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TEIS Policy Memorandum #08-028

TO: Tennessee's Early Intervention System (TEIS) District Administrators and staff

FROM: Jamie Thomas Kilpatrick, Director Early Childhood Programs

RE: **Assistive Technology Service Description**

DATE: July 25, 2008

Assistive Technology Service Description

1) Definition: Assistive technology means 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 developmental capabilities of children with disabilities.

- Part C of IDEA addresses only assistive technology that is directly relevant to the developmental needs of the child. Assistive technology devices must be necessary for the child to accomplish IFSP goals/objectives within their everyday activities and routines.
- IDEA specifically excludes services that are surgical in nature and devices necessary to control or treat a medical condition.
- Equipment/devices must be developmentally appropriate to be considered eligible for funding.

2) Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

- The evaluation of the needs of a child with a developmental delay, including a functional evaluation of the child in the child's natural environment;
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children with developmental delays;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for a child with developmental delays and that child's family or caregiver;
- Training or technical assistance for professionals (including individuals providing Early Intervention Services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of children with disabilities.

Qualifications

- 1) Assistive technology assessments and services are conducted by TN licensed/certified therapists and licensed audiologists.
- 2) All evaluation, assessment and IFSP services must be provided:
 - By qualified personnel having a Vendor Agreement with the Lead Agency;
 - According to TN Part C Policies and Procedures.

Procedure

- 1) The parent or the provider recommends an AT device through ongoing service provision and informs the Service Coordinator of the need;
- 2) The Service Coordinator convenes an IFSP meeting to discuss the recommendation. If the recommendation is agreed upon by the IFSP team and the assistive technology is listed as an eligible service or device below, a functional assessment to assess the need for the AT device is requested. This assessment is to be completed within the context of service delivery and is documented on the Planned Services Page of the IFSP. (Note: **If a parent requests AT and the IFSP team determines that it is not necessary to meet an outcome on the IFSP or it is an item not on the list of eligible AT services, the service coordinator must provide the family with a *Prior Written Notice* refusing the parent's request**);
- 3) The need for assistive technology devices or services must be assessed functionally within the context of the child's everyday activities and routines. The assessment must be performed if the IFSP team (including the parent and appropriate professionals) feels that a device may be needed to achieve an IFSP outcome or goal. Information for the AT assessment may be available within current evaluation, assessment and intervention information. Assessments must include:
 - a. Child's name, date of birth and diagnosis (if applicable);
 - b. Brief description of child's current functional level (depending on details provided, more information may be requested);
 - c. Explanation regarding how the device, including each individual component, will be used during the child's everyday routines and activities and how it relates to outcomes on the IFSP;
 - d. Description of options available in the child's Natural Environment(s) that were tried and list results.
 - e. Indicate all other pieces of assistive equipment the child currently has, including equipment that is on order or being considered;
- 4) The Service Coordinator, with support from the Service Coordinator Manager, compiles necessary documentation:
 - a. ***Assistive Technology Request Form***;
 - b. IFSP section related to AT and present levels of development;
 - c. Physician's order (when applicable);
 - d. Assessment reflecting developmental need, identifying goals and objectives with the utilization of the recommended equipment/service; for example, the Pediatric Evaluation of Disability Inventory
 - e. Picture and description of item including manufacturer pricing
 - f. If mail order, include a completed order form and copy of pages that list product(s)
 - g. Insurance explanation of benefits if applicable
 - h. Documentation of attempts to utilize all other funding sources available to the child and family;
 - i. Documentation of attempts to obtain AT through loan; such as the United Cerebral Palsy Loaner Bank;
 - j. Completion of the ***Assistive Technology Order Form for Vendor*** for any purchased service or device requiring payment.
- 5) The Lead Agency reserves the right to request the substitution of a less expensive item of comparable function if a substitution is deemed appropriate;
- 6) For items addressed on the **Eligible Services**, all necessary information listed above is presented by the Service Coordinator to the District Administrator for discussion. Following the discussion with the District Administrator and prior to the item being added to the IFSP, the ***Assistive Technology Request Form*** and the ***Assistive Technology Order Form for Vendor*** (if applicable) must be sent to the OEC Accountant for approval and signature.

7) As new and emerging technologies are being developed on a regular basis, if an item or a category of items is neither addressed in the eligible or non-eligible sections, the IFSP team Service Coordinator can present a request, including all necessary information listed above, to the District Administrator, who then forwards the request to the Office of Early Childhood, Division of Special Education at the State of Tennessee, attention: Director, Office of Early Childhood. This request must be approved prior to the item being added to the IFSP.

8) The Central Reimbursement Office (CRO) will require all of the above documentation prior to final payment.

9) This list is updated annually.

Eligible Assistive Technology Services / Devices

As the term AT covers so many different types of devices, it is often useful to divide the devices into functional categories. The following are examples of the types of AT devices that may be provided to eligible children and their families under this program. For unlisted items, please contact the Part C Coordinator. Some items have a limit as to the number which may be eligible for purchase during the three-year TEIS period. 2/1095, for example, indicates two items per 1095 days (three years). 3/365 indicates three items per year. For any item typically associated with requiring a set or a pair, such as hearing aids and AFO's, the item number refers to a set or pair if applicable.

Available assistive technology includes:

1) Aids for Daily Living. Self-help aids are designed for use in activities such as bathing, eating, dressing, and personal hygiene. Including:

- Adaptive cup* 2/365
- Adaptive utensils* 2/1095
- Dycem Pad Activity Pad* 2/1095
- Bath chairs* 2/1095 (allows for growth)

2) Assistive Listening. Assistive listening devices to help with auditory processing. Including:

- Hearing aids* 1/1095 (one set)
When a child's hearing loss changes or declines, the IFSP team Service Coordinator may make a request through the District Administrator to the Part C Coordinator for up to two additional hearing aids to meet his or her needs over 1095 days.
- Hearing aid batteries* 24/365
- Hearing aid handling/dispensing fee 5/365
- Hearing aid molds* 6/365
- Hearing aid orientation 5/365
- Hearing aid supplies 1/1095

3) Assistive Toys and Switches. Because "play" is the work of infants and toddlers, assistive devices such as switch-operated toys serve a vital role in the development of young children with disabilities. Playing with switch-operated toys helps build important cause and effect and choice-making skills that prepare a child for communication aids and computer use. Including:

- Switch adapted toy 2/1095
- Switch battery adapters 2/1095
- Single-use switches 2/1095

4) Augmentative Communication. Augmentative communication devices are devices that should be used across all the natural settings so that the child learns how to communicate with a variety of different people in different circumstances. The inclusion of a variety of different augmentative communication strategies is particularly important for young children and may include a program that uses signing, device, gestures, and communication pictures and boards. Including:

- Communication enhancement software 2/1095
- Electronic communication devices 1/1095
- Picture or object communication boards 1/1095
- Symbol systems 1/1095

5) Mobility and positioning items including:

- Ankle-foot orthotics (AFO)* 2/365

- Corner chairs 2/1095 (allows for growth)
- Crawling assist devices 1/1095
- Feeder seats 3/1095 (allows for growth)
- Floor wedges 2/1095 (allows for growth)
- Gait trainer 1/1095
- Self-propelled walkers 1/1095

6) Visual aids. General methods for assisting with vision needs including:

- Increasing contrast, enlarging images, and making use of tactile and auditory materials.

7) Repair and Maintenance including:

- Repair, alteration and maintenance of necessary equipment. The provider is responsible for the fulfillment of all warranty service and warranty repair.

It is important to realize that within each of these categories, there is a continuum of device choices from simple to complex that should be considered when trying to find the assistive technology to use with a particular child for different tasks and in different settings.

When an infant or toddler's needs are being assessed for the possible use of assistive technology, there are usually a number of options that can and should be explored. The selection of devices should always start with simpler, low or mid tech tools to meet the child's needs. If a low-tech device, such as a laminated picture for making a choice, meets the child's needs, then that should be the device provided. Different devices from across the continuum should also be carefully matched to the different environments in which the devices will be used, appreciating that while a device may be useful in one setting, it may not be appropriate or effective in other settings.

When choosing a device, it is important to note that trials with a variety of different devices can actually help determine the child's needs preferences and learning styles.

When an assistive technology device is purchased for a family, an *Assistive Technology Agreement* must be signed and kept on file before the family takes possession of the item.

* Upon exit from TEIS, the items marked with an * will remain the property of the child and family regardless of payor source.

Ineligible Assistive Technology Services / Devices

Certain equipment/services are not covered in the scope of assistive technology and payment will not be made for their provision. The following are examples of devices or services that are **not** considered AT under this program:

1) Equipment/services that are prescribed by a physician, primarily medical in nature and not directly related to a child's developmental needs. Including but not limited to:

- Apnea monitors
- Electrical stimulation units
- Feeding pumps
- Helmets
- Heart monitors
- Intravenous supplies
- Oxygen

2) Devices requested for children 2 years, 9 months of age and over, as equipment requested during this time would not be available long enough to achieve identified outcomes;

3) Equipment/services for which developmental necessity (educational benefit) is not clearly established;

4) Equipment/services covered by another agency;

5) Equipment/services where prior approval (when applicable) has not been obtained;

- 6) Typical equipment, materials, and supplies related to infants and toddlers utilized by all children and which require no special adaptation. Included but not limited to:
- Car seats
 - Clothing, including special order clothing
 - Cribs
 - Diapers
 - High chairs
 - Infant swings
 - Shoes, including special order shoes
 - Toys that are not adapted, used by all children and are not specifically designed to increase, maintain, or improve the functional capabilities of children with disabilities include such examples as building blocks, dolls, puzzles, balls, and other common play materials;
 - Typical baby/toddler bottles, cups, utensils, dishes, etc.
- 7) Standard equipment used by service providers in the provision of early intervention services (regardless of service delivery setting), including but not limited to:
- Tables, desks, etc
 - Therapy mats
- 8) Seating and mobility devices including but not limited to:
- Car seats
 - Strollers
 - Wheelchairs
- 9) Equipment/services which are considered duplicative in nature, generally promoting the same goal and/or objective with current or previously approved equipment/services;
- 10) Equipment/service if a less expensive item or service is available and appropriate to meet the child's need;
- 11) FM systems;
- 12) Replacement equipment if original item has not been returned to vendor or if payment for equipment has not been returned to the CRO by the supplying vendor;
- 13) Sales tax, shipping and handling charges;
- 14) Any equipment that requires surgical implantation or maintenance (i.e.; cochlear implants)
- 15) Any items deemed experimental in nature, including weights, weighted vests, weighted blankets, etc.

Returning Equipment

If an item is received and is determined by the IFSP team to not meet the child's needs, the item is to be returned so that appropriate equipment can be obtained.

- 1) The provider contacts the Service Coordinator about scheduling an IFSP meeting to discuss the appropriateness of the device;
- 2) If determined by the IFSP team, equipment in question is returned to the vendor by the Service Coordinator (or by the family);
- 3) If a replacement item is needed, the Service Coordinator obtains the following information:
 - a. Assistive Technology Request form indicating new equipment and a comment about equipment returned;
 - b. If new item is significantly different from item returned, a new physician's order (when applicable) should be obtained;

- c. Picture and description of new item including manufacturer pricing;
- d. Verification from the vendor of return and funding status of the original item;
- e. If mail order, include a completed order form and copy of pages that list product(s).

Ownership of Equipment

Federal regulations require that assistive technology devices purchased with Federal Part C funds, regardless of the cost, remain the property of the Lead Agency in Tennessee and not the property of the child and family. Families must be informed of this at the IFSP meeting. If a child transitions to the Part B system at age three, the device may be transferred or loaned to the child's program if the child still needs the device. It is the responsibility of the Part C system Service Coordinator to ensure the equipment is transferred to the Part B program. If the child does not qualify for Part B, moves to another state, or the device is no longer appropriate for the child, the device must be recovered from the family in order that the device may go to another child in the Part C system or to an assistive technology bank; such as the United Cerebral Palsy Loaner Bank for future use by a Part C eligible child. If the device is purchased, either entirely or partially, by Medicaid or private insurance, the device belongs to the family.

Exclusion: Upon exit from TEIS, the items marked with an * will remain the property of the child and family regardless of payor source.

Reminder: When an assistive technology device is purchased for a family, an *Assistive Technology Agreement* must be signed and kept on file before the family takes possession of the item.

High Cost Items

When it is anticipated that more than \$1000 dollars of TEIS funds will be paid towards any single Assistive Technology item, prior approval should be obtained via Central Reimbursement Office Accountant. The Accountant will ensure that the local Point of Entry staff follow all necessary State of Tennessee procurement procedures prior to the commitment of TEIS funds. This procedure is not meant to circumvent the decisions of the IFSP team, instead it is meant to insure that all State of Tennessee procurement procedures are followed in relation to these items. This process will help support a smooth service delivery and avoid unnecessary delays for the delivery and purchase of the necessary item.

Addendum

The implementation of this policy is not intended to circumvent the decision authority of the IFSP team. Should the IFSP team believe an additional quantity of an approved item over and above those described in this document to be necessary, the relevant items would be purchased via an outside payor source or through family purchase, but not with TEIS funds. Such purchases would be deemed appropriate, as this policy is a System of Payment Policy, and would be included on the IFSP with payor source being either the outside payor source or the family.

All new IFSP planned services written from this date July 25, 2008 forward should include TEIS authorizations for Assistive Technology that are consistent with this final policy.

Any IFSP planned service authorization that was completed prior to the date of this final policy July 25, 2008 will be supported by the Lead Agency.

Documents

- Assistive Technology Agreement
- Assistive Technology Order Form for Vendor
- Assistive Technology Request Form