

## 10 Tips on Documenting the Need for Assistive Technology

Providing for assistive technology is such an individualized process that no specific pattern or set of phrases can guarantee funding, but there are a few clear themes for success.

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**D**ocumenting and justifying the medical necessity of assistive technology has become as much a part of the service delivery process as the AT evaluation itself. Funding sources such as health insurers, school systems and vocational rehabilitation agencies want to meet a client's needs in the most cost-effective manner.

Regardless of what is recommended, the funding source will always seek a lower-cost solution if that solution is considered equally reasonable in meeting the client's needs. Assistive technology professionals must provide clear and thorough documentation to describe the benefits of a particular type of intervention.

The Technology Special Interest Section Standing Committee of the American Occupational Therapy Association researched strategies for securing funding for assistive technology. After reviewing 10 samples, all of which were successful in securing funding, it

became clear that each person is unique. No particular statement or pattern assures funding. Some general guidelines did present themselves. Here's a list of the top 10 ideas.

**1. Speak to the Perspective of the Funding Source** The document should take the perspective of the funding source. If it's for an insurance company, talk about medical condition and need. Requests for funding from a school system should cover a person's ability to participate in educational activities. Vocational rehabilitation funding must reflect a person's ability to seek or maintain employment. Assume the reviewer knows nothing about the per-



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son or the device you are recommending, and has every incentive not to pay for it.

**2. Identify the User** Requests for funding should describe the person and his or her condition, including age, gender and diagnosis. Also include secondary conditions. Make sure the person is more than a set of conditions. Talk about what he or she needs and wants to do. Stress the importance of function for the person's ability to live, prevent secondary complications, participate in activities or function in society.

**3. Talk About the Client's Current Technology** By explaining the client's current technology or means of performing an activity, you establish a baseline to assist the reviewer in understanding the client's need. If no technology is used, describe what activities are not taking place, and how that could be changed. A change in the person's status may also justify a new intervention.

**4. List Specific Issues** Once the background information on a client has been established, it is sometimes helpful to clarify the goals for the intervention as a list of specific problems. Problem statements should be specific and list what the person cannot do, why, and the importance of that activity.

**5. Add Detailed Information** Details about a person's specific problem help make the report comprehensive. Include details about other devices or interventions for the client, his or her overall level of function, support systems, living situation, daily routines and future plans. This type of information indicates to the reviewer that the evaluation was thorough and the problem was not addressed in an isolated manner.

**6. Describe Evaluation Procedures** A key factor that will convince a reviewer that an intervention is necessary is the documentation of the evaluation procedures. This will show the problem-solving and decision-making techniques used to determine the intervention. Any standardized or nonstandardized assessment

**The letter should be limited to certain themes: who the person is, what the problem is, what is needed, what has been tried, and what consequences will result if the device is not available.**

tests, as well as trials with simulators or loaner equipment, should also be described. Discussing alternatives that were tried and proved to be unsuccessful adds strength to the justification.

**7. Describe the Function of the Equipment** The intricate features of the device should be described in relation to how they will add to the user's function. This is especially important if the intervention consists of several components. Without these details, reviewers might see components as add-ons.

**8. Provide Alternatives** Providing alternatives for a client's case can be particularly effective if the alternative would be more costly or would not benefit the client's overall well-being. Describe the potential outcome of not being provided with the intervention described in the report.


**9. Say It With Pictures** Photographs are a relatively low-cost way to illustrate the information presented. They can convey the need for the intervention, particularly when before-and-after images show differences with the client. For other clients, a videotape may be the best way to show interaction.

**10. Don't Ramble** If a letter is too long, there is a good chance the reviewer won't make it all the way through. Finding a balance between too short and too long can be tricky. Make sure the letter covers who the person is, what the problem is, what is needed, what alternatives have been tried, and what would happen if the device was not made available.

Reports or letters of medical necessity should always be written and signed by the clinicians involved in the evaluation, because they have an understanding and knowledge of the person's needs. A clinician brings an unbiased approach to the equipment being recommended, because he or she does not have any financial interest in what is recommended. For health insurance funding, the documents must be signed by the physician on the team.

Overall, the process of documenting and pursuing funding for AT is time-consuming, not reimbursable, and extremely inefficient. It is, however, one of the most important components of service delivery. There is little purpose in evaluating a person for AT interventions if you are not willing or do not have the resources to pursue funding to the end. There are some strategies to improve the process that will hopefully become more prevalent and available to service providers.

One tactic involves having the funding decision-maker present during the evaluation. Decision-makers generally have no knowledge of who the person is or much about intervention except for the cost. Being present during the evaluation helps the reviewer understand the person's needs, the decision-making process and the potential outcome. Some practitioners consider this an ideal situation, but currently it is more the exception than the rule. In these cases, documentation is often minimal and no time has to be spent after the evaluation advocating for the patient. This could be viable in a managed care environment where people with complicated needs are required to have a case manager present during the evaluation.

In an ideal managed care system, the primary care physician makes decisions about a person's needs. As managed care improves, physicians are regaining control over how they treat their patients. They will be rewarded on the basis of developing and coordinating treatment plans that are preventative and cost-effective. Philosophically, AT should be provided within a preventative and cost-effective context. 

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