

SUPPORTING FAMILIES WITH ASSISTIVE TECHNOLOGY

Assistive Technology (AT) means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. Assistive technology can refer to any item that supports a child's ability to participate actively in his/her natural environment, within the context of everyday routines. It is a broad term that includes items ranging from "low tech", such as a foam wedge for positioning, to something as "high tech" as durable medical equipment, such as a power wheelchair.

Services can include:

- assessment of the child's needs in the natural environment,
- purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices,
- selecting, designing, fitting, customizing, adapting applying, maintaining, repairing, or replacing assistive technology devices
- coordinating with other interventions and services
- ongoing services, including training for the family and professionals on the child's early intervention team

When is Assistive Technology appropriate?

A thorough assessment of the child and family's needs should be documented on the *Child and Family Assessment* form, including how the child's development impacts their routine. The Service Coordinator (SC) should document all the resources the family and team already has in place, or may need assistance in obtaining, and develop a plan to support the family in applying for or using those resources. AT is considered appropriate when an AT service or device is needed to support the child's ability to reach his/her developmental needs and IFSP outcomes.

When to refer for an AT Assessment

When the IFSP team, including the family, has identified a need for AT, and the team:

- needs additional expertise to determine AT needs to support reaching a child's outcomes on their IFSP;
- has expertise to determine the type of AT the child needs, but need help obtaining AT.

Resources:

ECTA Center: <http://ectacenter.org/topics/atech/overview.asp>

Pacer Center: *Alliance ACTION Sheet* <http://www.pacer.org/publications/pdfs/ALL7.pdf>

Center for Technology and Disability <http://www.ctdinstitute.org/>

Let's Participate: *Assistive Technology Implementation Modules* <http://www.letsparticipate.org/at-module-2>

Highlights for the Team

- Assistive Technology is an IDEA Part C service.
- Many EIPs already have Assistive Technology specialists as a part of their core teams.
- AT can help a child play with peers, communicate, make choices, move independently and participate more fully with their family, peers or caregivers.
- Use reflective questions and coaching practices when interacting with family members when talking about AT.

Assistive Technology Process Flow for AzEIP AT Contractor

IFSP Meeting

- If the IFSP team determines an AT Assessment is needed through the AzEIP AT Contractor, the service will be added to the IFSP as an "Assistive Technology Assessment" 30-days out from the IFSP date.

Referral Packet

- SC and TL will complete and submit the AT referral packet and cover sheet to AzEIP AT Contractor within 48 hours of adding an AT Assessment to the IFSP, and the family consenting to the service.
- SC shall call the AT Contractor to review the referral packet, identify appropriate AT discipline to be assigned in ITEAMS and added to the AT Referral Coversheet, and invite to participate in the upcoming Team Meeting .

AT Assessment

- AzEIP AT Contractor and TL will meet together on or before the IFSP start date for the AT Assessment.
- AzEIP AT Contractor will complete the AT Assessment and submit their report to the SC within 5 calendar days.
- If determined AT is not necessary:
 - Document the reasons and continue providing services as detailed on IFSP.
 - If the family disagrees, the family can be supported through the grievance process.
- If AT service and/or device is determined necessary, move to the next step.

IFSP Meeting

- Within 10 calendar days after the SC receives the AT Assessment Report and an AT device/service is recommended, complete an IFSP addendum meeting:
 - Record the discussion on the IFSP, and add the AT service and if recommended AT device to the IFSP services page.
 - The IFSP team in partnership with the AzEIP AT Contractor will determine a feasible AT device and/or service start date and frequency.
 - SC will submit AT Assessment, IFSP, and supporting documentation to child's Physician if there is a consent to share on file. Additionally, for children with ALTCS eligibility a script must be obtained.

AT Service/ Device

- The AT service and/or device shall begin on or before the planned start date and will be provided during a joint visit with the TL.
- The IFSP Team should complete joint visit planning tools with the AzEIP AT provider for maximum benefit and assist the family and team in making sure the device and/or service are supportive to the child and family's routine.