

GUIDELINES FOR AUTHORIZING ADAPTIVE AND ASSISTIVE TECHNOLOGY

These guidelines outline the process for authorizing Adaptive and Assistive Technology (AT) under the Children's Home and Community Based Services (HCBS) 1915(c) Waiver as a covered State Plan service. AT is defined as an item, piece of equipment/technology, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or to improve the functional capabilities of the individual, and/or enhance an individual's independence in performing activities of daily living (ADLs), instrumental activities of daily living (IADLs) and health-related tasks. AT is intended to increase an individual's independence or substitute for human assistance, to the extent that expenditures would otherwise be made for human assistance.

AT outlined in these guidelines are for children and youth up to the age of 21 years old, who are found HCBS eligible and enrolled in the Children's Waiver. HCBS participants must have an annual HCBS Level of Care (LOC) Eligibility Determination to remain eligible and must be enrolled in the Children's Waiver. Eligible and enrolled Children's Waiver participants are noted on the participant's Medicaid R/RE: K-code and can be served through Medicaid Fee-for-Service (FFS) or a Medicaid Managed Care Plan (MMCP).

FFS Participants– the County's Local Department of Social Services (LDSS) collaborates with the participant, family, and HHCM/C-YES to establish the authorization and payment for the AT.

MMCP Participants– the MMCP collaborates with the participant, family, HHCM/C-YES, and other providers to establish the authorization, approval, and payment for the AT.

AT under the Children's Waiver is limited to those devices that are not available as Durable Medical Equipment (DME) under the Medicaid State Plan or through another available payment source. (A listing of DME covered under the Medicaid State Plan can be found at www.emedny.org under *Provider Manuals*).

Examples of AT may include, but are not limited to:

- Positioning devices
- Mobility devices
- Augmentative Communication devices
- Computer Accessibility devices
- Assistive Demotics/Home Automation devices
- The evaluation of the AT needs of the individual, including a functional evaluation of the impact of the provision of appropriate AT to the individual in his/her customary environment
- Services consisting of purchasing, leasing, or otherwise providing for the acquisition of AT devices
- Training or technical assistance for the individual and any informal or formal support persons who will be assisting the individual in using the AT device

Additional Adaptive and Assistive Technology Information

1. The request for AT must be for the least costly alternative to meet the individual's needs. All bids that were received must also be included in the request.
2. Replacements, repairs, upgrades, or enhancements made to existing equipment/technology will be paid if documented as a medical necessity and with prior approval from the MMCP or LDSS.
3. Custom-fitting and repairs to AT which are cost effective may be paid with prior approval from the MMCP or LDSS.
4. Items worn out through normal everyday use (such as keyboards, switches, etc.) may be replaced with prior approval from the MMCP or LDSS.
5. The Children's Waiver will not serve as an alternative to fund AT that has been denied through a State Plan or waiver request due to vendor rate or brand, or other justifiable cause. Items determined to be DME must be pursued through the designated DME process.
6. AT is for the specific use of the individual identified in the POC.

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Service Limitations

Children/youth who are members of the Medical Indemnity Fund (MIF) must consult with a MIF care manager regarding requests for AT.

AT expenditures must be related to an assessed functional need and documented in an individual's Person-Centered Plan of Care (POC).

When an assessed functional need for AT has been determined, consideration must be given to the individual's physical and developmental abilities and whether the item will assist the individual in maintaining his/her functional status and independence in the community. Once the AT has been identified, the Health Home Care Manager/C-YES, in cooperation with the individual, family member, and designated representatives as appropriate, must determine whether payment for the AT is accessible through other sources such as private insurance, Technology Related Assistance for Individuals with Disabilities (TRAID) programs, or other Local/State/Federal/ agencies. The TRAIID Program coordinates statewide activities to increase access to and acquisition of AT and serves individuals of all ages and disabilities. Information on the 12 Regional TRAIID Centers is provided in the following link: <https://www.justicecenter.ny.gov/services-supports/assistive-technology-traid/locations>

Children's Waiver funds cannot be used for the purchase of maintenance agreements, service contracts, or additional insurance coverage for the AT device.

Services and Supports Not Included Under Adaptive and Assistive Technology

DOH will not fund services/items/devices that are not for an assessed need including, but not limited to the following:

- Devices that are considered experimental
- Animal support and assistance (i.e. service and/or therapy pets) or the costs of training an existing family pet
- Ongoing care and maintenance of animals for support and assistance (e.g. food, veterinarian services, etc.)
- Entertainment or recreational equipment/technology not specifically addressing and/or adapted for an assessed need in the POC

AT costs cannot exceed \$15,000 soft cap per calendar year without prior approval from the New York State Department of Health (NYSDOH). In all cases, service limits are soft limits that may be exceeded due to medical necessity. The Local Departments of Social Services (LDSS) must contact NYSDOH to obtain this approval. NYSDOH may delegate this responsibility to Medicaid Managed Care Plans (MMCPs) for their enrollees.

Providers of Adaptive and Assistive Technology (AT)

All AT providers must have a contract or agreement with the LDSS or the MMCP. AT providers must ensure that all devices and supplies meet standards established by Underwriters Laboratory and/or comply with Federal Communications Commission regulations, if applicable. The provider is responsible for training the individual who will be receiving the AT, and any informal or formal support persons who will be assisting the individual in using the AT device. LDSS, State agencies, and MMCPs are encouraged to identify providers in advance of service requests to ensure adequate capacity.

Procedure for Authorizing Adaptive and Assistive Technology

If a child/youth is enrolled in Fee-for-Service (FFS) Medicaid and receives HCBS as part of the Children's Waiver, the child is eligible to apply for AT following the *Procedure for Authorizing Adaptive and Assistive Technology (AT) for FFS Members*.

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If the child/youth is enrolled in a Medicaid Managed Care Plan (MMCP) and receives HCBS as part of the Children's Waiver, the child is eligible to apply for AT following the *Procedure for Authorizing Adaptive and Assistive Technology (AT) for MMCP Members*. The two distinct processes are outlined below:

Procedure for Authorizing Adaptive and Assistive Technology (AT) for FFS Members

1. During a POC meeting through the person-centered planning process, the HHCM/C-YES, individual, and anyone involved in the development of the POC will determine if any AT is necessary to assist and enhance the individual's independence in performing ADLs, IADLs, and/or health related tasks and/or will substitute for human assistance (to the extent that expenditures would otherwise be made for human assistance). It is anticipated that equipment loan programs or trial periods of non-customized equipment, if available, may be explored before extensive commitments are made to provide/purchase products.
2. Within seven (7) business days of updating the POC, the HHCM/ C-YES will notify NYSDOH of the intent to request AT by sending a secure email to EModVModAT@health.ny.gov. The notification should include:
 - Child's/youth's name
 - Child's/youth's CIN #
 - Type of request: AT, EMod, or VMod
 - The LDSS County the request will be submitted to
 - Brief summary of the request
 - HHCM agency and HHCM/C-YES contact information
 - For HHCMs, the Lead HH should be cc'd on the email
3. The HHCM/C-YES will obtain a physician's order stating the need for assistance. This may be an approved form requesting AT such as:
 - A letter on physician's letterhead,
 - A written prescription,
 - M11Q used by NYC's Human Resources Administration, or
 - Form 4539 used by the rest of the State

The POC must be consistent with the details of the physician's order.

4. The HHCM/C-YES, on behalf of the individual, will seek a clinical justification from the appropriate clinician (e.g. Occupational Therapist, Speech Language Pathologist, clinician from Article 16 or 28 clinic Physical Therapist, or other licensed professional) and/or service specialist to assess the individual's need for the requested service or device and must indicate how the intended purpose, special features, and expected use of the AT meets the needs of the individual in the most cost effective manner.

If the AT request requires an environmental modification for its installation and/or use, then the clinical justification must include a home environment assessment to determine if there are any obstacles to the use of the AT in the home. If modifications to the individual's residence are required due to the AT, the name of the owner/landlord must be included and a separate Environmental Modification (EMod) **Service Request Packet** must be completed. The AT will not be approved until the EMod project has been completed.

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Please note that AT requests that have no environmental impact for installation and/or use do not require a home environment assessment.

5. AT includes the costs associated with the acquisition, evaluation of the needs of the individual, implementation and oversight of the technology. Payment for an assessment completed by the clinician or AT provider, for helping select a particular device, or for training in the use of a device, must be included in the cost of the AT if the expertise needed for assessing, selecting and training is NOT available as part of a Medicaid State Plan service, or through other sources that are already involved with the individual.
6. The HHCM/C-YES and the individual will explore potential payment sources for the identified AT, including private insurance, community resources, and other Local/State/Federal programs before a request for payment will be considered. Medicaid should only be used as the payor of last resort.
7. The HHCM/C-YES will obtain a scope of project and/or pre-project evaluation if necessary.
 - If a scope of project or pre-project evaluation is completed, the HHCM/C-YES will submit a **Pre-Project Evaluation Payment Request Form** to the LDSS within five (5) business days of evaluation completion. The submission should also include a copy of the pre-project evaluation or evaluation invoice. Additional information on the **Pre-Project Payment Request Form** can be found [here](#).
 - The cost of a pre-project evaluation is covered by the NYS Special Project Vouchering (SPV) fund regardless of project completion.
8. The HHCM/C-YES and individual/family should obtain the requested number of bids (one bid for AT that costs less than \$1,000, three bids for AT of \$1,000 or more) and submit them to the LDSS. If it is not possible to obtain the three required bids, the LDSS may proceed with review of fewer than three bids with sufficient justification submitted. The HHCM/C-YES should document attempts to obtain three bids in the child/youth's case file.
9. The HHCM/C-YES must submit a complete **Service Request Packet** to the LDSS to initiate the authorization process. The documentation submitted by the HHCM/C-YES must detail the need and intended purpose of the AT to support the request. The HHCM/C-YES will put the **Service Request Packet** together to submit everything at the same time – individual items and documents should not be submitted separately to the LDSS to initiate the authorization process. The HHCM/C-YES will submit supporting documentation, including:
 - A completed **Description and Cost Projection Form**, signed by all necessary parties, including documentation of Medicaid as the payor of last resort
 - **Physician's Orders** for the request
 - **Clinical justification** for the request
 - The child/youth's most recent **Plan of Care (POC)**
 - **Any necessary evaluations** for the project/technology*
 - A screenshot of the child/youth's **R/RE codes proving HCBS eligibility**
 - **Three bids** for the project/technology or a justification as to why three bids could not be obtained

*When accompanied by a **Pre-Project Evaluation Payment Request Form**, pre-project evaluations may be submitted prior to submission of the **Service Request Packet**.

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10. On the date of receipt, the LDSS will date stamp the **Service Request Packet**. From the date stamped receipt of the AT **Service Request Packet**, the LDSS will have five (5) business days to review the submitted packet for completeness. A request may be deemed incomplete if it is missing any of the following items:
- A completed **Description and Cost Projection Form**, signed by all necessary parties, including documentation of Medicaid as the payor of last resort
 - **Physician's Orders** for the request
 - **Clinical justification** for the request
 - The child/youth's most recent **Plan of Care (POC)**
 - **Any necessary evaluations** for the project/technology
 - A screenshot of the child/youth's **R/RE codes proving HCBS eligibility**
 - **Three bids** for the project/technology or a justification as to why three bids could not be obtained
11. If the above items are missing, then the LDSS **MUST** successfully contact the submitting entity no later than five (5) business days after receiving the **Service Request Packet** to indicate that the submitted request is incomplete and to explain what is needed. The LDSS is responsible for evaluating bids and selecting the vendor to provide the AT based on the lowest reasonable bid that meets the assessed need.
- A. If all the required documents within the **Service Request Packet** are turned in, then the LDSS has ten (10) business days from receipt to completely review the request materials. If the **Service Request Packet** is deemed incomplete or if additional information is needed, the LDSS will communicate this information to the HHCM/C-YES within the first five (5) business days of the ten (10) total business days that the LDSS is given to complete their review. The LDSS will make a determination if it will be:
- Authorized and submitted to NYSDOH with the approved bid **OR**
 - Denied. If denied, a Notice of Decision (NOD) will be sent within three (3) business days to the HHCM/C-YES, member/family, and provider (if applicable).
12. The completed, LDSS approved **Service Request Packet** will be submitted to NYSDOH for review via secure email. Within seven (7) business days from receipt of the **Service Request Packet**, NYSDOH will issue a letter to the LDSS supporting the project/product and submit the SPV fund request to the Office of Temporary and Disability Assistance (OTDA) on behalf of the LDSS for project/product funding. The State may also request more information from the LDSS within seven (7) business days of request receipt.
13. The LDSS will notify the HHCM/C-YES, the individual, and the selected AT provider of its determination. The LDSS will issue a Notice of Decision (NOD) within three (3) business days of receipt of decision from NYSDOH to the individual and family, the HHCM/C-YES, and the selected AT provider when they authorize or deny a request for Adaptive and Assistive Technology.
14. The AT provider will be responsible for coordination of the project, including the following tasks:
- provide a detailed description of the product.
 - provide detailed expenditures/receipts
 - ensure the satisfactory completion of the project in accordance with bid specifications

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- compliance with ADA requirements
 - obtain approval of any changes before proceeding if determined that changes/additional work are necessary that will result in a cost difference from the original projected cost; if approval is not received before proceeding, the AT provider may risk non-payment for such changes
15. Within seven (7) business days of AT project completion, the HHCM/C-YES must submit a **Final Cost Form** to the LDSS that includes a description of the completed AT project, the final cost, and all invoices. If a post-project evaluation is completed, a copy should be submitted to the LDSS as part of the **Final Cost Form** submission.
 16. The LDSS will date stamp the **Final Cost Form** upon receipt. The LDSS will review the **Final Cost Form** within five (5) business days of receipt.
 17. The LDSS must submit the completed **Final Cost Form** to NYSDOH to reconcile payment and for tracking/reporting purposes. If overage on the final cost of the AT exceeds 10% of the original requested amount, additional documentation is required.
 18. NYSDOH will review the **Final Cost Form** within five (5) business days of receipt. If additional funds are requested, NYSDOH will submit a request for funding to OTDA. Funds will be issued by OTDA to the County treasurer in the month following the month of request submission.
 19. Payment to the AT vendor will be made by the LDSS within thirty (30) business days of fund receipt from OTDA.

Procedure for Authorizing Adaptive and Assistive Technology (AT) for MMCP Members

1. During a POC meeting through the person-centered planning process, the HHCM/C-YES, individual, and anyone involved in the development of the POC will determine if any AT is necessary to assist and enhance the individual's independence in performing ADLs, IADLs, and/or health related tasks and/or will substitute for human assistance (to the extent that expenditures would otherwise be made for human assistance). It is anticipated that equipment loan programs or trial periods of non-customized equipment, if available, may be explored before extensive commitments are made to provide/purchase products.
2. A physician's order stating the need for assistance must be obtained. This may be an approved form requesting home care such as the M11Q used by NYC's Human Resources Administration, Form 4539 used by the rest of the State, or a letter on physician's letterhead stating the need for assistance. The POC must be consistent with the details of the physician's order.
3. The HHCM/C-YES, on behalf of the individual, seeks a clinical justification from the appropriate clinician (e.g. Occupational Therapist, Speech Language Pathologist, clinician from Article 16 or 28 clinic, Physical Therapist, or other licensed professional) and/or service specialist to assess the individual's need for the requested service or device and must indicate how the intended purpose, special features, and expected use of the AT meets the needs of the individual in the most cost effective manner.
4. The HHCM/C-YES must submit the **Description and Cost Projection Form** requesting the service or device to the MMCP to initiate the authorization process. The HHCM/C-YES will also submit supporting documentation, including:
 - a copy of the physician's order,
 - clinical justification,

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- scope of project,
- permission of owner to modify property (if applicable), and
- the individual's POC

The documentation submitted by the HHCM/C-YES must detail the need and intended purpose of the EMod to support the request. The HHCM/C-YES is encouraged to contact the child/youth's MMCP for specific application requirements.

5. MMCPs will review all documents.
6. Please note that MMCPs are NOT required to obtain bids for AT projects. MMCPs may choose to contract with evaluators and providers/contractors or use a bidding process.
7. If the project exceeds the \$15,000 soft cap, approval from the MMCP's Medical Director is required. The \$15,000 soft cap may be exceeded if deemed medically necessary.
8. The MMCP will notify the HHCM/C-YES, the individual, and the selected EMod provider of its determination. MMCPs will follow notification requirements in the Managed Care model contracts.
9. Upon completion of the AT project, the HHCM/C-YES must submit a **Final Cost Form** to the MMCP that includes a description of the completed AT and the final cost.
10. MCPs will follow notification requirements in the Managed Care model contracts.

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