



NYC Early Intervention Program Assistive Technology Medical Necessity Justification Form

Service Providers: The Individual Rendering Provider must complete this form for each device being requested and submit it to their AT Agency Coordinator for submission to the child's Service Coordinator. The Individual Redering Provider must contact the TRAIID Center via email: techworks@adaptcommunitynetwork.org to determine ATD availability. Documentation of the outcome of this discussion ir required in order for the ATD category to be considered. The AT Agency Coordinator submits this completed form, the physician's order/recommendation, and the most current Progress Note written by the Individual Rendering Provider who is recommending the ATD to the child's Service Coordinator within 1 week of obtaining all of these required elements. A complete submission is required in order to support Medicaid and private insurance billing. If additional pages are included, indicate which question is being answered. **Service Coordinators:** Fax the completed ATD packet to the NYC AT Unit: 347-396-8967.

Child's Name: _____		DOB: ____/____/____	
EI #:	Service Type:	Service Location:	
Child's Diagnosed Condition(s):		ICD-10 Code(s):	
Individual Rendering Provider's Name:		Credentials:	
Can the child and caregiver travel to vendor location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. On what date did you email the TRAIID Center Loan Closet? (required) _____			
<input type="checkbox"/> TRAIID will provide a short-term loan until the requested device, if approved, is ordered and delivered to the family.			
<input type="checkbox"/> TRAIID will provide a long-term loan for the duration of the child's anticipated use.			
<ul style="list-style-type: none"> ▪ Anticipated provision date: _____ ▪ Anticipated length of loan: _____ 			
<input type="checkbox"/> TRAIID was contacted - device is not available.			
2. Requested ATD category:			
2a. List each accessory of the ATD category requested. Justify why each accessory is required to meet the child's current functional skills and ensures the child's safe and functional use of the ATD category:			
3. List the existing and new (if necessary) functional IFSP outcomes that the requested ATD category will address:			
4. Describe how the ATD category will help the child increase, maintain or improve his/her functional capabilities and meet his/her unique developmental needs and the IFSP functional outcomes:			
5. Indicate any precautions related to the child's medical/developmental condition(s) that may impact the safe use of the device:			

6. Describe how the ATD category will be integrated into the child's and the family's natural routines (include the settings where the device will be used, the routine activities, and the frequency with which the device will be used):
7. What lower-tech devices have you and the family discussed or used prior to this request? Explain why they are not appropriate for this child:
8. Identify any other ATD categories and/or adaptive items currently used by other Individual Rendering Providers, family, or by you, and describe how the requested ATD category may be used with them and any other requested ATD:
9. Describe how you will collaborate with the other Individual Rendering Providers serving this child and family (in the same setting or across settings) in the use of the proposed ATD category (if no other Individual Rendering Providers are serving this child, write "Not Applicable"):
10. List the parents/caregivers that require training on the device, and list the specific items that need to be addressed in that training to ensure the parents'/caregivers' safe and functional use of the ATD category:
<p>I understand and agree that if any ATD equipment is authorized for my child, I will not use the delivered device or allow my child to use the device until my therapist has instructed me in its safe and appropriate use.</p> <p>Parent/Caregiver Signature: _____ Date: ____/____/____</p>
<p>Individual Rendering Provider Signature: _____ Date: ____/____/____</p> <p>License/Certification #: _____ Phone Number: _____</p>