



# Technical Assistance Bulletin

**TO:** WV Birth to Three Practitioners and Service Coordinators  
WV Birth to Three Regional Administrative Units

**FROM:** WV Birth to Three

**DATE:** Effective July 1, 2017

**ISSUE:** Clarification of Process for Identifying and Accessing Assistive Technology Service

## Assistive Technology (AT) as a Part C Service

The purpose of early intervention services is to assist parents and other primary caregivers to promote the participation of infants and toddlers with disabilities within the daily activities and routines of the child and family. The Individualized Family Service Plan (IFSP) identifies the outcomes that support the child’s participation and the strategies needed to achieve success. When identifying how a child’s unique needs impact the successful participation in those activities and routines, modifications or adaptations may become necessary. Making these early modifications for a child can promote the child’s ability to participate in play, engage in interactions, and participate in their everyday activities that are important to the family.

An IFSP team should always attempt to modify or adapt existing items in a child’s and family’s home to help the family know how to make those modifications when a child ages out of WV Birth to Three (WVBTT). Modifying items in the home may also be more culturally appropriate and appealing for some families. When a family and IFSP team have decided that a child’s needs go beyond modification of the everyday environment, the assessment process should include trial use of devices/items to determine which approach can cost effectively meet the child’s needs.

After the trial period, the IFSP team will make recommendations regarding assistive technology devices or adaptations which may be needed to support the child’s participation and progress toward the identified IFSP outcome/s. The IFSP team must document why the item is needed to achieve the identified IFSP outcome, as well as what other alternatives have been evaluated or attempted.

Devices or items provided as a WV Birth to Three Assistive Technology service are provided to the child and family on a loan basis. All devices provided by WVBTT remain the property of WVBTT. When the IFSP team has determined the need for devices/items, the Service Coordinator will facilitate the teams’ completion of the Assistive Technology Request form and the WV Birth to Three Service Authorization form, and submit both forms to the state office for review and coordination of loan.

The IFSP team should assure families understand any assistive technology item/device loaned through WV Birth to Three is state property and must be returned to the State in accordance with WVBTT policies.

**NOTE: If a family prefers to ‘own’ a device or item for their own, they will be responsible for accessing the item/device and the item/device will not be a Part C service. Additionally, in these situations, WVBTT is not responsible for any copayments, maintenance or replacement of any item not provided through WVBTT loan process.**

### **Devices/Equipment Requested Less Than 120 Days Before Third Birthday**

WV Birth to Three will not provide loans for any device/items for which a request was submitted less than 120 days before the child’s third birthday. Items requested closer than 120 days cannot be available to assist in achieving an IFSP outcome.

### **Procedures for Short and Long-term Loans**

#### **Short-Term Loan:**

Short-term loans may be used to determine which device/item can assist a child’s participation before pursuing a long-term loan. Short-term loans are limited to those items which are available through the Early Childhood Resource Lending Library (ECRLL) coordinated through West Virginia Assistive Technology System (WVATS). The short-term loan period for ECRLL is typically two months. The loan period may be extended under special circumstances (e.g., no one else has requested the equipment, child’s illness during the trial period.) During an extension of the short-term loan, the borrowed equipment may be requested on a week’s notice if it is needed by another child for trial basis. Larger devices/items may also be available for loan through local vendors.

#### **Long-Term Loan:**

The WV Birth to Three state office personnel will review long-term loan requests for completeness and to confirm that the requested items are covered under the WVBTT AT service definition. Sometimes additional information may be needed. WVBTT reserves the right to request additional information, which could include an explanation of why less expensive options would not assist the child to achieve the identified IFSP outcome/s. In some instances, WV Birth to Three will not be the appropriate funding source. The IFSP team will need to help the family look for other funding sources for AT which is more medically related or not needed to achieve the child’s and family’s IFSP outcome/s.

Equipment placed on long-term loan is to be returned to the State system when:

- 1) The child no longer needs the equipment; or
- 2) The child turns three (refer to long-term loan agreement for special conditions when child may maintain use of the equipment for a period after age 3); or
- 3) The child moves to another state.

After review of the Service Authorization and Assistive Technology Request Forms to assure the requested items meet WVBTT policy requirements, the WV Birth to Three state office will coordinate a long-term loan in accordance with the AT Loan Agreement.

## Categories of Assistive Technology That May be Covered by WV Birth to Three

As the term, AT covers so many different types of devices, it is often useful to divide the devices into functional categories. The following are examples of the types of AT devices that may qualify as a Part C service if determined to be needed to achieve an eligible child's IFSP outcome/s. It is important to realize within each of these categories, there is a continuum of device choices from simple to complex that should be considered when trying to find the AT to use with a child for different tasks and in different settings.

The AT available to young children is changing and expanding at a rapid pace, and it should be noted this list is not an exhaustive list of AT devices, but is intended to provide guidance.

### **Activities of Daily Living**

Self-help aids are designed for use and participation in typical daily activities such as eating, dressing, personal hygiene, and bathing. Examples of self-help aids include: modified bowls, cups, utensils, bath chairs, and soft splints, off the shelf knee immobilizers, off the shelf orthotics and Kinesio tape (and its generics).

### **Assistive Listening**

Assistive listening devices are designed to help with auditory processing. Examples of assistive listening devices include: hearing aids, personal FM units, environmental adaptations, or sound field FM systems as recommended by a licensed audiologist. *(Cochlear implants and mapping of cochlear implants are not covered or funded under WV Birth to Three.)*

### **Augmentative Communication**

Augmentative communication devices are designed to promote communication across all the natural settings, people and circumstances that the child participates within each day. The inclusion of a variety of different augmentative communication strategies is particularly important for young children. Examples include: symbol systems, picture or object communication boards, electronic communication devices, and communication enhancement software.

### **Environmental Control**

Environmental control devices are designed to assist young children to have self-initiated control over activities in the environment. Examples include: remote control switches, on/off switches, peripherals such as Touch Screen, and adaptive mouse, track ball, or specialized keyboard to be used with existing computer hardware.

### **Mobility**

Mobility devices are designed to improve mobility to allow for participation within the home and community environments. Examples include: walkers and gait trainers, basic manual wheelchairs, and prefabricated dependent mobility devices that require appropriate measurement for infants or toddlers and are purchased through a Durable Medical Equipment (DME) vendor. Also included are: specialized aids for children with low vision, blindness or dual sensory impairments such as orientation and mobility canes.

## **Visual Aids**

Visual aids are designed to assist with vision needs such as increasing contrast, enlarging images, and making use of tactile and auditory materials. Examples include: optical or electronic magnifying devices, low vision aids such as hand-held or spectacle-mounted magnifiers or telescopes, audio recordings, large print books, Braille material, and vision stimulation devices such as light boxes.

## **Assistive Toys and Switches**

Switches and battery interrupters are designed to assist young children to independently learn and explore through play. Examples include battery interrupters and a variety of switches that can be added to modify existing toys or items making them more accessible. Switch-operated toys are provided as available on short-term loan through the WVBT Early Childhood Lending Library.

## **Positioning**

Positioning devices are designed to safely and appropriately support infant and toddlers in a variety of positions to allow for participation within daily routines. Examples include: side-lying frames, floor sitters, chair inserts, straps, trays, and standing aids.

## **Devices/Items not covered as Assistive Technology under WV Birth to Three include but are not limited to:**

Any item requested closer than 120 days before a child's third birthday;

Devices that are used primarily for 'therapy' and not to modify a child's participation in a routine, such as: oral motor stimulation devices, therapy balls, benches, tables, and swings;

Equipment/services that are primarily used to treat a medical condition. Examples include, but are not limited to: oxygen, feeding pumps, heart monitors, apnea monitors, intravenous supplies, electrical stimulation units, beds, reflux wedges, cochlear implants and mapping of implants;

Weighted blankets are not covered due to safety issues and lack of evidence base for the infant toddler age group;

Equipment/services for which developmental necessity to achieve IFSP outcome/s are not clearly established;

Typical equipment, materials, and supplies related to infants and toddlers utilized by all children and which require no special adaptation. Examples include clothing, diapers, cribs, high chairs, car seats, infant swings, typical baby/toddler bottles, cups, utensils, dishes, infant monitors, etc. Toys that are not adapted, used by all children and are not specifically designed to increase, maintain, or improve the functional capabilities of children with disabilities include such examples as building blocks, dolls, puzzles, balls, ball pits, tents, tables, tunnels, trampolines and other common play materials;

Computers and learning software;

Adapted bicycles are not covered for this age group of children;

Equipment/services which are considered duplicative in nature, generally promoting the same goal and/or objective with current or previously approved equipment/services;

Equipment that is custom fit to a specific child for which the item must be molded such as custom casted orthotics and braces; plagiocephaly helmets; customized molded seating systems on all wheelchairs; and power mobility;

Equipment/service if a less expensive item or service is available and appropriate to meet the child's need.