

# ***SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY***

## **ADMINISTRATIVE PROCEDURE**

**NUMBER: DA1020**

**NAME: ASSISTIVE/THERAPEUTIC EQUIPMENT PROCEDURE**

INITIAL APPROVAL DATE:	04/24/2007	BY: Medical Dept. Committee
(LAST) REVISION DATE:	04/16/2025	BY: COO
(LAST) REVIEW DATE:	04/17/2025	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

### **PURPOSE**

To provide a mechanism for routine utilization, inspection, and maintenance of assistive and therapeutic equipment

### **I. APPLICATION**

Populations: All  
Programs: All direct and contracted

### **II. POLICY**

It is the policy of the Sanilac County Community Mental Health Authority (Sanilac CMH) to ensure that individuals served have access to and appropriately maintained assistive/therapeutic equipment.

### **III. DEFINITIONS**

Assistive Equipment: Items utilized to assist the individual in performing daily living activities including items such as wheelchairs, walkers, lifts, shower chairs, adaptive eating equipment, etc.

Therapeutic Equipment: Items utilized as part of a therapeutic treatment process including items such as whirlpools, mat tables, positioning devices, splints, weighted blankets, wrist/ankle weights, etc.

### **IV. STANDARDS**

1. All equipment required as part of an Individualized Plan of Service shall be authorized by a licensed Physician based on recommendations by a Physical Therapist (PT), Occupational Therapist (OT), or Primary Care Physician. The monitoring professional will ensure its availability and assess its continued appropriateness and proper maintenance on at least an annual basis. The PT or OT will be responsible for training staff on the use of assistive/therapeutic equipment. A PT/OT assessment should be conducted when providing equipment recommendations. A doctor's/provider's script is required to request an assessment and/or purchase recommended equipment.
2. All equipment utilized by multiple individuals at a home or program site will be the responsibility of the home or program supervisor. Consultation should be requested as needed by the supervisor with the Physical Therapist or Occupational Therapist to ensure appropriate equipment is selected. The supervisor will confirm on an ongoing basis that staff are trained in proper utilization of the available equipment and that all equipment is properly maintained.
3. When a new type of device is recommended, the responsible therapist or supervisor should consult with the Medical Director, Behavior Treatment Committee, and Recipient Rights Officer to determine if there are any agency restrictions on this type of device. No contractual provider or direct-run agency program may utilize equipment that has been prohibited by the agency due to its potential risks to the individual or potential violation of recipient rights. Prohibited equipment utilization currently includes the following:
  - a. Heating pads which require heating in a microwave.
  - b. The use of wheelchairs or safety belts to restrict an individual from movement.

**Sanilac County Community Mental Health Authority Procedure Manual**

**V. ATTACHMENTS**

None

**VI. REFERENCES:** Form #1023 (A) – Part I: Approval for Evaluation  
Form #1023 (B) – Part II: Prescription for OT/PT Professional Assessment