EARLY INTERVENTION

ASSISTIVE TECHNOLOGY

GUIDELINES

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DEFINITION OF ASSISTIVE TECHNOLOGY

The definition of Assistive Technology (AT) includes both AT devices and AT services. An AT device is any durable 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 capabilities of children with disabilities.

An AT service means any service that directly assists a child with a disability in the selection, acquisition, or use of an AT device. The term includes:

a. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's natural environment;
b. Purchasing, leasing, or otherwise providing for the acquisition of AT devices by children with disabilities;
c. Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing AT devices;
d. Coordinating and using other therapies, interventions, or services with AT devices, such as those associated with existing education and rehabilitation plans and programs;
e. Training or technical assistance for a child with a disability or, if appropriate, that child's family; and
f. Training or technical assistance for professionals who provide services to children with disabilities through the Early Intervention program.

ASSISTIVE TECHNOLOGY DEVICES

Assistive technology devices range from low technology to high technology items. Low technology devices are devices that rely on mechanical principles and can be purchased or made using simple hand tools and easy to find materials, such as homemade or modified items already used in the home. High technology devices include sophisticated equipment and may involve electronics.

Consideration of the types of AT devices and services available through this system is continually monitored. Determination of what equipment and services falls within these guidelines will be updated periodically as these considerations are reviewed. Eligible devices and services refer to items and services for which payment can be made. A written recommendation (order), signed and dated by the child's physician (often a prescription form) is required for all items requested.

Early Intervention deals only with AT that is directly relevant to the developmental needs of the child and specifically excludes devices and services that are necessary to treat or control a medical condition or assist a parent of caregiver with a disability. Equipment/devices must be developmentally and age appropriate to be considered eligible for Early Intervention funding.

The following sections address those items currently eligible for Early Intervention funding and those items that are not considered eligible under the definition of AT.

Information contained in this document supercedes any previous decisions regarding approval of specific AT equipment or services.

Eligible services

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. The AT available to young children is changing and expanding at a rapid pace, and it should be noted that this list is not an exhaustive list of AT devices, but is intended to provide guidance. There may be other items not listed that would appropriately meet the needs of children in this program.

Available assistive technology include:

- ***Aids for Daily Living.*** Self-help aids are designed for use in activities such as bathing, eating, dressing, and personal hygiene. Ex.: Bath chairs, adaptive utensils.
- ***Assistive Listening.*** Assistive listening devices to help with auditory processing. Ex.: hearing aids.
- ***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. Ex.: Single-use switches, switch battery adapters, switch adapted toy items.
- ***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. Ex.: Symbol systems, picture or object communication boards, electronic communication devices, and communication enhancement software.
- ***Computer Access.*** There are a wide variety of technologies that provide access to the computer. Once an access method has been determined, then decisions can be made about input devices and selection techniques. Input devices can include switches, touch windows, head pointers, etc. In some cases, access to keyboards can be improved by simple modifications such as slant boards, keyguards or keyboard overlays. Output devices include any adaptation that may be needed to access the screen display. Computer technology can help very young children acquire important developmental skills and work toward their individual goals. A variety of software programs have been developed for this population. These programs help infants and toddlers learn and practice cause and effect, early choice making, and build fine motor and visual motor skills.
- ***Mobility.*** Mobility devices include braces, certain types of orthotics, self-propelled walkers and crawling assist devices.
- ***Positioning.*** Proper positioning is important so that a child can interact effectively in their environment and to aid in promotion of the child's physical development. Proper positioning is typically achieved by using padding, structured chairs, straps, supports, or restraints to hold the child's body in a stable and comfortable position. Also considered is

a child's position in relation to family or peers. Often, it is necessary to design positioning systems for a variety of setting so the child can participate in multiple activities in their natural environment. Ex.: Standers, walkers, floor sitters, chair inserts, trays, side-lyers, straps, rolls, weighted vests and garments, etc.

- ***Visual aids.*** General methods for assisting with vision needs include increasing contrast, enlarging images, and making use of tactile and auditory materials. Devices that assist with vision may include optical or electronic magnifying devices, low vision aids such as hand-held or spectacle mounted magnifiers, and vision stimulation devices such as light boxes.
- ***Repair and Maintenance.*** 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 AT 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 AT, 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.

Limitations

- EI reserves the right to limit items of the same or similar nature such as switches, adapted switch toys, adapted utensils and tableware, computer software, therapy balls, rolls, bolsters, wedges, sensory items, etc.

Certain equipment/services are not covered in the scope of AT 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.

- Equipment/services that are prescribed by a physician, primarily medical in nature and not directly related to a child's developmental needs. Examples include but are not limited to helmets, oxygen, feeding pumps, heart monitors, apnea monitors, intravenous supplies, electrical stimulation units, beds, etc.;
- 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. Request must be on the IFSP prior to 2 years, 9 months and received for review prior to 2 years, 10 months;
- Equipment/services for which developmental necessity is not clearly established;
- Equipment/services covered by another agency;
- Equipment/services where prior approval (when applicable) has not been obtained;

- Typical equipment, materials, and supplies related to infants and toddlers utilized by all children and which require no special adaptation. Examples include clothing, diapers, cribs, high chairs, car seats, infant swings, typical baby/toddler bottles, cups, utensils, dishes, infant monitors, etc. 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, ball pits, tents, tunnels and other common play materials;
- Standard equipment used by service providers in the provision of early intervention services (regardless of service delivery setting), such as therapy mats, tables, desks, etc;
- Seating and mobility devices such as car seats, strollers, wheelchairs or any part thereof;
- Equipment/services which are considered duplicative in nature, generally promoting the same goal and/or objective with current or previously approved equipment/services;
- Equipment/service if a less expensive item or service is available and appropriate to meet the child's need;
- FM systems;
- Replacement equipment if original item has not been returned to vendor or if payment for equipment has not been returned to the CBO by the supplying vendor;
- Sales tax, shipping and handling charges.

EVALUATION

Assistive technology evaluations can be requested when there is reason to believe that a child may benefit from the use of AT. AT evaluation are to be completed by a credentialed evaluator as in most situations the AT request is for a new AT item or service. The need for AT devices/services may be identified:

1. As part of the initial multidisciplinary evaluation, where the credentialed evaluator determines a need that can be addressed when eligibility is determined;
2. As part of a supplemental evaluation included in the child's IFSP based on an anticipated or emerging need and as agreed upon by the team;
3. Through the ongoing assessment process conducted by the child's provider(s) if they are a credentialed evaluator.

Note: Reimbursement for evaluations is done through the evaluation code for the specific provider type.

Assistive technology evaluations differ somewhat from "typical" evaluations conducted as part of eligibility or review of a child's needs and strengths. There are virtually no standardized tests to "find out" what kind of technology a child needs to use. Instead, a good assistive technology evaluation looks at the results of all recent evaluations, along with the current IFSP goals and objectives. The evaluator should talk with the child's parents, interview people who work with the child, and interact directly with the child and the devices. The environment should be carefully examined, especially when the device has to work in a variety of settings.

The actual evaluation process consists of considerable observation coupled with trials with a full range or continuum of possible devices from low to high technology. Data is gathered from these trials about the effectiveness of various technologies to meet the child's needs.

Information is collected concerning the child's ability and accuracy when using various technologies, including the positioning and settings that work best. The child's and family's feelings about the actual devices tried should be considered, as even very young children can show what they like and dislike by how they interact with different devices.

As the number of devices and the complexity of those technologies have grown exponentially in the past few years, many people who work extensively in this area have found the need to specialize in different areas of assistive technology. Typically, these people have expertise in areas like assistive computer technology, augmentative communication, mobility and positioning and so forth. Other assistive technology experts specialize in age or disability-specific technologies, such as visual and hearing impairment devices.

Components of an Assistive Technology Evaluation

The four principles to consider when evaluating the potential for AT solutions should include:

1. Use of the multidisciplinary team.
2. Family members are a crucial member of the team
3. Focus on function – "What is it that the child needs to do that he/she currently cannot do?"
4. Strive for simplicity.

Team members should have a basic understanding of the kinds of AT that exists and how it can be used to help a child achieve more independence and control of his/her environment. The team assessing AT needs should address the following:

1. **Current developmental needs and functioning of the child.** Consideration should be given to the recommendation of the most appropriate device for the child's *current* development. Because technology devices and the needs of a child and family change, devices should be used to enhance the child's *current* development and functioning, addressing *immediate* needs and the appropriateness of the equipment in attaining outcomes that address the development and functioning of the child.
2. **Cognitive and emotional resources.** This should include assessing the child's ability to understand language, respond to prompts and trials, ability to make choices and the ability for social interaction. The child's response to stimuli and reinforcers, distractability and attention span need also be considered.
3. **Health and development.** Statements regarding child's current health status, vision, hearing, and motor status should be included.
4. **Needs of the child and family**. Consideration should be given to devices that can fit easily into the family's lifestyle and will have the optimum functional and developmental impact on the child.
5. **Equipment and device options**. Consideration should be given to whether outcomes can be accomplished through the creative use of existing resources (e.g. household items, toys, etc. currently available in the home), loan programs or low-technology devices and other less intrusive option, prior to progressing to high technology equipment.
6. **Use of equipment.** Consideration should be given to devices that are needed to help achieve a specific functional outcome and are not therapeutically "nice to have."

Equipment should be used to achieve a functional goal that will improve a child's development. Utilization of current equipment in the home should be documented as well.

7. **Proper recommendation for the device.** Consideration should be given to using a team which includes the parent, Service Coordinator, other early intervention service providers and the AT specialist to ensure a common understanding of the recommendation for a particular device or characteristic of the type of AT device.
8. **Use of loan equipment**. Checking out equipment from available local lending libraries or accessing local Lekotek programs is strongly recommended to ensure the appropriateness of the device prior to purchase. The Illinois Assistive Technology Project (IATP) can answer questions regarding specific AT needs and a comprehensive directory available to assist in locating equipment and funding. IATP can be reached at 800-852-5110 or on the web at www.iltech.org. If equipment is needed for short-term use, utilizing equipment in this manner rather than purchase is strongly recommended.

The AT evaluation report should include information listed above and any other pertinent information regarding the reasons for evaluation, background of the child, observations of the child in the natural environment(s), observations of the child using currently available technologies, and observations of the child using a variety of possible AT options.

If the report recommends AT, it should include a full range of options or minimum specifications for equipment and a detailed justification if one device is recommended over all other choices. Equipment choices should consider current equipment, as well as high and low-tech options. Funding options must also be included as well as information about vendors and possible repair and maintenance providers.

Other Considerations

There are a number of questions that the IFSP team including the family should answer when deciding about the inclusion of AT in a child's IFSP based on the conclusions included in the evaluation report.

- What are the parent's goals for their child? Is any AT necessary to meet the parent's current goals?
- What are the skills, needs, and likes of the child?
- What problem will the AT device solve?
- Will the proposed solution enable the child to function more independently and/or more successfully?
- What is the ability of the child to independently and successfully learn and use the device?
- Are there implications for the child's health status (e.g. effects of required positioning on respiratory or cardiac status)?
- What are the limitations of the device?
- Are there a number of equal device options for consideration?
- Why is this technology more appropriate than other low-tech or no-tech alternatives?
- How flexible is the device? Can it grow with the child's needs and abilities?
- Is there a way a currently available piece of technology can be modified to meet the need?

- How useful will the technology be with the other devices the child currently uses?
- Does the family (or child) like or have other feelings about the device?
- Are the size and weight of the device important issues?
- If the device is carried between home and other settings, what precautions need to be made?
- Have all the functional environments of the child's use been considered? What are the child's home and family activities?
- Is the device safe and/or sturdy?
- Is the technology current enough to provide service and part options for the immediate future? How easy is it to obtain repairs?
- Has the device been on the market long enough to establish itself and for problems to have been worked out?
- Has there been or is there a possibility for an adequate trial period?
- Is the device available?
- What is the expected lifetime and duration of use for the device?
- Can the device be used for a number of different tasks?

Parents play a vital role in the choice, implementation, and use of AT. They should be involved with choosing, adapting, routine maintenance, training, and on-going assessment associated with the child's use of the devices. They are also vital in sharing their dreams and visions for their family and the child so that the team can better determine what kind of technologies would best suit their child.

ASSISTIVE TECHNOLOGY AND THE IFSP

All children with disabilities who are eligible for early intervention services must be provided with AT, if appropriate, as part of the Individualized Family Service Plan (IFSP). AT devices should be considered if interventions are required to aid in the developmental tasks such as interaction with the environment, communication, and cognition. These AT devices and services are required, however, only when they relate to the developmental needs of infants and toddlers and their families.

Inclusion of AT in the IFSP must occur on an individual basis and must be based on the child's needs, the family's concerns and intervention priorities and goals. Assistive technology devices/services must be included in the IFSP as agreed upon by the parent and other team members. At minimum, the IFSP should have the following information:

1. The outcomes that will be achieved for the child and family, including the way in which the AT device is expected to increase, maintain, or enhance a child's functional capabilities.
2. A description of the specific AT device(s) needed by the child, the projected dates for acquisition of the device, and the method of acquisition.
3. The methods and strategies for use of the AT device to increase, maintain, or improve the child's functional capabilities, the individuals (including parents, other caregivers and family members, and qualified personnel) who will be assisting the child in using the device, and the settings in which the device is to be used.

4. The qualified personnel who will be providing the AT services and the frequency, intensity and method of delivery recommended.

FUNDING

Early Intervention will pay for AT items at rates comparable with the Illinois Healthcare and Family Services (HFS) rate structure. For those items requiring individualized pricing, Early Intervention will reimburse at the rate of vendor wholesale cost plus 50% up to the manufacturer's suggested retail price (MSRP). For items in which there is no wholesale discount to vendors (such as equipment marketed direct to consumer/catalog companies), rate may be adjusted by 25% if no alternative is available pending approval by the AT coordinator. All rates submitted are subject to the approval of the AT coordinator.

Pricing information submitted by vendors must include manufacturer's pricing information either by providing with the quote copies of the catalog page depicting the item with printed price easily readable or a copy of the separate pricing sheet along with picture and description of the item. For items that are marketed direct to consumer, the vendor price quote must explain any variance between manufacture or catalog pricing submitted.

OBTAINING ASSISTIVE TECHNOLOGY

Any assistive technology requested for a child must be submitted to DHS for prior approval and is required for the provision of all equipment/services with the exception of replacement hearing aid earmolds (see 4.a. below). The prior approval process reviews requests to look for developmental necessity, equipment/services as described in the section addressing "limitations," pricing requests, quantity and duplication.

Requests are processed through the DHS Bureau of Early Intervention for prior approval consideration. Requests must be submitted by mail to:

Illinois Department of Human Services
Bureau of Early Intervention - Assistive Technology
222 South College, 2nd Floor
Springfield, IL 62704

<u>Procedure</u>

1. The therapist identifies an AT need through evaluation or ongoing assessment, contacts the service coordinator to schedule an IFSP meeting and brings the information to the IFSP team for consideration.
2. If the IFSP team agrees with a need, an outcome page relating to the AT need is completed by the service coordinator.
3. The service coordinator compiles all the necessary documentation:
   a. *Assistive Technology Prior Approval Request Form* (see forms section), completed by the service coordinator in its entirety. Note: Items with attachments or accessories should be listed under one HCPCS code with the breakdown of cost, description of each attachment and/or accessory and the purpose of each attachment and/or accessory identified in the evaluation and vendor information.

(Example – Corner chair with tray should be listed as one item under HCPCS code A9900, Tristander with various support attachments listed as one item under HCPCS code E1399);

b. IFSP sections: Cover page, Section 2 – Present Levels of Development and Section 3 – Child and Family Outcome(s) relating to AT only (outcome must be within the previous six month time frame);

c. Physician's order (script must be within the previous six month time frame);

d. A separate letter of developmental necessity from a credentialed evaluator is required. The letter must be dated within the recent six-month time frame and include information on the child's developmental need and current functioning level. Goals and objectives must be identified in the most current IFSP with regards to the utilization of the recommended equipment/service. **NOTE: Do not include AT justification in the initial evaluations or assessments. A recommendation to complete an evaluation to determine the need for AT must be made by the IFSP team prior to the development of a letter of developmental necessity**;

e. Picture and description of item including manufacturer pricing;

f. Copy of DSCC eligibility letter, if applicable.

4. The request including all necessary information listed above is mailed to the assistive technology coordinator at DHS for review.

a. All AT must be pre-approved with the exception of replacement hearing aid earmolds and hearing aid batteries (batteries limited to 16 every 60 days). A letter of necessity and physician order/script must be in the child's record and no more than one year old. Earmolds are approved as needed but no more than two per authorization at the current HFS approved price.

b. Once a request has been received, it will be reviewed by the AT coordinator for the above information within 21 business days of the date of receipt.

c. If missing or additional information is required, a memo of notification identifying what information is needed will be faxed to the child's service coordinator or the CFC AT coordinator. The service coordinator will have 10 working days to provide the AT coordinator with the information for processing. If information is not received by this time, request will be denied due to lack of information.

5. Once all pertinent information is received to the satisfaction of the AT coordinator, request will be reviewed and recommendation made within 10 working days of receipt of pertinent information. Notification of request status will be sent by fax to the child's service coordinator at this time.

6. The service coordinator enters an authorization(s) for any **approved** items indicated in the DHS notification.

a. **The information for the authorization must be entered exactly as written in the DHS notification, noting HCPCS code, quantity and amount, and must be checked for accuracy prior to saving the authorization in the Cornerstone system.**

b. If the authorization information in the Department's decision memo is known to be or appears to be incorrect, contact the Department for clarification before the authorization is entered/saved.

7. If the AT request is denied, no authorization is entered.
    a. The service coordinator must inform the family and service providers of the denial.
    b. The service coordinator and vendor should assist the family in pursuing any and all other funding options (including recycled devices). Typically, parents and providers look at private insurance, Medicaid, Division of Specialized Care for Children (DSCC), Lekotek, Illinois Assistive Technology Project, local civic organizations, and parent contributions. Actual funding may include a combination of fund sources.
8. The service coordinator notifies the family, reprints the IFSP and sends the revised IFSP to all team members, sending only the approved authorization to the supplying vendor.

Any requests received without the above information may experience delays in processing. As with any other EI service, AT services must be related to one or more outcomes in the IFSP. Early Intervention does maintain the right to request the substitution of a less expensive item of comparable function if a substitution is deemed appropriate. **Note: Requests for children 2 years, 9 months and older may be denied as equipment requested during this time would not allow the child to achieve substantial benefit while in the EI program.**

Typically, insurance, Medicaid, and DSCC funds pay for equipment and devices that fall under the category of "Durable Medical Equipment." This includes equipment such as daily living aids, standers, positioning systems, wheelchairs, prosthetics/orthotics, augmentative communication devices and hearing aids. Seldom does it include learning tools like switch-operated toys, assistive play equipment, and computer equipment.

Change in HCPCS Codes

At times, especially with orthotic requests, the vendor will quote the orthotics based on the therapist's letter of developmental necessity. When the vendor sees the child, it may be necessary to change the HCPCS code(s) originally requested. If this situation occurs:

1. Complete a new AT request form with the new information. Write "code change" at the top of the page.
2. Obtain a new vendor quote and manufacturer's pricing information (not required for orthotics).
3. Obtain a new physician script if the script states specific items that are no longer applicable.

Fax the above information to the attention of the AT Coordinator.

Change of Vendor

In the event that a vendor must be changed to deliver an approved AT request:

1. Complete a new AT request form with the new information. Write "change of vendor" at the top of the page.
2. Obtain a new vendor quote and manufacturer's pricing information from the new vendor as they may quote a different price.

Fax the above information to the attention of the AT Coordinator.

Returns

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

1. The therapist contacts the service coordinator about equipment return.
2. Equipment in question is returned to the vendor by the family.
3. If a replacement item is needed, the service coordinator obtains the following information:
   a. Revised Assistive Technology Prior Approval Request Form indicating new equipment and a comment about equipment returned
   b. Letter of developmental necessity indicating why original equipment was not appropriate and why new request will better meet the needs of the child,
   c. If new item is significantly different from item returned, a new physician's order (when applicable) should be obtained,
   d. Picture and description of new item including manufacturer pricing,
   e. Verification from the vendor of return and funding status of the original item.
      i. If vendor has not yet billed for the original equipment, process with submission of request to DHS.
      ii. If vendor has billed the Insurance, CBO or other fund sources or has received payment for the original item, the vendor will need to return funds to the appropriate party(ies) before a replacement item can be approved.
      iii. EI will approve payment of a "restocking fee" if the company the vendor obtained the equipment from has a written policy.
4. Proceed with above procedure for obtaining AT step number 4.

RELATIONSHIP TO OTHER PROGRAMS

Many of the eligible children in this program are also eligible for, or participating in other programs, such as DSCC or HFS (Healthcare and Family Services)/All Kids. The Early Intervention Services System is payor of last resort and should be utilized when these funding sources are exhausted.

1. HFS/All Kids and EI
   a. When an AT need is determined for eligible children participating in both programs, follow the general procedure described above.
   b. Once the request has been received by the DHS assistive technology coordinator, the request is reviewed for content and if approved, prior approval to HFS is entered by the DHS AT Coordinator.
   c. DHS notifies the service coordinator of approval/denial status and proceeds with procedure outlined above.
   d. Provider bills the insurance and/or CBO for the equipment
   e. If device is not eligible for EI funding, child's service coordinator will be notified by fax after initial review is made. If the equipment is not eligible for EI funding and therefore denied, the provider may then pursue HFS funding outside of EI.
   f. Follow-up with the therapist and/or family to ensure the approved AT equipment has been received from the vendor in a timely manner.

2. DSCC and EI

   a. Children who may be potentially eligible for DSCC services should be referred to DSCC at the time of EI referral. If at any time there is question that a child is may be eligible for DSCC services, a referral should be made.

   b. If a child is eligible for both Medicaid/All Kids and DSCC, the AT request is sent directly to DHS as DSCC will require HFS eligible children to utilize HFS funding first.

   c. When an AT need is determined for eligible children participating in both programs (and not Medicaid/All Kids eligible), a request should be submitted to DSCC for approval. Note: Many items are not eligible for DSCC funding. Contact your local DSCC regional office or the DHS AT Coordinator for additional information.

      i. If equipment is eligible for DSCC funding, provider should utilize this source by billing DSCC for equipment.

      ii. If it has been determined that equipment is not eligible for DSCC funding, submit request as described in the general procedure above and include copy of the letter of denial with the request.

   d. Although a child may not appear eligible for DSCC services at the time of submission of the request to DHS, review by the AT coordinator may demonstrate that DSCC should be consulted. In this instance, the AT coordinator may request a referral to DSCC for eligibility and subsequent funding of equipment.

      i. If DSCC eligibility is determined and funding approved, vendor should bill DSCC for equipment.

      ii. If DSCC funding not approved, submit a copy of this notification to the AT coordinator.

   e. If device is not eligible for EI funding, child's service coordinator will be notified by fax after initial review is made.

IMPLEMENTATION OF ASSISTIVE TECHNOLOGY

There are several things to consider when the use of AT is to be implemented. The best device in the world will not work if the child does not use it. One reason for this is that is may be the wrong technology for the child. The device might be one of many other assistive items for the child and may be overwhelming for the family. The family may not have the physical space in their home to accommodate the utilization of the specific technology. Another reason is that parents or other caregivers may not be adequately trained on how to use the technology. Parents who understand how a device works and believe that it plays an important role in their child's development will provide more and better opportunities for the child to learn about and use the devices. Parents' preferences and feelings about particular devices often determine whether implementation and use of devices will be successful.

In many cases, successful choice and use of a device often requires an extended "trial period" with the device via rental, lease, or loan programs giving the child an adequate chance to learn and use the technology and then evaluate its usefulness. In situations where a variety of different technologies, both low and high tech, serve the same needs, the child should also be provided, when appropriate, with reasonable access to several of these technologies for a trial period to make decisions about when and where to use each device. While it would be helpful if AT companies would allow free trial periods of offer loaners at no cost, this rarely happens. Some companies do, however, allow for equipment rental or have return policies.

PROVIDER PARTICIPATION

For consideration to be given by DHS to pay for AT equipment/services, the provider (vendor) must be enrolled in the Early Intervention Services System under the provider type of Assistive Technology. Eligible providers are those who supply and/or service durable medical equipment, orthotics, hearing aids, and developmental and other equipment to assist activities of daily living. Manufacturers of items may be enrolled if distribution of equipment is directly to eligible Early Intervention children. Vendors are responsible to ensure approved equipment is received by the family in a timely manner, prior to billing insurance and/or the CBO.

REFERENCES

Illinois Department of Public Aid. (2000) Information *Notice 8/31/00*

Connecticut State Department of Education and the Connecticut Birth to Three System. (1999). *Guidelines for Assistive Technology*

South Carolina Department of Health and Environmental Control (2000). *Babynet Service Guidelines: Assistive Technology*

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Kentucky. (1997). *Policies and Procedures: First Steps Assistive Technology Program*