

ASSISTIVE TECHNOLOGY AND SERVICES

I. APPLICABILITY

- A. This policy applies to:
1. People receiving Developmental Disabilities Administration (~~DDA~~) funded services through its Traditional or Self-Directed Services Delivery Model;
 2. Their families and/or legal representatives; and
 3. Coordinators of Community Services (~~CCS~~); Self-Directed staff, vendors, Support Brokers; Financial Management and Counseling Services agencies Providers; DDA providers; and DDA staff.

II. IMPLEMENTATION DATE

- A. This policy begins 30 days after posting and overrides all other policies or guidance related to Assistive Technology and Services. ~~funded through a DDA Medicaid Waiver program (i.e. Community Pathways Waiver, Community Supports Waiver, Family Supports DDA Medicaid Waiver programs) or State funds.~~
- B. In the event of a public health or state of emergency, this policy can be overruled by any and all federal authorities.

III. PURPOSE

~~This policy describes the~~ The purpose of this policy is to set forth applicable requirements and guidance for Assistive Technology and Services funded through a DDA-operated Medicaid Waiver Program (~~i.e., Community Pathways Waiver, Community Supports PWaiver, or Family Supports Waiver~~), or State funds.

IV. DEFINITIONS

- A. "Assistive Technology" or "AT" is an item, computer application, software, piece of equipment, or product system that maintains or improves a person's participant's functional ability and promotes their participant's ability to live independently and meaningfully participate in their community setting.

- B. "Assistive Technology Assessment" or "AT Assessment" is an assessment of a ~~person's participant's~~ functional abilities. This assessment determines whether and how Assistive Technology can improve the ~~person's participant's~~ functional abilities.
- C. "Assistive Technology Professional" or "AT Professional" is an individual ~~that~~ who provides Assistive Technology Services to a ~~person participant~~, as outlined in this policy.
- D. "Assistive Technology Services" are services that directly assist an individual in ~~the~~ selecting, purchasing acquisition, using, or maintaining ~~en~~ an Assistive Technology device.
- E. "Coordination of Community Services" are targeted case management services provided to help a person participants receiving and or requesting services funded by the DDA. Targeted case management services are provided pursuant to, and in accordance with COMAR 10.09.48., ~~assisting participants in requesting DDA-funded services.~~
- F. "Coordinator of Community Services" or "CCS" is an individual who provides Coordination of Community Services. They can be either ~~as~~ an employee or contractor of a DDA provider of Coordination of Community Services.
- G. "DDA Medicaid Waiver Program" is one of ~~refers to the~~ three Medicaid Home and Community-Based Waiver programs operated by the Developmental Disabilities Administration (~~DDA~~) that serve eligible children and adults with intellectual and developmental disabilities. These programs are approved by the Centers for Medicare & Medicaid Services and include the:
1. Family Supports Waiver;
 2. Community Pathways Waiver; and
 3. Community Supports Waiver.
- H. "DDA Provider" is an individual or entity that is licensed or certified and/or approved by the Maryland Department of Health to provide

DDA-funded services to people participants(s) in accordance with the DDA's requirements.

- I. "Department" is the Maryland Department of Health.
- J. "Direct Support Services" are services provided directly to a person participant~~by direct support staff, that help them keep, learn, or improve skills and daily functioning.~~ These include ~~ing~~ support for skill development, community integration and engagement, and addressing personal, behavioral, communication, or other needs.
- K. "Direct Support Staff" or "Direct Support Professionals" ~~or ("DSP")~~ are people who are paid ~~by a Waiver program~~ to provide direct support services to a person participant.
- L. "Environmental Modifications" are physical modifications or changes made to the person's participant's home, which are based on an Environmental Modification-Assessment. Modifications are made to designed to support the person's participant's ability to live with greater independence. ~~efforts to function with greater independence or to create a safer, healthier environment.~~
- M. "Financial Management and Counseling Services" or "FMCS" [formerly called Fiscal Management Services or FMS] are services provided to support a person participant using the DDA Self-Directed Services Delivery Model in using their budget authority and, if applicable, employer authority. FMCS services include, but are not limited to:
 - 1. Processing claims for payment for Waiver Program Services in accordance with the person's participant's self-directed budget allocation; and
 - 2. Verifying that the DDA provider, vendor, or direct support staff meet all qualifications to provide the Waiver Program Service.
- N. "Legal guardian" is either:
 - 1. A natural or adoptive parent of a person under the age of 18; or

- ~~2.—A person who has been appointed by a court order as guardian of the person. ~~or property of another person, an applicant or participant by an order of a court of competent jurisdiction.~~~~
- O. "Legally Responsible Person" is an individual who has a legal obligation under the provisions of Maryland law to care for another individual. This includes:
1. A parent of a minor (either natural or adoptive), legal guardian; or
 2. An individual otherwise legally responsible for the care of a minor. ~~(e.g., foster parent or relative appointed by court).~~
- P. "LTSSMaryland" is an electronic information system, developed and supported by the Maryland Department of Health. It is used by Developmental Disabilities Administration (DDA), the CCS, and DDA Providers to create, review, and maintain records about:
1. An ~~person's individual's~~ eligibility status for DDA-funded services; and
 2. The ~~individual's person's PCP person-centered plan~~, and services and funding authorized by the DDA.
- Q. "Occupational Therapist" is a medical professional licensed by the Board of Occupational Therapy to practice occupational therapy, in accordance with the Health Occupations Article of the Maryland Annotated Code and the Code of Maryland Regulations.
- R. "Organized Health Care Delivery System (OHCDS)" is a public or private organization that delivers health services. OHCDS are approved by the Department of Health to provide Waiver Program services to a person participants, in accordance with, [COMAR 10.22.20](#)
- ~~S.—"Participant" is an individual who receives DDA-funded services.~~
- T. "Person" is an individual who receives DDA-funded services.

- U. "Person-Centered Plan" or "PCP" is a written plan developed through a planning process, driven by the ~~person-individual~~ with a developmental disability, in order to:
1. Identify their goals and preferences ~~of the individual with a developmental disability~~;
 2. Identify services to support ~~them to individual in~~ pursue their ~~individual's~~ personally defined outcomes in the most integrated community setting;
 3. Direct the delivery of services that reflect their ~~individual's~~ personal preferences and choice; and
 4. Identify their ~~individual's~~ specific needs that must be addressed to ensure their ~~individual's~~ health and welfare.
- V. "Regional Office" or "RO" refers to one of the DDA's four local offices. ROs are the point of contact for applicants, ~~people getting DDA-funded services participants~~, families and DDA providers living and working in the counties they serve. Each RO has the authority to review individual Person-Centered Plans and approve funding for services. The Regional Offices include the:
1. Central Maryland Regional Office, serving Anne Arundel, Baltimore, Howard, and Harford Counties and Baltimore City;
 2. Eastern Shore Regional Office, serving Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties;
 3. Southern Maryland Regional Office, serving Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties; and
 4. Western Maryland Regional Office, serving Allegany, Carroll, Frederick, Garrett, and Washington Counties.
- W. "Relative" is a natural or adoptive parent, step-parent, or sibling of ~~an applicant or person getting DDA-funded services participant~~ who is not also a ~~legal guardian or~~ Legally Responsible Person.

- X. "Self-Directed Services ~~(SDS)~~ Delivery Model" or "SDS Delivery Model" is a model of service delivery that the DDA provides through its Waiver programs. In the SDS Model the person (not the provider) has: ~~means the method for delivery of Waiver program services to the participant that is an alternative to the traditional services delivery model, whereby the participant or the participant's designated representative manages aspects of service delivery. the power and responsibility:~~
1. The power and responsibility for overseeing, coordinating, and directing the services they have been approved to receive;
 2. Budget authority over how the Medicaid funds are spent to purchase authorized services; and
 3. Employer authority to recruit, hire, train, and supervise the staff and service providers they want to hire.
- Y. "Speech-Language Pathologist" ~~is means~~ a medical professional licensed, by the State Board of Examiners for Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists, to practice speech-language pathology, in accordance with the Health Occupations Article of the Maryland Annotated Code and the Code of Maryland Regulations.
- Z. "Team" is a group of people, chosen by a person participant or their legal guardian, who participate in development of the person's participant's Person-Centered Plan, along with the person participant and the CCS.
- AA. "Traditional Services Delivery Model" is a service delivery model that the DDA provides through its Waiver programs. In the Traditional Model the person participant chooses a DDA Provider who is responsible for overseeing, coordinating, and providing their approved services.
- BB. "Waiver Program Service" is a service funded by a DDA operated Medicaid Waiver Program.
- CC. "Vehicle Modifications" are physical adaptations to a vehicle to make the vehicle accessible to the person participant.

V. POLICY

- A. Assistive Technology and Services provide many different types include an array of technologies and services to help assist a person participants to:
1. ~~In-maintaining~~ or ~~improving~~ their functional abilities;
 2. Enhance their interactions, support meaningful relationships; and
 3. Promote their ability to live independently, and meaningfully participate in the community.
- B. Assistive Technology and Services include:
1. Assistive Technology Assessment;
 2. ~~Purchasing Acquisition of~~ Assistive Technology;
 3. Installation and instruction on use of Assistive Technology; and
 4. Maintenance of Assistive Technology.
- C. Assistive Technology and Services are available to a person participants who need them as documented demonstrated the need for this service in their Person-Centered Plan (PCP).~~as further described in this policy.~~

VI. STANDARDS

A. Assistive Technology

1. Assistive Technology is an item, computer application, software, piece of equipment, or product system that only includes:
 - a. Speech and communication devices, also known as augmentative and alternative communication devices (AAC), such as speech generating devices, text-to-speech devices, and voice amplification devices;
 - b. Blind and low vision devices, such as video magnifiers, devices with optical character recognizer (OCR), and Braille note takers;
 - c. Deaf and hard of hearing devices, such as alerting devices, alarms, and assistive listening devices;

- d. Devices for computers and telephone use, such as alternative mice and keyboards or hands-free phones;
- e. Environmental control devices, such as voice activated lights, lights, fans, and door openers;
- f. Aids for daily living, such as weighted utensils, adapted writing implements, and dressing aids;
- g. Cognitive support devices and items, such as computer or phone applications, task analysis applications, or reminder systems;
- h. Remote support devices or applications for computers or phones, such as assistive technology health monitoring (e.g., blood pressure bands and oximeter) and personal emergency response systems; and
- i. Adapted toys and specialized equipment, such as specialized car seats and adapted bikes.

2. Assistive Technology may be bought, modified, or customized.

B. Assistive Technology Services~~only include:~~

1. Assistive Technology Service is a service that directly helps an individual to select, purchase, use, or maintain an Assistive Technology device.
2. Assistive Technology Services include:
 - a. Assistive Technology Assessment;
 - b. Training or technical assistance for the person individual and their support network, including family members, direct care staff, and others.~~individuals supporting the participant (e.g., relatives and direct support staff), as applicable, including provision or development of~~
 - c. Program materials and assistance in the development of adaptive materials;

- d. Repair and ongoing maintenance; ~~of assistive technology;~~
- e. ~~Programming and configuration of assistive technology;~~
Setting up Assistive Technology;
- f. Coordination and use of Assistive Technology with other ~~necessary~~ therapies, interventions, or services ~~set forth~~ identified in the ~~PCP Person-Centered Plan~~; and
- g. Obtaining Acquisition of Assistive Technology, including purchasing or leasing.

C. Exclusions

1. Assistive Technology and Services do not include:

- a. Wheelchairs;
- b. Environmental modifications;
- c. Adaptive driving and vehicle modifications;
- d. ~~Vehicle modifications, including adaptive driving;~~
- e. Services, equipment, items, or devices Assistive technology ~~or services~~ that are experimental or not authorized by federal or State law; or
- f. Architectural modifications;
- g. Smart phone devices and associated monthly service costs;
- h. Assistive Technology requiring a prescription by physicians or medical providers when the device is covered through:
 - i. The Medicaid State Plan as Durable Medical Equipment (DME);
 - ii. The Division of Rehabilitation Services (DORS); or
 - iii. Any other State funding program
- i. The following Waiver support services, such as:

- i Environmental Modifications;
- ii Remote Support Services; and
- iii Vehicle Modifications.

D. Assistive Technology Assessment

1. An Assistive Technology Assessment is required prior to the ~~acquisition of purchase~~ of the Assistive Technology when requested for the participant has a cost that equals or exceeds the cost is \$1,000 or greater.
2. ~~If the cost does not equal or exceed \$1,000, a~~ An Assistive Technology Assessment is not required prior to obtaining the Assistive Technology if the cost is less than \$1,000. ~~acquisition, provided however, that the~~
3. ~~A person participant~~ may still request an Assistive Technology Assessment regardless of the cost.
4. The Assistive Technology Assessment ~~must shall include contain~~ the following components:
 - a. A description of the ~~person's participant's~~ needs and goals;
 - b. A description of the ~~person's participant's~~ functional abilities without Assistive Technology;
 - c. A description of whether and how Assistive Technology will meet the ~~person's participant's~~ needs and goals; and
 - d. A list of all Assistive Technology and other Waiver program services (including a combination of any of the elements listed) that would be most effective to meet the technology needs of the person participant.
5. The Assistive Technology Assessment must be shared with the Coordinator of Community Services who will upload it in the ~~person's participant's~~ LTSS *Maryland* Client Attachments. The Assistive Technology Assessment must be saved as follows:

- a. (Insert ~~Person's Participant's~~ First.Last Name)-AT Assessment - (insert date)
 - b. Example: John.Smith - AT Assessment - 09/05/2021
6. If an Assistive Technology Assessment was completed by a professional and not through this Waiver service, it should be included in the ~~person's participant's~~ LTSS *Maryland* Client Attachments.

E. Obtaining ~~Acquisition of~~ Assistive Technology and Services

1. ~~Prior to obtaining acquiring~~ If the cost of the Assistive Technology and Services that equal to or exceed is \$1,000 or greater, the following documentation ~~must shall~~ be submitted to the DDA prior to purchase:
 - a. The Assistive Technology Assessment which includes the requested Assistive Technology and Services;
 - b. Three cost estimates.
2. If the person's request for Assistive Technology and Services ~~option requested for the participant~~ is over \$1,000 and it is not the most cost-effective option, the ~~person participant~~ must will provide documentation explaining why it is necessary.
3. The DDA Regional Office ~~will shall~~ review the above documentation and ensure:
 - a. The requested Assistive Technology and Services addresses the ~~person's participant's~~ assessed need as documented in their ~~participant's~~ PCP Person-Centered Plan; and
 - b. Select the most cost-effective Assistive Technology and Services option that best meets the ~~person's participant's~~ assessed need, unless an explanation of why the chosen option is the most cost-effective.

F. Installation, Maintenance, and Instruction on Use of Assistive Technology

1. Upon delivery of the Assistive Technology to the person participant, the provider of Assistive Technology and Services DDA Provider ~~must shall facilitate the~~ installation of the technology and ~~ensure-make sure~~ it is in good operating condition and repair in accordance with applicable specifications.
2. ~~If specified in the approved person-centered plan,~~ The provider of Assistive Technology and Services DDA Provider ~~shall must~~ provide training to the person participant, their direct support staff, their caretaker(s), and their family members on the proper use and care maintenance of the device.

Maintenance of Assistive Technology

3. ~~If specified in the approved person-centered plan,~~ ~~t~~The provider of Assistive Technology and Services DDA Provider ~~shall must~~ provide ongoing maintenance and repair of the Assistive Technology in accordance with the applicable specifications ~~and as written in the PCP.~~
4. Upon performance of any maintenance, the Assistive Technology must be in good operating condition and repair in accordance with the applicable specifications.
5. If a device needs to be removed from the person's participant's home for repair, a similar device that meets the person's participant's needs may be leased while the permanent device is being repaired.
6. Providers of Assistive Technology and Services must protect the privacy and security of a person's personal protected health information.

G. Criteria to be Eligible

1. A person participant may be eligible to receive funding for Assistive Technology and Services if:

- a. The person participant:
- i—Is enrolled in ~~either the self-directed services delivery model or the traditional services model; a DDA Medicaid Waiver Program; and~~
 - ii Has an assessed need for this service, which is documented in their approved PCP Person-Centered Plan;
- b. All other available and appropriate funding sources have been explored, exhausted, and documented in the person's participant's file prior to accessing DDA funding for this service, including, but not limited to: ~~the following non-exhaustive list of examples:~~
- i Maryland Medicaid State Plan;
 - ii—~~Maryland Department of Disabilities Technology Assistance Program;~~
 - iii Division of Rehabilitation Services (“DORS”);
 - iv State Department of Education;
 - v Department of Human Services; and
- c. The request for funding of this Waiver program service meets all ~~applicable the~~ requirements in ~~as set forth in this applicable laws and regulations,~~ this policy, guidance and the DDA Medicaid Waiver Program application.

H. Special Service Requirements and Limitations

Assistive Technology and Services provided to the person participant ~~must shall~~ be ~~provided~~ the most cost-efficient option available that meets the needs of the person participant, unless otherwise authorized by the DDA.

I. Requirements to be Paid for Services

1. ~~The A provider of Assistive Technology and Services DDA Provider~~ must be appropriately licensed or certified by the Department to provide for provision of Assistive Technology and Services, ~~including~~ as a:
 - a. Organized Health Care Delivery Services provider; or
 - b. Assistive Technology Professional.
2. Organized Health Care Delivery Services providers must:
 - a. Meet all qualifications as outlined in [COMAR 10.22.20](#) and the [Organized Health Care Delivery System Policy](#);
 - b. Ensure that staff meet all qualifications as outlined in the approved DDA Medicaid Waiver Program application at the time of service delivery;
 - c. Verify the licenses, credentials, and experience of all Assistive Technology professionals with whom they contract or employ initially and prior to delivery of services;
 - d. Maintain a copy of the licenses, credentials, and documented experience of all Assistive Technology Professionals; and
 - e. Present a copy of the licenses, credentials, and documented experience of all Assistive Technology Professionals to the DDA upon request.
 - f. Keep documentation and records regarding delivery of services in accordance with the applicable laws, regulations, policies, and guidance, and the DDA Medicaid Waiver Program application.
3. An individual Assistive Technology Professional providing this service ~~shall be~~ must be a:
 - a. Licensed home contractor or Division of Rehabilitation Services (DORS) approved vendor; and

- b. Be a licensed as a Speech-Language Pathologist by the Maryland Board of Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists ~~license for~~; or
 - c. An Occupational Therapist licensed by the Maryland Board of Occupational Therapy Practice ~~license~~.
4. Assistive Technology Professional credentialing, licensing, or certification requirements:
- a. An Assistive Technology professional ~~performing-conducting~~ Assistive Technology Assessments, with the exception of services related to Speech Generating Devices, ~~must shall~~ meet the following requirements:
 - i. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP); or
 - ii. Have one of the following certifications:
 - (1) California State University Northridge (CSUN) Assistive Technology Applications Certificate; or
 - (2) Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP).
 - b. An Assistive Technology professional ~~performing-conducting~~ an Assistive Technology Assessment for any Speech Generating Devices ~~must shall~~ meet the following credentialing, licensing, and certification requirements:
 - i. Speech Generating Devices Needs Assessments and recommendations must be completed by a licensed Speech Therapist; ~~and~~
 - ii. Program and training for Speech Generating Devices must be conducted by:
 - (1) RESNA Assistive Technology Practitioner (ATP);
or

(2) California State University Northridge (CSUN)
Assistive Technology applications certificate
professional;

5. An entity designated by the Division of Rehabilitation Services (DORS) providing this service and approved as a DDA Assistive Technology service vendor.

6. Under the Self-Directed Service Delivery Model all qualifications must be met:

a. As outlined in the approved DDA Medicaid Waiver Program application at the time of service delivery; and

b. As confirmed by the Financial Management and Counseling Services (FMCS) agency.

~~7. The DDA provider People in the Self-Directed Services Delivery Model and their FMCS agencies providing this service whether under the traditional services delivery model or self-directed services delivery model,~~ must ~~keep maintain~~ documentation and records regarding delivery of services in accordance with the applicable laws, regulations, policies, and guidance, and the DDA Medicaid Waiver Program application.

J. Rates/Billing

1. Rates shall be reasonable, customary, and necessary, as determined by the person's participant's needs and recommended by their team.

~~2. Rates under the traditional service delivery model are posted on the DDA Rates and Invoices webpage and LTSS Maryland webpage.~~

~~3. Participants under the Self-Directed Service delivery model determine pay rates based on the reasonable and customary rates posted on the DDA Self-Directed Forms webpage.~~

2. Providers of Assistive Technology and Services and FMCS Agencies rendered under the traditional service delivery model are billed in

~~accordance with~~ must follow authorization and documentation in accordance with the [DDA Guidelines for Service Authorization and Provider Billing Documentation](#).

3. Under the Traditional Service Delivery Model, Assistive Technology and Services are billed ~~in-LTSSMaryland or PCIS2, based on~~ [DDA Guidance for Operating in PCIS2 and LTSSMaryland](#).
4. Under the Self-Directed Service Delivery Model ~~Assistive Technology and Services provided the person must submit invoices as per their FMCS agency's policies and practices. billed through the invoicing process outlined by the participant's FMCS provider.~~

K. Legally Responsible Individuals, Legal Guardians, or Relatives Requirements

A Legally Responsible Person, relative, or legal guardian ~~participant~~ cannot be paid by the Waiver program, either directly or indirectly, to provide this Waiver Program Service.

VII. LEGAL REFERENCES

- A. [Family Supports Waiver](#)
- B. [Community Pathways Waiver](#)
- C. [Community Supports Waiver](#)
- D. [COMAR 10.09.48](#)
- E. [COMAR 10.22.20](#)
- F. [COMAR 10.41.03](#)
- G. [COMAR 10.46.01](#)

VIII. REFERENCE MATERIALS

- H. [DDA Self-Directed Forms](#)
- I. [DDA guidance for Operating in PCIS2 and LTSSMaryland](#).

- J. [DDA - Service Authorization and Provider Billing Documentation Guidelines](#)
- K. [Maryland Medicaid DME/DMS/Oxygen Approved List of Items](#)
- L. [Maryland Department of Disabilities Assistive Technology Program](#)
- M. [Maryland Provider Search Directory](#)
- ~~N. [Maryland Technology Assistance Program](#)~~

IX. RELATED POLICIES

- O. [Organized Health Care Delivery System](#)

X. ATTACHMENTS

- P. At A Glance - Assistive Technology and Services
- Q. At A Glance - Technology First