

Assistive Technology Request: **Interventionist Step-by-Step Reference Guide**

Step 1.

- A. Discusses assistive technology (AT) consideration with the parent/caregiver and how it might address the functional capabilities of the child. Explores both low- and high-tech AT devices. Obtains verbal consent from parent/caregiver to proceed with AT request.
- B. Explains to parent/caregiver obtaining AT devices is a process that includes determining appropriate devices, and requires agreement by child's IFSP team and approval by the Assistive Technology Unit (ATU)

Step 2. Collaborates with all the child's EI team members and parent/caregiver to determine methods and strategies for use of the AT device

Step 3. Contacts his/her **AT Agency Coordinator** of category of device and reviews AT request process

Step 4. Works with **AT Agency Coordinator** to:

- A. Identify correct method of purchasing order (e.g., vendor, dispensary, or catalog/website).
 1. When using a vendor:
 - a. Schedule and conduct home visits with Medicaid NYC DME vendor for DME (customized devices, e.g., adaptive seating, mobility) to determine appropriateness of device.
 - b. Obtain a price quote on vendor's letterhead which includes:
 - i. HCPCS codes and costs for each device and accessory
 - ii. Date of invoice
 - iii. Shipping cost (if applicable)
 - iv. Tax (if applicable, for for-profit agencies)
 - c. Obtain and document estimated length of time from order to delivery on page 1 of **AT Specification Form**
 - d. Review and sign the vendor price quote to confirm that the device and accessories listed match the requested device(s) on the **AT Specification Form**
 2. When choosing from a catalog/website (non-customized devices, e.g., adaptive toys):
 - a. Obtain a price quote from the catalog or website (e.g., print-out from the website)
 - b. Obtain and document estimated length of time from order to delivery on page 1 of **AT Specification Form**
 3. When using a dispensary (e.g., Amplification requests):
 - a. Obtain dispensary price quote, which must include:
 - i. Name of Dispensary that has a provider agreement with SDOH
 - ii. Manufacturer's price quote
 - iii. HCPCS codes and costs for each device and accessory
 - iv. Anticipated date of delivery

Note: Initial hearing aid request requires a recent audiological evaluation report (signed by licensed audiologist) or recommendation from an otolaryngologist.

Step 5. Completes **AT Specification Form**, pages 1, 2 and 3

- A. Completes a separate **AT Specification Form** for each AT device request
 1. Page 1: All fields must be completed.
 2. Page 2: Must include a detailed explanation of:
 - i. how the device will address the child's IFSP outcomes,
 - ii. anticipated duration of use, and
 - iii. the plan for use of the device by other team members and families as part of the child's daily routine
 3. Page 3: Completes checklist to ensure all required information is included. (Note: Page 3 checklist is completed for all devices **except** orthotics and amplification devices).
- B. Reviews **Form** with the parent/caregiver and obtains parent signature
- C. Date of signatures on **AT Specification Form** must be within 2 weeks of price quote date

Step 6. Reviews AT Specification Form and price quote with **AT Agency Coordinator**. If all information is complete and accurate, submits the following items to SC:

- A. Signed **AT Specification Form**
- B. Signed Itemized Price Quote on vendor, catalog/website, or audiological dispensary letterhead.

Step 7. Follows up with **AT Agency Coordinator** and SC:

- A. If AT request is authorized,
 - 1. Confirms the anticipated date of delivery with the **AT Agency Coordinator**
 - 2. Notifies the **AT Agency Coordinator** if the AT device is not delivered by the anticipated date of delivery
 - 3. Completes the **AT Notification of Item Delivery** form (within 2 therapeutic sessions) when AT device is delivered
 - 4. Faxes form to **AT Agency Coordinator**
 - 5. Provides training and ongoing oversight on use of device to the parent/caregiver
 - 6. Documents child's use of device in **Session Notes** and **Progress Notes**
- B. If AT request is returned (e.g., for missing or incomplete documentation)
 - 1. Reviews **Notification of Return of AT Request letter** with **AT Agency Coordinator**
 - 2. Addresses all missing or incomplete items indicated in the **AT Notification Return letter**
 - 3. Submits revised **AT Specification Form** to **AT Agency Coordinator**
- C. If AT device requested is not an eligible device for EI (e.g., is considered a medical device, or a device that does not meet the unique developmental needs or IFSP outcomes of the child):
 - 1. Explains to parent/caregiver the reason that requested AT is not covered under EIP.