

Definitions

**AT device:** A wide range of tools which are used to support and extend the existing abilities of a child; those that support the child’s functional capabilities; those which help to achieve the practical and developmental goals or functional outcomes contained in the IFSP.

**AT service:** Any service that directly assists a child with a disability or his family, in the selection, acquisition, or use of an assistive technology device.

**Who Can Help**

Program Coordinator is Susan Sigler (703) 246-7164

Susan.Sigler@fairfaxcounty.gov

(Please note: Susan fills role of AT Coordinator for hearing aids and audiology)

AT Coordinators are:

Cathie Cummins (703) 246-7187 [Cathie.Cummins@fairfaxcounty.gov](mailto:Cathie.Cummins@fairfaxcounty.gov)

Heather Atkins (703) 246-5314 [Heather.Atkins@fairfaxcounty.gov](mailto:Heather.Atkins@fairfaxcounty.gov)

AT Service Team: Each contracting agency has an individual assigned to this team who is prepared to assist their own staff members with assistive technology decisions.

Insurance Specialist is Kathleen Culbertson (703) 246-7197

Kathleen.Culbertson@fairfaxcounty.gov

Important note: Service providers, Service Coordinators and Families should all review the Assistive Technology Brochure and utilize the SETT Framework in the process of accessing assistive technology through the Infant and Toddler Connection f Fairfax/Falls Church.

**Step one:** At an IFSP, initial or review, the team agrees that some category of AT may be needed by this child in order to achieve a functional goal. “Explore AT” (or name the category of AT) is added as an intervention strategy for one or more outcomes, and **AT service** is added to Services page (6), with the start date as day of this IFSP and end date, three, six or twelve months—however long you expect the explore process might be.

During this time period the service provider should:

- Use the SETT Framework (modified for the child in early intervention) to organize the a plan for introducing assistive technology.
- Conduct trials with equipment borrowed from the loan closet, from vendors, from T-TAC, or anywhere. Arrange for AT coordinator/service team member to help if necessary.
- Help the family investigate 3<sup>rd</sup> party payer benefits. Arrange for Insurance Specialist to help if necessary. Find out if there are preferred providers for DME

OR will the insurance accept an out of network provider, if this is in the best interest of the child? Note: Often the vendors can answer this question best, as they are well aware of payment arrangements with various insurances.

- Please do not overlook meeting the child's immediate needs with the loan closet or by fabricating AT. Contact an AT coordinator/service team member if you need help.
- Please do not hesitate to ask vendors for assistance. You may have to meet the child at the vendor's showroom. Sometimes vendors will make house calls.

**Step two:** When the service provider is ready to recommend specific AT, an "Assistive Technology Request" form is submitted to an AT coordinator (FAX 703-246-7307).

This form includes the following information

- name of the exact AT device,
- where it may be obtained
- whether public or private insurance benefits may apply, and
- how much it costs

A copy of the SETT Framework should also be submitted, particularly if high tech AT is anticipated to be most appropriate.

**Step three:** When the AT coordinator approves the request for AT, she informs both the service provider and the child's service coordinator. "Approval" means that the program supports the pursuit of the assistive technology and the best means of obtaining the device or equipment will be recommended. This may be a loan from the loan closet or other resource, or plans for purchase may be made, using public or private insurance, other funding resources, or the program may purchase the equipment. The service coordinator arranges an IFSP review in order to reach a final agreement on the plan for obtaining AT.

**Step four:** An IFSP review is conducted to add the AT plan to the child's record, including the specific AT and plans for obtaining it. The following is recorded on a page 9 (IFSP Review Record)

- The Infant and Toddler Connection of Fairfax/Falls Church (ITCFFC) will support the acquisition of specific AT device(s) and will be payer of last resort
- Public insurance benefits will be utilized and pre-authorization sought  
OR
- Private insurance may or may not be utilized and preauthorization sought  
AND/OR
- Another named resource may be utilized.
- The **specific AT device** is expected to enable the child to make progress toward completing functional outcomes identified in the IFSP.
- **AT service** is again added to page 6 with the start date as this IFSP date and end date to be the next annual review or when the child is expected to leave the program.

**Step five:** The service provider provides a letter of medical necessity and helps the family obtain a written prescription for the AT device, if third party payer benefits apply.

For public health insurance, either an AT Coordinator or the vendor will complete the DMAS forms 351 and/or 352. If other funding sources will be pursued, an AT Coordinator will work with the IFSP team to obtain the necessary documentation.

**Step six:** An AT Coordinator reviews all documentation, may issue a purchase order(s) and forwards documentation to

- designated vendor
- child's chart
- AT follow up file
- financial and accounting records

**Step seven:** Pre-authorization for third party payer benefit is sought by the vendor (which may be the program or a vendor in the community). When necessary preauthorization is obtained, the AT device is ordered. Families should be made aware that preauthorization time lines will be variable and unpredictable. OR, if preauthorization is irrelevant, then the AT device is ordered by the program at Step six above.

**Step eight:** Follow up and Follow along

- The AT coordinator monitors the purchase process and makes arrangements with the service provider for delivery to the family.
- The service provider ensures that the family receives training in the use of the AT.
- The service provider documents the effectiveness of the AT as an intervention strategy and reports progress at the next IFSP review.