

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: ASSISTIVE TECHNOLOGY POLICY 4.26

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Authority: [Title 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-825 WAC](#) *Developmental Disabilities Administration Services Rules*  
[WAC 388-106-0270](#) *Community First Choice Assistive Technology*  
[WAC 388-106-0273](#) *PERS add-on services*  
[WAC 388-106-0274](#) *Limits to Assistive Technology*  
[WAC 388-845-0415](#) *Waiver Assistive Technology*  
[WAC 388-845-0420](#) *Qualified Provider of Assistive Technology*  
[WAC 388-845-0425](#) *Limits to Assistive Technology*

## PURPOSE

This policy establishes procedures for authorizing Assistive Technology for eligible clients who are enrolled in one of DDA's five HCBS waivers, Community First Choice (CFC), Roads to Community Living (RCL), and Preadmission Screening and Resident Review (PASRR).

## SCOPE

This policy applies to field services staff who authorize Assistive Technology for clients.

## DEFINITIONS

**Assistive technology**, for the purposes of this policy, refers to either CFC-funded or waiver-funded items and services as defined below.

**CFC-funded assistive technology** means assistive equipment, adaptive items, and devices used to increase a client's independence or substitute for human assistance related to Activities of Daily Living, Instrumental Activities of Daily Living, or health-related tasks. CFC-funded assistive technology also includes services to directly assist a client and the client's caregiver to select, acquire, and use assistive technology. Assistive Technology services include consultation for the correct item, set-up, evaluations, repair, and short-term training for the client.

**Waiver-funded assistive technology** means items, equipment, or product systems used to increase, maintain, or improve a client's functional capabilities, increase safety, or increase social engagement in the community. Waiver-funded assistive technology also includes supports to directly assist the client to select, acquire, and use the technology.

**Authorized** means approved by DSHS as evidenced by an authorization created by the case resource manager in ProviderOne.

**Case resource manager** or **CRM** means the DDA Case Resource Manager assigned to a client.

**Client** means a person who has a developmental disability as defined in RCW 71A.10.020(4) and has been determined DDA-eligible under Chapter 388-823 WAC. For purposes of notification, informed consent, and decision-making requirements, the term "client" includes the client's legal representative to the extent of the representative's legal authority.

**Community First Choice** or **CFC** means Medicaid State Plan option granted under 1915(k) of the Social Security Act. To provide home and community-based attendant services and supports to eligible clients, as needed, to assist in accomplishing activities of daily living (ADL), instrumental activities of daily living (IADL), and health-related tasks through hands-on assistance, supervision, or cueing.

**Home and Community-Based Services (HCBS) Waivers** means DDA's 1915(c) waiver programs under the Social Security Act. DDA's five HCBS waivers include the: Individual and Family Services (IFS) waiver, Basic Plus waiver, Community Protection (CP) waiver, Children's Intensive In-Home Behavioral Supports (CIIBS) waiver, and Core waiver.

**Legal representative** means a parent of a client if the client is under age eighteen, a court-appointed guardian if a decision is within the scope of the guardianship order, or any other person authorized by law to act for the client.

**Person-centered service plan** or **PCSP** means a document that identifies a client's goals and assessed health and welfare needs. A person-centered service plan indicates the paid services and natural supports that will assist a client to achieve their goals and address their assessed needs.

**Preadmission Screening and Resident Review** or **PASRR** is a process required by federal rule for people referred to a Medicaid-certified nursing facility.

**Provider** means the person or agency contracted with DDA to purchase assistive technology items for a client or otherwise help the client set-up the item or install an application.

**Roads to Community Living** or **RCL** is a demonstration project funded by the federal Money-Follows-the-Person grant. RCL provides services and supports to people transitioning to a community-based setting after residing in a facility (e.g., hospital skilled nursing facility, or intermediate care facility) for more than 60 days.

## POLICY

### A. GENERAL DESCRIPTION OF ASSISTIVE TECHNOLOGY

1. Assistive technology means items and services whose primary purpose is to maintain or improve a client's functioning and independence to facilitate participation and to enhance overall well-being.
2. Assistive technology is available through Community First Choice (CFC), all five of DDA's 1915c Home and Community-Based Services (HCBS) waivers, RCL, and PASRR.
3. Assistive technology is intended to benefit the client. If a request appears to be for the sole benefit of a caregiver or another person, the request will be denied.

### B. SERVICE ELIGIBILITY BY PROGRAM

1. A client may receive CFC-funded assistive technology if criteria are met under [Chapter 388-106 WAC](#).
  - a. WAC 388-106-0270 describes types of covered items, repairs, and supports.
  - b. WAC 388-106-0273 describes personal emergency response devices that are covered.
  - c. WAC 388-106-0274 describes service limits.
2. A client may receive waiver-funded or RCL-funded assistive technology if criteria are met under [Chapter 388-845 WAC](#). (RCL-funded assistive technology is processed the same as waiver-funded assistive technology.)
  - a. WAC 388-845-0415 describes types of covered items, repairs, and supports.
  - b. WAC 388-845-0420 describes qualified providers.

- c. WAC 388-845-0425 describes service limits.
- 3. Regardless of the funding source, the CRM must include an assessed need for the specific item in the client's:
  - a. DDA assessment; or
  - b. PASRR Level II or PASRR follow-up.
- c. Additional resources are available to help the CRM learn specific eligibility requirements for each program.
  - a. [CFC-funded assistive technology](#)
  - b. [Waiver-funded assistive technology](#)
  - c. [PASRR SharePoint](#)
  - d. [RCL SharePoint](#)

Note: These links are accessible only to DDA staff.

## PROCEDURES

### A. DETERMINING NEED

- 1. If a CRM receives a request for or believes a client may benefit from assistive technology, the CRM must:
  - a. Discuss with the client their goals and strengths related to the request.
  - b. When appropriate, gather other pertinent information from other people involved in the client's life, such as a family member, an employment counselor, a medical provider, or a teacher.
  - c. Recommend items or devices that meets the client's needs, abilities, and preferences by:
    - i. Using their professional judgment to recommend AT they are familiar with and confident in recommending; or
    - ii. Following a recommendation from the client's treating professional.
  - d. Ask if the client has a support system in place to help them use the assistive technology.

2. If the client does not have the support to help them understand how to utilize the technology, discuss options for receiving training from a contracted vendor who can provide that service.

B. ASSESSING APPROPRIATENESS OF REQUESTED ITEM

1. When a specific item is requested, or once the CRM recommends an item, the CRM must:
  - a. Confirm the item is for the sole benefit of the client and not a caregiver or other person; and
  - b. Refer to WAC 388-106-0724 and WAC 388-845-0425 to determine if:
    - i. The item is covered according to program rules; and
    - ii. A recommendation from a therapist or other professional is required.
2. The CRM must save a copy of the written recommendation, if applicable, in the client's record.

C. CONSENT

The CRM must discuss with the client the anticipated consequences, risks, and benefits of using assistive technology, including:

1. The impacts a device might have on the client's privacy, due to features such as:
  - a. Live video feed and video recording capabilities;
  - b. Tracking capabilities; and
  - c. Data collection and storage of private information.

Note: Managing these features is the sole responsibility of the client and the client must consent to receipt of the item.

2. The client's right to accept or decline the recommended AT.

D. IDENTIFYING A PROVIDER

1. After confirming the appropriateness of the requested AT, the CRM must discuss contracted providers with the client.

- a. Under 42 C.F.R. 431.51, the client is entitled to a choice of provider. To ensure the client's choice, the CRM must provide a full list of contracted providers from their regional contracts SharePoint.
  - b. For internal guidelines about provider contract types, see [Assistive Technology Purchasing Flow Chart](#). (This link is to a SharePoint site and only accessible for staff.)
2. After the client identifies a provider:
    - a. The CRM must confirm the identified provider has an appropriate contract in "signed" status in the Agency Contract Database (ACD); and
    - b. The client discusses the requested item with the provider and obtains a quote that is later given to the CRM for processing.
  3. If the client asks for assistance in obtaining a quote from the provider, the CRM must follow Procedures Section (E).

#### E. OBTAINING A QUOTE FROM A PROVIDER ON BEHALF OF A CLIENT

1. Before contacting the provider on behalf of the client to request a quote, the CRM must ensure a valid consent form is in the client's file. (To complete the quote, the provider will need identifying information, such as the client's name, address, and phone number.)
2. The CRM must contact chosen contracted provider to request an itemized quote. The request must include the CRM's contact information and the following client-provided information:
  - a. The client's name, phone number, and the current address where the item will be shipped.
  - b. A description of the item (or items) with details such as model, type, or SKU. For example, "The request is for a 10.2-inch, 64GB iPad; HDE iPad 2018 shockproof case with handle; screen protector (Blue); and Proloquo2Go (App)."
  - c. A link to the item online (if provided by the client or a medical professional).

3. After the CRM receives the itemized quote from the provider, the CRM must ensure the quote includes:
    - a. The most appropriate and cost-effective item available;
    - b. A link to the provider's website (if one exists) or a website for the retail store from which the item will be ordered;
    - c. A description of the item the provider will order with details such as model and type;
    - d. The anticipated dates of service; and
    - e. The presumed total cost of the item being ordered.
  4. If the requested item is not the most cost-effective option available for purchase, the CRM must obtain a written justification for the item from the treating professional and summarize the justification under the service details in the comments section.
  5. The justification must:
    - a. Explain why the specific item is preferable to other alternatives.
    - b. Include evidence of the client's level of functioning and ability to use the technology.
  6. After the CRM reviews the quote, the CRM must obtain approval from the client to proceed with the purchase, which may affect the client's CFC or HCBS waiver budget, allocation, or annual limit.
  7. If the invoice for a request exceeds \$550, the CRM must obtain a prior approval for a waiver-funded purchase or an exception to rule (ETR) for a CFC-funded purchase.
- F. AUTHORIZING A PURCHASE FOR A CLIENT ENROLLED IN BOTH CFC AND AN HCBS WAIVER
1. This section does not apply to clients enrolled in RCL or PASRR.

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2. If a client enrolled on CFC and an HCBS waiver requests a single AT item covered by both programs, the CRM must:
    - a. Authorize use of CFC funds for an item invoiced at \$550 or less; or
    - b. Authorize use of HCBS waiver funds for an item invoiced at more than \$550 unless insufficient funds remain in the client's waiver budget.
  3. If a client enrolled on CFC and an HCBS waiver requests multiple items covered by both programs, the CRM must:
    - a. First use CFC funds for CFC-covered items invoiced at \$550 or less;
    - b. Then use waiver funds to purchase the remaining items; and
    - c. Request separate invoices from the provider for each funding source.
  4. For guidelines about using combined funds, the CRM may refer to the [Assistive Technology SharePoint](#) site.

G. ADDING ASSISTIVE TECHNOLOGY TO THE PCSP

1. After the client chooses a provider, or after receiving confirmation of the prior approval or ETR for purchases over \$550, the CRM must update the client's PCSP, to include the following:
  - a. A description of each approved item;
  - b. The cost of each approved item;
  - c. Time frame, if applicable; and
  - d. For an item that has the capability of recording, providing video feedback, or GPS monitoring, the CRM must include the following in the client's PCSP:

“[Client name] and their guardian or legal representative have reviewed the capabilities of the assistive technology devices requested. [Client name] understands that they have the right to accept these risks and the right to deny those capabilities.”



- e. For RCL-funded AT, this would be documented in the PCSP under “RCL community transition funds.”
2. Send a copy of the finalized PCSP to:
  - a. The client
  - b. The client’s NSA; and
  - c. AT provider if the provider is delivering services directly to the client.
3. The CRM must obtain a signature from the client on the updated service summary before authorizing AT.

#### H. AUTHORIZING PROVIDER REIMBURSEMENT

1. After the CRM receives the signed service summary from the client, the CRM must create a payment authorization in CARE.
  - a. The CRM must keep the authorization in “reviewing” status until the CRM confirms receipt of the item.
  - b. Before changing the status to “approved,” the CRM must contact the client to confirm:
    - i. The item or service was received;
    - ii. The final cost of the purchase; and
    - iii. Whether the item arrived in satisfactory condition.

Note: For more information about authorizing payments, visit the [Social Service Authorization Manual](#).

2. The CRM must file the receipt or invoice and any supplemental documents (e.g., written recommendation) in the client’s record.

#### I. SENDING A PLANNED ACTION NOTICE

The CRM must send a planned action notice to the client and the client’s legal representative according to [DDA Policy 5.07](#), *Planned Action Notices*.

J. LOST OR DAMAGED ITEMS

1. If an item is delivered damaged or in disrepair, the provider is responsible for replacing the item.
2. If the client or vendor alleges that an item has not arrived or has been stolen, DDA is not liable for the missing item. The client or vendor should contact the shipping provider and arrange for a more secure delivery for the replacement item.

**EXCEPTION**

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

**SUPERSESION**

None.

Approved:     /s/ Shannon Manion      
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: April 1, 2023