

Arizona Early Intervention Program (AzEIP) Assistive Technology

Assistive technology (AT) is any item that supports a child's ability to participate actively in his or her home, childcare program, school, or other community settings. It is a broad term that includes items ranging from something as "low tech" as a foam wedge for positioning to something as "high tech" as a power wheelchair for independent mobility or augmentative and alternative communication (AAC) devices, and more.¹ AT can help a child play with peers, communicate, make choices, move independently and participate more fully with their family, peers or caregivers. All children who are eligible to receive early intervention services are also eligible to receive assistive technology, if it is included as part of their Individualized Family Service Plan (IFSP) [34CFR§ 300.324\(a\)\(2\)\(v\)](#).

¹ Early Childhood Technical Assistance Center website <http://www.ectacenter.org>

The IFSP Team process

The IFSP team uses the Child and Family Assessment to discuss the family's concerns, priorities and resources. The information generated by this process is used to identify child and family outcomes. Those outcomes *may* require Assistive Technology services and devices as strategies to assist the child and family meet their outcomes. Funding AT services and supports may differ based on whether a child also has private or public insurance, is DDD eligible, ALTCS eligible, or ASDB eligible. All IFSP teams are responsible for having the expertise to work with the family as part of the IFSP team to identify, access, provide and support the family to use assistive technology services and devices to meet IFSP outcomes when appropriate.

1. Team Meetings should be used as a mechanism to share information among team members and the family, and provide coaching opportunities.
2. Modifications or adaptations in the natural environment should first be considered as this is an immediate option that can assist the child and family with their outcome(s).
3. Supports and services available through the family's health plan, service providing agency (AzEIP, DDD, ASDB), equipment loan library, community partners, etc. should also be considered as resources and strategies that can assist in meeting IFSP outcomes.

Documenting the IFSP Team's Decision

If the IFSP team determines that AT is not necessary to meet an outcome on the IFSP, a Prior Written Notice (PWN) must be provided to the family. If the IFSP team determines AT services and/or devices are necessary to support an outcome, the IFSP must document that discussion and those services on the following pages of the IFSP:

1. **Child and Family Assessment** – any reader should be able to understand the everyday routines and activities that the team anticipates that the AT service/device will support.
2. **IFSP Outcome for Child and Family** –any reader should be able to understand how the team anticipates that the AT service/device will support the identified outcome(s). Strategies must detail the steps that the team will take to support the child and family achieving the outcome (i.e. adapting the environment, trialing AT, implementing devices, exploring AT, assessing for AT, etc.).
3. **Services Needed to Make Progress Towards Outcome** – this page must document the services that will be needed to support the acquisition and use of the identified AT service/device to support the outcome. IFSP teams must identify the appropriate team member to complete the AT assessment, and once completed the specific AT equipment that will be acquired. The IFSP team must identify the frequency and intensity of the visits that that team member will provide support to the family and the Team Lead (if that person is not the TL) to assess, acquire and use the AT device/service within the family's everyday

routines and activities. The IFSP team must also **determine whether or not the core team has the expertise** and/or resources to complete the AT assessment and/or to support the family to use the AT device or service. If the team does not have the expertise to complete the AT assessment the AzEIP provider shall make efforts to:

- a. Subcontract with other providers who have the expertise and/or resources and bill in accordance with the TBEIS contract;
- b. Refer to community partners;
- c. Refer to contracted AzEIP AT providers.

Acquiring and Paying for AT

It is the responsibility of the IFSP team to pursue all funding options prior to using AzEIP funds, as AzEIP is the **payer of last resort**. AzEIP funds may not be used to pay for early intervention services that would otherwise have been paid for from another public or private source. Potential sources include:

1. Medicaid: *Medically necessary assistive technology services are covered under Federal Medicaid law, and assistive technology devices that are considered durable medical equipment are often covered under a state's Medicaid regulations.*
2. Private Insurance: *Many private insurance policies will pay for AT services and devices that are deemed medically necessary and prescribed by the child's physician.*
3. Other Resources: *disability focused organizations and advocacy groups which may have AT devices available for families and professionals to loan and/or purchasing opportunities.*

Once the AT assessment is completed the team may need to support the family in acquiring specialty equipment to support the IFSP outcome(s). The IFSP team must discuss the outcome of the assessment with the family.

1. For children with private insurance, if the family has consented to bill their private insurance, the team should first use the insurer's processes to purchase the AT device if it's durable medical equipment.
2. For children with AHCCCS (e.g. an acute plan), the team should first use the health plan's processes to acquire the durable medical equipment (DME). If the child has not been determined ALTCS eligible, either DDD or Elderly/Physically Disabled (EPD), the team should also submit an ALTCS application if not previously done.
3. When the family has not consented to use their private insurance, or public or private insurance does not authorize the purchase of the DME:
 - a. For children who are AzEIP eligible, the AzEIP Service Providing Agency Leadership shall contact the AzEIP Contracts Manager.
 - b. For children who have services funded through DDD the IFSP team shall contact the DDD Therapy Coordinator.
 - c. For children who have services funded through ASDB, the IFSP team shall coordinate with the ASDB team member.

Resources

[Arizona Technology Access Program \(AzTAP\)](#)

[Southwest Human Development \(SWHD\) Assistive Technology Program](#)

[ECTA Center](#)

[Pacer Center: Alliance ACTION Sheet](#)

[Center for Technology and Disability](#)

[Let's Participate: Assistive Technology Implementation Modules](#)