

APPENDIX B: PROCEDURES FOR ASSISTIVE TECHNOLOGY DEVICES AND SERVICES

ASSISTIVE TECHNOLOGY:

An assistive technology device is any item, piece of equipment, or product system (e.g., a communication system or a seating system), whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability.

The IDEA/Part C System covers assistive technology (AT) that are directly related to the developmental and educational needs of the child and **excludes** devices, services and/or surgery necessary to treat or control a medical condition or assist a parent or caregiver with a disability. Equipment that is not designed to increase, maintain, or improve the functional capabilities (i.e., the Early Childhood Outcomes) of a child, or does not meet the definition of AT under IDEA/Part C, may still be needed by a child and his or her family, but will not be covered by IDEA/Part C. It is the responsibility of the child's Service Coordinator to coordinate with medical and health providers as well as assist the family in locating services and devices outside of the IDEA/Part C System. If a service provider obtains AT equipment without the knowledge of the Service Coordinator and without it being added to the child's IFSP, Part C will not be responsible for covering the item.

IFSP Change Review to Add AT:

Any IFSP team member (including the parent) may propose that an AT service or device be added to the plan if they feel it is needed. The Service Coordinator should schedule an IFSP change review and provide prior written notice of the IFSP team meeting.

At the change review the IFSP team will:

- Complete the AT Screening and Assessment form. If there are any "no" answers marked on the screening portion of AT Screening and Assessment form, the device does not meet the definition of assistive technology as defined by IDEA/Part C and will not be approved. The meeting should be documented, but no further steps need to be taken.
- If all answers in the screening portion of the AT Screening and Assessment form are yes, the IFSP Team should add or update the appropriate outcomes and services on the IFSP.
- Consider or try simple, low- or non-tech modifications or solutions then build up to mid-tech and to high-tech modifications or devices as needed.
- Discuss all available funding sources for the device (the Consent to Use Insurance Resources form must be current).

Submitting an AT Purchase Request Packet:

An AT Purchase Request packet should be submitted even if the provider, service coordinator, and/or family believes that private insurance will pay. This will ensure a means of coverage for the AT device/service in the event private insurance denies the claim or the family loses insurance coverage.

The AT Purchase Request Packet must include the following documents:

- Assistive Technology Screening and Assessment.
- Assistive Technology Purchase Request.
- Vendor quote and manufacturer's pricing Information.
- Prescription or recommendation for the device from the child's physician, occupational therapist, physical

therapist, or speech-language pathologist.

- Most recent evaluation or plan of care documentation from the service provider requesting the device.

The following must be current in BRIDGES **prior** to submission of the AT request:

- IFSP: Documentation of Change Review Meeting
 - A clear description of the type of device, its purpose, and where it is to be used (activities, locations, time of day) should be included in the meeting note.
- IFSP Outcome(s) have been updated to have include the AT service and device needed to support participation in the family's home and community routines and activities.
- Planned Services: The AT service/device should be added to planned services.
- Financial Support: The parent's private insurance and Medicaid information and consent status should be current.
- Payor Source: Enter the payor source for the AT service/device. Ensure private insurance information is correct on the Financial support screen. If policy information is missing or incorrect, submit the SCDHHS [Health Insurance Information Referral Form](#) (HIIRF) per [instructions](#).

Hearing Aid Requests:

SCDHHS and IDEA/Part C will utilize the SCDHEC Hearing Program guidelines and fee schedule for coverage of initial and replacement hearing aids. Children who have Medicaid or are below 250% of the federal poverty level and have a hearing loss that requires amplification are eligible for the SCDHEC Hearing Program. SCDHEC will provide hearing aids for eligible children, and cover ear molds, hearing aid kits, replacement batteries, etc., up to allowable program limits.

If the child is not eligible for Medicaid, the Service Coordinator is required to determine if the child meets income requirements for the SCDHEC Hearing Program as payor of first resort prior to requesting IDEA/Part C funds for hearing aids. Service coordinators are required to document in the BRIDGES service log if the family does not qualify for the SCDHEC Hearing Program.

SCDHEC Hearing Program Guidelines (includes link to family income requirements):

<https://www.scdhec.gov/health/child-teen-health/services-children-special-health-care-needs/hearing-program>

SCDHEC Hearing Program Equipment and Fee Schedule:

<https://www.scdhec.gov/sites/default/files/docs/Health/docs/SNC-HearingFee.pdf>

If the request is for purchase of hearing aids, the AT purchase request must include:

- Documentation from an audiologist that hearing loss meets IDEA/Part C criteria, and hearing aid use is recommended; or
- The family has obtained a prescription for hearing aids from an ENT.

Replacement Ear Molds and New Ear Impressions:

- A new AT Purchase request for replacement earmolds and new ear impressions is **not** needed if the hearing aid(s) have been previously approved.
- If the hearing aids were purchased **without prior approval** from the IDEA/Part C State Office, the cost of **replacement earmolds and new ear impressions will not be reimbursed by IDEA/Part C**.
- If the child had hearing aids prior to receiving BabyNet services and/or the hearing aids were provided by private insurance, but new ear molds and ear impressions are needed, a new AT request packet must be submitted for BabyNet to provide reimbursement.

The hearing aid request does **not** have to include:

- Specific IFSP outcome to address the use of hearing aids.
- Participation of all IFSP team members in the IFSP change review meeting (Service Coordinator and parent may complete the meeting and notify the other team members).

Online Orders:

Some AT devices are not available through a durable medical equipment provider and may be purchased online by IDEA/Part C State Office. These requests require an IFSP change review meeting, as well as a completed AT request packet. If approved, the item will be mailed to the Service Coordinator who will be responsible to deliver the item to the family. Please see AT job aid for instructions regarding how to add online order to planned services in BRIDGES.

IDEA/Part C State Office Approval:

The designee at the IDEA/Part C State Office will review AT requests on an individual basis. When an AT request is approved, IDEA/Part C State Office will send an approval letter to the Service Coordinator and the AT provider. The service coordinator is responsible for notifying the parent and the provider. The IDEA/Part C State Office designee will enter a communication log in BRIDGES stating that the request has been approved and will detail what (if any) funding sources will be used before IDEA/Part C payment will be made.

The Service Coordinator is responsible for ensuring that the item is delivered to the family. The Service Coordinator should document the receipt of the item in the communication log in BRIDGES.

IDEA/Part C State Office Denial:

When an AT request is denied, IDEA/Part C State Office will send a denial letter to the Service Coordinator. The Service Coordinator is responsible for notifying the parent and the AT provider of the denial. The IDEA/Part C State Office designee will enter a communication log in BRIDGES stating that the AT request has been denied.

Determining whether a piece of equipment meets the definition of assistive technology under IDEA/Part C must occur on an individual basis and be based on the child’s needs, the family’s concerns, and the IFSP outcomes. Some devices might be therapeutic or make caring for the child easier or safer but do not contribute to enhancing or maintaining the child’s functional capabilities. Consequently, these may not be AT but may be appropriate to acquire these devices through other channels.

If the AT purchase request is denied by IDEA/Part C State Office, the Service Coordinator must hold an IFSP Change Review meeting to update all outcomes and services related to the AT request.

Payment Information:

IDEA/Part C funds AT devices and services as the payor of last resort. All possible funding sources must be exhausted prior to IDEA/Part C payment. These sources include Private Insurance, Medicaid (including the EPSDT benefit), Child Rehabilitative Services (CRS), the South Carolina Assistive Technology Program (SCATP) exchange program, and other community programs. See “Resource Information for Assistive Technology” for more information.

- AT provided prior to a child’s eligibility for IDEA/Part C will not be covered.
- All AT requests must receive IDEA/Part C State Office approval before the delivery of the item or service can be arranged for IDEA/Part C funds to be used. If required by private insurance billing guidance, orthotics may be delivered prior to seeking approval for IDEA/Part C funding.
- IDEA/Part C State Office may fulfill AT requests by providing comparable equipment, used equipment, or may choose an alternate vendor to conserve funds.
- The vendor must accept Medicaid payment as payment in full.

- IDEA/Part C cannot reimburse families for their AT purchases.