# Guidelines for Requesting Assistive Technology (Section 21 &29)

**Mainecare Benefits Manual, 10-144 C.M.R. Ch.II, 21.05-1:**

**21.05-1** **Assistive Technology**- Assistive technology device means a Department approved item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of members. Assistive technology service means a service that directly assists a member in the selection, acquisition, or use of an assistive technology device.

 Assistive Technology includes **Assessment, the Device, and transmission (Utility Services).**

**21.10-2 Assistive Technology Assessment**- In order to provide an Assistive Technology Assessment, an enrolled provider must possess the following qualifications (Either A or B).

1. **License Requirements**
	1. Occupational Therapist or;
	2. Speech Pathologist

 **B. Certificate Requirements**

* 1. Direct support staff must be a certified DSP and be certified as a Rehabilitation Engineering Technologist (RET) or;
	2. Assistive Technology Professionally (ATP) from the Rehabilitation Engineering and Assistive Technology Society of North American (RESNA) is required to provide an Assistive Technology Assessment.

Assistive Technology- Assessment is subject to a combined limit per year.

**Assistive Technology-Devices:**

* The purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for members; and
* The selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.

Assistive Technology- Devices is subject to a combined limit per year. See Section 21.07.

**Assistive Technology-Transmission (Utility Services):**

* The transmission of data required for use of the Assistive Technology Device via internet or cable utility. Assistive Technology-Transmission is subject to a combined limit per month.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*The Clinical Review Team (CRT) is responsible for review and approval of all Assistive Technology requests in relation to Devices. For Assistive Technology Assessments and Transmissions requests are made directly to the Resource Coordination team.**

**Procedure:**

1. The Member’s team must obtain an Assistive Technology Assessment conducted by a provider who possesses qualifications outlined in 21.10-2 (see above) and meets the following criteria:
* The evaluation of the assistive technology needs of a member, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the member in the customary environment of the member;
* The coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan;
* The training or technical assistance for the member, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the member; and
* The training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of, members.

1. The Member’s planning team must discuss and document how each device will improve, increase, or maintain functionality of any request for Assistive Technology within the Person-Centered Plan (PCP).
2. The Case Manager must submit the following required documents:

* The Assistive Technology Assessment signed and dated. (Completed within past year)
* Service Authorization Request Form listing the items/devices requested.
* Authorization Payment Information Form- Please include itemized list and prices of individual items. The form should indicate who will be purchasing the AT device/item(s)
* An estimate from the vendor for all requests. If vendor is not a MaineCare Approved Vendor, please provide copies of items with prices from website or shopping cart. Please do not indicate the links where items can be found.
* Invoice Form (if available)
1. A written decision will be sent to the Member and/or Guardian within twenty (20) working days of receipt of all required documentation. The Case Manager will be notified via email and postal mail.
2. When additional information is required by the CRT, a request for information will be submitted to the Member, Guardian and Case Manager. Upon receipt of the required information, the CRT will issue a decision within ten (10) working days.
3. The CRT will inform the DHHS/OADS Resource Coordination Team of all decisions regarding Assistive Technology and the Resource Coordination Team will complete all applicable authorizations accordingly.

Please submit applications by mail, password protected email, or fax:

 The Clinical Review Team

 41 Anthony Avenue SHS #11

 Augusta, Maine 04330

 CRT-OADS.DHHS@maine.gov

Fax: 207-287-4229

 Phone: 207-287-8303

Should you have any questions or comments, please contact the CRT at: CRT-OADS.DHHS@maine.gov

CRT Team Leader: Luke Curtis, CRT Supervisor

 Luke.Curtis@maine.gov

 (207) 287-4239

Program Manager: Emily Kalafarski, Resource Development Manager, OADS

 Emily.Kalafarski@maine.gov

 (207) 287-4212