



**Assistive Technology Q & A  
Service Coordination Statewide Meeting  
October 9-10, 2007  
Orlando Lake Mary Marriott**

**Q1: What is Assistive Technology?**

A1: Assistive technology is any item, piece of equipment or product system used to increase, maintain or improve the functional capabilities of an individual; in our case, a child eligible for Part C.

**Q2: When is Assistive Technology appropriate for a child?**

A2: Any service that assists the child in selection and acquisition or use of any assistive technology shall be provided upon recommendation of the IFSP team. However, the recommendations must include needed services, supports and equipment determined necessary by the team to assist the child to achieve an identified outcome. Recommendations must also be driven by functional outcomes and based on the individual child's abilities and needs and not based on a diagnosis or therapist bias. Finally, technology driven recommendations should be avoided at all times.

**Q3: What must be on the IFSP to purchase AT?**

A3: The IFSP must have a supporting functional outcome on Form F of the IFSP for the assistive technology need. Once it is determined that assistive technology is needed whether low or high tech, then an assistive technology evaluation is needed, which should be documented on Form G. The team should determine who will participate in this evaluation, which must include the family and at least one professional. A written report with recommendations must be submitted following the evaluation. The IFSP team must review the recommendations and make a decision regarding the acquisition of the item, bearing in mind that low tech items should always be given first consideration.

**Q4: What should be entered into the Early Steps data system for AT?**

A4: Once an Assistive Technology Evaluation is authorized on the IFSP it must be entered on the FSPSA (Family Service Plan Service Authorization) screen. After the evaluation is completed and documentation has been submitted for payment the service should be entered into the intervention screen with the supporting information including the date of the event, amount of service for each provider participating in the event. Once an item has been identified then the authorization of the purchase must be entered on the FSPSA screen. Most items will be listed as ASST, unless they are a sensory related then they would be coded either SENS or VISD. (Prosthetics and Orthotics (PO) are now included under ASST.) When the item is received and billed the CPT code specific to the assistive technology is recorded on the intervention screen. (L1399 for miscellaneous DME, and no CPT code for low-tech commercially-available items; refer to Medicaid DME Handbook for more specific codes)

**Q5: What is appropriate to purchase for developmental reasons vs. medical reasons?**

A5: Appropriateness to purchase assistive technology depends on the child's current developmental abilities and the family's functional outcomes. There is not a specific list of devices or items appropriate for Part C. The role of the IFSP team will be to determine how the use of the item will impact the child's abilities to reach an outcome on the IFSP.

**Q6: What is the service coordinator's role in obtaining AT (evaluation, navigating insurance, collaborating with DME)?**

A6: The extent of the service coordinator's role is determined at the local Early Steps level by their internal policy. Some areas will require that the service coordinator only facilitate the evaluation process, while others require the service coordinator to be an integral part of the entire process including the actual ordering of an item. It is always the service coordinator's responsibility to ensure the coordination of funding sources and that Part C is payer of last resort.

**Q7: What process must be followed when purchasing AT?**

A7: Following are the steps in the process:

- a) The IFSP team reviews the evaluation report and makes decisions on how best to access the item.
- b) Begin with low tech options and other local resources, whether it is the family's insurance or another community service.
- c) Devise a plan that will ensure training to family and other appropriate individuals, i.e. other team members.
- d) Establish a plan that will address repair and maintenance
- e) Coordinate the delivery of the item including transition procedures for beyond age three.

**Q8: What forms are needed to purchase AT?**

A8: The following forms must be completed in order to purchase AT:

- a) The IFSP updated to include need for item
- b) Prescription for item by physician as needed
- c) Assistive technology evaluation report
- d) Prior Authorization form (Medicaid DME authorization form/process or private insurance as necessary)
- e) Any internal forms used by local program for purchasing

**Q9: Are hearing aids considered AT?**

A9: If a hearing aid is identified as a needed assistive technology device by the IFSP team to meet the specific developmental outcomes, then it is considered AT and Part C funds may be used.

**Q10: Are augmentative communication tools considered AT?**

A10: If the augmentative communication tool is identified as a needed assistive technology device by the IFSP team to meet the specific developmental outcomes, then it is considered AT and Part C funds may be used.