

**Early Intervention Program  
Guidance Document**

**Assistive Technology for the  
Early Intervention Program**

**New York State Department of Health  
Bureau of Early Intervention  
Revised: September 2019**

**New York State Department of Health  
Early Intervention Program**

**Assistive Technology for the Early Intervention Program**

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Early Intervention Memorandum 99-1

To: Early Intervention Officials  
Interested Parties

From: Bureau of Early Intervention

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Date: September 2019

Subject: Assistive Technology for the Early Intervention Program

### **Background and Purpose**

This guidance document, formerly titled *Assistive Technology*, was first issued in February 1999. The document that follows has been updated, incorporating the current New York State Department of Health (NYSDOH) Early Intervention Program (EIP) regulations and policy guidance, as well as the Assistive Technology Device acquisition procedures established by NYSDOH in 2015. Current EIP regulations can be found on the Bureau of Early Intervention's webpage at: [http://www.health.ny.gov/community/infants\\_children/early\\_intervention/regulations.htm](http://www.health.ny.gov/community/infants_children/early_intervention/regulations.htm).

EIP regulations defines an assistive technology device (ATD) 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. This does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.”<sup>1</sup>

EIP regulations defines an 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.”<sup>2</sup>

The Medicaid Program categorizes ATD as Medical Equipment and Supplies.<sup>3</sup>

The purpose of this document is to improve and update information that ensures access to appropriate assistive technology devices (ATDs) and services for children eligible for the EIP and their families.

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<sup>1</sup> 10 NYCRR§ 69-4.1(m)(2)(i)

<sup>2</sup> 10 NYCRR§ 69-4.1(m)(2)(ii)

<sup>3</sup> 42 CFR 440.70

## Determining the Need for Assistive Technology

Under federal and state laws and regulations, ATDs may be provided to children eligible for the EIP when these devices are necessary to *increase, maintain, or improve the functional capabilities of children with disabilities in one or more of the following areas of development: physical development; communication development; cognitive development; social-emotional development; and, adaptive development.*

Medical equipment that might be provided to any child as part of their routine health care (e.g., life sustaining equipment or treatment for an acute condition resulting from an injury) or that is surgically implanted is not considered an ATD for the purposes of the EIP. Service coordinators should assist the family to work with primary and specialized health care providers to access medical equipment a child needs or is receiving.<sup>4</sup>

Examples of ATDs that might not be considered medical but would be appropriately covered under the EIP are low tech communication devices and switches, and slant boards for children with low vision.

The need for an ATD can be identified in the following ways:

- As part of the initial multidisciplinary assessment (MDA)<sup>5</sup>
- As part of the initial multidisciplinary evaluation (MDE)<sup>6</sup>
- As part of a supplemental evaluation
- Through ongoing assessment by a service provider

Evaluations to determine the need for assistive technology must adhere to the same regulatory requirements as all other evaluation procedures and ongoing assessment procedures.

The concerns, priorities, and resources of the family and the outcomes the family hopes to attain through the provision of EIP services are important considerations when making decisions related to ATDs and services, along with the functional outcomes for the child in light of his/her age and developmental level(s). Questions that should be considered by the Individualized Family Service Plan (IFSP) team when determining the need for ATDs 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, stand, or walk independently?

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<sup>4</sup> 10 NYCRR§ 69-4.6

<sup>5</sup> 10 NYCRR§ 69-4.8(f)(3)

<sup>6</sup> PHL 2544(4)(d)(iii)

- 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?

All team members, including the parent and the Early Intervention Official/Designee (EIO/D) need to agree that an ATD is appropriate to meet the functional developmental needs of the child. Once the need for an ATD is identified, it should be discussed and must be agreed to at an IFSP meeting or through an IFSP amendment. The agreed upon device must be included in the child's IFSP. Before including the ATD on the child's IFSP, the team should carefully consider whether the device meets the definition of an ATD and justification for the device is in the context of the child's development. The IFSP should be very specific and include not only the ATD, but also any services related to the use of the device (e.g., training for family and caregivers, batteries, replacement parts, repairs, adjustments, etc.). The IFSP should include the functional outcomes to be addressed by use of the ATD. All team members also need to be aware of and adhere to the local municipal practices when processing ATD requests.

In assessing the need for ATDs, 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 ATDs being considered for the child should be available for fitting and demonstration during the AT evaluation and service that's included in the child's IFSP whenever possible. Provider reimbursement for the AT evaluation may either be part of a multi-disciplinary evaluation or as a supplemental evaluation by a specialist trained in the area of the child's suspected delay or disability.

The following should be considered and documented during the assessment of a child for ATDs:

- **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, should be assessed to ensure the ATD being considered can be used by the child to increase, maintain, or improve his or her functional abilities. It is important to consider use of devices that promote attainment of functional outcomes and ability to participate in home and community life.
- **The family's input related to the ATD.** Parents should be included as important sources of information when determining the appropriateness of a device. Parents can provide information related to the practical use of the device. Parents can also contribute to the assessment of the ease of use of a particular device and provide information about whether the device can be integrated into the family's lifestyle and routines. For example, if a device needs to be transported, will it fit in the family's car or can it be brought onto the mode of transportation (the bus or subway) used by the family?

- **The location(s) for use of the device.** Consideration must be given to settings in which the child will need to access and use the ATD to increase, maintain, or improve his or her functional capabilities. If the device will 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 other ATDs that the child currently has or may obtain to determine whether multiple devices are essential to meet the child's functional outcomes and to ensure compatibility of the devices or systems with one another.
- **The use and potential benefit of a device trial.** Device trials will allow the child and family to try out an ATD either at the evaluation site or in the setting where the ATD will most likely be utilized, prior to purchase. The device trial will allow the family and others to observe whether the ATD will successfully address the child's needs. It may be necessary that multiple device trials occur until a decision can be made as to the most appropriate ATD for the child. One option for trialing a device is through the EIP AT lending program implemented by the Technology Related Assistance for Individuals with Disabilities (TRAID) Center.
- **Transition.**
  - Transition is an ongoing process and Assistive Technology (AT) should be discussed along the way. A request for an ATD device should be received as soon as the potential need for AT is identified and must be included in the transition plan which is required to occur no later than 90 days prior to the child's third birthday. A transition plan created earlier may be amended to include AT, however the transition plan cannot be amended after 90 days before the child's third birthday. Any requests for AT or AT evaluations received after 90 days prior to the third birthday will not be considered.
  - Adhering to these timelines should allow for the device to be received within an adequate timeframe, prior to the child's third birthday—and prior to transition from the EIP.
  - A transition conference is strongly recommended for all children in EI who have ATDs or where an ATD is being requested. This conference provides an opportunity to 1) discuss assistive technology services and /or devices that the child has or needs prior to this transition and 2) establish a plan to ensure that the device is transferred and that providers are identified that will continue to work with the device.<sup>7</sup> If the transition conference is held prior to the request/receipt of an ATD, the ATD must still be included in the child's IFSP and in the child's transition plan.
  - The Department anticipates that any ATDs authorized by a municipality should be utilized during the receipt of preschool special education services if the specific device continues to be functionally appropriate and supports the child in meeting

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<sup>7</sup> 10 NYCRR§ 69-4.20(b)(4)

the goals included in the Individualized Education Program (IEP). Parents/caregivers should be informed during transition planning that the child's preschool team will incorporate currently used ATDs, in order to foster continuity and ongoing progress.

- If a device will no longer be needed, options can be discussed with the parent regarding donating the device to the TRAIID Center for future use by other EIP eligible children.

## **Assistive Technology Evaluations**

While the need for an assistive technology device may be determined during the course of routine intervention by a rendering provider, a formal assistive technology evaluation may also be authorized by the municipality when assistive technology expertise needs to be combined with the rendering provider's knowledge of the child's functional abilities. A formal AT evaluation may either be part of a multi-disciplinary evaluation or as a supplemental evaluation by a specialist trained in the area of the child's suspected delay or disability, after the initial IFSP has been established.

Best Practices for AT evaluations include:

- Rendering provider should participate in the evaluation process;
- The AT vendor should participate in a therapy session, as necessary and in agreement with the EIOD, to assist in determining the optimal specific device to be added to the IFSP;
- Consideration and trial of a continuum of AT devices ranging from no or low tech to high tech should be incorporated in the evaluation process;
- Rationale must be given as to why the recommended device is the most appropriate and fiscally prudent in supporting the child in meeting IFSP outcomes.

Additional Considerations for Augmentative Alternative Communication (AAC):

- Child's cognitive, physical, sensory, expressive and receptive, abilities and challenges;
- Selection of no or low to high-tech devices and how that selection applies to the specific child's functional abilities;
- Documented trials of other AAC devices;
- Identification of exact manufacturer, model and all accessories and software.

## **Assistive Technology Devices**



ATDs 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. It is important to consider the appropriateness of the device. For example:

- Has the device been proven effective? (Experimental and investigational devices and services should not be included in an IFSP.)
- Is the device recommended for the child's age and functional level?
- Is it the best option to successfully address the child's medical and developmental needs in support of the child meeting IFSP outcomes?
- Is the device the most cost-effective option to meet the needs of the child?

**Attachment A** lists examples of the types of ATDs that may be provided to eligible children under the EIP, as well as examples of items that are **not** considered ATDs under the EIP.

### **Assistive Technology Services**

Assistive technology services include:

- The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary or natural environment;
- Purchasing, leasing, or otherwise providing for the acquisition of ATDs for children with disabilities;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing ATDs;
- Coordinating and using other therapies, interventions, or services with ATDs, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
- Training or technical assistance for professionals (including individuals providing EIP services) or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities.

Examples of AT services include installing, customizing, or adapting equipment; assisting children to benefit from these devices; and training parents and other caregivers (including child care providers) to use ATDs to improve children's functional capabilities.<sup>8</sup>

Customizing equipment can include constructing new equipment or fitting commercial

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<sup>8</sup> 10 NYCRR § 69-4.1(m)(2)(ii)

items to an individual child (e.g., 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 for using the device or follow-up visits to adjust the device.

AT services are delivered using the service model agreed to by the IFSP team, which is incorporated into the IFSP and then delivered by qualified personnel who are reimbursed at the established reimbursement rate for the service model.<sup>9</sup> The term “qualified personnel” refers to those individuals who are approved to deliver services to eligible children, to the extent authorized by their current NYS licensure, certification or registration, as applicable. These qualified personnel must have appropriate licensure, certification, or registration in the professional discipline in which they are providing services.

### **Written Order or Recommendation for Assistive Technology Devices**

All ATDs require a written order signed by a physician, physician assistant, or nurse practitioner<sup>10</sup>, along with a justification form (refer to **Attachment B**) completed by the treating therapist and the therapist’s most current progress note. Certain ATDs, which are categorized by Medicaid as Durable Medical Equipment (DME), require specific evaluations and recommendations, regardless of whether the child is eligible for the Medicaid Program. Examples of devices on the Medicaid DME list include; wheelchairs, wheelchair trays, orthotics, prosthetics, and augmentative communication systems or devices.

If the child is covered under a NYS regulated commercial insurance plan, the clinician must ensure that the justification submitted is in accordance with the commercial insurance’s requirements.

When applicable, a device that meets a medical need, in addition to helping meet IFSP functional outcomes, must always be billed first to commercial insurance, with at least one appeal, then to Medicaid, and lastly, if appropriate, through the EIP.

See **Attachment C** for links to Medicaid’s DME provider manual and policy guidance.

Other examples of specific ATDs and the written orders and recommendations are provided below:

- Augmentative and alternative communication devices or systems which require an order by a licensed physician, physician assistant, or nurse practitioner based on an evaluation by, and a recommendation from, a licensed speech-language pathologist.

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<sup>9</sup> 10 NYCRR § 69.4.10

<sup>10</sup> 10 NYCRR § 69.4.11(a)(10)(ii)

- Hearing aids which require an evaluation by, and a recommendation from, a licensed audiologist or otolaryngologist. Hearing aids are dispensed in accordance with the requirements in the General Business Law, Article 37-A, which may be found at <https://www.nysenate.gov/legislation/laws/GBS/A37-A>
- Wheelchairs which require an order by a licensed physician, physician assistant, or nurse practitioner based on an evaluation and a recommendation from a licensed physical therapist or a licensed occupational therapist.

It is required that authorization for ATDs must be included in the current IFSP.<sup>11</sup> Written orders must be included in the child’s record.

### **The IFSP and Assistive Technology**

The process of including ATD(s) on a child’s IFSP must follow the IFSP procedures outlined in regulations and the ATD(s) must be included in the IFSP as agreed upon by the parent and the EIO or their Designee (EIO/D).<sup>12</sup>

Prior to adding an assistive technology device to an IFSP, the following criteria must be considered:

- The device must meet the definition of an ATD as defined in EIP regulations at 10NYCRR section 69-4.1;
- There must be adequate justification to support the need for the device. Justification should address all medical needs as required by insurers/payors, as well as IFSP goals and functional outcomes; and
- There should be collaboration between the clinician and the ATD vendor to assist in determining the most appropriate device to meet the child’s needs, prior to including a specific device in the child’s IFSP.

Refer to **Attachment B** for Medical Necessity Justification Form

If insurance denies for medical necessity, such denials should be reviewed by the IFSP team for consideration of next steps, e. g.:

1. Is there further documentation that could be submitted to justify the device?
2. Is the denial appropriate, and should a different device or course of action be taken?
3. AT denials the IFSP team determines are inappropriate need to be appealed at least once.

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<sup>11</sup> 10 NYCRR § 69.4.11 (a)(10)(ii)

<sup>12</sup> 10 NYCRR § 69.4.11

4. Responsibility for developing additional justification requested by insurance and/or Medicaid rests with the EI provider recommending the ATD. The AT vendor may need to collaborate to submit additional information to payors.

Failure to follow the above steps around insurance denials may affect the timeliness of securing the device and the timeliness of reimbursement.

Authorization for the AT services that are necessary to enable the child, family, and other caregivers to use the selected device(s) to increase, maintain, or improve the child's functional capabilities must also be included in the IFSP.

ATDs may be provided to eligible children when these devices are justified and necessary to meet their medical and/or developmental needs in relation to functional outcomes specified in the IFSP. Once a device is recommended with the appropriate medical and developmental justification and is agreed upon by the IFSP team, the specific device/services are then documented in the IFSP. Upon request for an ATD and/or service at a time other than the initial IFSP meeting, or subsequent six (6) Month IFSP meeting, the EIO/D must promptly schedule an additional IFSP meeting to review the request for the device or service and to determine whether an amendment to the current IFSP is necessary.

The IFSP (or IFSP amendment) should include, at a minimum the following information:

- How the ATD 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. Assistive technology should support the outcomes in the IFSP and should not be its own separate outcome.
- A description of the specific AT needed by the child, the method of acquisition (e.g., whether the device will be purchased, leased, loaned, etc.), and the projected dates for acquisition of the device when applicable or known.
- The methods and strategies for using the ATD 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.
- The AT services that are necessary to enable the child, family, and other caregivers to use the device to increase, maintain, or improve the child's functional capabilities. For example, specific training for using the device and follow-up visits to make any needed adjustments.
- The need for additional batteries, if applicable, may be included on the IFSP at the time the ATD is agreed upon. Replacement parts or the cost of repairs might

be added to the IFSP at a later time, if the need arises. Specific costs associated with ATDs are determined by the Early Intervention State Fiscal Agent (SFA) at a later date, after the IFSP meeting has been convened and the ATD is agreed upon.

- The qualified personnel who will provide the AT services and the frequency, intensity, location, and method of service delivery.

## **Surgically Implanted Assistive Devices**

Federal regulations governing early intervention services exclude surgical implantation and mapping of cochlear implants (CI), and maintenance or replacement of the device from the definition of assistive technology device<sup>13</sup>. NYS EIP regulations also exclude surgically implanted medical devices such as a cochlear implant and associated maintenance. This exclusion extends to the power supply/batteries that are required to maintain/use the CI. Cochlear implants, mapping of the CI, and CI supplies such as batteries are not considered ATD under the EIP and are not reimbursable under the EIP.<sup>14</sup>

Although the EIP does not cover surgically implanted devices, the IFSP for a child with a surgically implanted device should still document the funding source and where the family is receiving services outside the EIP, for the implanted device, to ensure that the IFSP team is knowledgeable and aware of the entity responsible for maintaining and servicing the device.

## **Obtaining Assistive Technology Devices**

It is the service coordinator's responsibility, when a device is included in an IFSP, to ensure that the device is provided as soon as possible after the IFSP meeting or any subsequent amendments to the IFSP and within the time frame specified in the IFSP. The item should be obtained through rent, lease, borrow, or purchase in the most expeditious and cost-effective manner available.

The following steps are recommended to be followed in the process for obtaining ATDs:

1. When an ATD is recommended and determined to be appropriate through collaboration of the EI therapist and the family, and is agreed upon by the IFSP team, which includes the parent and EIO/D<sup>15</sup> at the IFSP meeting or through an amendment, providing there is adequate justification to support the need, it is then added to the IFSP. Upon recommendation for additional assistive technology at another time, the EIO/D must promptly schedule an IFSP meeting to review the request and to determine the possible need to amend the IFSP.

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<sup>13</sup> 34 CFR section 303.13(b)(1)(i)

<sup>14</sup> 10 NYCRR section 69-4.1(m)(2)(i)

<sup>15</sup> 10 NYCRR section 69-4.11(a)(7)

2. The Medical Necessity Justification should be brought, when possible, to the IFSP meeting; the type of device and appropriate justification should be included, as with other services recommended for a child's IFSP. Device specifications should not be considered until step 4 (see below). After the ATD and services are agreed upon at the IFSP meeting, the Medical Necessity Justification form is submitted to the EIO/D. A copy of this form is included in this document as **Attachment B**.
3. Many resources for obtaining an ATD can be discussed and considered at the IFSP meeting. Technology Related Assistance for Individuals with Disabilities (TRAID) Centers (information specific to TRAID provided later in this document), loan closets, and rentals should be a part of the IFSP discussion, rather than separate from it. If the agreed upon device is available through a TRAID Center, loan closet or another rental source, that source should be contacted first to secure the recommended ATD. As decided at the IFSP meeting, the EIO/D, service coordinator or the provider is responsible for obtaining ATDs through these resources.
4. After TRAID, loan closets and other options have been exhausted, ATDs may then be accessed through the Early Intervention SFA purchasing process.
5. Outcomes should be determined at the IFSP meeting with the input of the team members, which includes the parent/guardian. The recommending therapist should take the lead role in collaborating with the SFA Assistive Technology Coordinator, the service coordinator, and the TRAID Center, loan closet, rental source, or AT vendor from which the device will be obtained, to ensure that the device is delivered to the child/family and that any necessary training takes place.

## Services Available Through Regional TRAIID Centers

The Technology Related Assistance for Individuals with Disabilities (TRAIID) Program is a federally-funded project administered by the New York State Justice Center for the Protection of People with Special Needs. In collaboration with the NYSDOH, Regional TRAIID Centers throughout NYS have implemented EIP AT lending programs to help families of children in the EIP select and borrow appropriate ATDs. EIO/Ds and service coordinators are encouraged to use this resource as one means of obtaining an ATD included in the child's IFSP. 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 ATDs and services.

The NYSDOH provides funding to the Regional TRAIID Centers to establish EIP AT loan closets in collaboration with EIO/Ds 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 IFSPs. Procedures for accessing Regional TRAIID Center EIP loan closets and acquisition of equipment for eligible children from available inventory must be agreed to by the EIO/D 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 IFSP. TRAIID Centers are responsible for cleaning and maintaining devices available at the EIP loan closets. All devices loaned through TRAIID Centers must be returned to TRAIID Centers according to the terms of the loan.

If a Regional TRAIID Center receives a direct request from a family for the loan of an ATD, TRAIID Center staff is required to contact the family's EIO/D to ensure that the child is eligible for the Early Intervention Program and that the device is included in their current IFSP.

Regional TRAIID Center staff can also be a valuable resource for obtaining information, such as vendors to supply and repair equipment related to AT. A current listing of Regional TRAIID Centers is available online at: <http://www.justicecenter.ny.gov/services-supports/assistive-technology-traid/locations>, and has also been included in this document as **Attachment D**.

**TRAIID and Donation:** If the EIP purchases an ATD for a child and the child has outgrown the need for the ATD or transitions out of the EIP, families are encouraged to donate the ATD to their local TRAIID center so that other EI families and children may benefit.

Informational resources, guidance and training programs to assist with learning and following the processes necessary for recommending and procuring ATDs for eligible children in the EIP can be accessed through the SFA's EI Billing website at <https://www.eibilling.com/Public/Portal.aspx> . The website provides information on the ATD Training-Overview and Process, which is based on best practice and includes necessary background information and decisions regarding securing an ATD. The website also provides ATD vendor information and an updated list of approved EI ATD vendors.



## Purchasing Assistive Technology Devices

The following process for purchasing ATDs in the EIP has been established through the contract with the current Early Intervention State Fiscal Agent:

- If the device is not available or cannot be obtained through TRAIID Centers, loan closets or other rental sources, the service coordinator will forward the request including, ***the physician's written orders, Medical Necessity Justification Form (refer to Attachment C) which is completed by the therapist recommending the device, and that therapist's most current progress note***, to the EIO/D for approval. Once approved, the EIO/D will forward all the information within five business days of receiving the packet from the service coordinator, to the Statewide Assistive Technology Coordinator (ATC) at the Early Intervention SFA, using secure file transfer through the NYSDOH's Health Commerce System (HCS) or secure fax. Depending on the complexity of the ATD being recommended, and/or the recommending therapist's familiarity with the ATD, the service coordinator may want to request a vendor from the Statewide Assistive Technology Coordinator (ATC) upfront, to collaborate with the therapist on determining the most appropriate device for the child. This can be done by using the Vendor Assignment Request template (**Attachment E**). Any third-party payer authorization will be obtained by the selected vendor in collaboration with the Statewide ATC.
- When an ATD has been agreed upon and included in a child's IFSP, and is not available through other resources, the device should be entered in the New York Early Intervention Data System by the service coordinator or EIO/D. (If a Vendor Assignment Request Template was not received, the actual vendor or source of the device will be determined at a later time)
  - Currently, entry into the New York Early Intervention Data System is initiated by selecting the Category "ATD" to create a service authorization (SA)
  - The vendor is entered as the "SFA"
  - In the field that indicates quantity, "1" is entered (even if multiple devices are approved)
  - A DME code is not entered. Instead, in the Non-DME Device and Non-DME Description Fields: enter "Request sent to SFA"
  - In the field for Authorized up to Amount, "\$.01" should be entered
  - Select "Create Service Authorization"
- Within two working days of receipt of a request, if a vendor was not previously assigned, the Statewide ATC will seek competitive pricing information, when needed, from vendors having agreements with the State. The Statewide ATC will select the ATD Vendor with the technical expertise, best pricing, delivery terms, insurance in-network status, and convenience for the family. The Statewide ATC will communicate the selection, via a secure method, to the service coordinator and EIO/D for inclusion in the child's record where needed.

- A complete list of statewide ATD vendors can be found at:  
<https://support.eibilling.com/KB/a244/atd-vendor-list.aspx?KBSearchID=52822>.
- The ATD Vendor will collaborate with the recommending therapist and the child and family to determine the best ATD, any needed accessories, and/or to obtain measurements or castings required for the ATD. A revised bid may need to be submitted after collaboration. The selected ATD Vendor will receive a purchase authorization from the Statewide ATC containing the specifications of the device, demographic information, and insurance information for the child. The ATD Vendor will obtain any required third-party liability authorizations. The ATD Vendor will place the order for the device or will fabricate the device.
- The Statewide ATC will forward a copy of the purchase authorization and delivery or dispensing timeline information to the EIO/D or service coordinator for inclusion in the child's record. The service coordinator will notify the parent and the recommending therapist of the estimated delivery date of the device. The Statewide ATC will monitor the transaction until delivery to the child as evidenced by the vendor's delivery confirmation signed by the parent, guardian, or designee; will update the service coordinator or EIO/D of any anticipated delays; and will communicate with the service coordinator and EIO/D regarding any delivery schedule questions or concerns.
- The ATD Vendor will collaborate with the authorized recommending therapist regarding delivery scheduling. The recommending therapist must be present when the device is delivered to the child and family to ensure the device is still appropriate for the child's needs, fits and works properly, and the family is adequately instructed on the operation of the device. The recommending therapist will complete the Notification of Item Delivery, Condition and Status form and forward it to the EIO/D. The EIO/D will send the form to the ATC. This form can be found at:
  - <https://support.eibilling.com/KB/a203/atd-training-overview-and-process-updated.aspx?KBSearchID=49604>
- During the next visit or service session, the service coordinator and recommending therapist should discuss with the family the receipt of the device and any questions or concerns the family may have regarding the device itself or use of the device with the child, and whether the device is providing the desired benefit for the child.

See **Attachment F** for considerations prior to purchasing ATD through the Early Intervention Program.

### **Payment of Assistive Technology devices**

There are many items considered to be ATD under the EIP that may also be considered medical and therefore are covered under commercial health insurance or the Medicaid

Program. It is the Department's obligation to seek payment where applicable, through all third-party payors, prior to claiming payment from municipal escrow funds.<sup>16</sup> If a device is denied as not medically necessary by a third-party payor, the IFSP team should review such denials to ensure that claiming payment from municipal escrow funds is the appropriate next step.

If the family receives a denial or a request for additional information from an insurance company or Medicaid, they should contact the provider of record (clinician requesting the ATD) and the Service Coordinator/Municipality/EIO (in NYC the BEI AT Unit).

The EI provider recommending the ATD should act promptly on any response from an insurance company or Medicaid and should notify the vendor when action has been taken.

Parents have the right to use their due process rights, mediation and/or impartial hearing to resolve a disagreement with the Early Intervention Official/Designee regarding purchase of an ATD by the Early Intervention Program.<sup>17</sup>

Refer to **Attachment C** for a list of additional ATD Resources.

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<sup>16</sup> 10 NYCRR 69-4.22

<sup>17</sup> PHL [§ 2549. Due process.](#)

## **Attachments**

The guidance and resources provided as Attachments to this document offer additional information about Assistive Technology services, devices, and other support services related to Assistive Technology.

## Attachment A: Examples of Assistive Technology Devices

There are many items considered to be ATD under the EIP that may also be considered medical, and therefore are covered under commercial health insurance or the Medicaid Program. It is the Department's obligation to seek payment where applicable, through all third-party payors, prior to claiming payment from municipal escrow funds.<sup>18</sup>

The following are examples of the types of ATDs that may be used by eligible children and their families under the EIP. This list is intended to provide *guidance* to municipalities regarding decisions about ATDs for individual eligible children. 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 ATDs.

- ***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 sidelyers 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.*** In general, these types of devices are considered medical and may be covered as medical devices. Examples include prosthetics, walkers, therapeutic strollers, and wheelchairs. Braces, splints, Supramalleolar Orthotics (SMOs), Ankle Foot Orthotics (AFOs) and prosthetics may be considered ATDs under the EIP as long as these devices are necessary in order to *increase, maintain, or improve the child's functional capabilities as documented in the child's IFSP*. For example, such devices are often needed by children with motor disabilities that impede or have the potential to impede their independent mobility and interaction with social and physical environments given their age and expected developmental progress. These devices are often considered medical and must first be pursued through commercial insurance and/or Medicaid prior to billing escrow. In contrast, shoe inserts, that are ordered based on shoe size alone and require no specialized fitting are not considered ATD under the EIP.
- ***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 children with a diagnosed hearing impairment. Hearing aids are usually paid for separately from the rate paid to a provider for an audiological evaluation, audiological services, or assistive technology services. Ear molds and batteries are approvable with hearing aids. Optional supplies and accessories needed for assistive listening devices must be requested with justification.
- ***Devices to increase, maintain, or improve communication skills and development, consistent with expectations for age-appropriate development.*** Examples include communication boards, augmentative and alternative

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<sup>18</sup> 10 NYCRR 69-4.22

communication aids, and more complex communication systems. Parents should understand that communication devices, like other forms of assistive technology, may continue to support the child in the preschool system in meeting IEP goals.

- **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 a disability to become more independent in his or her 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 ATDs under the EIP.

- **Equipment or medical supplies that are life-sustaining in nature or related solely to a medical condition or chronic illness unrelated to the child's disability and developmental status.** Examples include medical equipment such as suction machines, feeding pumps, nebulizers, ventilators, oxygen, airway clearance devices, apnea monitors, pulse oximeters, G-tube replacement components, electronic muscle stimulators, and hospital beds that are life-sustaining and/or that would be needed by any child to maintain his or her health. Additionally, cranial remolding helmets, which are used to reshape flat areas of the skull, are not considered ATDs under the EIP.
- **Toys that are not adapted.** Examples include items such as building blocks, dolls, puzzles, balls, non-adaptive electronic devices (e.g. smart phones, tablets) 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. It is important to note the American Academy of Pediatrics recommendations around screen time, which include:
  - For children younger than 18 months, discourage use of screen media other than video-chatting.
  - Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming and watch it with their children to help them understand what they're seeing.
  - For children ages 2 to 5 years, limit screen use to 1 hour or less per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them. (<https://pediatrics.aappublications.org/content/138/5/e20162591>)
- **Generic items typically needed by all children.** Common child items such as car seats, high chairs, youth beds or other types of beds, play tables, bath seats, infant swings, potty chairs which are non-adaptive and typically needed by all children.
- **Standard equipment used by service providers in the provision of EIP services (regardless of the service delivery setting).** Examples include tables, desks, chairs, therapy mats, therapy balls, vestibular swings, gait ladders, trampolines, treadmills, etc.

The cost of these types of supplies, equipment, and materials needed in the provision of a service is included in the rates established by the NYSDOH for EIP services.

- **Services that are medical or surgical in nature.** While hearing aids may be provided and reimbursed under the EIP, devices that are medical or surgical in nature, such as cochlear implants, are **not** covered under the EIP. Cochlear implantation is also not covered under the EIP nor are medical appointments to check on the actual surgical placement and/or healing of the implant site(s). Also excluded is maintenance and/or batteries and supplies that are required to maintain/use the device.
  
- **Devices that are considered experimental or investigational are not covered as ATD under the EIP.** Criteria to help in determining whether a device may be considered experimental or investigational include:
  - Is the device FDA approved for use in infants and toddlers?
  - Do commercial insurance policies include coverage of the device?
  - Does the Medicaid Program cover the device?
  - Is there a local coverage determination (LCD) from the Centers of Medicare and Medicaid Services (CMS) that supports the use of the device?
  - Are there well-controlled studies that demonstrate the efficacy of the device?
  - Does the study population include young children?

After the IFSP team has done a thorough review, technical assistance is also available from [beipub@health.ny.gov](mailto:beipub@health.ny.gov).

## Attachment B: NYS Early Intervention Program Assistive Technology Medical Necessity Justification Form

### [MUNI/COUNTY NAME] EARLY INTERVENTION PROGRAM ASSISTIVE TECHNOLOGY MEDICAL NECESSITY JUSTIFICATION TEMPLATE

**Therapist:** Please complete each of the following questions for each Assistive Technology Device (ATD) being requested, as detailed in the attached instructions. In an effort to streamline Early Intervention authorization as well as facilitate third-party commercial insurance and Medicaid approval, your answers should reflect where and how the ATD will be used by this child to support both 1) medical needs and 2) Early Intervention Individualized Family Service Plan (IFSP) functional outcomes.

**Recommending Therapist must** ensure a complete, current and legible AT packet (this *Assistive Technology Medical Necessity Justification* form, the Recommending Therapist's current progress note, and the prescription for the exact device and required accessories) is submitted to the Service Coordinator for submission to the local Early Intervention Program (EIP).

**Service Coordinator:** Transmit the complete AT packet provided to you from the Recommending Therapist to the local EIP through a secure process, preferably HCS.

<b>Child's Name:</b>	
<b>Child's Date of Birth:</b>	<b>NYEIS ID:</b>
<b>Current Medical Equipment in Use:</b>	
<b>Current Assistive Technology Devices in Use:</b>	
<b>Recommending Therapist's Name:</b>	<b>Discipline:</b>
<b>Phone:</b>	<b>Email:</b>
<b>If completed by a Certified Occupational Therapy Assistant or Physical Therapy Assistant, name of the supervising OT or PT:</b>	
<b>EI Provider Agency (As applicable):</b>	<b>AT Coordinator (As applicable):</b>
<b>Service Coordinator's Name:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Location of Service Provision (select at least one):</b>	
<input type="checkbox"/> Home <input type="checkbox"/> EI Facility Based <input type="checkbox"/> Community/Day Care <input type="checkbox"/> Other:	
<b>I. TRAID Center:</b> Recommending Therapists must contact the <b>TRAID Center</b> (preferably email): [ <i>Specific TRAID Center info</i> ] to ask about device availability. They must document the outcome of this effort in order for any device to be authorized by the EIP.	
<b>Date TRAID contacted:</b>	
<b>Outcome:</b>	
<input type="checkbox"/> TRAID will provide a loan for ____ months with an anticipated delivery date of: _____	
<input type="checkbox"/> TRAID is unable to provide a loaner ATD in this category	
<input type="checkbox"/> No TRAID contact required for amplification or custom devices	
<input type="checkbox"/> No response from TRAID at the time of request submission	



Document attempts:	
<b>II. ATD Vendor, Recommending Therapist, Family, and Child Collaboration</b>	
Date of ATD Vendor Collaboration:	ATD Category:
ATD Model:	
ATD Manufacturer:	
Location for Use:	
Does this child already have an ATD and is the requested device compatible?	
Identify the complete list of required device accessories, customizations and/or additions that apply to this exact ATD:	
<b>II. Relevant Medical and Developmental Justification</b>	
1. Describe in detail the child's medical conditions and history that are relevant to the need for this ATD. Detail how each condition is manifested in this child and how it impacts their functional abilities.	
2. Describe how this ATD will address the child's medical needs as well as their functional abilities.	
3. What is the anticipated time frame in which this child will benefit from this ATD to improve functional abilities and address medical condition(s)?	
4. What other therapy interventions/methods have been tried and what was the outcome?	

5. What no tech or lower tech devices have you and the family considered or used prior to this ATD request?

a. Describe the no-tech or lower-tech device considered and/or trialed. If a no-tech or lower-tech device has not been considered or trialed, provide a reason:

b. If no tech or lower tech devices were trialed, indicate the exact device(s) and describe the outcomes encountered by this child with the use of each ATD that was trialed.

6. Describe how the use of the requested ATD may impact the therapy provision and/or medical intervention(s).

7. Identify a documented IFSP outcome that supports this child's use of this device to improve functional abilities.

8. How will the requested ATD help this child meet developmental outcomes?

9. Indicate any precautions related to the child's medical/developmental condition(s) that may impact the safe use of the device.

10. List any other ATD being requested or currently used by this child. Include ATD(s) procured outside of EI or on loan. Describe HOW the ATD being requested may be used together with these other devices if applicable.

<p>11. Describe how this device will be integrated into the child's and family's natural routines. Include training details you will provide to the family to ensure safe and integrated use.</p>
<p>12. Describe how you will use the device with the child. How will you determine when and how to modify the use of the ATD based on the child's progress?</p>
<p>13. If other EI clinicians are serving this child, how will you collaborate with them on the use of this ATD?</p>
<p><b>Recommending Therapist Signature:</b> <b>Date:</b></p>
<p><b>Supervising OT/ PT Signature if request completed by COTA/PTA:</b> _____</p> <p><b>Date:</b></p>
<p><b>Parent Consent:</b> By signing this form, I understand that I may need to travel to the Vendor's location if this device is authorized by the Early Intervention Program. In addition, I understand that this device may be used during preschool special education (CPSE) services if this device continues to be appropriate to support my child's goals after s/he leaves the Early Intervention Program.</p> <p><b>Parent Signature:</b> <b>Date:</b></p>

## Attachment C: Additional ATD Resources

**The Center on Technology and Disability (CTD)** is funded by the U.S. Department of Education's Office of Special Education Programs (OSEP). The Center is designed to increase the capacity of families and providers to advocate for, acquire, and implement effective assistive and instructional technology (AT/IT) practices, devices, and services. The website provides basic AT facts, a list of AT organizations by state, AT guides for families, AT related success stories and more. The website contains a Family Portal (<https://www.ctdinstitute.org/area/families>) and a Service Providers Portal (<https://www.ctdinstitute.org/area/service-providers>) along with helpful information on a variety of related topics and technologies and links to additional resources. <http://ctdinstitute.org>

**The eiFamilies website** is part of the Family Initiative Coordination Services Project at the Just Kids Early Childhood Learning Center. The Family Initiative Coordination Services Project is sponsored by the New York State Department of Health Bureau of Early Intervention. The website provides information and helpful links to resources on a variety of early intervention topics. The section of the website devoted to resources provides a directory of resources and a direct link to assistive technology specific information and resources. <https://www.eifamilies.com/app/view-resource-categories>

**The EI Billing website** is provided and maintained by the State Fiscal Agent (SFA). This website contains a Knowledge Base Portal which provides detailed information on a variety of topics. Several resources are available in the Knowledge Base Portal to assist a user with learning about the ATD process for providers and vendors and the forms necessary for the ATD process. <https://www.eibilling.com/Public/Portal.aspx>

### ATD Vendor List

<https://protect2.fireeye.com/url?k=0574164e-59511a2d-0576ef7b-0cc47aa88e08-a368f49785dae52f&u=https://support.eibilling.com/KB/a244/atd-vendor-list.aspx?KBSearchID=51368>

### EmedNY-Medicaid DME Provider Manual

<https://protect2.fireeye.com/url?k=f6e21bc7-aac717a4-f6e0e2f2-0cc47aa88e08-d6f0ded3b989ebf9&u=https://www.emedny.org/ProviderManuals/DME/index.aspx>

### Medicaid Procedure Codes and Coverage

**Guidelines**[https://protect2.fireeye.com/url?k=da8db942-86a8b521-da8f4077-0cc47aa88e08-9b3dfb9782534441&u=https://www.emedny.org/ProviderManuals/DME/PDFS/DME\\_Procedure\\_Codes.pdf](https://protect2.fireeye.com/url?k=da8db942-86a8b521-da8f4077-0cc47aa88e08-9b3dfb9782534441&u=https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Procedure_Codes.pdf)

The use of ATDs for infants and toddlers with developmental delay or disability is an evolving field. Individuals who want additional information about the AT process in the

EIP or detail on becoming an ATD Vendor can contact the SFA's Assistive Technology Coordinator or the Bureau of Early Intervention at [beipub@health.ny.gov](mailto:beipub@health.ny.gov) or (518) 473-7016.

## Attachment D: Regional TRAIID Centers

### Nassau/Suffolk TRAIID Centers

Long Island Communities of Practice  
755 Waverly Ave.  
Holtsville, NY 11742  
Telephone - 631 668-4858  
Fax - 631 668-6079  
631-668-4858 (voice/TTY)  
Counties served: Nassau, Suffolk

#### Nassau Location:

77 Arkay Drive  
P.O. Box 12173  
Hauppauge, NY 11788

### Central New York TRAIID Center

Access CNY  
1603 Court Street  
Syracuse, NY 13208  
(315) 410-3336 (voice)  
(315) 455-1794 (TTY)  
Counties served: Oswego, Onondaga, Cayuga, Madison,  
Cortland, Tompkins

### Adirondack Regional Technology Center

SUNY Plattsburgh  
Alzheimer's Disease Assistance Center  
101 Broad Street, Sibley 227  
Plattsburgh, NY 12901  
(800) 388-0199 (voice/TTY)  
(518) 564-3369 (voice)  
Counties served: St. Lawrence, Franklin, Clinton, Essex

### Lower Hudson Valley Technology Center

Westchester Institute for Human Development  
Cedarwood Hall  
Valhalla, NY 10595-1689  
(914-493-7364 (voice)  
(914) 493-1204 (TTY)  
Counties served: Dutchess, Westchester, Putnam

### Genesee-Finger Lakes TRAIID Center

Regional Center for Independent Living  
497 State Street  
Rochester, NY 14608  
(585) 442-6470 (voice/TTY)  
Counties served: Monroe, Wayne, Livingston, Ontario, Yates,  
Seneca

### AIM Independent Living Center

271 East First Street  
Corning, NY 14830  
(607) 962-8225 (voice/TTY)  
Counties Served: Steuben, Schuyler, Chemung, Cattaraugus,  
Allegany, Chautauqua

### Center for Assistive Technology

SUNY Buffalo  
315 Alberta Drive  
Buffalo, NY 14214  
(716) 836-1350 (voice/TTY)  
Counties Served: Erie, Genesee, Niagara, Orleans, Wyoming

### Capital Region TRAIID Center

Southern Adirondack ILC (SAIL)  
71 Glenwood Avenue  
Queensbury, NY 12804  
(518) 792-3537 (voice)  
(518) 792-0505 (TTY)  
Counties Served: Warren, Washington, Saratoga, Albany,  
Greene, Schenectady, Rensselaer, Schoharie, Columbia

### Southern Tier Independence Center (STIC)

135 East Frederick St.  
Binghamton, NY 13904  
(607) 724-2111 (voice/TTY)  
Counties Served: Tioga, Broome, Chenango, Otsego, Delaware

### Hudson Valley Regional TRAIID Center

UCP of Ulster County  
250 Tuytenbridge Road, PO BOX 1488  
Kingston, NY 12402  
(845) 336-7235 x 129 (voice)  
(845) 336-4055 (TTY)  
Counties served: Ulster, Sullivan, Orange, Rockland

### Technology Resources Center

Adapt Community Network  
175 Lawrence Avenue  
Brooklyn, NY 11230  
(718) 436-7979 (voice)  
Counties served: Kings, Richmond, Queens, Manhattan, Bronx

### TRAIID Center

**Upstate Cerebral Palsy**  
675 Catherine St.  
Utica, NY 13501  
315-292-1968 (voice/TTY)  
Counties served: Jefferson, Lewis, Oneida, Hamilton, Herkimer,  
Fulton, Montgomery

## Attachment E: Vendor Assignment Request Template

### **Enter municipality here** Early Intervention Program Assistive Technology Vendor Assignment Request Template

**INSTRUCTIONS:** The child’s **recommending therapist** must complete this **Vendor Assignment Request (VAR)Template** at least 3 months before the child’s third birthday and within one week of identifying and agreeing with the parent/caregiver on the need for an assistive technology device(s) (ATD).

The recommending therapist must ensure the completed VAR template is submitted to the **enter municipality information here** within 2 business days. This template must be transmitted securely along with updated insurance forms outlined below obtained from the child’s **Ongoing Service Coordinator:**

- **If the child’s current active insurance is regulated by NYS:**
  - **Form A:** Collection of Insurance Information, **Form B:** Child Insurance Information, and **Form C:** Authorization to Release Health Insurance Information must be submitted along with the VAR template
- **If the child’s current active insurance is not regulated by NYS it is not to billed for EI services:**
- **If the child is not currently insured:**
  - **Form B:** Child Insurance Information (PARENT ATTESTATION OF NO INSURANCE Section) must be submitted along with the VAR Form

The Early Intervention Official/Designee (EIO/D) will review the VAR template to ensure all required information has been included and will securely transmit the completed VAR template and all insurance forms to the State Fiscal Agent (SFA) for ATD Vendor assignment. The EIO/D will notify the recommending therapist and the Service Coordinator of the ATD vendor assignment within two (2) business days of receiving the notification from the SFA.

**Note:** Once an ATD(s) is selected in collaboration with the assigned vendor and parent/caregiver, the requested ATD must be justified in the Early Intervention Program Assistive Technology Medical Necessity Justification Template.

<b>Child’s Name:</b>	
<b>Child’s Date of Birth:</b>	<b>NYEIS ID:</b>
<b>Recommending Therapist’s Name:</b>	<b>Discipline:</b>
<b>Phone:</b>	<b>Email:</b>
<b>EI Provider Agency:</b>	<b>AT Coordinator:</b>
<b>Parent/EI Surrogate Name:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Service Coordinator Name:</b>	

<b>Phone:</b>	<b>Email:</b>
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<b>Specify Assistive Technology to be assessed:</b>
<b>Child's Functional Outcome related to this device:</b>

**Confirm that each assistive technology device to be assessed meets NYS Early Intervention Program criteria in regulation and guidance**, by making sure that you can answer “Y” to at least one of the statements in a-e below.

- a. Device will increase, maintain or improve self-help skills and functional abilities related to daily living activities and routine Y  N
- b. Device will increase, maintain or improve functional ability Y  N
- c. Device is a vision or hearing aid for children with diagnosed visual and/or hearing impairments Y  N
- d. Device will increase, maintain, or improve communication skills and development, consistent with the child's functional level Y  N
- e. Device will increase, maintain, or improve cognitive development Y  N

**Confirm that each assistive technology device to be assessed meets NYS Early Intervention Program criteria in regulation and guidance**, by making sure that you can answer “N” to all of the statements in f-l below.

- f. Device is equipment or medical supplies solely related to either a) a medical condition or chronic illness unrelated to the child's disability and developmental status, b) life sustaining in nature, or c) needed to maintain the child's health Y  N
- g. Device is a toy that is not adapted Y  N
- h. Device is a generic item typically needed by all children Y  N
- i. Device is standard equipment used by service providers in the provision of early intervention services (regardless of service delivery setting) Y  N
- j. Device is an environmental adaptation Y  N
- k. Device is a cochlear implant or any of its components and or accessories. Y  N
- l. Device is investigational or experimental Y  N

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DATE OF municipality REVIEW AND SUBMISSION TO SFA for NYSDOH VENDOR ASSIGNMENT:

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## **Attachment F: Considerations prior to requesting the purchase of ATD through the Early Intervention Program.**

In deciding as to whether the purchase of an ATD is appropriate for a child, rather than obtaining ATDs through TRAIID Centers, loan closets, or rental sources, it is suggested that the IFSP team consider the following:

- What are the outcomes stated in the IFSP?
- Is the device primarily for medical purposes?
- Can another device be used to obtain the same outcomes?
- Does the requested item address functional outcomes in the child's IFSP?
- Is there another ATD that can address functional outcomes in the same way?
- Is the requested item appropriate for the child's current and expected developmental level?
- Is the requested item appropriate for use by the child across environments if needed?
- How will the item be used and by whom?
- Is the requested item available through a loan closet or through an agency loan?
- Has the item been introduced to the child with positive results that can support the recommendation of a purchase?
- Is it possible to accomplish the same outcome(s) by use of other ATDs or other types of equipment or materials which are already available?

## Glossary and Common Abbreviations

For the purposes of this document, the abbreviations and terms listed below are defined as follows:

<b>Assistive Technology Device (ATD)</b>	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.
<b>ATD Vendor</b>	A vendor having an agreement with New York State to provide ATDs in the EIP.
<b>Assistive Technology Service</b>	A service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.
<b>Bone Anchored Hearing Aid (BAHA)</b>	A hearing device that is screwed into a titanium fixture which is implanted in the skull. For children under the age of 5, BAHAs are positioned on the skull with a soft band.
<b>County Assistive Technology Coordinator (ATC)</b>	A position held at the county level, responsible for coordinating the purchase of ATDs in the EIP.
<b>Durable Medical Equipment (DME)</b>	Medical equipment and appliances that have the ability to withstand repeated use for a protracted period of time, including, but not limited to, wheelchairs, wheelchair trays, orthotics, prosthetics, and augmentative communication systems or devices.
<b>High-Technology</b>	More complex electrical or electronic devices and some forms of augmentative communication systems.
<b>Low-Technology</b>	More simple devices, supports, systems, and adaptations, such as custom-designed hand tools, positioning devices, and other simple, inexpensive, easy-to-use devices.
<b>Purchase Authorization</b>	An authorization issued by the ATC to the ATD Vendor containing the specifications of the device, demographic information, and insurance information for the child.
<b>Recommending Therapist</b>	The Recommending Therapist is the Early Intervention clinician who is recommending and overseeing the acquisition of the ATD for the child and family.
<b>Regional Technology Related Assistance for Individuals with</b>	A federally-funded project administered by the New York State Justice Center for the Protection of People with Special Needs. In collaboration with the NYSDOH, Regional TRAIID Centers throughout NYS have implemented EIP AT lending programs to help families of children in the EIP select and borrow an appropriate ATD.

<b>Disabilities (TRAID) Centers</b>	
<b>Statewide Assistive Technology Coordinator (ATC)</b>	The position held by the DOH/Vendor, responsible for coordinating the purchase of ATDs in the EIP.