

STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

Reissued Early Intervention Memorandum 99-1

To: Early Intervention Officials
Providers of EI Services
Families
Regional TRAIID Centers
Other Interested Parties

From: Donna M. Noyes, Ph.D.
Director, Early Intervention Program

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Subject: **Assistive Technology**

This memorandum provides guidance on the appropriate selection and use of assistive technology devices and service for children eligible for the Early Intervention Program.

Under federal and state law and regulations assistive technology devices may be Provided to children eligible for the early intervention program **when these devices are necessary to increase, maintain, or improve the functional capabilities of an infant or toddler in one or more of the following areas of development: physical development; communication development; cognitive development; social-emotional development; and, adaptive development.**

In determining whether an assistive technology device should be provided under the Early Intervention Program, it is important to consider whether the device is needed to increase, maintain, or improve the child's functional abilities due to a chronic condition affecting the child's development and resulting from a:

- Diagnosis with a high probability of development delay; or,
- Significant and continuing development delay, as specified at 10 NYCRR section 69-4.1(g).

Under such circumstances, it is appropriate to provide an assistive technology device under the Early Intervention Program (for example, ankle-foot orthotics, braces, or similar types of equipment that may be needed by a child with cerebral palsy to increase, maintain, or improve the child's functional mobility)

In contrast, medical equipment that might be provided to any child as part of routine health care (e.g., treatment for an acute condition resulting from an injury or life sustaining equipment) are not considered assistive technology devices for the purposes of the Early Intervention Program. Service coordinators should assist the family to work with primary and specialty health care providers to access needed medical equipment upon the family's request.¹

Assistive technology should be considered when an assistive technology device or service is needed to increase, maintain, or improve the functional capabilities of an eligible child and achieve or facilitate the attainment of functional outcomes included in the child and family's individualized family service plan (IFSP). Some questions which may be useful in considering the need for assistive technology devices and services include:

- ❑ Is the child able to functionally communicate with adults and peers within reasonable expectations for his or her age?
- ❑ Is the child able to sit independently? Stand independently? Walk independently?
- ❑ Is the child able to feed himself/herself independently?
- ❑ Is the child able to engage in age-appropriate play with toys and with others independently?

If the answer to any of these questions is "no", and should be "yes" **when the child's age, current and expected developmental levels are taken into account**, it may be appropriate to consider the need for assistive technology devices and services in the multidisciplinary evaluation and IFSP process. The resources, priorities, and concerns of the family and the outcomes the family hopes to attain through the provision of early intervention services are also important considerations in decisions related to assistive technology devices and services.

1. What are assistive technology devices?

Early Intervention Program regulations define an **assistive technology device** as "*any 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.*"²

Assistive technology devices range from low technology to high technology devices. 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. High technology devices include sophisticated equipment and may involve electronics. Attachment A contains examples of the types of assistive technology devices that may be provided to eligible children under the Early Intervention Program

¹ 10 NYCRR Section 69-4.6

² 10 NYCRR Section 69-4.1(k)(2)(i)

as well as examples of items that are NOT considered assistive technology devices under the Early Intervention Program.

2. What are some examples of appropriate assistive technology services for infants and toddlers with disabilities? Who is authorized to provide assistive technology services?

Early Intervention Program regulations define **assistive technology service** as "a service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. Assistive technology service includes:

- (a) the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- (b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- (c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- (d) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (e) training or technical assistance for a child with disabilities or, if appropriate, that child's family; and,
- (f) training or technical assistance for professionals, (including individuals providing early intervention services) or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities.”³

Assistive technology services should be delivered by qualified personnel⁴ using the service delivery models⁵ and reimbursement mechanisms provided for in program and reimbursement regulations.⁶

Examples of assistive technology services include installing, customizing or adapting equipment; assisting children benefiting from these devices, and training of parents and other caregivers (including child care providers) in using assistive technology devices to improve children's functional capabilities.⁷ Customizing equipment can include constructing new equipment or fitting commercial items to an individual child (for example, a tri-wall insert can be made for a child to provide a customized fit in a chair or child-seat). Training of parents and caregivers can include specific instruction on the use of the device or follow-up visits to make adjustments to the device.

3. How should the need for assistive technology devices be evaluated?

³ 10 NYCRR Section 69-4.1(k)(2)(ii)

⁴ 10 NYCRR Section 69-4.1(aj)(1-20)

⁵ 10 NYCRR Section 69-4.10

⁶ 10 NYCRR Section 49-4.30

⁷ 10 NYCRR Section 69-4.1(k)(2)(ii)(c),(e),(f)

Assistive technology evaluations can be requested when there is reason to believe that a child may benefit from the use of assistive technology. The need for assistive technology devices may be identified:

- ❑ as part of the initial multidisciplinary evaluation, where the evaluator selected by the parents determines the team;⁸ (reimbursement for the assistive technology evaluation may either be part of a core evaluation or a supplemental evaluation provided in conjunction with the core evaluation by a specialist trained in the area of the child's suspected delay or disability);
- ❑ as part of a supplemental evaluation included in a child's IFSP based on an anticipated or emerging need and as agreed upon by the parent and Early Intervention Official⁹; or,
- ❑ through the ongoing assessment process conducted by the child's service provider(s).¹⁰

In assessing the need for assistive technology devices, it is important to evaluate the child's functional abilities in the context of his or her daily routines and physical and social environments. The assistive technology devices being considered for the child should be available for fitting and demonstration during the assistive technology evaluation whenever possible.¹¹

4. What are some considerations that should be taken into account when evaluating a child for assistive technology?

There are several considerations which should be taken into account when assessing a child for assistive technology devices. These include:

- ❑ ***The child's age and developmental status.*** All developmental domains, including cognitive, communication, physical (including motor skills and abilities, mobility status, and sensory functions), social-emotional and adaptive development should be assessed to ensure the assistive technology device being considered can be used by the child to increase, maintain, or improve his or her functional abilities.¹² Use of devices that promote attainment of functional outcomes and ability to participate in home and community life are important to consider.
- ❑ ***The family's input related to the assistive technology device.*** Parents should be included as important sources of information in determining the appropriateness of a device.¹³ Parents can provide information related to the practical use of the device. Parents can contribute to

the assessment of the ease of use of a particular device and whether the device can be integrated into the family's lifestyles and routines (for example, if a device needs to be transported, will it fit in the car or usual mode of transportation used by the family such as the bus or subway).

⁸ 10 NYCRR Section 69-4.8(a)(3)

⁹ 10 NYCRR Section 69-4.8(a)(13)

¹⁰ 10 NYCRR Section 69-4.11(b)(2)

¹¹ 10 NYCRR Section 69-4.8(a)(6)(ii)

¹² 10 NYCRR Section 69-4.8(a)(4)(i)

¹³ 10 NYCRR Section 69-4.8(a)(7)

- ❑ ***The location(s) for the use of the device.*** Consideration must be given to settings in which the child will need to access and use the assistive technology device to increase, maintain, or improve his or her functional capabilities. If the device needs to be used by the child in a variety of settings at home and in the community, each setting should be considered when selecting an appropriate device.
- ❑ ***The potential for interaction with other devices or systems.*** Consideration must be given to any other assistive technology devices that the child may already have or will be obtaining, to determine whether multiple devices are essential to meet the child's functional outcomes, and, if so, to ensure compatibility of the devices or systems with one another.

5. What assistive technology devices require a written order or recommendation from a physician or other qualified professional?

All assistive technology devices that are included on the Medicaid Durable Medical Equipment (DME) list require a signed written order by a physician or nurse practitioner for children eligible for the Early Intervention Program regardless of whether they are eligible for the Medicaid Program. Examples of devices on the Medicaid DME list are wheelchairs, wheelchair trays, orthotics, prosthetics and augmentative communication systems or devices.

Generally, characteristics of durable medical equipment include the ability to withstand repeated use for a protracted period of time. DME may or may not be designed or fashioned for a particular individual's use. In instances where DME is intended for use by only one person, it may be custom-made or customized.¹⁴

Augmentative and alternative communication devices or systems require an order by a licensed physician based on evaluation by and a recommendation from a licensed speech/language pathologist; and, hearing aids require an evaluation by and a recommendation from a licensed audiologist or otolaryngologist. Wheelchairs require an order by a licensed physician based on an evaluation and recommendation from a licensed physical therapist or a licensed occupational therapist. Written orders and/or recommendations for these must be included in the Individualized Family Service Plan.¹⁵

Signed written orders are not necessary for simple assistive technology devices such as adapted toys, switches, or simple environmental controls. However, it is always important to engage children's primary health care providers in discussions related to ways in which assistive technology devices can increase, maintain, or improve a child's functional capabilities to ensure a well-coordinated plan for the child and family.¹⁶

6. What information about assistive technology devices and services should be included on the Individualized Family Service Plan (IFSP)?

¹⁴ 10 NYCRR Section 505.5(a)

¹⁵ 10 NYCRR Section 69-4.11(a)(10)(ii)

¹⁶ 10 NYCRR Section 69-4.11(a)(2)(v)

Assistive technology devices and/or assistive technology services must be included in the Individualized Family Service Plan as agreed upon by the parent and early intervention official or designee.¹⁷ At a minimum, the IFSP should include the following information:

- ❑ The outcomes that will be achieved for the child and family, including the way in which the assistive technology device is expected to increase, maintain, or enhance a child's functional capabilities. For example, if an augmentative communication device is needed to increase, maintain, or improve a child's communicative abilities, the IFSP should describe how such a device will be used to accomplish this outcome for the child and family.
- ❑ A description of the specific assistive technology device or devices needed by the child; the projected dates for acquisition of the device; and, the method of acquisition (for example, whether the device will be purchased by the early intervention official, leased, loaned, etc.).
- ❑ The methods and strategies for use of the assistive technology 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 will be used.¹⁸
- ❑ The assistive technology services that are necessary to enable the child, family and other care givers to use the device to increase, maintain, or improve the child's functional capabilities. Specific training on the use of the device or follow-up visits to make adjustments are examples of the types of assistive technology services that could be included on the IFSP.
- ❑ The qualified personnel who will be providing the assistive technology services and the frequency, intensity, location and method of service delivery.¹⁹

As with any service provided under the Early Intervention Program, if a parent does not agree with the early intervention official regarding assistive technology devices or services, the parent may request due process procedures, including mediation and impartial hearing, to resolve the disagreement.²⁰

¹⁷ 10 NYCRR Section 69-4.11(a)(7)

¹⁸ 10 NYCRR Section 69-4.11(a)(10)(v)

¹⁹ Ibid.

²⁰ 10 NYCRR Section 69-4.17

7. Who is responsible for obtaining an assistive technology device included on the IFSP?

When a device is included in an IFSP, it is the early intervention official's responsibility to ensure that the device is provided as soon as possible after the initial IFSP meeting or any subsequent amendments to the IFSP and within a timeframe specified in the IFSP.²¹ The item should be accessed through rent, lease or purchase in the most expeditious and cost-effective manner available.

The department has established a relationship with the Office of the Advocate for Persons with Disabilities to equip “loan closets” of assistive technology devices in *TRAID Centers* (Regional Technology Related Assistance for Individuals with Disabilities) *specifically for children eligible for the Early Intervention Program*. Early intervention officials are encouraged to use this valuable resource as one means of obtaining assistive technology devices included in children’s IFSPs. In addition, service coordinators should encourage families to donate assistive technology devices no longer needed or being used, or if the child has outgrown the device, to TRAIID Center Early Intervention Program loan closets. TRAIID Centers are responsible for cleaning and maintaining the devices available through the loan closets.

8. What services are available through Regional Technology Related Assistance for Individuals With Disabilities (TRAID) Centers?

Technology Related Assistance for Individuals with Disabilities (TRAID) is a federally funded project administered by the New York State Office of the Advocate for Persons with Disabilities (OAPwD). The TRAIID project promotes a consumer-responsive, comprehensive system of access to assistive technology usable by individuals with disabilities. Twelve Regional TRAIID Centers offer statewide coverage to provide an array of services enabling persons of all ages and types of disabilities to choose, acquire, and use appropriate assistive technology devices and services that enhance their individual pursuits.

The department has provided funding to the Regional TRAIID Centers to establish early intervention assistive technology loan closets in collaboration with early intervention officials in their respective catchment areas. The devices in the loan closets are available for use by eligible children and their families in accordance with their IFSP. Procedures for accessing Regional TRAIID Center early intervention loan closets and acquisition of equipment for eligible children from available inventory must be agreed to by the early intervention official and Regional TRAIID Center staff.

Equipment in a loan closet may be provided to the child and family on either a short-term basis to determine the appropriateness of a device for the child or for the duration indicated in the child’s Individualized Family Service Plan (IFSP). Service coordinators should inform and encourage families to use their option to donate assistive technology devices no longer needed by their child to the Regional TRAIID Center to increase the inventory and variety of devices available for loan to other eligible children.

²¹ 10 NYCRR Section 69-4.11(a)(10)(xi)

If a Regional TRAIID Center receives a direct request from a family for the loan of an assistive technology device, TRAIID Center staff are required to contact the family's early intervention official to ensure that the child is eligible for the program and that the device is included on their current IFSP.

Regional TRAIID Center staff can also be a valuable resource in obtaining information related to the area of assistive technology, such as vendors to supply and repair equipment. A list of current Regional TRAIID Centers is attached (see Attachment B).

9. What happens with the assistive technology device if the child moves to another municipality or ages out of the program? To whom does the device belong?

All devices loaned through TRAIID Centers must be returned to TRAIID Centers according to the terms of the loan. If the assistive technology device has not been loaned, leased, or rented, the assistive technology device is the property of the child and family, and the family may choose to keep the device when moving or transitioning out of the Early Intervention Program. However, as stated previously, the early intervention official should encourage families to donate devices to the Regional TRAIID Centers when the items are no longer needed or being used by the child and family, or the child outgrows the device.

10. Is training on assistive technology available through the Early Intervention Program?

Training on assistive technology devices and services for infants and toddlers with disabilities is being offered across the state through the Early Intervention Program's training initiative *Training Together for Tots*. For more information regarding the availability of training sessions, please contact the department or SUNY Empire State College *Training Together for Tots* office at (518) 587-2100 extension 361.

Further Guidance

This memorandum is designed to provide guidance to ensure access to appropriate assistive technology devices and services. The use of assistive technology devices for infants and toddlers with developmental delay or disability is an evolving field. Individuals with questions about assistive technology or any other aspect of the Early Intervention Program should call the Department of Health at 518-473-7016.

Attachments:

Examples of Assistive Technology Devices

List of Regional TRAIID Centers

Attachment A

The following are *examples* of the types of assistive technology devices that may be provided to eligible children and their families under the Early Intervention Program. The assistive technology 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 assistive technology devices. This list is intended to provide *guidance* for local decisions about assistive technology devices for individual eligible children. There may be other items not listed that would appropriately meet the needs of children under the Early Intervention Program.

- ❑ ***Devices to increase, maintain, or improve self-help skills and functional abilities related to daily living activities and routines.*** Examples include adapted feeding utensils and devices that assist with seating and positioning, such as side lyers and prone standers, and insertions and adaptations necessary to correctly position or support an infant or toddler in a seating position.
- ❑ ***Devices to increase, maintain, or improve functional mobility.*** Examples include orthotics, prosthetics, scooter boards, walkers, therapeutic strollers and wheel chairs.
- ❑ ***Vision and hearing aids for children with diagnosed visual impairments and hearing impairments.*** Examples include eyeglasses, external contact lenses, and magnifiers for children with diagnosed visual impairment; and assistive listening devices, such as hearing aids or other forms of amplification, for a child with a diagnosed hearing impairment.
- ❑ ***Devices to increase, maintain, or improve communication skills and development, consistent with expectations for age-appropriate development.*** Examples include communication boards, augmentative and alternative communication aids, and more complex communication systems.
- ❑ ***Devices to increase, maintain, or improve cognitive development.*** Examples include adapted toys, switches, and necessary connections to toys to enable an infant or toddler with disabilities to become more independent in their interactions with the physical environment (e.g., adapted toys with auditory signals for infants and toddlers with visual impairments).

The following are *examples* of items that are **not** considered assistive technology devices under the Early Intervention Program:

- ❑ ***Equipment or medical supplies solely related to a medical condition or chronic illness unrelated to the child's disability and developmental status, or that are life-sustaining in nature.*** Examples include medical equipment such as suction machines, feeding pumps, nebulizers, ventilators, apnea monitors, and pulse oximeters which are life sustaining and/or that would be needed by any child to maintain his or her health.
- ❑ ***Toys that are not adapted.*** Examples include items such as building blocks, dolls, puzzles, balls and other common play materials that are used by all children and are not specifically designed or adapted to increase, maintain, or improve the functional capabilities of children with disabilities.

- ***Generic items typically needed by all children.*** Common child items such as car seats, high chairs, youth beds, play tables, bath seats, infant swings, or potty chairs, which are typically needed by all children are not considered assistive technology devices reimbursable under the Early Intervention Program.

- ***Standard equipment used by service providers in the provision of early intervention services (regardless of the service delivery setting).*** Examples include tables, desks, chairs, therapy mats, tumble forms, therapy balls, vestibular swings, gait ladders, etc. The cost of these types of supplies, equipment and materials needed in the provision of a service is included in the prices established by the department for early intervention services.

Attachment B

**New York State Office of Advocate for Persons with Disabilities
Regional TRAIID Centers**

The following link will provide current information for Regional TRAIID Centers.

<http://www.cqcapd.state.ny.us/AssistTechTRAIID/TRAIIDRegOffices.htm>