



Assistive Technology

The following information is intended to provide clarification on the identification, utilization, and authorization of assistive technology (AT) in the First Steps program.

Question 1: If an AT device (e.g., hearing aids) is purchased outside of First Steps, can First Steps obtain needed accessories? Yes, accessories for an AT device are discussed by the IFSP team and purchased in the same manner as a device.

Question 2: When purchasing assistive technology using “System Point Of Entry (SPOE) as the Provider” – how should the total amount of the item be calculated and entered into WebSPOE? In order to alleviate underestimating the total cost of an item for shipping/handling, SPOEs can enter an additional amount to the cost of an assistive technology device, but this cannot exceed 10% of the total cost of the item. For example, if the item costs \$100 with an estimated \$10 for shipping, the total cost is \$110. An additional 10% could be added to the cost (\$11) for a total authorized amount of \$121.

Question 3: Can parents choose to obtain AT directly through Medicaid or private insurance, even if obtaining the AT is an IFSP team decision? All AT determined necessary by the IFSP team to meet an IFSP outcome must be authorized through the First Steps system. Parents can decline a service (including AT) that has been recommended by the team. Parents can also choose to obtain the device privately, using their own resources or private insurance. The device belongs to the family if First Steps did not purchase it.

Question 4: If a provider can construct low tech items for children, such as a weighted vest, can the provider be reimbursed for materials and time to make the item? Yes. Once the IFSP team has determined an AT device is needed, the provider’s ability to construct the item can be considered on an individual child basis. A one-time consultation authorization for the provider to make/adapt/fit the device could be entered into WebSPOE to cover the time and expense involved. If the provider is not enrolled on the matrix or the SPOE decides to purchase the materials for the project, a “SPOE as the Provider” authorization can be entered into WebSPOE.

Question 5: Since the need for an AT device is an IFSP team decision, does the SPOE Director have the ability to deny the item? No. Determination of services necessary to reach the outcomes on an IFSP is an IFSP team decision and the SPOE Director has no authority to approve or deny team decisions. The SPOE has a responsibility to provide oversight and guidance to IFSP teams to ensure that the IFSP process is followed according to First Steps philosophy and regulations. This includes AT decisions. If IFSP teams are not following proper procedures and guidance, the SPOE Director may provide additional training in the region.

Question 6: Can a provider be authorized to repair/fit equipment, if needed? Yes. In situations where an AT device exists but is in need of repair, a provider can be authorized for consultation and/or AT service in order to be reimbursed for the time and expense to repair the device.

Question 7: If a child receives an AT device that requires additional service or training, can that service be provided during the regular session? It depends. If the additional service is to instruct the family/caregiver on using the device, then additional time may be needed for a consultation with the family/caregiver. However, if the provider (e.g., Physical Therapist) will be using the device in conjunction with an existing outcome, no additional authorization is necessary as they will demonstrate use to the family during their regular visit.

Question 8: Are customized devices returned to First Steps when the child exits the program? Since a customized device cannot be used by another child, a device that is specifically designed and fitted for a particular child will remain with that child, even if First Steps purchased the device. Examples include orthotics, leg braces, and hearing aids. Accessories for hearing aids are typically considered items associated with the device itself and not expected to be recycled to another child. Additionally, items that are disposable or intended for individual personal use, such as Nuk brushes, would not be transferred to another child.

Question 9: Who recommends assistive technology for a child? A recommendation for an AT device may come from any IFSP team member and discussed by the IFSP team. If a professional (e.g., therapist or physician) recommends the parents obtain an AT device, this decision to obtain the device must be taken to the IFSP team in order for the device to be considered a First Steps purchase. If a professional bypasses the First Steps process and goes directly to another source to purchase the device (e.g., Medicaid), then the device is not considered a First Steps related item.

Question 10: Who gets the physician prescription (i.e., script) for an AT device? The recommending provider (e.g., OT, PT, SLP) and the AT provider are responsible for obtaining any necessary physician prescriptions. Other necessary steps would be coordinated by the Service Coordinator as the recommending provider and Service Coordinator work together to obtain the needed device.