



Colorado Families for Hands & Voices Parent Funding Toolkit



Fourth Edition 2022

Table of Contents

OUR MISSION	1
INTRODUCTION	3
SECTION 1	4
Your Child's Records: Creating a Portfolio	
SECTION 2	6
Private Funding Sources for Hearing Aids and Other Devices	
List of Private Funding Sources	8
SECTION 3	18
The Medicaid Buy-In	
SECTION 4	21
Equipment Loaners	
SECTION 5	22
Hearing Aid Legislation: FAQ	
Provider Information: Hearing Aids for Children	25
SECTION 6	27
Navigating Health Insurance	
Letters of Medical Necessity	
Sample Letter of Medical Necessity:	29
State of Colorado Health Insurance Laws	30
SECTION 7	36
Advocacy Stories from Parents	
Tell Us What You Think	39

Our Mission

Colorado Hands & Voices is dedicated to supporting families with children who are Deaf or Hard of Hearing without a bias around communication modes or methodology.

We're a parent-driven, non-profit organization providing families with the resources, networks, and information they need to improve communication access and educational outcomes for their children.

Our outreach activities, parent/professional collaboration, and advocacy efforts are focused on enabling Deaf and Hard of Hearing children to reach their highest potential.

Colorado Hands & Voices supports and represents

- Kids with mild, moderate, severe, profound, unilateral, conductive, auditory neuropathy, congenital, acquired, progressive hearing loss or deafness, or deaf plus
- Kids who speak, kids who sign, kids who do both, kids who cue, kids who are aided or not aided, and/or kids who have cochlear implants
- The families of these children and the professionals who work with them in all capacities from birth through high school graduation

A note about the Toolkit and the picture stories:

This Parent Funding Toolkit is for families who are facing financial barriers to tools they want for their children. The parents on this ongoing project all have children with hearing differences and experience firsthand the difficulty in purchasing hearing aids, funding cochlear implants or other equipment. We want to help other families and the professionals who work with them to know the laws, how to appeal, and sources of other funding for our families.

Thanks to Kelly Doolittle, CO-Hear with the Colorado School for the Deaf and the Blind (CSDB), Kelly Fernandez-Kroyer, UHL Parent Guide and Data Outreach Coordinator, and Sara Kennedy, former Director of Colorado Hands & Voices who worked on this 4th edition, and to the Colorado Commission for the Deaf, Hard of Hearing and DeafBlind who made the 2022 update possible.

The Colorado AG Bell Association and Family Voices Colorado contributed to the original Toolkit with us in 2004. Former Parent Guides DeeAnn Westfall, Jennifer Richter and Sara Kennedy helped with 2008 and 2013 updates.

Many organizations and families gave generously of their time, funds, and expertise to see the hearing aid bill through to becoming law on our third statewide effort. These include the members of the Colorado Coalition for Children's Hearing, Colorado AG Bell, Colorado Academy of Audiology, The Colorado Home Intervention Program, the Marion Downs Hearing Center, Children's Hospital Colorado and the Advocacy Network, the Colorado Academy of Audiology, UCHealth, the American Academy of Pediatrics, Colorado Chapter, Colorado Hands & Voices, committee chairs Mary Bartholomew and Janet DesGeorges and our lobbyist who guided us through this civics lesson, Charlie Hebel.

Cover picture: Colorado families at the formal signing of the Modernizing Newborn Hearing Screening Bill with Governor John Hickenlooper in 2018.

Pictured below: The formal signing ceremony of the original hearing aid insurance mandate in 2008, featuring Governor Bill Ritter and young Evan Strickfaden surrounded by other young lobbyists, parents and supporters.



Introduction

Let's start with the good news!

More than 25 states have joined us now in passing hearing aid legislation, sometimes including cochlear implants, and even covering adults over age 18. These laws can only help parents of future children all over the country.

When our legislation passed and took effect in 2009, it was our third attempt at proposing legislation with compromises and concessions along the way. Prior to the law passing, few insurance companies would cover hearing aids at all, stating that hearing aids were "cosmetic." The law requires that private insurance companies regulated by the Colorado Division of Insurance include hearing aid coverage as a benefit, subject to deductibles and co-pays.

Self-insured plans (like many city governments or large corporations offer) and federal plans are not covered by this legislation. We know that deductibles may be so high that equipment is out of reach, so the need for the Parent Funding Toolkit still exists. Some incredible families have even raised all their own funds for equipment.

While it seems daunting to begin the process of applying for funding assistance whether for hearing aids or other equipment, there's no day like today to begin.

One of our Hands & Voices staff shares her experience:

"Two of my three children are hard of hearing and wear hearing aids. Much to our surprise their first sets of hearing aids were paid for by our insurance company. However, both children have a progressive hearing loss and within a few years needed better hearing aids; luckily technology had improved. Our new insurance carrier did not pay for hearing aids. For two years in a row, we had to secure funding for new digital hearing aids. Many applications ask for the same information and need the same documentation, so make multiple copies of your information. Yes, it took some time, and funding can be confusing when it comes in small amounts from different organizations, but we did receive help. It was well worth the effort. Do not assume your income will disqualify you from funding; many of the funding sources do not make their decisions based on income alone."

Jeannene Evenstad, Colorado H&V staff and parent

Section 1

Your Child's Records: Creating a Portfolio

Whether applying for funding assistance or asking for different services, a parent will need to find, organize, and keep a child's records up to date. One way to do this is to create a portfolio. A portfolio is just an organized notebook or computerized file for collecting and maintaining records about a child with a hearing loss. These materials were adapted with permission from the Health Awareness Portfolio, (HAP), which was developed by Family Voices. If hearing loss is not your child's primary condition, contact Family Voices Colorado through www.familyvoicesco.org for more assistance, or see the National Center for Medical Home Implementation webpage for building your own care notebook, including sample forms available for downloading, at www.medicalhomeinfo.org/for_families/care_notebook on that site.

The primary purpose of the child's portfolio is to keep organized records and information. If a child changes doctors or is to be evaluated by a specialist, this information can help the professional learn about your child and identify current concerns and the timeline of important events. The organized notebook can help families coordinate services with their insurance company, Medicaid or Child Health Plan Plus (CHP+). The portfolio can also be a quick reference guide when you need to contact manufacturers for replacement parts or warranty information. You'll find the information useful during IEP meeting preparation, too.

The following table of contents is a suggested blueprint to help families create their own notebook. Each family has different medical needs and organizational styles. Please adapt these ideas to what best meets the needs of your family. The intention of this notebook is to help you keep current records. As your child with a hearing loss grows older, you might fill several notebooks, and eventually, your child will be the keeper of the records!

If you don't have information pulled together already, don't worry. You can start with the application process in section 2, and you'll develop what is needed for your child's portfolio and can build it while you are copying forms for the applications.

Create your own notebook

Here is a suggested table of contents for inclusion in the notebook or electronic file. Use the sections that make sense for your child's situation. Many families use a clear cover, three ring notebook with tabbed dividers, and place a picture of their baby or child in the cover. We need all the inspiration we can get when speaking up on behalf of our child's needs! You can add your child's picture on the front. If using an electronic version, scan the documents in a folder in the order that makes most sense to you.

Portfolio Table of Contents

Section One – Medical History

1. Cover Letter (describes child's current situation and your concerns)
2. Photos of the Child

Parent Funding Toolkit

3. Calendar of Medical Events from birth to present (simple list, date, event, outcome)
4. Delivery Records
5. Surgeries (calendar of surgeries and outcomes)

Section Two – Medical Evaluations, Lab Results, Pharmacy, Other Tests

1. Audiology / Otology
2. Neurology / Genetics
3. MRIs, CAT Scans, and similar tests
4. List of Medications (outcomes, current drugs, contraindications and side effects)
5. Other (ophthalmologists, cardiologists, endocrinologists, etc.)

Section Three: Medical Equipment (hearing aids, cochlear implant, personal FM)

1. Providers (warranty, repair information, contact person)
2. Replacement Equipment List (batteries, cords, boots, etc.)

Section Four: Multi-Disciplinary Evaluations and Educational Issues

1. Speech and Language
2. Occupational Therapy and Physical Therapy
3. Special Education Evaluations
4. Psychology and Counseling Reports and Evaluations
5. IFSP or IEP's, Transition Plans (may need separate book for older child.)
6. Letters to and from school

Section Five: Emergency Information

1. Parents and Other Caregivers (names/relationships/phone numbers)
2. Physicians, Pharmacies and Hospitals (names, and phone numbers)

Section Six: Insurance Information / Medicaid / CHP+

1. Copy of Insurance/Eligibility Card
2. Copies of Pages that Refer Specifically to Services Available for Hearing Loss
3. Telephone Log
4. Record of written communications

Section Seven: Current Research Regarding Children with a Hearing Loss

(This is always useful to collect in advocacy situations.)

Section Eight: Business Cards in Notebook Divider Format

Audiologist's business card(s), ENT or Otolaryngologist, physician, parent groups, early interventionists, and others as needed.

Section 2

Private Funding Sources for Hearing Aids and Other Devices

Do We Have to Wait for Funding?

If you have a written denial from your insurance company, don't wait to apply for funding assistance and appeal your insurance decision at the same time. This chapter focuses on applying for funding assistance.

While applying, many clinics will offer loaner hearing aids as you work through funding applications. These hearing aids are often donated back by families no longer needing them (or moving to cochlear implants) and are fit specifically to your child's needs.

Some years ago, Colorado had a statewide hearing aid loaner bank. This bank was created through the generosity and foresight of many organizations, and it was expressly formed so that families would have a little lead time on applying and waiting to hear about funding, or while working through a trial of equipment to see if amplification is beneficial for your child. We hope that this may be an option again in the future.

Is the Hearing Aid or Other Equipment Out of Warranty?

Most new equipment comes with a manufacturer's warranty between 1 to 5 years depending on the complexity of the equipment. This includes a one-time loss and damage replacement and repairs during the warranty period. As your warranty is ending, have your child's equipment examined, and you may be able to extend the coverage through a hearing aid insurance like Esco or adding a rider to your home insurance (though your rates might be raised if any claims are made.) The cost of the insurance is far less than replacing a hearing aid. Cochlear implant technology coverage can be extended through the manufacturer if in good repair. Ask your audiologist if you are not sure what coverage is available when the equipment is new and how to extend it.

Earmolds can also have a warranty. If your child outgrows the earmold before the time period is up, the new earmold is replaced at no charge. Earmolds that fit well assist in better hearing quality and reduce the incidence of feedback sounds.

Keeping your child's hearing aid serviced, clean and dry extends its lifespan, but most will need replacement within 3-5 years, and certainly if your child's hearing changes significantly.

Helpful Hints When Applying to a Private Funding Source

Read the application through carefully to decide if your family is eligible to apply. Before filling out the applications, check to see what documentation they require and have all of the documentation ready. Many applications require the same documentation, so count how many copies you will need for each source for which you are eligible before making copies to save yourself some time.

Documents commonly required by many of the funding sources:

1. Copy of identification of parent/guardian: (driver's license/state identification)
2. Proof of Colorado residency
3. Social security number for child and parent/guardian
4. Cost estimate for hearing aids
5. Prescription for hearing aids from audiologist
6. Verification of income, such as recent pay stubs
7. Letter from family explaining the need for funding.
8. Recent audiogram
9. Again, make several copies so that you can easily apply to more than once source.

Parent to a professional:
"Why didn't you tell us there were organizations who would help us with hearing aid costs?"

Professional: *"You didn't ask".*

Tip: Remember that people don't talk to strangers about money! Ask if families need financial options as a matter of routine.

-Brandy Jezernik, CO parent

Before you use a credit card to purchase hearing aids, know that agencies will not pay families directly. You can't be "paid back later."

Make sure applications are filled out completely or the application may not be considered.

Applications for Friends of Man and AV Hunter Trust, for example, must be filled out by a professional. If a parent applies to these organizations, the application will be denied. Apply even if the expected turnaround time is not immediate; any source is worth applying to if you meet the guidelines.

Make copies of applications before mailing them. Some agencies require an examination by their own audiologist. Pediatric audiologists are recommended.

Can We Apply to More than One Organization?

Yes. Once you receive an award, it should be reported on future applications. If you receive more than you need, let the organization know you no longer need the funds. Consider the many costs associated with hearing aids: it is acceptable to seek assistance with frequent ear mold fittings needed as children grow rapidly, costs of batteries, travel, etc. Just be sure that your request is in line with the requirements of the granting organization.

Raising Your Own Funds

Several amazing families have raised the entire amount or a majority of funds needed through multiple well-organized garage sales, online auctions, and creative benefit events, particularly when they are insured but hearing aids or implants have been excluded from their benefit plan. DO exhaust all other options (appealing your

Parent Funding Toolkit

insurance, complaints to the Colorado Division of Insurance, applying for funds from the organizations listed in this document) while pursuing this plan.

Parents can also negotiate for lower costs when paying out of pocket with hospitals, surgeons, and other providers as prices paid by insurance often reflect a percentage discount.

Keep track of your expenses for the next year's tax forms. One parent reported that she then was refunded all of her federal income tax for that tax year due to the high out of pocket medical costs for bilateral cochlear implants, so she was glad she kept good records. She was able to help several other families the next year with her tax refund. Parents can be incredibly resourceful when their children have a need!

Outside the Box Ideas: Where do you shop?

Consider where you and your family or your business or place of work “shops” as well. Perhaps the local GAP store where the manager knows you by name might consider a donation request. Sertoma Clubs focus on speech and hearing. Many retail corporations have a donation program. Think about where you purchase items and explore if those businesses have a donation program. If you, your family, or friends have a connection with a local charity or business, determine if that business or charity would consider a request. You may also contact your local church, your employer, union, the hospital or audiology clinic, and the Health Care Program for Children with Special Needs (HCP) in your county for other local ideas. It is not easy to ask for help. However, for someone to have the joy of giving, another person has to bravely let their need be known.

“I had one family whose grandfather was a member of Harley-Davidson Club. The bikers organized a ride and raised all of funds needed.” – An early interventionist

“I knew a mom who worked for a medical practice. The owners were so embarrassed that their insurance did not cover hearing aids that the docs and office staff raised the funds themselves to cover them.”

List of Private Funding Sources

To the best of our knowledge this information is correct as of February, 2022.

A.V. Hunter Trust, Inc.

<https://www.avhuntertrust.org/overview>

Funding assistance for durable medical equipment, including hearing aids through Funds for One. The A.V. Hunter Trust, Inc. is a charity of last resort for persons in need of various types of durable medical equipment. There is no age limit and amounts given vary by case. The application must be filled out by a *social worker, caseworker, or other third-party professional* acting on behalf of their client/patient. Families should NOT contact the trust directly or will be disqualified from funding. The application is online only. Checks are made payable to the vendor and a one-time limit per individual is set.

Parent Funding Toolkit

Cerner Charitable Foundation (formerly the First Hand Foundation)

2800 Rockcreek Parkway

North Kansas City, MO 64117

(816) 201-1569

(816) 571-1569 Fax

Email: casegrants@cerner.com

<https://www.cernercharitablefoundation.org/request-funding>

The Cerner Charitable Foundation is a non-profit, 501(c) (3) organization supported by the generosity of Cerner Corporation. The Foundation assists individual children 0-18, with some exceptions for 18–21-year-olds who have clinical, health-related needs and no financial safety net to cover these expenses. The Foundation can assist with hearing aids and other assistive technology and the costs related to care. The foundation will consider cochlear implant funding (medical as well as equipment needs.) It does not assist with bills for equipment that has already been received, nor can it help with co-pays or deductibles.

This is an international provider, and sends funds directly to a provider. Applicants may make one request per year with a maximum of three requests total. A letter from a doctor describing a need and financial qualification is required, but current medical expenses reduce adjusted gross income for the application. Applications are reviewed each month if received by the final Wednesday of the month prior.

*Also assists with vehicle and housing modifications

**Outside the United States or Canada? Contact the case managers above.

Dallas Hearing Foundation

214-796-2006 Jennifer Clark

<http://dallashearingfoundation.org/>

7777 Forest Lane

C-A94 PMB 143

Dallas, TX 75230

This charity serves children and adults nationwide and internationally for hearing aid, cochlear implant support, and CI surgeries. While surgeries must take place in Texas, funds can be sent nationally. While the income guideline notes that families should qualify for HUD low-income status for Dallas County regardless of where they live, exceptions and sliding scale offers are a possibility. They provide support for all major hearing aid companies and work through audiologists to purchase. They have also helped many families who are in foster, or foster/adopt situations. Families must provide two years of income, i.e., W2s, paystubs, tax returns, and have a hearing test within 6 months of applying. Applications must include a social security number. The Dallas Hearing Foundation does not pay for replacement cochlear implant processors (i.e., upgrades), but they may have access to spare parts for these and other resources.

Disabled Children's Relief Fund:

<https://rarediseases.org/for-patients-and-families/help-access-medications/patient-assistance-programs-2/>

The Disabled Children's Relief Fund is a national, non-profit organization dedicated to acting as an advocate for the rights and needs of children with disabilities, particularly rare diseases. Founded in 1990, DCRF provides cash grants for disabled

Parent Funding Toolkit

children, with preference given to families who do not have health insurance. Grants are provided for assistive devices, equipment, and rehabilitative services, as well as for innovative arts and humanitarian services for children with disabilities. DCRF publishes a regular newsletter entitled "The Challenger."

Preference is given to rare diseases. If a child has additional disabilities and a rare condition, this may be a good choice.

Ear Community

<https://earcommunity.org/>
EarCommunity@gmail.com

The Ear Community was founded in Colorado and is an international source of support for families with children who have microtia/atresia. The nonprofit will assist for a first-time sound processor for a child or adult of any age who has microtia/atresia. Surgically-implanted devices are excluded.

The Elks Lodge

<https://new.coloradoelks.org/>
<https://new.coloradoelks.org/clem-evelyn-audin/ceaaudin@outlook.com>

Aid is available from the Clem Audin Fund for children 18 years of age or younger. These funds are intended for purchase of equipment, school supplies, clothing related to the education, health, development, and care of children. Hearing aids, glasses, dental care, orthopedic equipment, camps, and physical exams for sports and even Prom clothing may be considered. Funds limited to \$200.00 per request. Each ELKS chapter has the application, or visit the website above to download. Requests should go to your local Elks Lodge.

Friends of Man

<https://www.friendsofman.org/>
(303) 798-2342

Friends of Man provides assistance with a large range of needs including hearing aids, assistive technology, and accessibility needs for children and adults of all ages in Colorado. Applicants must meet income guidelines and be Colorado residents for one year. The application must be requested and submitted by a referring professional (teacher, health-care professional, social worker, clergy, etc.) on behalf of the applicant by mail or online. If the request is approved, Friends of Man pays the vendor directly. People outside Colorado can apply through professionals.

<https://www.friendsofman.org/apply-step-by-step.php>

H.E.A.R. Project

4125 Briargate Parkway
Colorado Springs, CO 80920
applications@hearproject.org
<https://www.hearproject.org/>

Currently, donations are on hold. Please check the website for current information. A funding source for hearing aids, cochlear implant parts and related services for children with hearing loss and financial need in Colorado. The H.E.A.R. Project is intended to help families of low to middle income when insurance or Medicaid does not cover costs. The H.E.A.R. project can help with financial assistance for hearing aids, earmolds, repairs, batteries, testing and remote microphones/hearing assistive technology. Supplies for cochlear implants are also

Parent Funding Toolkit

possible. Each application is individually considered. There is a short and a long form application, limited to \$300.00 and \$1600.00 (\$800 per ear), respectively. The age limit is 18 unless a child does not qualify for Vocational Rehabilitation, and then the age limit is 21.

H.E.A.R.S.

(Hearing, Education and Assistance by Rocky Mountain Sertomans)

2125 E. LaSalle Street, L-32

Colorado Springs, CO 80909

719-352-5124

<https://hearscosp.weebly.com/>

El Paso County is the focus for Continental Divide and South Colorado Sertoma clubs who support this program providing hearing aids at reduced or no cost to qualified participants. Families with low income generally qualify for a 100% discount. The sliding scale for discounts is determined by Labor Department income tables. H.E.A.R.S. may pay up to 100% for audiology, hearing aids, and molds (if needed) *or more* as circumstances require. Applications are available by mail or on the website.

While application approval is need-based, all families and adults are encouraged to apply. Medical expenses are deducted from income for application purposes. Nine months of income information (bank account statements), a notarized signature, and residency in El Paso County are required. (Some service to other counties considered). Sertoma and HEARS may consider support for other devices (i.e., cochlear implants) but these are considered on a case-by-case basis.

The HIKE Fund – Hearing Impaired Kids Endowment

Claudia Hauser

<https://thehikefund.org/>

Back from hiatus during the pandemic, as of January 30, 2022, the HIKE Fund provides funds for hearing devices (hearing aids, cochlear implant processors, vibrotactile aids, BAHA devices and other durable equipment) for children between the ages of birth to twenty whose parents are financially unable to meet this need regardless of income. Funds are raised through Job's Daughters International, and may take up to six months from the application to the receipt of funds as the young women raise funds for each application. Grant subject to availability of funding. Checks are made payable to the audiology clinic. The grant maximum is \$4,500; awards are based on the device prescribed and the family's letter of need. Other hearing devices may also be considered for funding with the appropriate documentation and letter of support. They do not award grants for implant surgery.

Joyful Life CI Fund

<https://jlcif.org/>

This Colorado nonprofit was set up to ensure that current CI recipients have working external equipment that they need. Applicants must show financial need and should apply to insurance, Medicare and Medicaid first if applicable.

Larimer County Hearing Aid Bank

970 443-4962

larimerhab@gmail.com

Parent Funding Toolkit

A hearing aid bank for Larimer County residents provides reconditioned hearing aids at a low cost to approved applicants. An audiogram completed within one year must be provided by applicant. Approved applicants will be billed on a sliding fee basis. Applicants do not need to be US citizens. The LCHAB also provides help with the repair of existing hearing aids and replacement earmolds.

LemonAids

Marissa Waters
518-225-9787
LemonAids4hearing@gmail.com

This family, including a child who uses hearing aids, works with HearStrong to coordinate with audiologists in their fundraising for hearing aids and conductive hearing aid devices, and hope to expand to related medical bills. They help internationally as well as in the U.S. Typical response time is two months.

Mandy Project

Cindy Greer, Mandy Project Coordinator
7629 CR 100
Hesperus, CO 81326
970 588-3386 hcrdgreer@frontier.net
www.coloradogrange.org/mandy_project/index.html

The Mandy Project helps children with hearing loss to become productive citizens and provides assistance to families experiencing hardship due to a child's hearing loss. Families must be US citizens or legal immigrants. As many children will be helped as possible and as funds are available. Families may receive assistance with the costs of hearing aids, speech therapy, surgery or other related expenses. Funding is made to the provider and is generally ranges from \$500-\$1,000. The Mandy Project is sponsored by the Colorado State Grange and People Improving Community and Kids (PICK).

Marion Downs Center

303.322.1871 (Denver)
<https://mariondowns.org/>

The Marion Downs Center is a nonprofit offering a sliding scale for purchasing hearing aids based on income. The Marion Downs Center will evaluate a client, including children, and match with an appropriate device. Audiologists, speech language pathologists, and therapists provide hearing, vision, speech and language services for people of all ages, including those unable to pay.

The Marion Downs Center accepts monetary and used hearing aid donations (adults and children) and reconditions them, when possible, for use by others.

Miracle-Ear Children's Foundation: Gift of Sound

P.O. Box 59261
Minneapolis, MN 55459-0261
1-800 234-5422
<https://www.miracle-ear.com/miracle-ear-foundation>

The Miracle-Ear Children's Foundation, a national nonprofit organization, works in cooperation with local Miracle Ear Centers nationwide to provide free hearing aids, services, and support materials to children age 16 and under whose families do not

Parent Funding Toolkit

qualify for public assistance, yet cannot cover the expense of hearing aids. Must have exhausted all other options. Must be a citizen of the USA or Puerto Rico. \$150 fee to apply if over 19 years of age. May reapply every three years if the family still fits the criteria.

Professional Miracles Foundation:

<https://professionalsmiraclesfoundation.com/>

This nonprofit is set up for families with children in Denver Metro with life-limiting illnesses and medical conditions or injuries. Support is limited to \$2,000 per each child. Support includes hearing aids, adaptive equipment, therapies, home modifications, etc. The foundation is not currently supporting children who have Down syndrome. Requests are considered every other month (Feb, April, June, August, October, December). An online form is available through the website under "grants".

Quota International – Northern Colorado Quota Club

<https://quotaclubofnortherncolorado.com/author/qifcc/>

QCNC

P.O. Box 1415

Fort Collins, CO 80522

Quota International is a nonprofit service club with a special focus on hearing, speech and language. The hearing aid program has recently expanded to include birth to age 23 and Deaf/hard of hearing women. Applicants should be either at 50% of the poverty level, or have hearing health needs that are not covered by insurance. A co-pay may be an option. There are other funding requests possible as well, including scholarships

The Shannon Foundation

1125 17th St. Suite 710

Denver, CO 80202

303-436-1224, Fax 720-235-4452

<https://www.theshannonfoundation.com/>

Fritz Fisher: ffisher@fishersuhr.com

There are no age limits or strict financial guidelines. Need is determined on a case-by-case basis. They support a variety of medical needs, surgery and equipment, not just hearing technology. Referrals should be made by a social worker or caseworker.

Traveler's Protection Association TPA Hearing Trust

2041 Exchange Drive

St. Charles, MO 63303-5987

support@tpahq.org

<https://www.tpahq.org/tpa-hearing-trust/>

Grants may be used to purchase hearing aids, assistive listening equipment, or may help with the cost of a cochlear implant. Grants and scholarships generally range from \$100 to \$1,000. A Federal income tax return is required if applicable.

United Health Care Children's Foundation

<https://www.uhccf.org/>

(952) 992-4459

This is a nonprofit dedicated to bridging the gaps for needs not covered by commercial insurance plans. Parents can apply for grants for any need (excluding

Parent Funding Toolkit

experimental or alternative therapies). The grant limit is \$5,000 annually and \$10,000 lifetime. This is an online application only. Potential applicants are welcome to call.

Chart of Detailed Information for Funding Sources

Organization & Contact	Range of funding, with age criteria	Coverage and income limit	Wait-time	Documentation required	Citizenship/ Residency
AV Hunter Trust www.avhuntertrust.org/overview	<p>Amounts vary, case by case decisions. Funding sent to vendor.</p> <p>Ages three through adult. May be accessed once per individual.</p>	<p>Durable medical equipment including aids of all types and other hardware</p> <p>No income limit, but intended for low to middle income</p>	<p>About six weeks if application is complete</p>	<p>Must be filled out by a case manager (third party such as audiologist, social worker) and signed by parent. Funds for One application is online only. Online application: 2 forms of ID, prescription for item, income, equipment needed</p>	<p>Proof of CO residency for past 12 months is required.</p>
Cerner Charitable Foundation (formerly FirstHand Foundation) https://www.cernercharitablefoundation.org/	<p>Will send funds directly to provider. Child 18 or younger; older dependent must be considered in "child-like" mental state up to age 21. Limit once per year with three grants over lifetime.</p>	<p>Medical needs for children when insurance is not present or excludes need. Includes hearing aids, implants, BAHA's, FM's, travel, and therapy. Financial Guidelines can be found on the foundation website.</p>	<p>Decision 7-10 days after monthly meeting Online application available.</p>	<p>Doctor's letter summarizing need, proof of financial statement, letter of denial from Medicaid/insurance picture of child, info on equipment/procedure</p>	<p>Yes</p>
Dallas Hearing Foundation http://dallashearingfoundation.org Jennifer Clark: 214-796-2006	<p>Amounts vary, sliding scale for children and adults</p>	<p>Hearing aid, other devices and new cochlear implant support. Support available for CI surgeries, but this would happen in TX. Please call for additional information</p>	<p>Once the application is received, the board will review and notify you within two weeks.</p>	<p>Applicants need to provide 2 years of income information (tax return, W2s, paystubs, etc.) to show income. Hearing test within 6 months before application date.</p>	<p>Applicant must have a Social Security Number. (SSN)</p>
Ear Community EarCommunity@gmail.com	<p>Assists from birth to any age for a first-time processor, must have microtia and aural atresia</p> <p>Surgically-implanted devices and surgery costs are not covered.</p>	<p>Assists only with bone anchored devices on a softband, Cochlear Americas Baha and Oticon Medical Ponto devices only.</p> <p>For those who can't afford equipment and/or have been denied by insurance</p>	<p>4-6 month wait time</p>	<p>Proof of economic hardship, Current audiological evaluation, audiologist contact information, Apply on the website: https://earcommunity.org/donate/application-for-a-bone-conductive-hearing-device/</p> <p>Incomplete applications are not considered.</p>	<p>Citizenship not required. U.S. residents for now.</p> <p>International applications currently on hold due to increased shipping costs.</p>

Parent Funding Toolkit

Organization & Contact	Range of funding, with age criteria	Coverage and income limit	Wait-time	Documentation required	Citizenship/ Residency
<p>The Elks Lodge</p> <p>Through the Clem and Evelyn Auden Fund ceaaudin@outlook.com</p>	<p>Average amount \$300 but depends on local Elks Lodge, children ages 18 and below.</p> <p>Can help with funding for a variety of needs including hearing aids, glasses, camps, clothing, school supplies.</p>	<p>Funds for health, education, welfare of children</p> <p>Lower income range expected but no range given</p>	<p>About four weeks as Lodge meets monthly.</p>	<p>Each Lodge has application https://new.coloradoelks.org/clem-evelyn-audin/</p> <p>Applications must be submitted through a member, so that an Elks member has some first-hand knowledge of the situation.</p>	<p>Citizenship not required,</p> <p>Must be a Colorado resident</p>
<p>Friends of Man</p> <p>https://www.friendsofman.org/apply-step-by-step.php</p>	<p>Newborn through adults in Colorado, assistance with hearing aids and many other needs not covered by insurance.</p> <p>Colorado resident for at least one year.</p> <p>Hearing aids limited to CO, KS, NE, NM, WY, MT</p>	<p>Funds paid to provider for some tangible need related to special health care requirements.</p> <p>Intended for assistance when purchase causes hardship on a family. No income limit listed.</p> <p>Recommended total household income not greater than 300% of Federal Poverty Guidelines, or have extenuating circumstances.</p>	<p>Two-three weeks</p>	<p>Application accepted only through third party such as audiologist, social worker. And must be sent by mail or email.</p> <p>Use CO or "Outside Colorado" application.</p> <p>Outside CO requires a 25% copayment from other resources, including family or agencies.</p>	<p>Both citizens and non-citizens, within and outside of Colorado.</p> <p>For non-citizens, must document residency and work history for at least five years.</p>
<p>H.E.A.R. Project</p> <p>Not currently accepting applications</p> <p>https://www.hearproject.org/</p>	<p>Limit 2000 every five years</p> <p>Birth to 18 or through 21 if not covered by Vocational Rehabilitation programs.</p>	<p>Hearing aids, ear molds, repairs, testing, FM systems, cochlear implant replacement parts, batteries. Funding sent to provider.</p> <p>Short form: 200% of poverty guidelines (36,800 family of four) Long Form: Family of four combined income of 70,000</p>	<p>Up to 8 weeks</p>	<p>Statement from audiologist. Proof of income, bank statements, statement of medical need, letter by parent with photo, audiogram.</p> <p>Questions? applications@hearproject.org</p>	<p>Not required.</p>
<p>H.E.A.R.S. El Paso County and surrounding area</p> <p>719-352-5124 https://hearscosp.weebly.com/</p>	<p>Sliding scale to 100% discount based on financial need including medical expenses. Birth through adult</p>	<p>Testing, hearing aids, ear molds are typical. CI and durable medical equipment considered through contracted pediatric or adult audiologist.</p>	<p>1-2 months to completion of treatment after an application is received.</p>	<p>Nine months of bank statement copies required. When application is approved, a \$20.00 processing fee is requested to offset costs of program. The program has partner pediatric and adult audiologists.</p>	<p>U.S. and El Paso County residency required.</p> <p>Some services possible to other counties.</p>

Parent Funding Toolkit

Organization & Contact	Range of funding, with age criteria	Coverage and income limit	Wait-time	Documentation required	Citizenship/ Residency
		Serve lower income. Medical expenses deducted from income. Sliding scale if clients are over income.			
H.I.K.E Fund Applications https://thehikefund.org/	Case by case decision for ages birth to age 20. Many recipients are children of working parents who are unable to afford this special need.	Funding to provider for hearing aids, FM systems, computers for deaf/hh children, cochlear implant or BAHHA hardware or batteries. No income limit but financial need should be indicated.	Around 6 months from the application to the receipt of funds	Financial disclosure, W-2 form and pay stub, recent audiogram, prescription from a licensed audiologist and/or physician, letter from parents/guardians requesting assistance. Mailed to the Hike Fund https://thehikefund.org/application-information/	Children must be U.S. citizens
Joyful Life Cochlear Implant Fund https://jlcif.org/	For current CI recipients, whether children or adults Shipping costs paid for by recipient	Covers cochlear implant parts/replacement for current recipients; does not include “upgrades” for products not yet obsolete. Cochlear Americas technology only	1-2 months, recipients are notified by email.	Online form with brief history, attempts at other funding, and equipment requested.	Must be a resident of the United States.
Larimer County Hearing Aid Bank 970-443-4962	limit of \$75-200.00	Provides reconditioned hearing aids at a low-cost to approved applicants. Also provides help with repair. Approved applicants billed on sliding fee scale.	Average 2 months	Audiogram within a year. Check with audiology service providers for eligibility requirements.	Larimer county resident but US citizenship not required.
LemonAids Marissa Waters 518-225-9787 Lemonaids4hearing@gmail.com	Support hearing aid donations No age limit or financial requirements.	Assist with hearing aids, osseointegrated and external conductive aids (i.e., Baha). They hope to expand to other devices and associated medical bills	Depends on region, typically two months.	Completed application does include financial information.	Not required
Mandy Project www.coloradogrande.org/mandy_project/index.html	Average \$500.- \$750. for birth through college age. Checks only to provider	Open to covering anything related to a child's needs including hearing aids. No set limits	About two weeks	Audiogram, picture, permission to use photo	Colorado residency required.

Parent Funding Toolkit

Organization & Contact	Range of funding, with age criteria	Coverage and income limit	Wait-time	Documentation required	Citizenship/ Residency
Marion Downs Center https://mariondowns.org/	Case by case decisions Newborn through adult. Call for eligibility before making appointment. Full donation for those unable to pay	Fees based on sliding scale according to income, no commission on aids. Cochlear implant assistance on case-by-case basis. May have loaner hearing aids.	Two weeks	Verification of income, prescription. Application available on site in Denver	Citizenship not required; CO residency not required.
Miracle-Ear Children's Foundation: Gift of Sound Program	Hearing aid coverage & Hearing Support Services for birth to age 18. A \$150 non-refundable application fee applies to adults 19 and over.	Digital aid, BTE and In-the-Ear aid See suggested income limit at link, but this is considered with other components for eligibility.	4-6 weeks	Audiogram and medical signed release within six-month period, must be denied financing options at the Miracle-Ear store. https://www.miracle-ear.com/miracle-ear-foundation/eligibility	U.S. Resident or Citizen of the US or Puerto Rico
Quota International – Northern Colorado Chapter https://quotacolorado.com/author/qjfcc/	Birth to age 23 and women who are Deaf/hard of hearing. Email to fcquota@gmail.com	50% of poverty level or have hearing health needs that are not covered by insurance. Will consider extenuating circumstances and may ask for a co-pay.	Varies	See application here: https://urwritin.files.wordpress.com/2021/01/quota-club-of-northern-colorado-application-for-assistance-1-4.pdf	Not required
Professional Miracles Foundation https://professionalmiraclesfoundation.com/	Asked Limited to \$2,000 per child, Denver Metro only	Limited to Denver metro children with life-limiting illness (cancer, cystic fibrosis, diabetes, asthma) or lifelong medical conditions. Asked about income limits	1-2 months	Online form to be initiated by a professional working with the child/family.	Asked
The Shannon Foundation 303-436-1224 https://www.theshannonfoundation.com/	No age limits No specific income limits at this time	Referral from social worker required hearing aids and other medical equipment	Individual to each situation	Application asks basic financial information, Need is determined on a case-by-case basis. Consent to use name and photo (not last name) in fundraising	No citizenship requirement
Traveler's Protection Association	Provides assistance for mechanical devices, medical care, and/or specialized education or treatment, to those who demonstrate financial need.	Grants may be used to purchase hearing aids, assistive listening equipment, or may help with the cost of a cochlear implant, and can include note takers, therapies, etc. Needs	Application deadlines March 31, June 30, Sept 30 and Dec 31. Applicants are notified 30 days after	Demonstrate financial need. May be accessed more than once per individual.	U.S. Citizens only

Parent Funding Toolkit

Organization & Contact	Range of funding, with age criteria	Coverage and income limit	Wait-time	Documentation required	Citizenship/ Residency
https://www.tpa-hq.org/tpa-hearing-trust/		must relate to hearing difference. .	these deadlines.		
United Healthcare Grants https://www.uhccf.org/	Birth to age 16 (apply before 17 th birthday), excluding those covered by Medicaid or other government programs. (Medicaid can be a secondary insurance.) Lifetime maximum 10,000, annual maximum 5,000.	Medical needs, device or therapy excluding experimental devices, alternative therapies or camps. ABA therapy is possible for ages 3-6. Families must not exceed the maximum eligible income: family of 2, \$55,000, + \$30,000 additional for each member. Less than 145,000 AGI for five and up	Apply quickly, grants available within 60 days of determination and good for one year.	Online application from parent, letter from medical provider, recent tax return copy. https://www.uhccf.org/apply-for-a-grant/eligibility-requirements/	Citizenship required

SECTION 3

The Medicaid Buy-In

If Your Insurance Plan Denies Equipment or Surgery, or Will Not Cover Enough Costs, consider:

Colorado Medicaid Buy-In Program for Children with Disabilities

The Health First Colorado Buy-In Program for Children with Disabilities lets families raising a child with a disability who qualify "buy-into" the state Medicaid Program. If you work and earn too much to qualify for Medicaid itself, your income may still allow you to "buy in" to the program through a reasonable monthly premium, covering all your deductibles and copays from your primary insurance.

If your primary insurance does not cover equipment, Medicaid may cover it. Childhood hearing aids cochlear implants and sound processors are covered by the "buy-in" program as is your deductible.

A monthly premium is based on your income and family size. This is commonly called "*The Medicaid Buy-In Program*". The whole name is the *Colorado Medicaid Buy-In Program for Children with Disabilities*.

The paperwork was so worth the trouble. Now, I don't worry about the cost of replacement parts and audiology visits my daughter needs as she grows.

A Colorado Dad

Who qualifies?

- Children aged 19 and under, with a qualifying disability according to the **Social Security Administration listings** (<https://www.ssa.gov/disability/professionals/bluebook/listing-impairments.htm>).
- Family Income limits: Your gross (before taxes) family income must be 300% or below the Federal Poverty Level. For example, a family of 4 can “buy in” if the monthly income is less than \$6,625 but could be higher than that as some income is disregarded.
- See the instructions at **<https://hcpf.colorado.gov/medicaid-buy-program-children-disabilities>** to find the income chart. Your local health department’s Health Care Program for Children with Special Needs can be a great resource in navigating this paperwork.
- Apply at your local county human services department (often at your health department)
- Questions: 1-800-221-3943 or State Relay, 711
- Apply online at Colorado PEAK, which also helps determine if you qualify for other assistance. https://peak--coloradopeak.force.com/peak/s/cplog?language=en_US

Other Public Insurance Options

Colorado has a number of programs for those who cannot afford private health insurance for themselves and/or their children due to limited income. These include:

Medicaid

Medicaid is a state-federal health insurance program for persons with very low incomes who meet certain categorical eligibility requirements. For more information call 1-800-221-3943 for all program information, see the website at www.colorado.gov/cs/Satellite/HCPF/HCPF/1197364127331.

Medicaid will pay for hearing aids for eligible children. Medicaid funds all technologies with the exception of the bone anchored hearing aid or BAHA requiring surgery. This has been covered by the Medicaid waiver for children with significant needs, however. Financial cutoff for Medicaid is family income at or below 133% of federal poverty level for children birth through age five and 100% of federal poverty level for children six to age twenty-one. There are many exceptions for children with disabilities; families should contact their local social service office to see if they qualify. Do not assume you are ineligible. Children must be legal residents to qualify for Medicaid. If Medicaid covers you, you have additional rights. Medicaid clients enrolled in managed care plans have different complaint procedures than privately managed care plans.

Child Health Plan Plus (1+)

Child Health Plan *Plus* (CHP+) is public low-cost health insurance for certain children and pregnant women. It is for people who earn too much to qualify for **Health First Colorado** (Colorado’s Medicaid program), but not enough to pay for private health insurance.

Who Qualifies?

Do You Qualify for Child Health Plan *Plus*?

- Child Health Plan *Plus* for Children and Pregnant Women
- Children age 18 and under and pregnant women age 19 and over.
- Applicants with household income under 260% of the Federal Poverty Level (FPL). See Do You Qualify For Child Health Plan *Plus*? for more details.
- Colorado Residents
- Lawfully residing children and pregnant women with no five-year waiting period
- Applicants not eligible for Health First Colorado
- Applicants who do not have other health insurance



This is a subsidized health insurance program for uninsured children with family incomes below 185% of the federal poverty level who are not eligible for Medicaid. For more information, call 1-800-359-1991. CHP + provides hearing aid benefits in its plan for children's health care coverage and is covered under the state mandate for hearing aid coverage legislation. CHP+ requires a statement from a physician verifying that the hearing loss is congenital. Financial cutoff for CHP+ is 185% of federal poverty level. In order to qualify for CHP+ health insurance, children must be legal residents and must not have access to other health insurance. Not all practices accept CHP+ especially in rural communities.

See <https://hcpf.colorado.gov/child-health-plan-plus>

Colorado Indigent Care Program

Colorado Indigent Care is a state program that provides partial reimbursement to providers for some of the care they provide eligible low-income uninsured and underinsured Coloradans. For more information, call 1-800-221-3943 or see the website <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197364127331>.

SECTION 4

Equipment Loaners

If your family needs time to gather funding, you may be able to get “loaner hearing aids” or other equipment through other sources.

First of all, check with your audiology clinic, who often do have “loaners” while you are arranging for payment. This may be a deciding factor in which clinic to use.

We used to have a statewide hearing aid loaner bank for families of children birth-to-three. This may be something that our community needs to reconsider.

Statewide FM system Loaner Bank

The Colorado School for the Deaf and the Blind (CSDB) has a loaner bank of FM equipment so that school districts in the state of Colorado can rent FM equipment for their students. The greatest benefit of renting the equipment versus buying it is that the district can try out the equipment with a student to see if he or she will benefit from it before making the purchase. The rental fee is substantially lower than the purchase price. Another benefit is that the school district does not have to pay for the maintenance on the equipment.

While this loaner bank can be accessed only by schools, not families, families can certainly share the information with their school district.

Contact Lisa Shigio at 719-578-2183 or lishigio@csdb.org.

Pediatric Hearing Aid Loaner Bank (Oticon):

Oticon makes hearing aids available for children ages birth to three while arrangements are made for payment through insurance or third parties. While audiologists must access this program, parents can let their audiology clinics know about this option.

Read more about it and the rules for eligibility here:

<https://www.oticon.com/~media/oticon%20us/main/professionals/tools%20and%20support/peds%20loaner%20bank%20program%20brochure.pdf?la=en>

SECTION 5

Hearing Aid Legislation: FAQ

Note: This information is provided for informational purposes only and does not constitute legal advice.

During the 2008 legislation session, Senate Bill 57 was enacted to require private insurance coverage for hearing aids for children. This document is published by Colorado Families for Hands & Voices to assist parents throughout the state in the implementation of the law.

Are all insurance companies subject to this law?

There are three types of insurance coverage: Public, Private & Self-insured:

Public

(Medicaid and CHP+) The new statute applies only to private insurance. Medicaid is not subject to this statute. However, because CHP+ is administered as insurance coverage, children covered under the CHP+ program will be subject to the requirement.

Private Insurance Companies

SB 57 mandates that these Insurance companies provide Hearing Aid coverage for children (i.e., PacifiCare, Anthem, Kaiser Permanente, and Great Western). Insurance provided under the Affordable Care Act also is mandated by the state law to cover hearing aids subject to co-pays and deductibles as of December 2013.

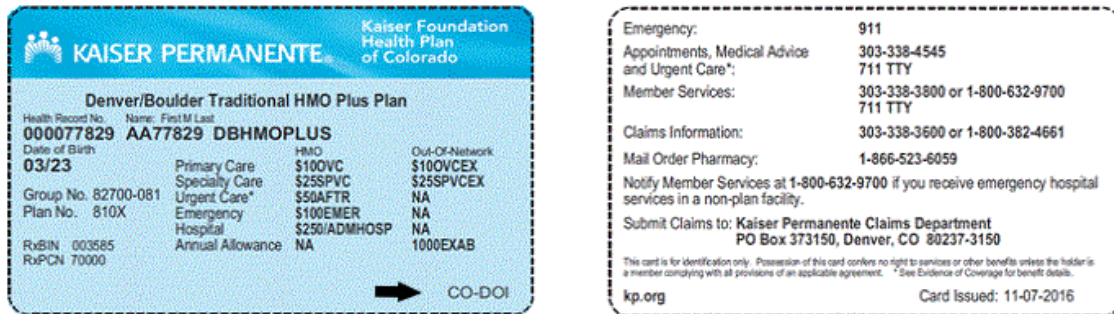
Self-Insured Plans

Single employer self-funded (self-insured) plans are *not* regulated by the Colorado Division of Insurance. Some employers chose to self-insure, which means the employer acts as the health insurer for their employees. The employer actually pays the bills for their employees' health care, using an insurance company or third-party administrator only to process the claims. **These self-insured plans are exempt from Colorado Law (and thus the requirements outlined in this writing) but must meet rules set forth by federal law called ERISA.** The Employee Retirement Income Security Act (ERISA) is a federal law which allows self-insured companies to determine which benefits they will pay, regardless of what state law requires. Self-insured plans are often referred to as ERISA plans.

A Note about TRICARE: Active military TRICARE to date *does* cover hearing aids and cochlear implants. United Healthcare is covering TRICARE in 21 states now and may have different procedures but still must cover hearing aids. Note that Retired Military TRICARE benefits do not. Contact your local chapter for support.

Parent Funding Toolkit

How to Know? Check your insurance card!



Insurance companies are required to issue an identification card to all their covered individuals, and this card will have an identifier on it if the policy is subject to regulation by the Division of Insurance. If your card has the notation CO-DOI, your insurance is mandated by Colorado law SB 57 to cover hearing aids to eligible children, birth to age 18. Also, the type of plan should be clearly stated in your policy.

When is the effective date of SB 57?

The law states: "This act shall take effect January 1, 2009, and shall apply to policies issued or renewed on or after said date."

SB 57 went into effect on January 1, 2009. Following that initial year, coverage will be continuous under private policies until a child turns 18. Additionally, your provider will need to verify eligibility with your plan, prior to ordering and fitting hearing aids.

Who do I need to go to access this benefit?

You need to go to a physician and audiologist to get cleared for amplification through your network of providers in your insurance policy.

What services/devices are covered?

The statute requires coverage of hearing aids which are:

- Medically appropriate to meet the needs of the child according to accepted professional standards." Hearing aids must be considered medically necessary to meet the needs of the child according to accepted professional standards. "Medical necessity" is demonstrated through a prior authorization process. Children must be examined by a physician and an audiologist before the hearing aid is fitted.
- This coverage is subject to the same deductibles and co-pay requirements as other covered items. The Commissioner of Insurance may provide additional guidelines in the rules and regulations to be issued in November.
- Coverage must also cover services and supplies, ear molds, including the initial assessment, fitting, adjustments, and auditory training.
- Coverage is subject to deductibles and co-pay requirements. Such deductible and co-payments shall be the same levels established for other covered benefits. In order to determine actual benefit levels, it is necessary to contract the insurer carrier.

- This hearing aid benefit will NOT apply to the patient's durable medical equipment lifetime maximum.

How often can the hearing aid be replaced?

The statute requires coverage of the initial hearing aids and replacement hearing aids not more frequently than *every five years*. However, coverage must also be provided for a new hearing aid if the existing hearing aid cannot be repaired or changed to meet the needs of the child. For example, if the child's hearing level changes such that the existing hearing aid cannot be adjusted adequately, a new device can be covered. Coverage must also include (as noted above) services and supplies, earmolds, including the initial assessment, fitting, adjustments, and auditory training subject to the insurance plan.

Questions to clarify with your insurer:

1. Am I limited to specific providers?
2. What co-pay applies for this benefit? Note: The benefits accorded pursuant to this subsection shall be subject to the same annual deductible or co-payment established for all other covered benefits within the insured's policy and utilization review as provided in sections 10-16-112, 10-16-113.5
3. How do I submit a claim for this benefit?

What can I do if this law does not apply to me? (You have a self-insured policy.)

Contact your employer and let them know that about this law and that your child needs coverage. Generally speaking, self-insured policies typically follow suit with the other insurance companies over time. If you would like to be part of a list of parents who are under the 'self-insured' policy, please contact us at Colorado Hands & Voices: info@co-hv.org. If in another state, please contact your local chapter or the HQ office.) We will work with you to see how a combined advocacy effort could be used to make changes to self-insured policies. If your plan covers only one hearing aid, or provides only a small percentage of coverage, we have advocacy strategies. Also see the advocacy stories in this booklet (page 32) for several situations in which parents were able to impact their policies and get hearing aid coverage.

The next page is a handout to share with health insurance providers as needed.

Provider Information: Hearing Aids for Children

During the 2008 legislation session, SB 57 was passed and requires insurance coverage for hearing aids for children. This document was published by the Colorado Academy of Audiology to assist Colorado audiologists with the implementation of the new law.

Effective date

State regulated health insurance policies which are issued or renewed on or after January 1, 2009, must provide coverage of hearing aids for children under the age of eighteen years. It may be necessary to contact the insurance company to verify the specific date on which coverage will be effective. All applicable policies shall provide continuous coverage no later than December 31, 2009.

What is covered?

- Hearing aids which are “medically necessary to meet the needs of the child according to accepted professional standards” are covered. “Medical necessity” is demonstrated through a prior authorization process. Children must be examined by a physician and an audiologist before the hearing aid is fitted.
- The purchase of the initial hearing aids and replacement hearing aids. New hearing aids shall be covered not more frequently than every 5 years.
- However, new hearing aids shall be covered if the existing device cannot be repaired or altered to meet the needs of the child.
- Services and supplies, including the initial assessment, fitting, adjustments, and auditory training are also to be covered and may be billed separately.
- Coverage is subject to deductibles and co-pay requirements. Such deductible and copayments shall be the same levels established for other covered benefits. In order to determine actual benefit levels, it is necessary to contract your insurance company.
- This hearing aid benefit will NOT apply to the patient’s durable medical equipment lifetime maximum.

Insurance networks:

Many insurers utilize “provider networks.” Benefits may differ depending on whether services are provided in- or out-of-network. Regardless of the provider’s network status, when a policy is issued in Colorado, the insurer must honor an “assignment of benefits”, meaning that patients may sign an agreement with the provider that payment will go directly to the provider. A provider is prohibited from balance billing a patient if such provider is part of the insured network. Non participating providers may bill the patient for outstanding balances. Participating in a network often increases the benefits and assures timely payment.

Should an audiologist wish to participate with an insurer’s network, it is necessary to contract the insurer and make application. Below is contact information for the major Colorado insurers.

Parent Funding Toolkit

What about public programs? Medicaid and Medicare are not subject to this statute. (Medicaid already covers hearing aids.) Because CHP+ is administered as by Colorado insurers, children covered under the CHP+ program are covered under this statute. Insurance under the Affordable Care Act also must provide for hearing aid benefits for children subject to plan deductibles and co-pays.

Why doesn't this requirement apply to some non-public plans?

Many larger employers are regulated by the federal government and are not subject to state laws. This federal regulation is referred to by the acronym ERISA (Employee Retirement Income Security Act).

Upon initiation or renewal of a policy on or after July 1, 2009, insurance companies will include a new identifier on all member identification cards. This identifier will be the words "CO DOI."

This identifier will indicate whether the policy is subject to regulation by the Colorado Division of Insurance or ERISA. Only plans identified as regulated by the CO-DOI are required to comply with this statute.

To see the actual law, visit

<http://www.cohandsandvoices.org/resources/sb57/thebill.html>

For Colorado Division of Insurance Regulations, see

https://drive.google.com/file/d/0B7EeY5Lrg3_qOXF2SDh3cmRpdVU/view?resourcekey=0-9HCQ5oQxe0zc8pICYDsVfg

Hearing Aid Insurance Mandates by State: Other states have passed hearing aid mandates. Five include hearing aid coverage for both children and adults. See this site for an updated list and details about each law:

https://www.asha.org/advocacy/state/issues/ha_reimbursement/

SECTION 6

Navigating Health Insurance

After diagnosis, parents of children who have a hearing loss have so many questions. Who pays for hearing aids? What is the difference between occupational and physical therapy? Does my child qualify for a cochlear implant? What services does my health insurance policy, or Medicaid, or CHP+ cover? The answers to these questions are unique for every family. By increasing your knowledge about your rights and responsibilities concerning health care, you can more effectively advocate for your child's health care needs.

Denials from insurance companies, Medicaid and CHP+ occur. Most parents don't realize that a denial of coverage doesn't necessarily mean no. Persistent parents have gone through the appeals process and obtained hearing aids, therapy or other services for their child, often on the second or third appeal.

Whether health insurance or Medicaid covers your child, it is important to read and understand your health benefit plan. Is the requested treatment an exclusion or a covered benefit? The language in the policy may not be clear and limitations may apply. It is also important to carefully read the section of your benefit plan that describes the appeals process.

Developing positive relationships with key individuals, such as your providers, your human resources department at work (if you have one) and your insurance company is important. You need to work closely with someone in the billing department. The physician provides an ICD-9, or principal diagnosis code. A CPT-4 (Current Procedural Terminology) code is a systematic listing and coding of procedures and services performed by physicians and service providers. Any error in coding or inconsistency found in these codes used on your bill can result in denial of service.

Keep a list of names of those individuals who are helpful. If you have not been assigned an insurance case manager, request one. It is helpful if the contact person is the same each time you call your insurance company. Knowing the individual that has closest access to a physician or a therapist can expedite the process. Don't hesitate to draft or even revise a letter of medical necessity for a professional; the wording needs to be very specific and this will help give the professional an idea of what needs to be stated in the letter.

Letters of Medical Necessity

One of the most important concepts in writing a letter of medical necessity is that the letter needs to go directly to the family before it is sent to the health insurance company, Medicaid or CHP+. It is the family's responsibility to review all the letters (primary care, specialists, therapists, the cover letter from the family, etc.) to be certain that the letters do not have conflicting information and that the language of the contract is understood by all writers. Making sure that the letter of necessity is correct can help you avoid the time and effort of an appeal process. Always request a photocopy of the insurance policy that describes the benefits and/or exclusions and other pertinent language (e.g., specific coverage codes).

Parent Funding Toolkit

The following is a list of guidelines describing what needs to be included in a letter of medical necessity:

- Name of the child, names of parents.
- Child's date of birth.
- Insurance plan name (there may be more than one plan).
- Relevant diagnosis or diagnoses.
- Change in hearing status or listening demands (starting school, for example)
- Item/Service requested.
- Why the item/service is medically necessary (refer to the plan's definition).
- Identify positive/negative impacts that the item/service will providing (including the financial impacts as well as functional impacts).
- Scope and duration of treatment.
- Supplemental documents (letters from providers, research articles, product information, Parent Accessing resources, EPSDT Screen).
- Funding sources NOT able to support child.
- **Terms to use:** medically necessary, clinically-based, promoting independence, preventing secondary disability, cost-effective, safety, training period, access.
- **Terms to avoid:** upgrade, custodial, rehabilitate, developmental delay/disability, speech delay (without a diagnosis such as aphasia) and long-term.

Sample Letter of Medical Necessity:

Insurance Company

Address

RE: Child's name, Date of Birth

Parents' names

Subscriber ID, Group Number

To Whom it May Concern:

Jill Smith is a 7-year-old girl who has a profound sensorineural hearing loss in both ears and has been using (insert brand name) hearing aids since mm/dd/yy. She has recently had a progression in her hearing loss from 85 to 95 decibels levels throughout the tested frequencies, and the Siemens hearing aids can no longer give enough amplification of speech sounds to allow this child access to speech perception.

In order for Jill to access education in her mainstream second grade classroom, it is medically necessary to provide more amplification through the (insert brand name) digital hearing aids. Jill has completed a trial session with these aids on, and was able to hear at 90% accuracy in noise, compared to 30% accuracy with her older hearing aids. Jill has been a conscientious hearing aid user, and these past aids are still functional, but are no longer appropriate for her diagnosis.

Jill will need a minimum of three appointments to fit the hearing aids and assess function at least twice over the next year, and then we will continue with our annual hearing assessment plan unless problems are noted. During those appointments, Jill and her parents are instructed in the customizable programs for the aids as well as given assessments and programming for hearing in quiet, noise, distance, and with the use of the DM system for listening in background noise.

If you have any questions regarding this request for authorization for the recommended hearing aids, please do not hesitate to contact me.

NAME

MA, CCC-A
Audiologist

NAME

Physician

State of Colorado Health Insurance Laws

What Rights Do I Have Regarding Health Insurance?

(Adapted from a publication of the Colorado Department of Regulatory Agencies-Colorado Division of Insurance.)

All companies selling health insurance in Colorado are to make sure their members receive:

- Important health insurance information
- Fair treatment, and
- Coverage for benefits allowed under an insurance contract.

To know more about how the Colorado Division of Insurance can help you, call (303) 894-7490, or (800) 930-3745, or use the website at www.dora.state.co.us/insurance. The office welcomes questions from individuals.

Consumer Rights

People covered by health insurance plans regulated by the State of Colorado have certain rights through state law. Some of these rights apply to all types of plans; others apply only to managed-care plans.

All Health Plans

Regardless of the type of health insurance plans you are insured under, you have a right to:

- Coverage for certain mandated benefits.
- Know exactly what your plan does and does not cover.
- Contact your insurer to complain and appeal all plan decisions with which you disagree.
- Receive a standardized form that outlines benefits for comparison between companies and between health plans. Your health insurer should provide you with this form.
- Get a written explanation of the reason, if a health insurer denies your application for enrollment, or excluded a health condition you may have from coverage.
- Prompt payment of claims.

Managed Care Plans

Managed care plans, including health maintenance organization (HMO) and preferred provider organization (PPO) plans, encourage or require the use of specific doctors and hospitals, and closely review appropriateness of services.

In addition to the rights listed in the previous section, if you are enrolled in a managed care plan you also have the right to:

- Be informed by your doctor of all treatment options, even if they are not covered by your plan. Your doctor cannot be prevented from protesting a

- coverage denial issued by your insurer, or discussing his or her financial arrangements with a managed care company.
- An adequate provider network. If your managed care network does not have a provider for a covered benefit, the health plan must arrange for an appropriate referral, at no additional cost to you, other than your normal coinsurance and deductible amounts.
 - Prompt notification if your regular doctor's contract is terminating.
 - A complete list of providers covered by the plan at the time of enrollment and reenrollment, or upon request.
 - Review a managed care company's Access Plan. The Access Plan must describe the company's provider network, referral procedures, system for ensuring coordination and continuity of care, and efforts to accommodate people with diverse background and capacities.

Special Protections for Small Employer Groups

Colorado has established special health insurance rules for small employer groups (those with 50 or fewer employees), including qualified self-employed persons and household employees.

- Neither the group as a whole, nor particular employees or dependents in the group, can be denied health coverage because of a medical condition.
- An insurance company cannot cancel a health policy except for failure to pay premiums or for fraud.
- An insurance company cannot raise a particular small group's premiums because that group has high medical expenses.
- Small employers have the right to buy coverage through one of Colorado's health care coverage cooperatives. Cooperatives offer the employer a choice of health care plan from different insurers.

Your Complaint and Appeal Rights

All health plans must have written procedures for receiving and resolving complaints. Information on complaint procedures can be found in your policy or membership booklet, or by calling your plan's customer service representative.

The most common complaint occurs when a health plan denies coverage for a service or procedure on the grounds that it is not medically necessary, appropriate, efficient or effective. In such cases, Colorado requires companies to have a two-level appeals process, followed by the right to an independent external review.

Refer to the Section titled: "What Happens When Your Health Insurance Company Says No" for detailed information on the appeals process.

What Happens When Your Health Insurance Company Says “No”

(Adapted from a publication of the Colorado Department of Regulatory Agencies Colorado Division of Insurance)

SELF-INSURED PLANS

Under a federal law known as ERISA, state insurance laws do not apply to self-insured health plans. Most large corporations and businesses offer some plans that are self-insured. Some use a health insurance company to handle claims, so you may not know that your health plan is self-insured. To find out, contact your employer's human resources department. All self-insured plans are required to have some type of appeal procedures.

The following information applies to State of Colorado health insurance plans only. About 30 percent of Colorado's group health plans are commercial or State of Colorado plans.

Question: What happens if my health insurance company denied my request to see a specialist or to have a medical procedure?

Answer: You have the right to challenge the decision any time your health plan denies coverage for services that you and/or your doctor feel are medically necessary. Most health plans have a medical professional that reviews your doctor's or other health care provider's request for care and services to ensure it is a covered benefit and that it is medically necessary and appropriate. This is referred to as "utilization review."

Question: What happens if I believe I have been inappropriately denied a benefit?

Answer: Follow the appeals process outlined by your insurance company.

Preauthorization

A review may be requested by your healthcare provider before the service or equipment is given, called a "preauthorization". Your insurance company must notify you and your provider of its determination within 15 days of receiving the request unless more time has been requested.

The review may also be performed for services you've already received when a claim is sent to your insurance company. Your company must notify you and your provider of its decision within 40 days of receiving the claim unless more time has been requested.

Denials:

If you receive an adverse determination (a denial of payment) you should receive specific reasons why. You should also receive information describing next steps you can take in the appeal process.

Standard Appeal Procedure

If you are not satisfied with your health plan's decision, you have the right to appeal. All health plans must have written procedures for dealing with appeals.

Most plans require that the request be in writing. For details, check your membership booklet or policy under "Grievance Procedure."

Step 1: Internal Appeal Review Process

You have the right to request a first level internal appeal review within 180 days of receiving the denial.

If you receive an adverse determination (a denial of payment) you should receive specific reasons why. You should also receive information describing next steps you can take in the appeal process.

If you have an individual plan (not from an employer) you can submit a written appeal or can request an appeal review meeting. You only get one internal appeal with your insurance company for each denied claim.

The plan's letter telling you of the appeal decision must be sent to you within 20 days of the appeal request. The letter must include:

- The name, title and qualifications of the doctor who evaluated the appeal.
- The reviewer's statement of the reason for the appeal.
- The medical reason for the decision.
- How to file a second level appeal.

Step 2: Second Level Appeal

If you are not satisfied with the first level appeal decision, you can request a second level appeal as described below:

- The health plan must appoint a second level grievance review panel of at least three people. A majority of the members must be professionals with the appropriate expertise who were not involved in the original denial, are not employees of the health plan, and do not have a direct financial interest in the outcome.
- The panel must hold a meeting to review your second level appeal within 45 days of your appeal request.
- You have a right to, but need not appear in person before the panel. If you live too far away, the plan must pay for you to present your case by conference call, video conferencing, or other technology.
- You have the right to present supporting material in writing before, and at the hearing. You also have the right to be assisted by a person of your choice.
- You must be notified in writing of the review date at least 15 working days before the review.
- The health plan must provide you with all relevant information that is not confidential.
- The plan must notify you of the panel's decision within 5 working days of the review meeting. The letter must include:
 1. The names, titles and credentials of the panel members.
 2. Panel member's summary of the reason for the decision, including reference to any evidence or documents considered by the panel.

3. The medical reason for the decision.
4. Notice of any additional appeal rights, including your right to contact the Colorado Division of Insurance.

Medicare and Medicaid

People on Medicaid have different appeal rights. Call Medicaid at 1-800-221-3943 for more information.

You are welcome to contact the Division for clarification of the appeal process or to ask general questions.

Medicare also has a different set of rules for appeals. The above requirements do not apply. Call the state Health Insurance Assistance Program to learn about Medicare's rules at 1-888-696-7213.

Have your plan ready when you call with questions. It is important for you to complete your insurer's appeal process before contacting the Division of Insurance with your complaint, unless it is for clarification of your rights and to get a better understanding of the general process.

The Colorado Division of Insurance can help you:

- Answer questions about benefits, costs, options, prescriptions and doctors.
- Record your complaint against the health plan.
- Thoroughly investigate your complaint.
- See that you get clear answers to your questions.
- Make sure the health plan follows the state law.

The Division of Insurance cannot:

- Work with you regarding insurance outside their authority.
- Force a favorable decision if the law and facts are not on your side.
- Require your plan to pay for services that are excluded by the policy.
- Provide legal services that are sometimes needed to settle complicated problems.

Advocacy Tip:

The Division of Insurance has recently stated that they believe the insurance law covers more than hearing aids, but also cochlear implants and other devices.

If you have been denied, you are encouraged to call them to discuss filing a complaint.

File a complaint online stating the facts of the case and submit it online:
<https://doi.colorado.gov/for-consumers/file-a-complaint>

Colorado Division of Insurance

1560 Broadway, Suite 850
Denver, Colorado 80202
Phone: (303) 894-7490 (Denver)
1-800-930-3745 (toll-free outside Denver)

External Review

Effective June 1, 2000, if you are not satisfied with the second level decision, you can apply for an independent external review within 60 days of the final health plan denial. An independent external review entity (currently a function of the Colorado Division of Insurance) will be assigned by the Division of Insurance. The external review findings will be provided within 30 working days and will be binding on both the carrier and the consumer.

Tips for the Savvy Consumer from the Colorado Division of Insurance

Read your policy or membership booklet carefully. The key to getting quality health care is being an educated consumer.

If you believe you have been wrongly denied coverage, create a paper trail by organizing the following:

- Your policy.
- Copies of denial letters.
- Copies of any correspondence with your health plan, detailed notes of conversations.
- Copies of any correspondence between your doctor and the health plan concerning your problem.

In all correspondence, include:

- Your name, address, and telephone number.
- Policy number.
- Type of policy.

For all phone conversations, keep a written record of:

- The date and time of your call.
- Name of the person you talked with.
- What was discussed during the call.

Send a copy of any letters to your employer's benefits manager or human resource director. Your company is interested in your health and your satisfaction with the health plan. The benefits manager may have some leverage with the health plan, since employers can consider switching health plans if there are enough complaints.

SECTION 7

Advocacy Stories from Parents

All of these parents experienced that first “no” and took further action through the appeal process, and helped pave the way for the next family to have an easier time navigating the insurance world. Kudos to them, and may these stories inspire you to take action on behalf of your child. (After all, if you don’t ask, the answer is always “no”.)

Reversing a Denial from Self-insured Company:

We wrote a letter to our Human Resources department explaining the benefit of hearing aids and how pre-emptive, preventative care is more cost effective than corrective speech therapy. Our audiologist also gave us a letter with similar recommendations to corroborate and bolster our position. Thankfully, the company responded promptly and favorably adjusting the benefit from \$800/person lifetime maximum (yes, that didn't even cover one aid!) to \$10,000/year maximum and aids are considered a prosthetic, which means that digital aids are covered at 00%. Since then, our benefits have been reduced but they still cover up to \$2500 per aid, after a \$250 deductible, no sooner than every three years. My understanding is that this is still much better than many companies offer.

Once the Human Resources department is educated and informed about the circumstances unique to childhood hearing loss, the cost/benefit analysis makes covering hearing aids an easy sell. Let them know that other insurance companies in Colorado cover hearing aids for children since the passage of the bill in 2009. Many other states have passed similar mandates, so hearing aid coverage for children is becoming a standard of practice.

Insurance Company Denied Claim because we didn’t use an “In Network” provider:

Our insurance denied our claim for hearing aids because we didn’t use an in-network provider. We wrote an appeal letter stating that our pediatric audiologist was the only provider for children in the 70-mile area, and explained the expected number of times we would have to return for ear mold revisions and hearing aid/hearing testing in the next year based on our child’s diagnosis and history. The decision was overturned, and best yet, the next claim for a visit went through without a problem.

Implant Company Requiring \$7,000 in cash despite insurance reimbursement expected:

Our insurance company agreed to pay for an upgrade for our child’s cochlear implant external processor. However, once the paperwork went through, the provider wanted us to send the full payment and get reimbursed by our insurance, which typically took six weeks. We called the Colorado Division of Insurance who suggested that we have the equipment sent to the dispensing audiologist, who would let us know when the insurance check was received, and then we could schedule a fitting. This saved us thousands of dollars out of pocket, even if it would have been

temporary. Our only option would have been a credit card, and I'm sure the insurance company wouldn't have paid the accrued finance charges.

Another Out-of-Network Solution:

Our insurance company agreed to pay for an upgrade for our child's cochlear implant external device, but kept insisting that it was going to be "out of network" and an exorbitant cost. We kept asking questions, since an in-network choice was impossible. We finally learned that our company deals with a third-party medical equipment provider (Med-Equip, in our case) who deals with the implant (or other medical device) manufacturer and then is considered in-network. While it was not easy working with them and they needed a lot of education, we eventually received the device with no out-of-pocket costs, having met our deductible earlier in the year.

Sara Kennedy, Colorado Springs

Change in Company Insurance Benefits After Sending One Letter:

As of this year, my husband's employer will cover hearing aids on their insurance policy for employees and their dependents at 80% with NO AGE LIMITS.

We wrote a letter with the details of the state law and how our insurance covers a lifetime of speech therapy but not hearing aids. They made this change company wide, so it benefits many other families and deaf/hard of hearing adults as well.

A Western Slope Parent

Let Us Know What You Think

We hope you have found The Parent Funding Toolkit helpful in assisting you in providing needed equipment or services to your child.

We'd love to hear how the Funding Toolkit has helped you at tinyurl.com/ParentFundingToolkit. Also, if you have edits/new resources for us to add, please let us know at that link.

Please consider helping us in our work with future families with a donation of your time, skills, or tax-exempt donation through <https://co-hv.org/donate-to-cohv/> or join as a member at <https://co-hv.org/about/become-hv/>.

Share your positive review with Great Nonprofits!
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