

## **Assistive Technology Service**

Assistive Technology (AT) service is a new service that was approved by the Centers for Medicare & Medicaid Services (CMS) through the State's approved Home and Community-Based Services (HCBS) Spending Plan authorized under Section 9817 of the American Rescue Plan Act (ARPA) of 2021. This service is available from April 1, 2023 until the ARPA funds are exhausted for the following 2 OAAS Waiver programs:

- Adult Day Health Care (ADHC) Waiver
- Community Choices Waiver

## **COVERED SERVICE**

### **Assistive Technology Service**

The Assistive Technology (AT) service is time limited, non-recurring and provides both an electronic device and an associated set-up visit to increase a participant's access and participation in activities occurring within their home and the community. Devices purchased through the AT service assist the participant in meeting Plan of Care (POC) goals, increasing communication, Electronic Visit Verification (EVV) compliance, personal and professional interactions, leisure activities, outreach, and access to resources, support and medical care. The AT service allows participants to purchase a device not otherwise covered by the State Plan and receive a one-on-one face-to-face visit to set up and use the device.

The AT service is comprised of the following mandatory components:

1. An electronic tablet device with internet capability that enable participants to:
  - Perceive, control, or communicate within or outside of the participant's residence; and
  - Increase access to services, resources and emergency response.
2. A screen protector and a case for the device designed to protect the item from damage; and
3. A one-time set-up visit which includes:
  - The delivery of the device;
  - Device set-up and utilization;
  - In-person education and support provided directly to the participant and/or the participant's natural supports, responsible or legal representative, staff, or others that aid the participant in the use of assistive technology equipment and set-up.

The identified need and how the needs will be addressed with the AT must be included in the Plan of Care (POC) or POC Revision.

**NOTE: For the participant to receive AT service, they must have internet service in the home.**

### **Service Exclusions**

AT does not include the cost or reimbursement for an internet or data plan.

AT does not include the cost or reimbursement for repair or replacement of purchased devices or protective cases.

### **Service Limitations**

There is a one-time lifetime \$250 maximum device/item(s) limit per individual. There is a one-time lifetime \$50 maximum procurement/set-up visit limit per individual. Services must be prior approved by OAAS or its designee and require PA.

Services must be based on a verified need of the participant and the service must have a direct or remedial benefit with specific goals and outcomes. Devices must meet applicable standards of manufacture, design, and capability. The items must be on the POC developed by the Support Coordinator (SC) and are subject to approval by OAAS or its designee.

## **SERVICE ACCESS AND AUTHORIZATION**

### **Assistive Technology Service**

Authorization for the Assistive Technology (AT) service is limited to a one-time lifetime purchase amount of up to \$250 for the AT device (including protective case for the device) and \$50 for the AT procurement/set-up visit. The authorization period is the effective date indicated on the POC or POC Revision through the POC end date. The POC or POC Revision, including the applicable AT services, is submitted to the Data Management Contractor (DMC). The DMC issues a prior authorization (PA) for the requested services placing a hold on the PA until verification of receipt of services. After the approved device purchase is made by the Support Coordination Agency and the set-up visit completed, the POC/POC Revision, the receipt(s) for the purchases and the "Assistive Technology Form" (OAAS-PF-22-002) are sent to the DMC.

The DMC issues and releases the PA to the Support Coordination Agency (SCA) upon receipt of complete and accurate information.

Units of service:

<b>Type of Delivery Method</b>	<b>Unit of Service</b>
Purchasing Assistive Technology (AT) Device/Item(s)	Per Service (One-time lifetime maximum payment.
Procurement for Set-Up Visit in the home	Per Service (One-time lifetime payment of \$50.00)

The prior authorization will be released for payment once the DMC receives documentation from the SC confirming the purchase/set-up visit. (Refer to the OAAS Assistive Technology Form – OAAS-PF-22-002.)

## **PROVIDER REQUIREMENTS**

### **Assistive Technology Service Providers**

Provided by an OAAS SCA that:

1. Is certified by the Louisiana Department of Health (LDH)/OAAS to provide support coordination services;
2. Has signed the OAAS Performance Agreement;
3. Has at least one SC supervisor and one SC who has passed the assessment and care planning certification training;
4. Has a brochure that has been approved by OAAS;
5. Has submitted a completed OAAS agency contact information form to OAAS;
6. Has enrolled as a Medicaid provider of support coordination services in all regions in which it intends to provide service; and
7. Is listed on the SCA Freedom of Choice (FOC) form.

### **Assistive Technology Service Devices/Items**

Assistive Technology (AT) devices must meet the following:

1. Have internet capability;
2. Contain security features (locking, passwords, etc.) that are compliant with the requirements of the Health Insurance Portability Accountability Act (HIPAA);
3. Be either iOS or Android system based;
4. Have a minimum screen size of 10 inches;

5. Have a minimum of 32GB storage capacity; and
6. Include a shockproof full body protective cover/case and screen protector.

## RECORD KEEPING

See below for specific information regarding documentation of AT service:

Assistive Technology Providers	
<b>Copy of Invoice</b>	Document device, screen protector and case provided, including the price per item.
<b>Set-up Visit</b>	Maintain the documentation provided to the participant at the set-up visit.

## REIMBURSEMENT

### Assistive Technology Service

Assistive Technology (AT) services are reimbursed as noted below.

- For the device: only the exact amount of expenditures indicated on the final approval and supporting documentation (receipts).
- For the procurement/set-up visit: a one-time \$50 payment.

Only one authorization for AT services is issued. The authorization period is the effective date of the POC or POC Revision request through the POC end date.

After the approved device purchases are made and the in-person set-up visit completed, the POC/POC Revision, the receipt(s) for the purchases and the “Assistive Technology Form” (OAAS-PF-22-002) are sent to the Data Management Contractor (DMC), the DMC issues and releases the PA to the Support Coordination Agency (SCA) upon receipt of complete and accurate information. The SCA is then notified of the release of the authorization and can bill the Medicaid fiscal intermediary for these expenses. OAAS, or its designee, shall maintain documentation, including each individual’s AT service form with original receipts, as record of payment to the SCA. This documentation is for accounting and monitoring purposes. Billing for AT services must be completed within 60 calendar days after the set-up visit in order for the reimbursement to be paid.