

**ASSISTIVE TECHNOLOGY
PURCHASE REQUEST
EXAMPLE**

THE ASSISTIVE TECHNOLOGY (AT) SCREENING AND ASSESSMENT IS REQUIRED TO BE COMPLETED PRIOR TO SUBMISSION OF THE ASSISTIVE TECHNOLOGY PURCHASE REQUEST FORM. SEE THE PROCEDURES FOR SERVICES IN NATURAL ENVIRONMENTS, APPENDIX A, FOR ADDITIONAL GUIDANCE

SECTION 1: CHILD, AT PROVIDER, AND SERVICE COORDINATOR INFORMATION

Name of Child: Jason Richards	DOB: 07/06/18
BRIDGES ID #: 353588	Date: 08/09/20
AT Provider Name: Pediatric Prosthetics and Orthotics for Development (P-POD)	
AT Provider Address: 223 Cedar Springs Rd, Spartanburg, SC 29306	
AT Provider E-mail Address: Info@ppods.com	AT Provider Fax Number: (800) 371-2778
Service Coordinator Name: Mary Beth Lacey	Service Coordinator Agency/Company: Happy Babies, LLC
Service Coordinator Telephone: (864) 135-7111	Service Coordinator E-mail: MBLacey@HBLLC.com

SECTION 2: DETAILS OF ASSISTIVE TECHNOLOGY REQUESTED (ATTACH ADDITIONAL SHEETS AS NEEDED).

Item Description	Procedure Code	Provider Rate per Item	Quantity	Sub-Total (Provider Rate x Qty)
<i>Example: AFO</i>	<i>L1907</i>	<i>\$561.71</i>	<i>2</i>	<i>\$1,223.42</i>
Scallop by R82	E2617	\$175.95	1	\$175.95
Versa Form Plus 22" x 12" (56 cm x 30.5 cm)	E0422	\$148.95	1	\$148.95
Versa Form Vacuum Pump	E0618	\$111.95	1	\$111.95
Terry Cloth Cover 22" x 26" (56 cm x 30.5 cm)	E1215	\$61.95	2	\$123.90
Versa Form Replacement Valve	E0706	\$13.95	1	\$13.95
NOTE: FINAL APPROVED RATE MAY DIFFER FROM REQUESTED PROVIDER RATE.				PROVIDER SUBTOTAL \$574.70

SECTION 3: SUPPORTING DOCUMENTATION**THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE AT PURCHASE REQUEST:**

- ✓ Assistive Technology Screening and Assessment
- ✓ If requesting an online order, a printout of item and website where the item will be ordered
- ✓ Insurance information current in BRIDGES
- ✓ Quote on provider letterhead listing breakdown of manufacturer's suggested retail price (MSRP) AND Medicaid codes when item(s) are considered Durable Medical Equipment (DME)

SECTION 4: SERVICE COORDINATOR PAYOR OF LAST RESORT VERIFICATION

YES	NO	NA	HAS THE SERVICE COORDINATOR OR OTHER MEMBERS OF THE IFSP TEAM
		✓	Contacted the SC Assistive Technology Program (SCATP) for equipment reuse, device loan, or equipment exchange for the requested device(s)?
		✓	Contacted the SC Equipment Distribution Program equipment reuse, device loan, or equipment exchange for the requested device(s)?

IDEA/PART C STATE OFFICE RESERVES THE RIGHT TO SUBSTITUTE PROVIDERS OF NON-CUSTOMIZED OR OFF-THE SHELF ASSISTIVE TECHNOLOGY DEVICES IF SIGNIFICANT COST SAVINGS CAN BE ACHIEVED.

ASSISTIVE TECHNOLOGY SCREENING AND ASSESSMENT EXAMPLE

THE IDEA/PART C ASSISTIVE TECHNOLOGY SCREENING AND ASSESSMENT IS FACILITATED BY THE SERVICE COORDINATOR AND COMPLETED BY THE PARENT AND OTHER MEMBERS OF THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) TEAM.

SECTION 1: CHILD AND SERVICE COORDINATOR INFORMATION

Name of Child: Jason Richards	DOB: 7/6/18
Date of AT Screening and Assessment: 8/9/20	BRIDGES ID #: 353588
Service Coordinator Name: Mary Beth Lacey	Service Coordinator Agency/Company: Happy Babies, LLC
Service Coordinator Telephone: 864) 135-7111	Service Coordinator E-mail: <u>MBLacey@HBLLC.com</u>

SECTION 2: ASSISTIVE TECHNOLOGY SCREENING: ANSWER EACH OF THE FOLLOWING QUESTIONS BY PLACING A CHECKMARK IN EITHER THE YES OR NO COLUMN. ALL QUESTIONS MUST BE ANSWERED. IF THE ANSWER TO ANY QUESTION IN SECTION 2 IS 'NO,' THE DEVICE DOES NOT MEET THE DEFINITION OF ASSISTIVE TECHNOLOGY UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) AND IS INELIGIBLE FOR THE USE OF IDEA/PART C SERVICE FUNDS TO PURCHASE THE DEVICE. STOP THE ASSESSMENT AND PROCEED TO SECTION 4.

YES	NO	
✓		Is this a device or adapted materials?
✓		Can the child be independent <i>only with the device/adaptation</i> ?
✓		Does the family agree to the use of the device/adaptation?

SECTION 3: ASSISTIVE TECHNOLOGY ASSESSMENT

- In what area(s) of development does the child have a disability or significant delay in development? **Gross motor and self-help; communication.**
- What is the device or adaptation recommended by the IFSP team? **A molded/contoured insert for his highchair.**
- What was tried prior to this assessment? **Pillow rolls, towels, and small cushions.**
- Why were earlier interventions unsuccessful? **The things we've used have worked but are not stable enough to allow Jason to use his arms and hands when eating without needing readjustment throughout each meal. Also, per child assessment of 07/19/19 by Christine Cagney, Special Instructor, Jason can sit by himself on the floor or in his highchair but falls over when reaching for food or toys. When his mother, Sarah, sits next to him with her arm around his shoulders, he can reach, pick things up, and get them in his mouth. Because Brian (baby brother) is so much younger and needs to be fed, it is hard for Sarah to help both boys eat at the same time. Family meals take a long time.**
- List all assistive technology devices/adaptations the child currently uses. **None currently.**
- In which routines and activities will the device/adaptation be used? **Meals, snacks, hanging out in the kitchen while Sarah is cooking or feeding Jason's brother.**
- How will the device/adaptation improve the child's engagement, independence, and/or social relationships in these routines and activities? **The highchair insert will allow Jason to be independent at meals with finger foods. Because Sarah will only have to help him with spoon foods and liquids, both Sarah and Jason will be able to engage and interact with each other, Brian, and Jarrod in ways that do not focus on solely on Jason's eating.**
- List the IFSP outcomes the device/adaptation will support. **We would like Jason to use his fingers at breakfast, lunch, and dinner to pick up food and eat by himself so that our meals can include him, and I can help his brother.**

9. List the procedure code for the device/adaptation (e.g., L1907; code search is available at <http://www.icd10data.com/ICD10PCS/Codes>) **F07K3FZ: Motor Function Treatment of Musculoskeletal System - Upper Back /Upper Extremity using Assistive, Adaptive, Supportive or Protective Equipment**

SECTION 4: SIGNATURE OF IFSP TEAM MEMBERS. THE EIS PROVIDER REQUESTING THE AT MUST BE PRESENT FOR THE ASSISTIVE TECHNOLOGY SCREENING AND ASSESSMENT MEETING. ALL IFSP TEAM MEMBERS ARE ENCOURAGED TO PARTICIPATE IN PERSON OR BY PHONE. PARTICIPATION BY WRITTEN EVALUATION IS PROHIBITED FOR THIS ACTIVITY.

Signature/Name	Role	Agency (if applicable)	Participation Method (check one)		Date
			In Person	Phone	
<i>Sarah Richards</i> / Sarah Richards	Parent		✓		8/9/20
N/A	Parent				
<i>Mary Beth Lacey</i> / Mary Beth Lacey	Service Coordinator	Happy Babies, LLC	✓		8/9/20
<i>Christine Cagney</i> / Christine Cagney	Special Instructor	Happy Babies, LLC	✓		8/9/20
<i>Sasha Fierce</i> / Sasha Fierce	Speech Language Pathologist	Mouths o' Babies, LLC		✓	8/9/20
<i>Nina Simone</i> / Nina Simone	Occupational Therapist	New Day Therapies, Inc.	✓		8/9/20



New Day
Therapies,
Inc.

Nina Simone, OTL, MOT

864-421-1924 Cell

864-618-1932 Fax

NewDayTherapies@freemail.com

8/1/20

Re: Jason Richards

DOB: 7/6/18

Dr. Derek,

Jason was referred to me following development of his initial IFSP with BabyNet to evaluate concerns regarding his seating during family meals and other activities. I evaluated Jason in his home on 7/29/20 so that I could observe his posture, balance and muscle tone during ADLs.

Jason exhibits mild to moderate hypotonia in his trunk, with fixing of his scapula to compensate for trunk instability, and mild to moderate hypotonia in his upper and lower extremities. For pediatric ADLs such as mealtimes, floor play, etc., the status of his muscle tone impacts his ability to independently reach and grasp objects, bring objects to midline, self-feeding, and drink from a cup. While Jason is aware and motivated to attempt these activities, doing so in an unsupported sitting position results in loss of balance and falling.

It is recommended that Jason be fitted with an individualized molded seating device that can be used for meals and floor play. Addressing the trunk instability now will give Jason the best chance at continuing to develop his fine motor skills, cognition, hand-eye coordination, and age-appropriate independence with ADLs.

Please feel free to contact me with any questions you have concerning Jason, or my recommendation. I can be reached at the number or e-mail address listed above. Thank you for your consideration of this request.

Sincerely,

Nina Simone

Nina Simone, OTL, MOT
Occupational Therapist

DEREK SHEPARD, M.D.

1330 BOILING SPRINGS ROAD
SPARTANBURG SC 29303

NAME: Jason Richards

DOB: 7/06/18

ADDRESS: 532 Bays View Road, Pacelot, SC 29372

DATE: 8/5/20

RX

Individually molded seating system for feeding and other family activities.

Dr. Derek Shepard

SIGNATURE



P-Pod

Pediatric Prosthetics and Orthotics for
Development

223 Cedar Springs Road
Spartanburg SC 29306

info@ppod.com

Fax: 1-800-371-2778

Service Estimate

Patient Information		
Patient Name (Last, First, MI) Richards, Jason P.	Patient ID 0745	Patient DOB 07/06/18
Device Type Molded Seating System	Visit Type Admin Documentation	Visit Date
Gender M	Address and Phone	
Insurance Info Primary BCBS of SC #ZCQ7191739X	Home Address 532 Bays View Rd	
Physician Name Derek Shepard	Pacelot, SC 29372	
	Home Phone (864) 202-2221	

Code	Description	Fee	Amt	Total
E2617	Scallop by R82, Item# SS991051-1CR21F, size 2	\$175.95	1	\$175.95
E2617	Versa Form Plus 22" x 12" (56 cm x 30.5 cm), Item# A081012988	\$148.95	1	\$148.95
E2617	Versa Form Vacuum Pump, Item# A081012970	\$111.95	1	\$111.95
E2617	Terry Cloth Cover 22" x 26" (56 cm x 30.5 cm, Item# A081012996	\$65.95	2	\$123.90
E2617	Versa Form Replacement Valve, Item# A081012939	\$13.95	1	\$13.95
			Sub Total:	\$574.70
			Sales Tax:	\$0.00
			Grand Total:	\$574.70