



PURCHASE OF SERVICE GUIDELINE

10/04/2018	ASSISTIVE TECHNOLOGY	FINAL
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I. DEFINITION

Assistive technology is specialized services and supports directed toward the alleviation of a developmental disability or toward the social, personal or physical habilitation of an individual with a developmental disability and for infants and toddlers in Early Start 0-3 with developmental delays. Examples of assistive technology are: computers, specially adapted devices such as eating utensils, reaching devices, electric door openers, electronic speech enhancers, etc.

II. CRITERIA

Consumers with documented communication, cognitive and/or physical impairments related to a developmental disability may be eligible for regional center funding. Consideration should be given for age appropriate equipment as well as ensuring the equipment enhances rather than inhibits the consumer's natural abilities.

ELARC shall consider funding specialized health (assistive technology related) services once the regional center is provided with the documentation that all possible sources of funding have been exhausted WIC 4659 (a)(1))(2) and ELARC determines that an appeal by the consumer or family of the denial does not have merit [WIC 4659(d)].

For school age children, all requests for assistive technology, whether evaluation or equipment should first be addressed with the educational system through the IEP process or CCS as appropriate.

Effective July 1, 2009, WIC Section 4648.5 subd. (a)(3) a regional center's authority to purchase educational services for children three to seventeen, inclusive years of age has been suspended, pending implementation of the Individual Choice Budget and certification by the Director of Developmental Services the ICB has been implemented and will result in state budget savings sufficient to offset the cost of providing these services.

An exemption may be granted on an individual basis in extraordinary circumstances to permit purchase of the service when the regional center determines that the service is a primary or critical means for amelioration of the physical, cognitive or psychosocial effects of the consumers developmental disability or the service is necessary to enable

the consumer to remain in the home and no alternative service is available to meet the consumer's needs [WIC 4648.5 (c)].

III. AMOUNT OF SERVICE

Services and supports are based upon agreement of the planning team. The planning team should also take into account the need for appropriate evaluations, assessments and information gathering prior to the acquisition of equipment to ensure appropriateness. The regional center's clinical staff shall be consulted depending on the type and nature of the request for assistive technology.

IV. ALTERNATIVE FUNDING RESOURCES:

- A. In all cases, generic resources shall first be explored including Medi-Cal, private insurance, CHAMPUS, California Assistive Technology System (CATS) 1-800-390-2699 (includes loan programs), Department of Rehabilitation, Independent Living Centers, etc. The Lanterman Act has been revised to further include that ELARC shall not purchase any service that would otherwise be available from Medi-Cal, Medicare, The Civilian Health and Medical Program for Uniform Services, In Home Support Services, California Children's Services, private insurance, or a health care service plan when a consumer or a family meets the criteria of this coverage but chooses not to pursue that coverage [WIC 4659 (c)].
- B. Regional center may also partner, as appropriate, in a shared financial responsibility with the educational system or Department of Rehabilitation.

V. PROCESS FOR PURCHASE OF SERVICE:

- A. Should the need for an evaluation by a licensed health professional be established and alternative funding sources are not available, and a prescription has been acquired for the evaluation, the coordinator will initiate a form R1-11 to the Special Services secretary. The secretary will utilize the process outlined in the Health Services Policy for review and approval by the appropriate specialist consultant for input as to clinical appropriateness and return to the Service Coordinator for processing. Then, following the procedure outlined in the Medical Equipment Policy, referral would be made to the appropriate vendored provider which could be a speech pathologist, O.T., P.T., etc.
- B. Should the evaluation not require the use of a licensed health professional, the coordinator will locate an appropriate vendored resource and initiate a form 1-11.

- C. Upon receipt of the evaluation, the planning team members will share the results and obtain recommendations. Consultation with clinical staff shall also be needed.
- D. Should regional center funding be appropriate for equipment, the coordinator will initiate a cost comparison survey of providers in compliance with the Least Costly Vendor WIC 4648 (a) (6) (D) for the recommended equipment and share the results of the survey with planning team members for agreement.
- E. The service coordinator will complete the 1-11 to initiate the purchase.
- F. Cost effectiveness shall be a guiding principle for technology purchases designed to meet the specific identified needs of the consumer WIC 4646(a).

VI. EVALUATION OF SERVICE EFFECTIVENESS

Consumer/family feedback will serve as the primary mode of evaluation of the effectiveness of the assistive technology. Such feedback will be acquired through the process of regular mandated review by the service coordinator and guided by the principle of progression on IPP/IFSP objectives.