

## **WAC 388-845-0425**

### **Are there limits to the assistive technology you ((can)) may receive?**

The assistive technology you may receive has the following limits:

- (1) Clinical and support needs for assistive technology are identified in your DDA assessment and documented in the person-centered service ((plan/individual support)) plan.
- (2) Assistive technology may be authorized as a waiver service by obtaining an initial denial of funding or information showing that the technology is not covered by Medicaid or private insurance.
- (3) The department does not pay for experimental technology as defined in WAC 182-531-0550.
- (4) The department requires your treating professional's written recommendation regarding your need for the technology. This recommendation must take into account that:
  - (a) The treating professional has personal knowledge of and experience with the requested assistive technology; and
  - (b) The treating professional has recently examined you, reviewed your medical records, and conducted a functional evaluation of your use of the equipment and determined its effectiveness in meeting your identified need.
- (5) Assistive technology requires prior approval by the DDA regional administrator or designee.
- (6) The department may require a written second opinion from a department selected professional that meets the same criteria in subsection (4) of this section.
- (7) The dollar amounts for your IFS waiver annual allocation limit the amount of assistive technology you are authorized to receive.
- (8) Assistive technology excludes any item that is for recreational or diversion purposes such as a television, cable, or DVD player.
- (9) SHS-4648.2