

North Carolina Assistive Technology Funds

Introduction

Assistive technology is a required service under the Infant-Toddler Program. Because it is costly and not always covered by a family's insurance, North Carolina has allocated funds to help provide assistive technology devices for infants and toddlers when funds are not available from other sources. To be eligible to access these funds, children must:

- be enrolled in the Infant-Toddler Program or, if prior to enrollment, have been diagnosed with hearing or life-sustaining problems that require immediate intervention (Note: If a request for funding is made prior to enrollment, the family must have requested Infant-Toddler-Program services.);
- have their need for assistive technology devices and services documented by appropriate assessment procedures, as outlined in this bulletin;
- have their need for and use of assistive technology devices and services, documented on their Individualized Family Service Plan, and
- lack full funding for the device from other sources.

In addition to establishing a funding process for assistive technology devices, the Division of Public Health, coordinative agency for assistive technology, created a network of early childhood Assistive Technology Resource Centers. The Assistive Technology Resource Centers provide an extensive inventory of equipment and developmental toys for short term loan to parents and professionals for use with children birth to age five who have special needs. These centers also offer training, consultation, and technical assistance in the selection and use of assistive technology devices, funding options, and the process for procuring equipment.

Note: Information in this Policy Bulletin regarding definitions, assessment, and Individualized Family Service Plan development should be applied to the use of assistive technology services and devices for all children, not just those using these special funds.

Definition of Assistive Technology Services and Devices

According to federal definition, **Assistive Technology Services** are services that assist in the selection, development, and training in the use of an assistive technology device. Assistive technology services include:

- a. evaluation of the needs of a child with a disability, including a functional evaluation of the child's customary environment;
- b. purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children with disabilities;

- c. selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- d. coordinating and using other therapies, interventions, or services with assistive technology devices such as those associated with existing education and rehabilitation plans and programs;
- e. training and technical assistance for a child with a disability or, if appropriate, that child's family, and
- f. training and technical assistance for professionals (including individuals providing early intervention services) or other individuals who may provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

Assistive Technology Devices include any items, pieces of equipment or product systems whether acquired commercially off the shelf, modified, or customized, that are used to increase, maintain, or improve the functional capabilities of children with disabilities.

Types of Assistive Technology Devices That Can Be Funded

While both assistive technology services and devices are required by the Infant-Toddler Program, these specially designated assistive technology funds may only be used to provide assistive technology devices.

Group A - Durable Medical Equipment - Products that are usually and customarily funded for infants and toddlers in order to promote and enhance access to and function in their environments. Durable Medical Equipment that may be available for purchase with North Carolina Assistive Technology funds include, but are not limited to, the following:

- aids for daily living and personal care
- standing and walking aids
- wheeled mobility aids (e.g., wheelchairs, strollers, transport chairs)
- seating and positioning systems
- prosthetics and orthotics (e.g., artificial limbs, braces, splints)
- augmentative communication aids
- hearing aids
- ramps to vehicles and homes
- home modifications
- vehicle adaptations

Group B - Learning and Developmental Aids - Products that are used to enhance learning and adaptations to various aspects of the infant or toddler's environment. Learning and developmental aids that may be available for purchase with North Carolina Assistive Technology funds include, but are not limited, to the following:

- computers, access and use
- alarm and emergency call systems
- telephone communication aids
- assistive listening aids
- cognitive and learning aids

Group C - Life Sustaining Equipment - Products that are life sustaining and needed by infants and toddlers for survival. (Federal guidelines do not address provisions for these devices but they are included in North Carolina funding for assistive technology.) Life-sustaining equipment includes, but is not limited to, the following:

- suction machines
- glucose monitors
- feeding pumps
- oxygen concentrators
- apnea monitors
- enteral and parenteral solutions and supplies
- pulse oximeters
- nebulizers
- ventilators

Note: Standard commercial devices commonly acquired by families of typically developing infants and toddlers may not be purchased with these special funds. Examples of non-funded items include: standard car seats, baby strollers, high chairs, infant seats and toys.

Evaluations for Assistive Technology Devices

An interdisciplinary team should conduct evaluations for assistive technology devices. This team should include the parent, the Service Coordinator, and professionals who have expertise in assistive technology and are approved Infant-Toddler Program evaluation providers. Low technology augmentative communication evaluations may be conducted by a Speech-Language Pathologist; however, an interdisciplinary team is required for high technology augmentative communication evaluations. It is strongly recommended that appropriate assistive technology devices be available during the assessment process for fitting and demonstration. Assistive technology suppliers or manufacturers may be involved as needed to assist in selecting particular devices.

Assessment for assistive technology devices may occur as part of the initial Infant-Toddler Program evaluation when a child is referred to the Infant-Toddler Program. It may also occur as part of follow-up to the initial evaluation or at any other time while a child is enrolled in the Infant-Toddler Program. Assessing the child's development and assistive technology needs is an ongoing process rather than a one-time event. The following areas should be assessed to determine whether a child may benefit from assistive technology and considered when selecting specific devices:

- muscle and joint function;
- gross motor skills, including posture and movement;
- fine motor skills, including play;

- personal care skills;
- speech and communication;
- sensory and perceptual function, including vision and hearing;
- cognition;
- health status;
- nutrition;
- family needs, interests, activities, lifestyle;
- child's interests and behaviors;
- safety, and
- natural environments.

The assistive technology team should address the following:

1. Developmental and functional needs of the child. Consideration should be given to the child's current developmental age and the ability of the equipment to enhance developmental skills and functioning of the child in typical routines, activities and settings.
2. Equipment and device options. Consideration should be given to whether outcomes can be accomplished through the use of existing resources (e.g., household items, toys, other commercial products used by children without special needs, etc.), loan programs, low-technology devices and other less obtrusive options, prior to progressing to high-technology equipment. The team should evaluate the advantages and disadvantages of all similar devices before selecting a particular device.
3. Needs of the family. Consideration should be given to devices that fit into the family's life style and natural environments with the least amount of disruption and enhance the family's ability to care for the child and support his development.
5. Training. Outcomes must reflect how children and caregivers will be trained in the use of the assistive technology equipment.
6. Monitoring and Evaluation. The Individualized Family Service Plan must reflect how use of the device will be monitored and evaluated including timeframes and persons responsible. On-going monitoring should consider the changing developmental needs of the child and whether the equipment will continue to be appropriate.
7. Funding. The Service Coordinator, with assistance of the parent and other members of the Individualized Family Service Plan team, should identify and seek funding for the assistive technology devices. Possible funding sources include: insurance, Medicaid, Medicaid waiver programs, Children's Special Health Services, North Carolina Assistive Technology Funds and charitable organizations. North Carolina Assistive Technology Funds may only be used if full payment is not available from other sources.

The Individualized Family Service Plan

The specification and coordination of assistive technology services and devices are carried out through the Individualized Family Service Plan. In addition to the documentation required on any Individualized Family Service Plan, one that includes assistive technology devices must clearly indicate:

- the need for assistive technology;
- specific measurable outcomes to be achieved through the use of the assistive technology devices;
- time frames for the use of assistive technology devices;
- methods and procedures for the use of assistive technology devices and how assistive technology services will be provided;
- training required for the child, family, and other service providers on the use of assistive technology devices;
- monitoring and maintenance of assistive technology devices, and
- funding sources to defray the cost of assistive technology devices and accompanying assistive technology services.

The Individualized Family Service Plan must be developed with collaborative planning between early intervention service providers and the parent. The child's and family's strengths and needs should be included on the Individualized Family Service Plan as well as the names of early intervention service providers and others responsible for implementing the intervention plan. Outcome statements should reflect the task or skill the child will be able to achieve and does not need to directly reference the device. The type of specific assistive technology device may be noted under the section of the Individualized Family Service Plan that details the methods, procedures or activities required to achieve the outcome. See sample outcomes related to assistive technology at the end of this Policy Bulletin. (*For additional information, see Policy Bulletin #25 - Individualized Family Service Plans.*)

Funding Assistive Technology Devices

Detailed information about the funding approval process for assistive technology devices can be found on the North Carolina Newborn Hearing Screening website at www.nchealthychildren.com. A copy of the guidelines for prior approval, along with technical assistance regarding funding for assistive technology, can be obtained from the Children and Youth Branch of the Division of Public Health at (919) 715-3302. Persons may also call the toll free Children's Special Health Care Needs Hot-line at (800) 737-3028. Technical assistance is also available from:

- Children's Developmental Services Agencies
- Assistive Technology Resource Centers
- Regional Public Health Consultants (Speech, Audiology, Physical Therapy, Nursing)

Sample Outcomes for the Individualized Family Service Plan

Sample 1

Start Date	Outcome	Activities	Person Responsible	Target Date
1/3/05	Naresh will participate in story time by using short two word phrases.	<p>a) Assess motor abilities necessary to use augmentative communication device and recommend strengthening activities needed to increase motor skills.</p> <p>b) Help family get Cheap Talker or other device and adapted books. Monitor and document progress and receipt of services.</p> <p>c) Teach parents, preschool teacher, and Early Intervention Specialist how to help Naresh use the device while reading stories to him. Evaluate progress.</p> <p>d) Use the device with Naresh when reading stories to him. Take Naresh to library story hour. Provide turn taking activities with sibling and peers.</p> <p>e) Provide assistance with storytelling activities.</p>	<p>Occupational Therapist</p> <p>Service Coordinator</p> <p>Assistive Technology Resource Center</p> <p>Speech Pathologist</p> <p>Family Preschool Teacher</p> <p>Early Intervention Specialist</p>	5/3/05

Sample 2

Start Date	Outcome	Activities	Person Responsible	Target Date
1/3/05	Sara will use utensils to feed herself at least half of the soft foods during snack time and meals.	a) Help family get special spoon and plate. Teach parents and Early Intervention Specialist how to help Sara use the special spoon and plate. Provide assistance and evaluate progress. b) Use special spoon and plate with Sara. c) Identify toys Sara can use throughout the day to build hand strength. d) Monitor and document progress and receipt of services.	Occupational Therapist Parents Early Intervention Specialist Service Coordinator	5/15/05 (Snack Time) 7/15/05 (Meal Time)