



United Way
of Palm Beach County

Special Needs Equipment Fund
Funded by Children's Services Council of Palm Beach County

General Guidelines

Intention of the Fund

1. The Special Needs Equipment Fund is intended to purchase essentially needed medical equipment, not available from any other source, for children with special needs, ages 0 through 17. Equipment should specifically increase or enhance mobility, communication (speech or hearing), vision, or be necessary medical equipment.

A letter of medical necessity describing the need and purpose for which the equipment will be used is required. Any misuse of equipment is unacceptable and will be brought to the attention of the appropriate persons.

2. Before applying to the Fund, applicants are required to contact Clinics Can Help to learn whether appropriate equipment can be acquired through that agency. Phone: 561-640-2995, www.clinicscanhelp.org; 1550 Latham Road, West Palm Beach, FL 33409. Email: owen@clinicscanhelp.org.
3. Each family can have more than one applicant.
4. Each applicant cannot exceed \$7,000 per fiscal year (October 1 – September 30). When an applicant has reached \$7,000, they may reapply the following year. In some cases, applications for equipment costing more than \$7,000 will be considered (see paragraph 11). For example, funds may be pooled with resources from another partner, such as the Make-A-Wish Foundation, for very costly items. Documentation of commitment for such support is required.
5. These are not emergency funds. These funds cannot be used to replace funds that already exist, but rather to fill gaps in the current service system for equipment purchases. The submitting agency/therapist and the applicant's family must specify any governmental agency approached to provide the requested equipment. The client's family must demonstrate that the equipment cannot be obtained from another source, such as private insurance or Medicaid. The Special Needs Equipment Fund is the source of "last resort." If the submitting agency/therapist or family is requesting partial funding, all other sources and amounts must be identified, secured, and documented before coming to the Special Needs

Equipment Fund. Families will be asked to contribute to the cost of equipment. This will be done with a donation to the United Way.

6. For most applications, a letter of denial for the requested equipment from the private insurer or Medicaid must accompany the application.

In lieu of a denial letter, the following may be considered by the review committee.

- 1) The item is excluded from commercial insurance/government insurance (copy of exclusion page from benefit book attached to the application).
 - 2) The item is an approved item for coverage from commercial/government insurance (such as Medicaid), however limitations prohibit this item from being purchased within a time frame.
 - 3) The client's needs, growth, age and or family living circumstances are anticipated to change and might not allow for the purchase of another item of greater cost if there is a request for purchase of an item of lesser cost.
7. Due to concerns about immediate safety, bath/shower chairs, toilet supports and car seats do not need to include a Medicaid denial letter. In the event that United Way of Palm Beach County asks the submitting agency/therapist and the applicant's family to seek matching funds for the purchase of equipment, a reasonable timeline will be granted. If the timeline cannot be met, the recommendation for funding may be revoked. The submitting agency/therapist and the applicant's family will have the opportunity to reapply at a later date
 8. A letter of denial is required unless it is specifically excluded in this guideline. The Special Needs Equipment Fund Committee will have the final decision regarding the need for a denial letter.

Who Can Apply for the Fund?

Applicants making requests for equipment purchases may be nonprofit or governmental agencies on behalf of a child living in Palm Beach County. The School District of Palm Beach County may assist families with the application process. These funds are to be used for children and families in cases where purchasing equipment would cause financial hardship, and where the equipment cannot be obtained through other means. It will be the responsibility of the submitting agency/therapist to ensure that the family making the request has been screened for eligibility (i.e. insurance and Medicaid have denied the items and families are not able to purchase the equipment themselves). By signing the application, the submitting agency/therapist and the applicant's family validates the family is in need, has no other means to obtain the equipment, and will release information to substantiate the request if necessary. An applicant's family may be asked to contribute financially, depending on ability to pay. Even a small contribution is acceptable.

Donation of Equipment After Use

Families receiving equipment have an obligation to return used equipment in cases where the equipment is in good shape and can be re-used. Used equipment should be donated to Clinics Can Help Lending Closet in West Palm Beach, 561-640-2995, www.clinicscanhelp.org.

Types of Equipment Covered and What is Not Covered

1. Funds cannot provide ongoing or indefinite service.
2. Funds cannot be used to pay for services provided by a medical doctor, hospital charges, purchase of medication or oxygen, or for any other similar medical cost.
3. Equipment that exceeds the \$7,000 cap may be considered the last quarter of the fiscal year (July – September) at the discretion of the committee if the balance of the fund is not paced out to be spent by the fiscal year end.
4. Items or renovations that are permanent or non-mobile will not be considered.
5. The child should have successfully practiced with the equipment or at least a similar piece to ensure compatibility.

The Application Process

1. The fund application and guidelines are posted at www.unitedwaypb.org.
2. A licensed/certified provider who is knowledgeable of the child's condition must prescribe or provide documentation justifying the need for the recommended equipment purchased with these funds.
3. Applications must be complete to be considered by the committee. If pieces are missing the application will be held until all pieces are completed before being placed on the committee agenda for consideration.
4. Applications and all corresponding information must be submitted by the due date set by United Way to be considered at that month's committee meeting.
5. Each application must have dated and written vendor/manufacturer estimates for the equipment being requested. Requests will require price quotes from two (2) vendors, with the exception of wheelchairs, and wheelchair parts, which will require only one price quote. For wheelchair parts, the vendor that supplied the wheelchair can be selected to supply parts. Note: A letter of denial from the insurance company or Medicaid is still required.
6. Along with the price quote, a picture of each item that is being requested (e.g. a stroller, car seat) should be submitted with each application.
7. If there is a sole vendor for the equipment being requested, the submitting agency/therapist will be required to provide the following: 1). A quote including delivery, set-up, warranty etc. 2) Rationale and/or

the appropriate documentation (e.g. prescription, letter of need, etc.) from a licensed/certified practitioner who is knowledgeable of the child's condition and why this specific piece of equipment is best for the child. In these cases, the letter of medical necessity may not be provided by the vendor or manufacturer of the equipment.

8. Be sure that the quotes are for the exact same equipment and accessories. If the equipment model, size, etc. is not detailed in the required quotes in a consistent manner, this may hold up review /approval of the application.

The Special Needs Equipment Fund Committee

1. A committee of volunteers from the community meets once a month to review applications to the fund.
2. It is required that the therapist/ licensed/certified professional who is recommending the equipment and treating the child be available in person or by phone during the time of the meeting in case there are questions the agency representative cannot answer. If possible, the treating therapist should attend the meeting. Meetings are held at local organizations. Therapists will be notified of the location if required to attend.

3. **Fund Distribution**

1. All checks are made out to the vendor.
2. Once approved by the Special Needs Equipment Fund Committee and the United Way Community Impact Committee, a request for payment to the vendor will be made.

3. **Proof of Purchase Required**

4. The vendor has 60 days from the date funds are received from United Way to submit proof of purchase for each piece of equipment.
5. Proof of purchase must be in the form of: receipt for equipment, including name of child, marked paid and showing a zero balance.
6. If proofs are not received within 30 days, United Way may discontinue transactions with the vendor.

Specific Guidelines for Particular Equipment

All equipment, unless otherwise stated, must meet all of the general guidelines, as well as the following equipment-specific expectations. This list is not exhaustive. The committee may still have additional questions in order to approve any application. If you are applying for a piece of equipment not listed below, please contact United Way of Palm Beach County to ensure appropriate documentation is submitted.

Adaptive Tricycle

- Letter from physical therapist or occupational therapist stating why the equipment is needed, and whether the child has tried the equipment.
- Application must state that a safety helmet will be purchased and used with the tricycle.

Aids and Devices for Visual Impairment/Low Vision Equipment

- Letter from teacher for the visually impaired or representative of the Division of Blind Services.

Bath/Shower Chair

- Letter from a licensed/certified professional.
- Professional requesting the equipment should verify that there is sufficient space for the equipment to be used safely.
- Due to concerns about immediate safety in the bathroom, bath/shower chairs and toilet supports will not need to have a denial from insurance.

Car Seat

- Letter from a licensed/certified professional.
- Car seat applicants may contact Palm Beach County Fire-Rescue to ensure proper installation of the equipment. (561) 616-7000.

Cranial Safety Helmet

- Letter from a licensed certified professional and MD or DO.
- Due to safety concerns, a denial letter from insurance is not needed for this equipment.

Communication Devices

- Letter and a speech generation device evaluation from a licensed, certified professional. It is important to seek out the evaluation of a non-biased therapist. If using a therapist that is a representative of the particular company supplying the equipment, it is in the best interest of the family and the Fund to seek a second professional opinion. In such cases, the committee will require a second opinion from an independent, licensed therapist.

Ipads and applications

- **Letter and a speech generation device evaluation from a licensed certified professional.**

Electronic Feeding Devices

- Letter from physical therapist or occupational therapist.

Hearing Aids

- Letter from hearing evaluation expert. It is important to seek out the evaluation of a non-biased therapist. If using a therapist that is a representative of the company supplying the equipment, it is in the best interest of the family to seek a second professional opinion. In such cases, the committee will require a second opinion from an independent, licensed audiologist. Applications for hearing aids will be reviewed by a school district audiologist.

Hospital Bed

- MD prescription
- Measurement of the room in which the bed will be placed will assist the committee in making an appropriate decision.

Mechanical Lifts, including barrier free lifts

- Letter from a licensed/certified professional and MD or DO
- Details of where the equipment will be installed.
- Details as to whether the equipment is movable.
- If the equipment is being installed in a rental property, a letter from the landlord granting permission is required.
- Equipment must be installed by a licensed, insured contractor.

Portable Staircase/Ramps

- Equipment must be portable
- Letter from a licensed, certified professional or MD/DO prescription
- Measurements of the existing house, apartment, rooms involved
- Application must indicate: Is the house owned by the family? If not, do they have approval from their landlord to install this piece of equipment?
- If the family moves from this residence, is this equipment movable to a different location? Is it adjustable to different size rooms and doors?

Positioning Chairs

- Letter from physical therapist or occupational therapist.

- Size of the chair should take into account the seating depth and width, and the considered growth of the child.
- Be sure that quotes are for the exact equipment and accessories. Any difference between quotes can result in an incomplete application.

Stroller

- Letter from a licensed / certified professional.
- Weight of the child vs. the weight limitations of the stroller must be taken into account.
- Fitting of the stroller must include measurement of the seat depth.
- If child currently has a stroller it is important to specify that the family will donate the older stroller to a lending closet such as Clinics Can Help in West Palm Beach.

• **Toilet Support System**

- Letter from a licensed / certified professional.
- Due to concerns about immediate safety in the bathroom, bath/shower chairs and toilet supports will not need to have a Medicaid or APD denial letter.

Van/Vehicle Lift

- Requires an MD or DO prescription
- Specific vehicle description must be provided. Is the vehicle owned by the family? How old is the vehicle? What is the mileage on the vehicle? How many more years will the vehicle be in service?

Walker/Gait Trainer

- Letter from physical therapist or occupational therapist.
- In the event that Medicaid denies a request for a walker or gait trainer, the committee requires that the decision be appealed. If the request is denied on appeal, documentation of the appeal/denial must be attached to the application.

Wheelchairs

- Letter from a licensed, certified professional describing the equipment requested and the medical justification for this equipment. In some cases, a doctor's prescription may be required. Note: Equipment specifications from a vendor will not be accepted in place of a letter of medical necessity
- If using the same vendor as the vendor who supplied the wheelchair, the applicant only needs to supply a quote from that vendor for parts and attachments denied by insurance or Medicaid.

- An insurance or Medicaid letter of denial must accompany the application, except in the case of transit brackets and flat-free tires. A vendor statement listing denied parts is not sufficient.
- Copy of a letter to Medicaid requesting a review of denied parts.
- WC19 transit securing points
- Copy of wheelchair evaluation requesting secure points and denial statement from Medicaid.
- Letter describing the wheelchair and seating system from the evaluating therapist.

FOR MORE INFORMATION OR ASSISTANCE CONTACT:

**Special Needs Equipment Fund
477 S. Rosemary Avenue, Suite 230
West Palm Beach, FL 33401
(561) 375-6600**