

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: 06/17/2021 BY: Policy Committee

(LAST) REVIEW DATE: 05/25/2023 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
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.

V. ATTACHMENTS

None

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