complete the paperwork. There are four levels of appeal. If you disagree with the decision at one level, you may appeal to the next level.
3. You have 60 days from the time you receive the decision to file an appeal to the next level.

## **Pieces of the Puzzle**

- Whether you can get SSI and the amount of the payments depends on what you own and how much income you have.
- Not all income and resources are counted in determining eligibility for SSI. Generally, the first \$20 a month of unearned income and the first \$65 a month in earnings are not counted. Also not counted are wages used to pay for items or services needed to work because of a disability. Income above these levels usually reduces the amount of the basic SSI payment by \$1 for every \$2 earned. The maximum monthly payment in 2015 is \$733. This amount usually increases annually.
- A person may be able to get SSI with items worth up to \$2,000; a home and the land it is on are not counted. Personal effects or household goods, automobiles, and life insurance policies may not count, depending on their value. Some items belonging to individuals who are blind or have a disability may not count if they will be used to help the person work or earn extra income. The income and resources of the parents of an eligible child under the age of 18 are considered in determining the eligibility and payment for the child.

- The process to determine disability is based on answering the five following questions.
  - 1) Do you have earned income? The amount of income you can receive each month and still get SSI depends partly on where you live. Call SSI to find out the income limits Oklahoma.
  - 2) Is your condition “severe?” Your impairments must interfere with basic work-related activities for your claim to be considered.
  - 3) Is your condition found in the list of disabling impairments? SSA maintains a list of impairments for each of the major body systems that are so severe they automatically mean you are disabled. If your condition is not on the list, SSA will have to decide if it is of equal severity to an impairment on the list.
  - 4) Can you do the work you did previously? If your condition is severe, but not at the same or equal severity as an impairment on the list, then SSA must determine if it interferes with your ability to do the work you did in the last 15 years. If it does not, your claim will be denied. If it does, your claim will be considered further.
  - 5) Can you do any other type of work? If you cannot do the work you did in the last 15 years, SSA will look to see if you can do any other type of work. If you cannot do any other kind of work, your claim will be approved.
- If you are blind, the Social Security Administration has a publication in large print, braille, and on cassette entitled “If You Are Blind, What Social Security and SSI Will Do For You.” To obtain an accessible format call (800) 772-1213.
- The primary access to the funding of assistive technology is through the SSI program’s link to the Medicaid program. SSI recipients should make a separate application for Medicaid services with their county DHS office.

# Supplemental Security Income Work Incentives

Social Security Administration (SSA)

## Purpose

Special rules make it possible for people with disabilities receiving Supplemental Security Income (SSI) to work and still receive monthly payments and Medicaid. Social Security calls these rules “work incentives.” One of Social Security’s highest priorities is to help people with disabilities achieve independence by helping them to take advantage of employment opportunities. Work incentives are rules intended to help SSI beneficiaries go to work by minimizing the risk of losing their SSI or Medicaid. Some incentives allow SSA to not count some income or resources. Other incentives allow individuals to continue to receive Medicaid coverage even though they are not receiving SSI cash benefits. Individuals may be entitled to take advantage of more than one work incentive program, depending on the types of income they receive; it will change the amount excluded and the SSI benefit amount.

## Contact(s)

Social Security  
Administration (SSA)  
(800) 772-1213  
[www.ssa.gov](http://www.ssa.gov)

## Financial Criteria

- See “Eligibility”

## Eligibility

- Persons receiving SSI.

## AT Services Provided/Covered

- No AT services are provided or covered.

## AT Devices Provided/Covered

- No AT devices are provided or covered. Work incentives may allow you to receive additional funds or Medicaid that can be used to purchase AT devices.

## Application Process

- Contact Social Security at (800) 772-1213 to discuss and develop any work incentive program that may benefit you.

## Pieces of the Puzzle

SSI has many different type of work incentives.

- Earned Income Exclusion - the first \$65 of earnings received is not counted toward income, plus one-half of the remaining earnings.
- General Income Exclusion - an additional \$20 of earnings is not counted toward income.
- Ticket to Work is a program for individuals with disabilities who want to work and participate in planning their employment. A Ticket increases available choices when obtaining employment services, vocational rehabilitation services and other support services needed to keep a job. It is a free and voluntary service. Individuals can use the Ticket if they choose, but there is no penalty for not using it. Individuals might not be subject to a continuing disability review while they are using their Ticket.
- Impairment-Related Work Expenses (IRWE) - SSA deducts the cost of certain impairment-related items and services from gross earnings when deciding if it is "countable earnings". If an individual is receiving SSI benefits, SSA will exclude IRWE from earned income when they figure monthly payments.
- Student Earned Income Exclusion - is for individuals under age 22 and regularly attending school. In 2015, SSA does not count up to \$1,780 of earned income per month when they figure SSI payment amount. The maximum yearly exclusion is \$7,180. These amounts are adjusted yearly based on cost-of-living.
- Plan to Achieve Self-Support (PASS) allows an individual to set aside other income besides their SSI and/or resources for a specified period of time so that they may pursue a work goal, as long as the expenses are related to achieving their work goal.
- Blind Work Expenses (BWE) - SSA does not count any earned income that is used to meet expenses that are needed to earn that income in deciding the SSI eligibility and the payment amount. To qualify an individual must be eligible for SSI based on blindness. The BWE items do not have to be related to the blindness. When SSA figures the SSI payment amount, they treat items as BWE instead of IRWE. SSA does it this way because it always results in a higher SSI payment amount.
- Property Essential to Self-Support (PESS) - SSA does not count some resources that are essential to means of self-support.
- Subsidy and Special Conditions - SSA will consider the existence of a subsidy and/or special conditions when they make a Substantial Gainful Activity (SGA) decision. SSA uses only earnings that represent the real value of the work performed to decide if the work is at the SGA level.
- Special SSI Payments for Individuals Who Work – Under Section 1619(a) an individual can receive SSI cash payments even when earned income is at the Substantial Gainful Activity (SGA) level.
- Reinstating SSI Eligibility Without a New Application - If an individual has been ineligible for a SSI payment due to work, SSA may be able to restart SSI cash payment again at any time without a new application.

- Special Benefits for Individuals Eligible under Section 1619 Who Enter a Medical Facility - If the individual is working and eligible under section 1619, they may receive an SSI cash benefit for up to 2 months while in a Medicaid facility or a public medical or psychiatric facility.
- Medicaid While Working under Section 1619(b) - After the individual returns to work, their Medicaid coverage can continue, even if their earnings become too high for an SSI cash payment.
- If SSI is not received because of excess income or resources, deducting impairment-related work expenses may help an individual to qualify for SSI.
- Often a person has to pay for the work-related services and items (including AT) over a period of time. Many vendors require the full payment at the time of purchase. Therefore, a person may want to borrow money from the ABLE Tech Financial Loan Program and deduct the payments as an IRWE or incorporate the payments as a PASS. Contact ABLE Tech for more information by calling (888) 885-5588.

# **Supplemental Security Income Disabled Children's Program (SSI-DCP)**

Health Related Medical Services Unit, Adult & Family Support Services,  
Department of Human Services

## **Purpose**

The Supplemental Security Income-Disabled Children's Program (SSI-DCP) assists children from birth to age 18 who receive a Supplemental Security Income (SSI) - Disability Payment to receive assistance in getting needed equipment and services. This includes adaptive equipment and specialty formula for children from birth to age 18 and diapers from ages 4-18. SSI-DCP is funded by Title V, of the Social Security Act, Maternal Child Health Act, Children with Special Health Care Needs program.

## **Contact(s):**

Carla McCarrell-Williams  
Programs Field Representative  
Adult and Family Support Services Division  
Oklahoma Department of Human Services  
P. O. Box 25352  
Oklahoma City, OK 73125  
(405) 521-4092  
FAX: (405) 521-4158  
[www.okdhs.org](http://www.okdhs.org)

## **Financial Criteria**

- Must receive SSI benefits

## **Eligibility**

- Applicants must be under 18 years of age; and receiving SSI benefits.

## **AT Services Provided/Covered**

- Information & Referral
- Locating Alternate Funding
- Fabrication of Devices

## **AT Devices Provided/ Covered**

- Aids for Daily Living
- Mobility/Seating & Positioning
- Recreation & Leisure Devices
- Vehicle Modifications



## **Application Process**

- Contact your county office of the Department of Human Services (DHS).

## **Dispute Resolution Process**

1. The family may request a fair hearing within 30 days from the date of the notice of a denial by completing a Request for a Fair Hearing.
2. Contact a worker in the local Human Services Centers to complete a H.1 Form (Hearing Request).
3. The appeals process will be handled by the local Human Services Center.
4. All guidelines for the appeals process will be governed by OKDHS policy 340:2-5-60.

## **Pieces of the Puzzle**

- This program assists children from birth to age 18 who receive a Supplemental Security Income (SSI) - Disability Payment to receive assistance in getting needed equipment and services.
- This includes adaptive equipment and specialty formula for children from birth to age 18 and diapers from ages 4-18.
- A professional who works with the child must recommend the services or adaptive equipment needed. Computer or computer software is not in the scope of the program. SSI-DCP funds for eligible families may be available to access the Respite Voucher Program, which provides financial assistance in the form of vouchers to families to pay for respite care so the caregiver can take a break.
- When the family appears to be eligible for the Respite Voucher Program, the worker advises the family to call a designated number to request a respite voucher application.

# TRICARE

United States Department of Defense

## Purpose

The mission of TRICARE is to provide quality health care for members of the Armed Forces, military families, and others entrusted to the Department of Defense's care. There are several plans to choose from based on specific eligibility. As a major component of the Military Health System, TRICARE combines the health care resources of the uniformed services with networks of civilian health care professionals, institutions, pharmacies and suppliers to provide access to high-quality health care services while maintaining the capability to support military operations.

## Contact(s)

TRICARE Humana Military Healthcare Services, Inc. (South Region)

(800) 445-5445

<http://www.tricare.mil>

## Financial Criteria

- See "Eligibility"

## Eligibility

- Family members of active-duty service members;
- military retirees and their eligible family members;
- surviving eligible family members of deceased, active, or retired service members;
- wards and pre-adoptive children; and
- some former spouses of active or retired service members who meet certain length-of-marriage rules and other requirements.

## AT Services Provided/Covered

- Assessments & Evaluations
- Information & Referral
- Case Management
- Locating Alternate Funding
- Advocacy/Other

## AT Devices Provided/Covered

- Aids for Hearing Impaired
- Environmental Adaptations
- Aids for Vision Impaired
- Mobility/Seating & Positioning
- Speech Communication

## **Application Process**

- In order to use TRICARE, the individual must be listed in the Defense Department's DEERS (Defense Enrollment Eligibility Reporting System) computerized database as being eligible for military health care benefits. All military sponsors should ensure that the status of their families (marriage, divorce, new child, etc.) is current in the DEERS files so TRICARE claims can be processed quickly and accurately.

## **Dispute Resolution Process**

1. If individuals disagree with certain decisions made by the TRICARE Management Activity or by the TRICARE contractor regarding a benefit, there is a right to appeal that decision. There are specific benefit issues that are appealable and the appeal process varies depending on the type of benefit issue.
2. For issues that can't be appealed, such as concerns with the quality of health care service received, TRICARE provides a grievance process that allows individuals to submit in writing the concern or complaint.

# Veterans Benefits

Department of Veterans Affairs

## Purpose

The Department of Veterans Affairs (DVA) offers an array of benefits to Veterans that includes but not limited to health care, home loans and home modifications, vocational rehabilitation, and pharmacy benefits. The DVA provides a standard enhanced health benefits plan available to all enrolled Veterans. This plan emphasizes preventive and primary care, and offers a full range of outpatient and inpatient services within VA Health Care System.

## Contact(s)

VA Benefits

(800) 827-1000

[www.va.gov](http://www.va.gov)

## Financial Criteria

- Varies depending on the benefit.

## Eligibility

- VA applies a variety of factors during the application verification process when determining a Veterans' eligibility for enrollment, but once a Veteran is enrolled, that Veteran remains enrolled in the VA health care system and maintains access to certain VA health benefits;
- most veterans' health care benefits are based solely on active military service in the Army, Navy, Air Force, Marines, Coast Guard, National Guard members who were called to active duty by a federal order, or Merchant Marines during WWII, and discharged other than dishonorable conditions.

## AT Services Provided/Covered

- Information & Referral
- Training for Consumer & Family
- Assessments & Evaluations
- Fabrication of Devices
- Case Management
- Maintenance & Repairs

## **AT Devices Provided/ Covered**

- Aids for Daily Living
- Speech Communication
- Aids for Hearing Impaired
- Environmental Adaptations
- Aids for Vision Impaired
- Mobility/Seating & Positioning
- Computers & Related
- Vehicle Modifications

## **Application Process**

- Veterans can apply for VA health care, by completing VA Form 10-10EZ Application for Health Benefits. You can obtain this form by:
  - going to: <https://www.1010ez.med.va.gov/>; or
  - calling the VA's Health Benefits Service Center, toll free at (877) 222-VETS (8387), Monday - Friday between 8:00 am and 8:00 pm EST.

## **Dispute Resolution Process**

- A veteran must file a Notice of Disagreement within one year of the DVA decision. This must be submitted in writing and specify exactly the disagreement with the decision received. Individuals should refer to the VA Form 4107, "Your Rights To Appeal Our Decision" for further guidance on filing a Notice of Disagreement. Claimants may download a copy of the VA Form 4107 at: <http://www.vba.va.gov/pubs/forms/4107.pdf>.

# Division Of Visual Services

Oklahoma Department of Rehabilitation Services (DRS)

## Purpose

The Division of Visual Services (VS), helps Oklahomans who are blind or visually impaired. The primary vocational rehabilitation services are counseling and guidance with job placement. However, other services may also be provided as needed for an individual to compensate for, correct or prevent disability-based barriers to employment. AT is provided if determined necessary to meet the goals outlined in the Individualized Plan for Employment (IPE).

## Contact(s)

Doug Boone, Administrator, Division of Visual Services,  
Oklahoma Department of  
Rehabilitation Services  
3535 NW 58th St., Ste 500  
Oklahoma City, OK 73112  
(405) 951-3400 (TDD)  
(800) 845-8476 (TDD)  
FAX: (405) 951-3529  
[www.okrehab.org](http://www.okrehab.org)

William Ginn, Director,  
Client Assistance Program (CAP)  
Office of Disability Concerns  
2401 NW 23rd, Ste 90  
Oklahoma City, OK 73107  
(405) 521-3756 (OKC, V)  
(405) 522-6706 (TDD)  
(800) 522-8224 (V/TDD)  
FAX: (405) 522-6695  
[www.ok.gov/odc/C.A.P./index.html](http://www.ok.gov/odc/C.A.P./index.html)

## Financial Criteria

- See "Eligibility".

## **Eligibility**

- An individual:
  - must have a physical or mental impairment, which constitutes or results in an impediment to employment;
  - can benefit in terms of an employment outcome from VR services;and
  - requires VR services to prepare for, enter, engage in, or retain gainful employment.
- An individual who has a disability or is blind and is a Social Security Disability Income (SSDI) beneficiary or a Supplemental Security Income (SSI) recipient is presumed to meet eligibility criteria if that individual intends to achieve an employment outcome.
- Legal blindness occurs when visual acuity with best correction is 20/200 or less or when side vision results in a central field restriction of 20 degrees or less.

## **AT Services Provided/Covered**

- Assessments & Evaluations
- Information & Referral
- Case Management
- Locating Alternate Funding
- Maintenance & Repairs
- Supporting Software
- Training for Consumer & Family

## **AT Devices Provided/ Covered**

- Aids for Daily Living
- Speech Communication
- Aids for Hearing Impaired
- Environmental Adaptations
- Aids for Vision Impaired
- Mobility/Seating & Positioning
- Computers & Related

## **Application Process**

- Apply online at: <http://www.okdrs.org/drupal/app-for-service>
- Apply at your local DRS office, to find the nearest office call (800) 487-4024 or locate at the website: [http://www.okdrs.org/drupal/office\\_locator](http://www.okdrs.org/drupal/office_locator)

## **Dispute Resolution Process**

1. If you are an applicant or client of the Oklahoma Department of Rehabilitation Services and have a concern and/or want to learn more about DRS, call the Client Assistance Program (CAP) at (405) 521-3756 #7. CAP serves as your advocate to get a resolution. With a release of information, CAP can contact DRS staff on your behalf.



2. CAP can request a Fair Hearing if resolution cannot be reached at lower levels. The Fair Hearing must be scheduled within 60 days of request. Mediation is available if the client desires and DRS consents.
3. DRS clients or applicants may request a Fair Hearing without CAP involvement. Call (405) 951-3552 to get a Request for Fair Hearing. A written decision of the Hearing Officer will be made within 30 days of the Fair Hearing.
4. It is possible to appeal an adverse decision from the Hearing Officer. The Hearing Officer's written decision will provide information. The appeal beyond the Fair Hearing is final unless you choose to hire an attorney. In such cases, litigation of your concern will be at your expense.

## **Pieces of the Puzzle**

- Under the rehabilitation counseling and employment program, consumers and counselors work together to develop an Individualized Plan for Employment (IPE).
- The IPE is an individualized program of services based around a core of comprehensive evaluation, vocational counseling, and job placement that are needed to assist the person in attaining his or her employment goal. Any AT that the person needs for employment must be included in this plan. However, AT devices and services may be essential to help the person demonstrate vocational capabilities and are an essential part of the comprehensive evaluation.
- Once a decision has been made to supply an eligible client with AT, it may be possible to provide a wide range of devices if they are vocationally relevant. However, DRS cannot buy devices that other sources can buy or that ADA requires other sources to provide.
- The cost of some services, such as medical examinations to determine if a person is eligible for vocational rehabilitation, counseling and job placement, are provided at no charge to the client. For some other services, a client may have to share in the cost, depending on his or her income and resources.
- The DRS State Plan has provisions, during times of limited resources, to serve clients under an order of selection which means some eligible applicants may be placed on waiting lists until funds are available to pay for services. Consumers are encouraged to apply for services during an order of selection because those on waiting lists will be served on a first-come, first-served basis.
- Visual Services provides a wide array of rehabilitation programs that include: rehabilitation counseling, employment, independent living services, Older Blind Program (page 54) Business Enterprise Program, special library services (page 53) and information access via telephone.
- Independent living services include rehabilitation teachers and mobility specialists that can provide adjustment counseling; instruction in personal and home management; communications; recreation or leisure activities; the community; and use of the white cane.

- The Business Enterprise Program trains and assists people who are blind in establishing and operating food service businesses in public and private facilities across the state.
- NEWSLINE® For the Blind gives free telephone access throughout the state to local and national newspapers for persons whose disabilities limit access to printed information. Visual Services also operates a telephone service, which provides community and job information.
- VS partners with Oklahoma ABLE Tech to provide an assistive technology device demonstration center and short-term equipment loan program. The demonstration center can assist a person or small group of individuals with the opportunity to explore one or more assistive technology devices to assist in the decision-making process about device purchase or utilization. The short-term loan program allows a person to “try before you buy” an assistive technology device.
- For more information on the devices available contact the AT Lab in Oklahoma City by calling (405) 522-3418 or the VS Center in Tulsa at (918) 551-4933.

# Division Of Vocational Rehabilitation Services

Oklahoma Department of Rehabilitation Services (DRS)

## Purpose

The Division of Vocational Rehabilitation (VR) is designed to assist eligible individuals with disabilities prepare for work and become gainfully employed. An Individualized Plan for Employment (IPE) is developed with each eligible individual, which outlines the individual's program for attaining his/her employment goal. Services provided by VR may include counseling, guidance, job placement, vocational, college or other training, assistive technology evaluations, equipment and training, personal assistance services while receiving VR services, and other services based on individual needs.

## Contact(s)

Mark Kinnison, Administrator, Division of Vocational Rehabilitation,  
Oklahoma Department of  
Rehabilitation Services  
3535 NW 58th St., Ste 500  
Oklahoma City, OK 73112  
(405) 951-3470 (TDD)  
(800) 845-8476 (TDD)  
FAX: (405) 951-3529  
[www.okrehab.org](http://www.okrehab.org)

William Ginn, Director,  
Client Assistance Program (CAP)  
Office of Disability Concerns  
2401 NW 23rd, Ste 90  
Oklahoma City, OK 73107  
(405) 521-3756  
(800) 522-8224  
FAX: (405) 522-6695  
[www.ok.gov/odc/C.A.P./index.html](http://www.ok.gov/odc/C.A.P./index.html)

## Financial Criteria

- See "Eligibility".

## Eligibility

- An individual:
  - must have a physical or mental impairment, which constitutes or results in an impediment to employment;
  - can benefit in terms of an employment outcome from VR services;and
  - requires VR services to prepare for, enter, engage in, or retain gainful employment.

- An individual who has a disability or is blind and is a Social Security Disability Income (SSDI) beneficiary or a Supplemental Security Income (SSI) recipient is presumed to meet eligibility criteria if that individual intends to achieve an employment outcome.

## **AT Services Provided/Covered**

- Assessments & Evaluations
- Information & Referral
- Case Management
- Locating Alternate Funding
- Fabrication of Devices
- Maintenance & Repairs
- Training for Consumer & Family

## **AT Devices Provided/ Covered**

- Aids for Daily Living
- Speech Communication
- Aids for Hearing Impaired
- Environmental Adaptations
- Aids for Vision Impaired
- Mobility/Seating & Positioning
- Computers & Related
- Vehicle Modifications

## **Application Process**

- Apply online at: <http://www.okdrs.org/drupal/app-for-service>
- Apply at your local DRS office, to find the nearest office call (800) 487-4024 or locate at the website: [http://www.okdrs.org/drupal/office\\_locator](http://www.okdrs.org/drupal/office_locator).

## **Dispute Resolution Process**

1. If you are an applicant or client of the Oklahoma Department of Rehabilitation Services and have a concern and/or want to learn more about DRS, call the Client Assistance Program (CAP) at (405) 521-3756 #7. CAP serves as your advocate to get a resolution. With a release of information, CAP can contact DRS staff on your behalf.
2. CAP can request a Fair Hearing if resolution cannot be reached at lower levels. The Fair Hearing must be scheduled within 60 days of request. Mediation is available if the client desires and DRS consents.
3. DRS clients or applicants may request a Fair Hearing without CAP involvement. Call (405) 951-3552 to get a Request for Fair Hearing. A written decision of the Hearing Officer will be made within 30 days of the Fair Hearing.

4. It is possible to appeal an adverse decision from the Hearing Officer. The Hearing Officer's written decision will provide information. The appeal beyond the Fair Hearing is final unless you choose to hire an attorney. In such cases, litigation of your concern will be at your expense.

## **Pieces of the Puzzle**

- Under the rehabilitation counseling and employment program, consumers and counselors work together to develop an Individualized Plan for Employment (IPE).
- The IPE is an individualized program of services based around a core of comprehensive evaluation, vocational counseling, and job placement that are needed to assist the person in attaining his or her employment goal. Any assistive technology the person needs for employment must be included in this plan. However, AT devices and services may be essential to help the person demonstrate vocational capabilities and are an essential part of a comprehensive evaluation.
- The DRS counselor along with an AT Specialist will assist in accessing necessary AT devices and services to meet employment needs.
- Once a decision has been made to supply an eligible client with assistive technology, it may be possible to provide a wide range of devices if they are vocationally relevant. However, DRS cannot buy devices that other sources can buy or that ADA requires other sources to provide.
- The cost of some services, such as medical examinations to determine if a person is eligible for vocational rehabilitation, and counseling and job placement, are provided at no charge to the client. For some other services such as assistive technology, a client may have to share in the cost, depending on his or her income and resources.
- The DRS State Plan has provisions, during times of limited resources, to serve clients under an order of selection which means some eligible applicants may be placed on waiting lists until funds are available to pay for services. Consumers are encouraged to apply for services during an order of selection because those on waiting lists will be served on a first-come, first-served basis.
- DRS has the authority to purchase consumer equipment and services through an agency-adopted bid process rather than going through the state bid process, thus allowing greater consumer choice and faster delivery.