



Assistive Technology (AT) for Individuals with IDD who have the DD Waiver

Individuals with disabilities may experience many types of communication barriers which impact their ability to speak, hear, read, write, and interact with others. The inability to speak (being completely non-verbal), sensory perception issues, cognitive impairments, language difficulties, and mobility limitations all affect an individual's capacity to communicate (1) (2).

What is Assistive Technology?

Assistive Technology (AT) is defined as, specialized, medically needed portable equipment and supplies; including those devices, controls or appliances which will help an individual increase their ability to perform daily activities, or to assess, control or communicate within their living environment and community (3).

Some examples are:

- Computer/software.
- Communication devices.
- Emergency Evacuation Devices.
- Orthotics (such as braces for hands, arms, feet, legs).
- Organizational devices.
- Support chairs.
- Specially designed utensils for eating.
- Weighted blankets/vests.

AT can improve a person's day-to-day functioning, independence and inclusion, and lower risk for barriers in communication. AT can enhance independence, education, employment, social activities, community living and inclusion for individual's with IDD (1).

Funding for AT

DD Waiver recipients have a Medicaid allowance of up to \$5,000 per calendar year for AT. The per year funding amount/allowance cannot be rolled over into the next year.

Currently, only 6% of the DD waiver recipients use their allotted funds for Assistive Technology each year. Those not receiving DD Waiver services should contact their MCO Care Coordinator or Customer Service of their private insurance for allowable coverage of AT.

AT is not covered for purposes of convenience for a caregiver, or for recreation, leisure, or for an outlet for behavioral supports, or for educational purposes.

**The National Joint Committee (NJC) for the Communication Needs of
People with Severe Disabilities Communication Bill of Rights:**
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4770561/>

App of the Month



JABtalk is a free speech communication application designed to help non-verbal children and adults communicate. Speech therapists commonly refer to JABtalk as an easy and effective augmentative and alternative communication (AAC) device. By combining personalized voice and images with an extremely simple user interface, JABtalk delivers a speech solution that is both fun to use and easy to learn. (App of the Month is not endorsed by DBHDS Office of Integrated Health. User accepts full responsibility for utilization of app).

A professional evaluation is required for each AT funding request. This may include an evaluation by a Primary Care Provider (PCP) (can be an NP), a Physical or Occupational Therapist (PT/OT), a Speech-Language Pathologist (SLP), or a Rehabilitation Engineer (RE) (note: RE's must function in coordination with a PT/OT).

The professional(s) completing the evaluation, will (sometimes collaboratively), write the letter of medical necessity (LMN) for the PCP.

However, the individual's PCP is required to approve and sign the LMN, and then must also write orders (a signed script) for the actual use of the AT, which may also include protocols (specific instructions or steps) for its use.

AT Process:

1. Individual/Caregiver/Professional/Provider requests item or Support Coordinator identifies a need for AT.
2. The individual's PCP writes a script for an evaluation by the appropriate professional.
3. The evaluation is completed by the appropriate professional who writes the LMN, who sends it with a vendor's itemized invoice for the specific AT requested, back to the individual's PCP.
4. The individual's PCP signs the letter of medical necessity, attaches the appropriate certificate of medical necessity (CMN) [DMAS form #352](#) (DME specific) and sends it back to the vendor who submits it to Medicaid.
5. If Medicaid does not fund the item, a denial letter is sent to the individual, parents (or caregivers), the vendor and the Support Coordinator (SC).

Please see DME manual for items not covered as DME:

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

6. The SC will need to submit the itemized invoice for the device, the letter of medical necessity and the Medicaid denial letter in a Service Authorization request via WaMS.

The SC will need to submit the following in WaMS:

- Professional recommendation or letter of medical necessity.
- Itemized invoice or quote including applicable taxes, shipping and handling, and assembly cost.
- Pictures of the item.
- Once approved the SC has 30 days to make a billable contact regarding the item. *Please note the item does not have to be purchased at this time, you will have a year to purchase the item.*

References

- 1) Boot, F. H., MacLachlan, M., & Dinsmore, J. (2019). Are there differences in factors influencing access and continued use of assistive products for people with intellectual disabilities living in group homes? *Disability and Rehabilitation: Assistive Technology*, 15(2), 173-182. <https://doi.org/10.1080/17483107.2018.1550116>
- 2) Centers for Disease Control and Prevention (CDC) (2020, September). Disability and Health Promotion. Common Barriers to Participation Experienced by People with Disabilities https://www.cdc.gov/ncehddd/disabilityandhealth/disability_barriers.html#Communication
- 3) Virginia Department of Medical Assistance Services (DMAS) (2021, August) Member Guide for Environmental Modifications (EM) and Assistive Technology (AT) <https://www.dmas.virginia.gov/media/3781/member-guide-for-environmental-modifications-and-assistive-technology-08-17-2021.pdf>

August 2022

Office of Integrated Health
Health Supports Network



ABA Snippets ...

BSPARI Trends

DBHDS launched the Behavior Support Plan Adherence Review Instrument (BSPARI) in January 2022 as a means to assess behavioral programming alignment with the DBHDS/DMAS Practice Guidelines for Behavior Support Plans.

Since then, DBHDS has reviewed over 180 distinct behavioral programs and has provided feedback to the behavioral provider on over 140 of these. There are numerous consistent areas of adherence to the Practice Guidelines observed across behavior programs reviewed thus far, including but not limited to presence of required demographic information, historical information and rationale for intervention, logical antecedent and consequence strategies based on FBA results, and graphical displays and related analysis for challenging behaviors.

There are also observed areas for improvement across a substantial number of programs reviewed thus far that behaviorists should be aware of and ensure are present in the programs they are authoring, which include the following:

- Missing operational definitions, measurement, and associated graphical display and analysis of replacement behaviors; ensuring that replacement behaviors have associated tactics to promote acquisition
- Missing appropriate signatures on documentation
- Missing a behavioral skills training approach in training plans
- Absence of a risk-benefit statement (or analysis) in behavior support plan
- Benchmarks related to behavior(s) being targeted in the plan lacking specificity or measurability
- Overreliance on indirect functional behavior assessment methods

Importantly, some behaviorists have now had plans reviewed by DBHDS reviewers that were created after an initial feedback meeting; elements that were present previously have been consistently maintained, and areas that were absent have been addressed.

The team at DBHDS leading these quality review efforts would like to thank all behaviorists involved in therapeutic consultation behavioral services for the expertise they provide to people in need of behavioral services, as well as for participation in the aforementioned quality improvement initiatives. Readers may contact DBHDS to access resources, provide feedback, and learn more about these efforts via the following: nathan.habel@dbhds.virginia.gov

988 SUICIDE & CRISIS
LIFELINE

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The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States.

The Lifeline accepts calls, texts, and chats from anyone who needs support for a suicidal, mental health and/or substance use crisis. This new number is a commitment to improve crisis services and advance suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

The 3rd Annual All - State Community Nursing Meeting

October 13, 2022 between **10:00 am – 5:00 pm**

Meyera E. Oberndorf Central Library - 4100 Virginia Beach Blvd, Virginia Beach, VA 23452

Registration Link: <https://www.surveymonkey.com/r/DN3M5XJ>

Cost is \$20.00 Early Bird before 8/15/22, then \$25.00 until 9/30/22. *Registration can be transferred but not refunded.*