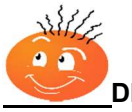
## Chapter 11: Assistive Technology Devices and Services

Topics in this chapter include:



## EarlySteps State-Identified Measurable Result:

*The EarlySteps system will improve child outcomes through supports that are focused on family concerns, priorities and resources and provided through a team-based approach.*



**DEC RP: Instruction Practice INS4:** Practitioners plan for and provide the level of support, accommodation, and adaptations needed for the child to access, participate and learn within and across activities and routines.

## Purpose

1) To identify the process for assessing and identifying the need for and providing children and families with necessary assistive technology (AT) devices.
2) To identify the process to provide supports for use of assistive technology devices in EarlySteps.

**The device must be necessary to achieve an outcome on the child's IFSP and be age appropriate.**

**The eligible child must be able to use the assistive technology devices provided through EarlySteps for at least ninety (90) days prior to transitioning out of EarlySteps. Central office must approve <u>any</u> device prior to purchase, if the child is transitioning out of EarlySteps in less than 90 days.**

**All AT requests of $500 or more must be submitted to Central Office for review, including requests for which the cumulative amount is $500 or more.**

**NOTE**: **Equipment costing $500 or more per item is the property of EarlySteps once the child ages out of the EarlySteps program. Parents must be informed of this.**

**Chapter 11 Updates:**

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| **DEC Recommended Practices** |
| **Definitions of Devices and Services** |
| **Medicaid DME requirements** |
| **References** |
| **General Supervision Performance Expectations** |

### Assistive Technology Device: Definition

An assistive technology (AT) device is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capability of a child with a disability. This is not a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g. mapping), maintenance, or the replacement of such device. The device may be acquired commercially ("off the shelf"), modified, or customized to fit the needs of an individual child (34 CFR §300.5)

### <u>Assistive Technology Service</u>

Assistive technology service is a service that directly assists the family/guardians of a child with a disability in the selection, acquisition, or use of an assistive technology device.

Assistive technology services include:

*1)* evaluating the needs of a child with a disability, including a functional evaluation of the child in the *his/her natural environment*

2) purchasing, or otherwise providing for the acquisition of assistive technology devices for a child with a disability;
3) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
4) coordinating/consultation with other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
5) training or technical assistance for a child with a disability, or if appropriate, and their *caregivers* and,
6) training or technical assistance for professionals, including individuals providing early intervention services, or other individuals who provide services to, or who are otherwise substantially involved in the major life functions of a *child with disabilities*.

Eligible Providers of Assistive Technology Devices and/or Services:

Audiologist
Physical Therapist
Optometrist
Speech Language Pathologist
Physician
Occupational Therapist

Certified Durable Medical Equipment (DME) Provider, including certified Orthotist/Prosthetist
Orientation and Mobility Specialists
Special Instructors for children with Sensory Impairments

## *General* Procedures for Acquisition of Assistive Technology Devices for a Medicaid-Eligible Child

*To acquire an assistive technology device for a child who is Medicaid eligible, the following procedures must be followed.*

The family must request and receive a referral/prescription from the primary care physician, medical specialist or authorized representative. The service must be prior authorized.

- The child must have a prescription and letter of medical necessity for the AT and services from the physician, nurse practitioner or physician's assistant. The written prescription cannot be more than 12 months old, with the printed name and dated signature of the child's treating physician, physician's assistant (PA) or advanced registered nurse practitioner (ARNP). The prescription can be received by the DME provider before or after the DME service has begun; the prescription cannot be dated more than 21 days after initiation of the date of service.
- If the child was recently discharged from the hospital, the discharge plan with the dated signature of the child's treating physician, PA or ARNP describing the type of DME item and/or service ordered should be included. Additionally, documentation of medical necessity must include the type and quantity of equipment and supplies ordered and the type, quantity, frequency and length of services prescribed.

Note: The fact that a provider has prescribed or recommended equipment, supplies or services does not, in itself, make it medically necessary or a medical necessity or a covered service.

- After the above documentation is received, the family/guardians select a DME provider. The family/guardians are allowed the freedom of choice to choose any Medicaid enrolled providers to supply the items and provide services. To facilitate this process, it might be wise for the family/guardian to choose a DME provider that is dually enrolled as both an EarlySteps provider and a Medicaid provider. If the chosen provider will not provide the item at or below the approved cost, the family/caregiver/caregiver must be offered the opportunity to choose another provider if Medicaid is going to cover the item. The Prior Authorization Unit (PAU) will assist the family/caregiver/caregiver in locating a provider

- The DME provider is given the AT referral and the prescription for the AT. The DME provider will request prior authorization (PA) to conduct an evaluation of need. Information that must be included in the

evaluation for specific assistive technology devices (e.g., augmentative and alternative communication devices) is described below.

All services within the scope of DME require authorization. If a DME equipment or service is not authorized prior to the service being rendered, the provider has six months after the date of service to request authorization. Providers who neglect to obtain authorization within this time frame will not receive reimbursement. All providers must submit the request for PA by completing the Louisiana Request for Prior Authorization Form (PA-01) and the following information:

- Completed PA-01 form
- Medical information from the physician
- Written prescription from a licensed physician or physician's representative
- Diagnosis related to the request
- Length of time that the supplies or equipment will be needed
- Other medical information to support the need for the requested item
- Statement as to whether the child's age and circumstances indicate that they can adapt to or be trained to use the item effectively
- Plan of care that includes a training program when any supplies or equipment requires skill and knowledge to use
- Any other pertinent information, such as measurements.

No other form or substitute will be accepted. Completed requests must be sent to the Prior Authorization Unit (PAU). Requests may be mailed, faxed for submitted through electronic PA.

Note: It is the responsibility of the provider to verify Medicaid eligibility on a monthly basis. Prior authorization only approves the existence of medical necessity, not recipient eligibility.

- After the evaluation is completed, all information is submitted to Medicaid for approval. If the request to purchase the AT is approved, the DME provider will purchase the AT device for the child.
- If the AT is not approved, the FSC will request a copy of the denial letter from the family/guardians or DME provider. The FSC should review the letter and if the denial was based on a DME provider error (e.g., omitting parts of the required documentation, no date on paperwork, inadequate justification of need), the DME provider should correct the errors and resubmit the paperwork to Medicaid for approval. If the request was denied because the equipment was not covered or there was inadequate justification for the purchase, then the FSC should submit the request to purchase the AT device through the PA process.

**Delivery Arrangement and Documentation Requirements**

The DME provider is responsible for the delivery and set-up of the item if the family/caregiver requires assistance.

Note: Louisiana Medicaid does not reimburse freight or delivery charges. Delivery documentation is a record that the child's or family/caregiver/caregiver's receipt of prescribed and medically-necessary medical supplies or DME. Delivery documentation must be maintained in the child's file and at a minimum, include the following information:

- Name of the DME and medical supply provider
- Provider's identification number for the DME physical location that rendered the service or equipment
- Address of the DME physical location that rendered the service or equipment
- Child's full name and Medicaid number
- Documentation of service location that identifies whether medical equipment or supplies were received by the family/caregiver/caregiver at the DME physical location or delivered to their residence
    - Date of delivery
    - Complete description of item(s) delivered
    - Manufacturer name of equipment delivered
    - Model number
    - Serial or item number(s), where applicable

- Clearly written statement identifying whether the equipment is new or used
- Signed and dated documentation of training provided to child and family/caregiver
- Dated signature of DME delivery person and his/her professional license number, if applicable
- IF a DME item is appropriate for shipment, the date of shipment and proof of documented delivery and receipt, such as an UPS tracking document
- Signature of family/caregiver and date of delivery or receipt of the device/DME

**Training documentation requirements**

The child's record must contain documentation of the training that was provided to the family/caregiver upon receiving the equipment and supplies. Training documentation must include the following information:

- Child's name
- Complete description of equipment and items received
- Model and serial number of item received
- Date of training
- Printed name, signature and title of trainer
- Professional license number of trainer, if applicable
- Dated signatures of family/caregiver, attesting to his understanding of information and handouts provided
- Description of training handouts or brochures

**Emergency Requests**

Louisiana Medicaid has provisions and procedures in place for emergency situations. A request is considered and emergency if a delay in obtaining the medical equipment or supplies would be life-threatening to the child. In an emergency, telephone or verbal requests shall be permitted. However, other equipment will be considered on a case by case basis. For example, wheelchair rentals or post-operative needs and items needed for hospital discharge. The providers of emergency items must contact the PAU immediately by telephone and provide the following information:

- Child's name, age and 13-digit Medicaid identification number
- Treating physician's name
- Diagnosis
- Time period needed for the item
- Complete description of the items requested
- Reason that the request is a medical emergency
- Cost of the item

A decision will generally be made by the PAU within 24 hours, but in no case later than the working day following the date the completed request is received. The PAU will contact the provider by telephone to discuss the decision. If approved, the item shall be supplied upon the verbal approval. The PAU will follow up with written confirmation of the decision.

**Date of Service Change for Prior Authorization**

It is a requirement of Medicaid that providers **not bill for DME, services, supplies, or equipment until the services have been rendered or the items have been delivered or shipped to the child.** IT is also a requirement that the date of service and date of delivery is the same date in order for the claim to be paid. When requesting authorization of payment for these items or services, the provider should request authorization on the actual date of service, delivery or shipment of the item, or if not known, the provider should request a span date of sufficient duration to allow for authorization by the PAU and delivery of the service or item. This will prevent unnecessary denial of payment on the claim.

In the event a provider needs to change the date of service to match the date of delivery, a reconsideration request must be submitted to the PAU.

Note: It is a violation of state and federal Medicaid policy to bill for a service that has not been delivered, but has been ordered.

**Reimbursement**

Assistive Technology devices will be purchased by EarlySteps based on rates determined by Medicaid. These rates, published in the Medicaid fee schedules, are uniform statewide and by provider type. According to this type of reimbursement methodology, the provider is paid the lower of the billed charges or the Medicaid rate published in the applicable fee schedule. When services or products do not have an established reimbursement amount, the claim is manually reviewed to determine an appropriate reimbursement. Items not reimbursed by Medicaid must be approved by Central Office prior to the purchase of the assistive technology. These items will be paid based upon the rates of reimbursement established by DHH/OCDD/Part C.

If the child is enrolled in Medicaid and the Medicaid DME program covers the AT device, then the provider bills Medicaid for the device using their Medicaid provider number. The provider does not bill the CFO.

For keeping up to date with Medicaid-paid DME requirements, providers should review Chapter 18 of the Medicaid DME Manual on the http://www.lamedicaid.com website.

## Criteria for Specific Assistive Technology Devices - Medicaid

Medicaid has additional criteria for specific AT Device requests, including the assessment process, the IFSP, and the follow up with the child and family as follows:

**Augmentative and Alternative Communication (AAC) Devices**

1. Assessment and Evaluation for Augmentative and Alternative Communication (AAC) Devices

   If the child is being evaluated for an Augmentative or Alternative Communication (AAC) device, the evaluation must include an assessment of the child's communication and functional limitations that interfere with meaningful participation in everyday routines and activities. The evaluation must be completed by a Speech Language Pathologist (SLP) with input from other providers. Requests for AAC devices must include:

   - Description of SLP's qualifications, including his/her services, training and experience related to AAC
   - Name of child
   - Medicaid number
   - Date of Evaluation
   - Primary, secondary and tertiary medical/neurological diagnoses
   - Significant medical history
   - Developmental status
   - Sensory status based on vision and hearing screenings or full evaluations if the child failed the screenings
   - Description of how vision, hearing and/or tactile impairments affect communication

   Postural, Mobility, Motor and Communication Status

   - Assessment of gross and fine motor skills
   - Integration of mobility with AAC devices
   - Child's access methods and options for AAC devices
   - Assessment of current speech, receptive and expressive language skills
     - Identification and description of the child's receptive and expressive communication an impairment diagnosis

    - Speech skills and prognosis
    - Language skills and prognosis
- Assessment of communication behavior and interaction skills
- Functional communication assessment, including an ecological inventory
- Indication of previous intervention
- Description of current communication strategies, including use of an AAC device. If an AAC device is currently used, describe the device, when and by whom it was previously purchased and why it is on longer adequate to meet the child's communication needs

Communication Needs Inventory and Summation of Communication Limitations

- Description of child's current and projected communication needs
- Communication partner and tasks, including the partners' communication abilities and limitations
- Communication environments and constraints which affect the device selection and or features (e.g., verbal and/or visual output and /or feedback; distance communication needs)
- Summative description of the child's communication limitations that preclude or interfere with meaningful participation in everyday routines and activities

- Type of AAC Device Recommended
    - Device vendor
    - Identification of the significant characteristics and features of the AAC device being considered, including all required components, accessories, peripherals and supplies, as appropriate
    - Cost of AAC device
    - Components of the AAC device (vocabulary requirements; representational system; display and features; rate enhancement techniques; message characters; speech synthesis; printed input and display characters; feedback and visual/auditory output; access techniques and strategies; required software, supplies and accessories)
    - Child and family/caregiver/caregiver's preference of device
    - Assessment of ability (physically and cognitively) to use or learn to use the AAC device for successful communication across all context
    - Justification stating why the recommended AAC device is better than other devices to overcome/ameliorate communication limitations that interfere with the child' meaningful participation in current and future daily activities; documentation should include a description of the significant characteristics, features and accessories

2. Intervention Plan and Follow-Up (also see the "Completing the IFSP Section 7" section which follows).

- Description of short and long-term communication outcomes (e.g., 6-month and 1 year)
- Assessment criteria to measure the child's progress toward achieving short and long-term outcomes
- Description of amount, duration and scope of AAC services required for the child to achieve the short and long-term outcomes
- Identification and experience of AAC service provider responsible for training (e.g., SLP, occupational therapist, rehabilitation engineers; child's family/caregiver/caregiver, special instructors, childcare providers/teachers)

If an AAC is currently used, the provider must describe the device, when and by who it was previously purchased and why it is no longer adequate for communication for this child.

Use of the AAC to address the outcomes on the Individualized Family Service Plan (IFSP) should be documented in the daily contact notes and monthly reports by EarlySteps providers and part of the discussion at team meetings. Documentation should include the criteria used to measure progress toward achieving the outcomes and include a description of the amount, duration and scope of AAC services required for the child and family/guardian to achieve the outcomes.

3. Trial use of AAC device

A trial use period can be recommended by the SLP conducting the evaluation, when the appropriateness of the device is not known. Prior authorization for a rental of AAC is required for trial use periods; documentation from the SLP must include characteristics of child's communication; lack of familiarity with the device; what AAC services are needed to support the family/caregiver/caregiver to help the child use the device during typical routines and activities; identification of the early intervention provider who will provide the AAC support and services.

Following the trial period, the results of the trial use must be included with any subsequent request for purchasing an AAC device.

4. Repairs to AAC devices

Medicaid will pay for repairs to keep the AAC devices, accessories and other system components in working condition. Medicaid coverage for repairs must include costs of parts, labor and shipping, when not otherwise available without charge pursuant to a manufacturer's warranty. When a device is received by the provider for the purpose of repair, the provider will conduct an assessment of the device to determine whether it can be repaired, and if so, prepare a written estimate of the parts, labor, and total cost of the repair, as well as the effectiveness (i.e., estimated durability) of the repair. If the manufacturer or provider concludes that the device is not repairable and a replacement device is needed, written notice will be provided to the child and family/guardian.

Medicaid coverage for repairs greater than $300 must be accompanied by a statement from the SLP. The statement must indicate whether there have been any significant changes in the sensory status (e.g., vision, hearing, tactile); postural, mobility or motor status; speech, language and expressive communication status; or any other communication need or limitation of the child and family/caregiver/caregiver as earlier described and whether the device remains the SLP's recommendation for use of the device.

5. Replacement or Modification

Modification or replacement of AAC devices will be covered by Medicaid subject to the following limitations:

- Requests for modification or replacement of AAC devices and/or accessories may be considered for coverage after the expiration of 3 or more years from the date of purchase of the current device and accessories in use
- Requests for modification or replacement require PA and must include the recommendation from a SLP
- Requests for replacements for AAC devices may be submitted for identical or different devices
- Requests for replacements of identical devices must be accompanied by a statement from the provider that the current device cannot be repaired or that replacement will be more cost effective than repair of the current device. Date must be provided about the following:
    - Age
    - Repair history
    - Frequency
    - Duration
    - Cost and repair projections
- Requests for modification or replacement of AAC devices with different devices must include the following additional information:
    - A significant change has occurred in the child's communication. Modification or replacement requests due to a change in the child's circumstances must be supported by a new assessment of communication by a SLP, which may be submitted at any time
    - Even if there has been no significant change in the child's communication, there may be a significant change in the features or abilities of available AAC devices (i.e., technological change) that will help overcome or permit an event greater amelioration of the child's communication challenges as compared to the current AAC device. A detailed description of al AAC device changes and the purpose of the changes must be provided with the results of a re-evaluation by a SLP.

- Requests for replacements for AAC devices due to the loss or damage (either for identical or different devices) must include a complete explanation of the cause of the loss or damage and plan to prevent the recurrence of the loss or damage.

**Ambulatory Equipment, Prosthetics and Orthotics**

Louisiana Medicaid defines prosthetic and orthotics devices as arm, leg, back and neck braces, artificial legs, arms and eyes, including replacements, if required, because of a change in the child's physical condition. A PA is required rented, purchased, repaired or modified equipment.

Samples of items and procedures for equipment in this category follows:

1. Walkers

A standard walker and related accessories are covered if the following criteria are met:

- It is prescribed by a physician for a child with a medical condition that impairs ambulation
- The child has the potential to walk
- The child has a need for greater stability and security than can be provided by crutches

A wheeled walker may be fixed height or adjustable height and may include glide-type brakes (or equivalent). The wheels may be fixed or swivel. A wheeled walker shall be approved only if the child is unable to use a standard walker due to severe neurological disorders, debilitating medical condition that may prohibit the use of a standard walker or limited use of one hand. The request must contain supporting documentation from the prescribing physician which substantiates the need for a wheeled walker rather than a standard walker.

2. Standing Frame

A standing frame (also known as a stander, standing aid, standing device) is an AT device that can be used by a child who relies on a stroller/wheelchair for mobility. A standing frame provides alternative positioning to sitting in a wheelchair/stroller by supporting the child in a standing position. The criteria to be considered for a standing frame include, but are not limited to the following:

- Child must be at high risk for lower extremity contractures that cannot be improved with other interventions (stretching, medication, serial casting, splinting and modalities)
- Child must be able to stand or be placed in an upright position on the foot and ankle
- Child must be non-ambulatory or is unable to stand due to a medical condition like a neuromuscular or congenital disorder
- Provider has tried more cost effective alternatives and still requires a stander
- Child does not have a walker or gait trainer and it is not anticipated that he/she will require one in the future
- Child has demonstrated improved mobility, function and physiologic symptoms or has maintained status with the use of a the requested stander and is able to follow a home program with the use of the requested stander
- Use the equipment in the home and community

The following documentation must be submitted to support the medical necessity for this equipment:

- PA using PA-01 form
- Physician prescription
- State of Louisiana Medicaid Standing Frame Evaluation form (BHSF-SF-Form 1) completed by a Louisiana State licensed Physician, Physical or Occupational therapist in its entirety (see Appendix G)
- Original manufacture price

Exclusion Criteria

Non-coverage of the standing frame includes, but is not limited to the following:

- The child has complete paralysis of the lower extremities

- No expected improvement in mobility or maintenance of function
- Anticipated functional benefits of standing can be achieved through less costly alternatives
- Mobile (dynamic) stander, either self-propelled standers or stander with powered mobility
- Active stander, allows movement of the arms and legs in a standing position
- In children' with syncope, orthostatis hypotension, postural tachycardia syndrome, osteogenesis imperfect, osteoporosis and other brittle bone diseases and hip subluxation
- In children that have hip and knee flexion contractures of more than 20 degrees
- A stander will not be purchased for a child who as a gait trainer or ambulatory device.

3. Wheelchairs

Wheelchairs are approved only when the recipient is confined to a bed, chair or room. The request must include the child's ability to walk; standard wheelchairs, which include brakes and foot and arm rests, require documentation of medical necessity.

Motorized wheelchairs have the same meaning as power, electric or any means of propulsion other than manual. A motorized wheelchair must be medically necessary and the child's condition is such that the motorized wheelchair is long-term (at least 6 months). The child must meet all of the following criteria in order to be considered for a motorized wheelchair:

- The child is not functionally ambulatory, which means the child's ability to ambulate is limited such that without use of a wheelchair, he/she would otherwise be generally confined to a bed or chair
- The child is unable to operate a wheelchair manually due to severe weakness of the upper extremities due to a congenital or acquired neurological or muscular disease/condition or is unable to propel any type of manual wheelchair because of other documented health problems
- The child is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use a motorized wheelchair effectively.

All wheelchairs and modifications required to meet the needs of a child are subject to PA. Prior authorization will be made for only one wheelchair while participating in EarlySteps. Requests for PA must include a completed PA-01 form and medical documentation supporting the need for a motorized wheelchair, with the criteria above, and a prescription from a physician.

A seating evaluation must be performed, signed and dated by a physical or occupational therapist. The evaluation must include the following information:

- The appropriateness of the specific wheelchair requested and all modifications and/or attachments to the specific wheelchair and its ability to meet the child's long-term medical needs. Optional that are primarily beneficial in allowing the child to participate in leisure or recreational activities are not covered
- The dated signature of the physician who prescribed the motorized wheelchair as medically necessary
- The child's diagnosis or condition is such that a motorized wheelchair is medically necessary
- Documentation stating that the physician has seen the seating evaluation and the recommendation for the motorized wheelchair

Additionally, there must be documentation that the child is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use the motorized wheelchair effectively. Documentation must include:

- Signed and dated statement from the child's physician and physical or occupational therapist, stating that he/she has determined that the child has the cognitive, motor and perceptual abilities needed to safely operate the controls of motorized wheelchair and that he/she has determined that the child can adapt or be trained to use the motorized wheelchair effectively. These statements must be verified by the notes and recommendation of the physician, physical or occupational therapist making the statement.

Wheelchair repairs and modifications

- Requests for repairs to motorized wheelchairs will be considered for basic repairs only. Basic repairs are those which are requested to repair an existing component of the current wheelchair
- Requests for modifications or reconstruction of the child's current motorized wheelchair shall not be considered basic repairs and must be submitted in accordance with PA criteria
- Modifications or reconstruction will be denied if it is more cost effective to provide a new motorized wheelchair
- All repairs and modifications of motorized wheelchairs must be completed within one month, unless there is a justifiable reason for a delay.
- Rental of a manual wheelchair may be prior authorized on a monthly basis as a temporary replacement, if necessary, when the child's motorized wheelchair is being repaired or modified.

4. Orthotics Devices

Orthotic devices include leg braces, neck braces, knee braces and supports; spinal supports; splints; brace attachments and repairs. The request for approval should include the following:

- Complete description of special type brace
- Child' cognitive and physical ability to use the device
- Whether device is replacement
- Whether training is indicated
- Plan for training, when indicated (AT Service)

Providers who assess and request AT Devices through Medicaid are responsible for keeping up to date with Medicaid's requirements and changes in the DME program. In addition, there may be changes to these procedures as services for Healthy Louisiana-enrolled children are added to the Healthy Louisiana Provider Agencies and may differ from procedures outlined above. The DME Medicaid provider manual can be located at: *http://www.lamedicaid.com/provweb1/Providermanuals/Intro_Page.aspx*

## Assistive Technology Devices – EarlySteps – Part C Reimbursed

The IFSP team determines that a device is necessary to improve or maintain the child's functioning in one or more developmental areas and to support meeting IFSP Outcomes. The team carefully considers all available options including the appropriateness and usefulness of a device. EarlySteps does not provide AT devices to meet the medical, life sustaining or common everyday needs for a child. A list of allowable and non-allowable devices follows.

## Assistive Technology Services – EarlySteps – Part C Reimbursed

Beginning in 2015, EarlySteps added procedure codes which authorize assessments for AT devices and AT services to children and families for follow up support regarding the use of AT devices for the following disciplines:

- Assistive Technology Provider (enrolled EarlySteps DME providers only)
- Audiologist
- Occupational Therapist
- Optometrist
- Orientation/Mobility Specialist
- Physical Therapist
- Physician

- Special Instructor for Children with Sensory Impairments
- Speech/Language Pathologist

The addition of the assessment procedures will allow EarlySteps providers to assess a child/family's need for an AT device as well as the assessment for a specific type of device. These procedure codes are billable both to Medicaid as well as to Part C for non-Medicaid children depending on the provider type. For example, PT AT assessments are billable to Medicaid, but Special Instructor assessments for children with Sensory Impairments are payable by Part C only. The format and content of the Assessment must conform to the requirements of the Medicaid AT Assessment process outlined in the Medicaid section above.

The addition of the service procedures will allow providers to provide support to children and families after the device has been provided, to assist with its use. For example, a child's IFSP team consists of the family, FSC and a Special Instructor. At the team meeting, the Family addresses their ongoing concern regarding a child's lack of progress with eating. Based on an OT's earlier recommendation, the team decides that the child should be assessed for a device to assist with improved positioning at mealtimes. An OT AT assessment authorization can be issued and the addition of AT services provided by the OT which are intended to support the Special Instructor and the family in the use of a feeder seat. The schedule for the OT AT service would be based on the OT's assessment and the team decision process.

As with other EarlySteps services, the authorizations for AT assessments and AT services must be based on a team decision, following the EarlySteps team discussion process, service authorization requested and issued through the SPOE, and based on the IFSP. Authorizations for these procedures will not be issued after the fact, but always as a result of a team discussion.

Providers should access the Procedures and Rates Schedule on the CFO website for correct procedure codes and rates.

## Completing Section 7A of the IFSP for Assistive Technology Devices/Services

The following information must be completely filled out in section 7A of the IFSP:

- **IFSP Outcome Number** — The AT device must be associated with at least one IFSP outcome
- **Name of device** — List the name of the specific device to be provided
- **Does Medicaid cover this? –** Circle "yes" or "no"
- **Did Medicaid provide?** – Circle "yes" or "no"
- **If Medicaid did not provide, attach a copy of the denial letter**
- **Professional who will help family/caregiver/caregiver with device (Provider)** — List the provider who is responsible for the assessment/recommending the device and who will work with the family/caregiver/caregiver to appropriately use the device
- **Where is the device used?** — List the specific locations where the device will be used (home, child care, etc.)
- **When is the device to be used**? — Identify the daily routine that device will be used in to support the child's independence
- **Start Date** — Indicate date that the device goes into use by the child
- **End Date** — Project the date that the device will no longer be used by the child. Do not extend the end date past the annual date of the IFSP.
- **HCPCS Code** — Indicate the HCPCS code for the device. This is found on the provider matrix website: www.eikids.com/la/matrix/default.asp The HCPCS codes are under the Help tab.
- **Price** — Indicate the price of the device.
- **Total Cost**—Indicate the total cost of all assistive devices listed on the IFSP

- **If AT services are needed after the device is provided, these services are developed as part of identifying outcomes for the IFSP and included in Section 6**: Early Intervention Services rather than in Section 7A.

## FSC Responsibilities

- For a Medicaid-eligible child, the FSC is responsible for following the procedures outlined in the Medicaid section above, including requesting authorization for the assessment, following the team meeting discussion
- If The AT device is not covered by Medicaid or the child is not Medicaid-eligible, the AT section of the IFSP is completed submitted to the SPOE.
- All AT items $500 or more must be sent to Central Office with the following information:
    - A completed Assistive Technology page from the IFSP (Section 7A).
    - A completed Outcomes page from the IFSP (Section 4A).
    - A picture or catalog online reference for the requested equipment.
    - An estimate of the cost of the item from the provider.
    - A denial from Medicaid, if the child is Medicaid eligible.
    - The provider's assessment report which establishes the need for the device

Documentation: Throughout this process, the FSC documents on case notes the actions/activities, which have been completed and maintains the required documents above in the child's record and sends to the SPOE for the SPOE record or uploaded to EarlySteps Online. Regardless of the cost of the device, the assessment and documentation is required.

If Central Office denies the request, it is the FSC's responsibility to identify other funding sources for the purchase of the AT.

## SPOE Responsibilities

**Authorizations must be submitted online through EIDS according to EarlySteps/CFO procedures.**

Procedure for AT Device that does not exceed $500.00:
- The AT request is submitted online.
- An authorization will be created.
- The FSC will receive a fax that the AT was approved.
- Add required documentation to the child's chart.

Procedure if the amount of AT is $500 or more:
- The AT request is submitted online.
- A "pending" authorization will be created for equipment $500 or more and if the child has met their cumulative $500.
- The provider may not take any action until Central Office approves or denies the request. If the request is approved, the authorization will be available online.
- The FSC will receive a fax that the request has been approved or denied and follow up with the provider with the decision.

## Provider Responsibilities

- The provider must have an authorization to conduct an AT assessment, to order/purchase an AT device, to provide an AT service and to bill for AT; authorizations are found online at www.laeikids.com or EarlySteps Online.

- If the authorization is listed as “pending,” the provider may not take any action on this authorization. (Central Office will either approve or deny the request and the FSC will receive a fax that the request has been approved or denied.)
- The provider will consult with the FSC in regard to the request and prepare and share the assessment, contact notes and other documentation to the IFSP team prior to the team meeting.
- Once the request is authorized the provider will purchase the AT device.
- The provider will complete and submit the authorization online.

## Examples of Allowable Assistive Technology Devices

A. Devices for self-help and functional abilities related to daily living activities.
- Adapted feeding utensils—maroon spoons, adapted bowls, plates and cups

B. Devices for seating and positioning
- Feeder seats
- Floor sitters
- Corner chairs,
- Rifton chairs and insertions,
- Attachments and adaptations to correctly position or support an infant or toddler in a seated position,
- Side layers and standers with accompanying supports and trays;
- Bath chairs (for infants over 8 months);
- Boppy pillows (for infants over 6 months)

C. Devices for mobility
- Walkers, adapted walkers
- Scooter boards
- Adapted crawlers
- Adapted /therapeutic strollers and car seats (limited to one per enrollment in EarlySteps)
- Leg braces, splints, orthotics (e.g., ankle foot orthotic (limited to one per year)
- Wheelchairs (limited to one per enrollment in EarlySteps)

**Note:** Car seats, adapted or not, that are needed for transporting a child to routine activities such as grocery shopping, attending church or medical appointments, etc. <u>are not provided by Part C</u>. Adaptations to common items may be paid for.

D. Devices for age-appropriate communication skills
- Communication boards
- Augmentative and alternate communication aids (designed to be age appropriate) such as Big Mac, Cheap Talk, One-Step Communicator, Hip-Talk, Tech/TALK
- PES Cards for use with Picture Exchange Communication System (PECs)
- Dedicated communication devices and more complex communication systems

E. Devices for play and cognitive skill development supporting the child to be more independent in the natural environment
- Adapted toys
- Switches, environmental control units and battery interrupters

F. Devices for vision or hearing (child must have a diagnosed visual and/or hearing impairment)
- Ocular aids and magnifiers
- Eyeglasses
- Assistive listening devices—hearing aids, auditory trainers, or other forms of amplification

## Examples of Items that are not considered AT Devices for early intervention

These items may be listed under the "Other Services" section of the IFSP; EarlySteps is not responsible for purchasing these items.

**A. Medical equipment or medical supplies related to a medical condition/chronic illness*:***

Apnea monitors
Catheters
Electrical stimulation devices
Feeding pumps
Ventilators
Syringes
Heart monitors
Respirators
Nebulizers
Helmets

**B. Toys that are not adapted or designed to increase, maintain, or improve functional capabilities of young children with disabilities*:***

Dolls
Balls
Shape sorters
Mobiles
Puzzles
Mouthing toys
Riding toys
Building blocks
Echo mikes
Stuffed animals

**C. Generic items typically needed and used by all children*:***

Car Seats
Youth Beds
Bath seats (for infants under 8 months)
Potty chairs
Teething toys
Straws
Musical tapes/CDs
Swimming pools and pool toys
Boppy pillows (for child under 6 months)
High Chairs
Play Tables
Infant Swings
Pacifiers
Toothbrushes
Massagers
CD Players
Strollers

D. **Standard equipment used by service providers in the provision of early intervention services (regardless of service location/setting):**

Tables
Chairs
Therapy balls
Horn kits
Massagers
Desks
Therapy benches
Vestibular swings
Brushes
Therapy kits
Mats
Gait ladders
Specialized equipment used by the therapist that the child cannot operate independently
Trampolines
Exercise equipment (such as treadmills)

E. **Miscellaneous items*:***

Computers and computer software
Specialized foods
Prescription nutritional supplements
Batteries, hearing aid or other

## Equipment Control

Equipment, materials, and supplies purchased with Part C funds are restricted in use to infants and toddlers with disabilities eligible for Part C services. These specific purchases are addressed in the Education Department General Accounting Rules or EDGAR (34 CFR, Parts 80.32, 80.33)

Equipment
"Equipment", means items that are electrical or mechanical in nature or function and have a useful life of at least a year and cost more than $500 per unit. This definition includes the following items: equipment/assistive technology devices, kits, sets, etc. costing $500 or more per unit and which have a useful life of more than one year.

NOTE: When $500 or more of Part C federal or state funds are used toward the purchase of equipment and/or assistive technology devices, the equipment and/or devices are considered to be public property. During the IFSP team meeting, the family/guardian must be informed that assistive technology costing $500 or more is property of the Part C according to federal regulation. The assistive technology device must be inventoried and tracked so that it can be returned to Part C when the child exits the Part C system. (***See table at the end of the chapter.)***

**Requirements of the Inventory Control System**
The following federal requirements must be followed in the establishment and maintenance of an inventory control system for equipment and/or assistive technology devices costing more than $500.

Property records shall be maintained accurately. For each item of equipment, the records shall include:

- a description of the equipment, including manufacturer's model number, if any;
- an identification number, such as the manufacturer's serial number;
- acquisition date and unit acquisition cost;
- location, use, and condition of the equipment and the date the information was reported; and,
- all pertinent information on the ultimate transfer, replacement, or disposition of the equipment.
- A physical inventory of equipment shall be taken and the results reconciled with the property records at least once every two (2) years to verify the existence, current utilization, and continued need for the equipment and/or assistive technology device. Any differences between quantities determined by the physical inspection and those shown in the accounting records shall be investigated to determine the causes of the differences.

1. A control system shall be in effect to ensure adequate safeguards to prevent loss, damage, or theft of the equipment. Any loss, damage, or theft of equipment shall be investigated and fully documented.

2. Adequate maintenance procedures shall be implemented to keep the equipment in good condition.

3. Where equipment is to be sold and the federal government is to have a right to part or all of the proceeds, selling procedures shall be established which will provide for competition to the extent practicable and result in the highest possible return.

DEC Recommended Practice Topic Environment: E4—Practitioners work with families and other adults to identify each child's needs for assistive technology to promote access to and participation in learning experiences.

## Disposition of AT Devices and Equipment

If the equipment and/or assistive technology device is not needed by Part C and can continue to be used by the child, the device may be loaned (temporary basis, device remains on the Part C inventory) or transferred (permanent basis; device is removed from the Part C inventory) to the school district in which the child is enrolling in Early *Childhood Special Education (ECSE)/*Part B services. If the child is not eligible for ECSE/Part B or is not transitioning to the public school for other reasons, the device may be transferred to another child in the Part C system or to an assistive technology bank for future use. Only when a device no longer has any use for the program or has no fair market value may the device be disposed by a state agency. State procedures for the disposition of state property must be followed.

References:
IDEA, Part C regulations (2011): CFR 303.13 (b)(1)(i-ii)
Medicaid Manual (2022), Chapter 18 Durable Medical Equipment

**Table 1: Part C Assistive Technology Inventory List (for use by SPOEs and FSCs)**

Complete the table below each time an assistive device costing $500 or more is provided through EarlySteps. This record must be kept up-to-date and maintained for 6 years.

| Child's Name, Date of Birth | Description of Equipment | Model or Serial Number | Acquisition Date | Cost at Purchase | Location of Device (address) & disposition |
|---|---|---|---|---|---|
| | | | | | __Loan<br>Transfer |
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## General Supervision Performance Expectations – AT Devices and Services

The following performance expectations are monitored for compliance with EarlySteps requirements. Failure to follow guidelines result in findings of noncompliance, corrective action, and sanctions.

| Performance Expectation | Responsibility |
|---|---|
| Assessment information and IFSP Team Process used to determine need for AT device/services | Documented assessment information and team process decision documents need for AT.<br>--Team meeting notes |
| Notice, Parent Rights, Consent | --written prior notice provided for service/devices<br>--parent rights provided<br>--parent consent to services signed |
| IFSP AT section completed to establish support for AT device/service | IFSP AT section supports need to meet IFSP Outcomes |
| Service authorization issued and implemented | --authorization requests submitted to and issued by SPOE |
| Contact notes document AT service delivery | --provider contact notes support service authorization |