



Implementing AT Service

In an IDEA, Part C, Program

IDEA and AT go together

- IDEA has mandated that AT service be considered at every child's IEP and IFSP.
- This means that a school or early intervention program must make available AT devices and services if these are needed to meet the IEP or IFSP goals and outcomes.



Tots-n-Tech Research Institute

- Nationally, only 4% of infants and toddlers in Early Intervention Programs have AT listed on their IFSP, and this has remained fairly constant 2001, 2002 and 2003.
- Only 8% of Part C Coordinators have reported comprehensive policies regarding AT.



What are the barriers to AT in
Early Intervention?



Goal

Create an AT Service which supports children, families, and service providers in achieving functional outcomes, adhering to the definition of AT and AT service as stated by the Tech Act



Assistive technology device

Is defined as “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 functional capabilities of individuals with disabilities.”



We made a plan.




Objectives

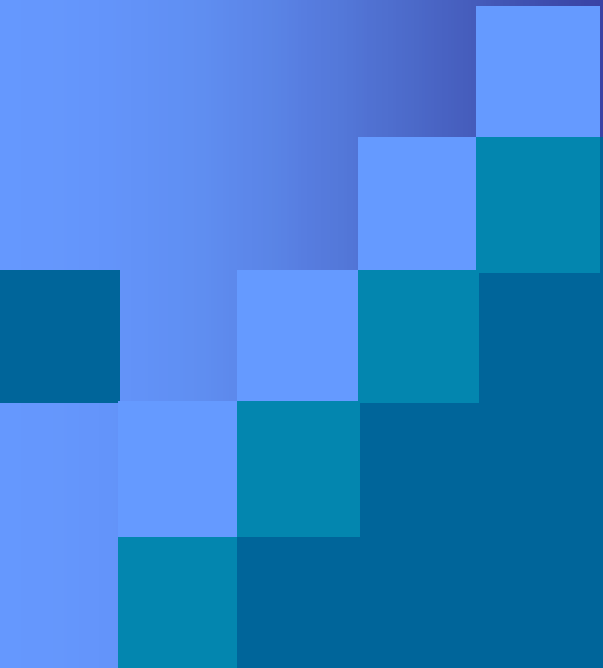
1. Designate specific individuals to be responsible for Assistive Technology
2. Establish a Technology Loan Closet
3. Establish procedures for accessing AT
4. Manage financial resources



Objective I. Designate specific individuals to be responsible for assistive technology provision.




Step one. A full time AT Coordinator was appointed with overall responsibility for coordinating AT Service, accessible to service providers, service coordinators and to families.




No matter who it is,
it takes a team!!!


...to find the right AT and
learn to implement the device
into daily living




Step two. Enlist other clinicians and educators who have special interest in any particular AT to schedule time to serve as consultants.



Step three. Identify administrative staff to serve as information resource regarding third party payer funding issues.



Step four. Introduce these individuals to all staff and private contracting agencies, not once, but on an ongoing basis.



Step five. Provide education to families about AT and AT Service by providing a brochure in the Welcome Book.




Expected Outcome

AT Service is no longer nebulous but tangible, in the sense that it is specific people on whom service coordinators, providers and families can call.



To reinforce AT Service

- Those individuals need to be introduced and reintroduced again, and again.
- Don't neglect your educational materials: review, revise and keep them up to date.
- Get more people involved.
- Install a mechanism for problem solving.



Objective II. Establish a not-for-profit Technology Loan Closet (TLC) to meet the immediate needs of very young children, as well as provide devices and equipment for trials.




Step one. Organize, inventory
and repair equipment on hand.



Step two. Establish lending
policy and procedures




Step three. Create a computer data base for keeping track of devices and equipment.




Step four. Advertise for donations of equipment and funds.




Step five. Solicit support and donations from AT and DME suppliers in the community.



Step six. Investigate grant resources for purchase of additional inventory, as well as supplies for fabrication of low tech AT.



Step seven. Obtain volunteers to provide much of the cleaning, maintenance and repair work.



Step eight. Establish a contract with a RESNA ATP to provide specialized repair work.

Expected Outcome


AT is readily available to meet the needs of young children and provide service providers with a resource for equipment trials.

Bonus Outcome


The loan closet grows with equipment donations and when necessary purchases are recycled. Eventually this may become the primary means for meeting the needs of the birth to age three population, greatly reducing overall program costs over time.

Nothing is perfect


- Databases can occasionally get lost in cyberspace.
- Equipment does occasionally disappear.
- Volunteers can be hard to find.
- Time for proposal writing is a bit scarce.
- Housing a growing loan closet can be challenging,




Objective III. Train all service coordinators and providers in specific procedures for accessing AT, in addition to acquainting vendors in the community with our AT Service.



Step one. Using the outcome driven model for decision making, AT is given equal priority as a *treatment strategy* and is considered early in the IFSP process.




Step two. Establish specific procedures for documenting AT decisions and for requesting AT devices and equipment.



Step three. Use the *functional assessment process* and the *team approach* to clinical decision making.



Step four. Schedule regular in-services with suppliers and have these be open to families.



Step five. Learn to write effective letters of medical necessity.



Expected Outcome


A system for accessing AT through ITC operates smoothly, with service providers and families able to obtain information and consultation from AT Service Team staff. AT is integrated into the IFSP and is provided as intervention strategy in the service of goals and outcomes.



Assistive

Technology is not
the goal.

The child's success
at a functional
outcome is the goal.



Objective IV. Manage financial resources with ever increasing wisdom.




Step one. Develop a system of tracking paperwork, signatures, dates and decisions made.




Step two. Develop a database
for tracking purchases




Step three. Think low tech.



Step four. At Provider Forums, provide opportunities for sharing ideas and low tech AT success stories.



Step five. Provide upper and lower extremity splints and braces through wholesale agreement with Cascade Dafo.



Step six. Develop and train service providers on guidelines for the introduction of alternative and augmentative communication—this being one type of AT most frequently purchased without adequate assessment, used without adequate training, and consequently discarded.



Expected Outcome

Fiscal analysis will demonstrate that ITC stays within projected budget, yet quality assurance questionnaires reflect that families are well satisfied with the provision of AT



Pros and Cons

- It's fun!
- It's rewarding to see children succeed.
- It's the law!
- Demands time.
- Demands people.
- Demands resources.



Involve the Community

- Recruit student interns
- Recruit more volunteers (retirees, scouts)
- Enlist support of business leaders
- Involve high school vocational classes (shop, computer, robotics)
- Find space for growing loan closet
- Provide workshop facility for providers and families for low tech AT