
	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 1 of 16
DOCUMENT TITLE Assistive Technology Procedure			

Table of Contents

Subsection	Title	Page
1.0	PURPOSE AND SCOPE	2
2.0	REFERENCES AND COMMITMENTS	2
3.0	INSTRUCTIONS	2
3.1	Overview	2
3.2	New England Assistive Technology (NEAT) Contract	4
3.3	Assistive Technology (AT) Assessment	5
3.4	Assistive Technology Trialing	5
3.5	Assistive Technology Devices and Services on Individualized Family Service Plan (IFSP)	7
3.6	Acquisition of Assistive Technology Devices	7
3.7	Repair of Assistive Technology Devices	10
3.8	Assistive Technology and Transition Planning	11
3.9	Hearing Aids	12
3.10	Additional Ongoing Needs for Individualized Family Service Plan (IFSP) Team to Address	14
4.0	REVISION HISTORY	15
	Attachment 1, New England Assistive Technology (NEAT) Services Available to Birth to Three Providers	16

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 2 of 16
DOCUMENT TITLE Assistive Technology Procedure			

1.0 PURPOSE AND SCOPE

- 1.1.1. The purpose of this procedure is to provide instruction for Birth to Three Programs to abide within the Individuals with Disabilities Education (IDEA) Act, Part C.

2.0 REFERENCES AND COMMITMENTS

2.1 Associated Documents

- 2.1.1. Early Intervention Record
- 2.1.2. Exiting and Transitioning Procedure
- 2.1.3. Individualized Family Service Plan Procedure
- 2.1.4. Insurance Systems of Payments Procedure
- 2.1.5. Form 3-1, Individualized Family Service Plan (IFSP)
- 2.1.6. Form 3-11, Assistive Technology Prior Authorization and Reimbursement Form
- 2.1.7. Form 3-13, Assistive Technology Device Vendor Trial Form
- 2.1.8. Form 3-12, Assistive Technology Reimbursement File (Excel)
- 2.1.9. Form 3-14, Assistive Technology Device Loan Agreement Form
- 2.1.10. Guideline #5, Young Children Who Are Hard of Hearing or Deaf
- 2.1.11. New England Assistive Technology (NEAT) Lending Library Loan Form

2.2 Source Information

- 2.2.1. Connecticut Birth to Three Assistive Technology Procedure, Revised Oct. 1, 2021

3.0 INSTRUCTIONS

3.1 Overview

- 3.1.1. **KNOW** assistive technology, devices and services, is one of the services required under Part C of the IDEA:
- “An assistive technology device 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 functional capabilities of a child with a disability”.
 - “Assistive technology services means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device....”



EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 3 of 16
DOCUMENT TITLE Assitive Technology Procedure		


3.1.2. **IF** a device relates to the developmental needs of a child and supports the child's active participation in an everyday activity of the child and family,

THEN CONSIDER device a required assistive technology device.

3.1.3. **IF** a device is provided to meet the following needs of a child:

1. Medical
2. Daily living
3. Life-sustaining
 - a. **CONSIDER** the following life-sustaining equipment medical in nature:
 - Suction machines
 - Glucose monitors
 - Feeding pumps
 - Apnea monitors
 - Enteral and parental solutions and supplies
 - Nebulizers
 - Ventilators
4. Aids for daily living and personal care
5. Mobility aids
6. Standing and walking aids
7. Wheeled mobility aids
8. Seating and positioning systems
9. Augmentative communication aids
10. Hearing aids

THEN CONSIDER device **NOT** to be required.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 4 of 16
DOCUMENT TITLE Assistive Technology Procedure			

3.1.4. **IF** children are over three or less than 45 days from their 3rd birthday,


THEN DO NOT REQUEST new devices or equipment, with exception to hearing aids.

- **REFER TO** Exiting and Transitioning Procedure.

3.2 **New England Assistive Technology (NEAT) Contract**

3.2.1. Connecticut Birth to Three System or Lead Agency **MAINTAIN** contract with New England Assistive Technology (NEAT) such that the Birth to Three programs are able to offer assistive technology devices and services to eligible children and access the following NEAT benefits:

- Purchasing Assistance - Support regarding the selection of appropriate devices via email, phone and/or video conferencing.
- Equipment Loan or Trial - The Connecticut Birth to Three System owns an extensive inventory of equipment available for loan to a child until they are no longer using or needing it. This loaned inventory is stored, cleaned, repaired, and managed by the Equipment Restoration Center (ERC) at NEAT. Some additional pieces of equipment owned by manufacturers are available for short-term trial for assessment purposes. The trial assistive technology (AT) device or equipment will only be left with the family for a maximum of four weeks to assess its appropriateness.
- Assistive Technology Lending Library - Loan of assistive technology devices including communication devices, switches, and adaptive toys. All devices loaned from NEAT's lending library are available for short-term loan to therapists only, this includes iPads for communication during assessment purposes.
- Long Term Loan of iPad – Once a communication system is determined, a long term loan of an iPad can be arranged. iPads for communication owned by the Connecticut Birth to Three System are available for use by the child until they are no longer using/needing it.
- Training - Training on assistive technology including sponsored seats in NEAT workshops appropriate to Birth to Three providers, with approval of Birth to Three Provider Support Team Manager or designee.
- Governor's Education Emergency Relief Fund (GEER) – NEAT manages the inventory of GEER iPads secured through GEER funds to provide all families equal access to education. These iPads provide families a way to access remote Early Intervention Visits.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 5 of 16
DOCUMENT TITLE Assistive Technology Procedure			

3.3 Assistive Technology (AT) Assessment

3.3.1. Birth to Three Program **PERFORM** assistive technology (AT) assessment as needed to increase, maintain, or improve a child's functional participation to achieve goals outlined in Individualized Family Service Plan (IFSP).

1. **REFER TO** the following procedures:
 - a. Individualized Family Service Plan Procedure.
 - b. Insurance Systems of Payments Procedure and Payment to Programs Procedure for billing information.
2. **ENSURE** Birth to Three Program staff performing assessment is from appropriate discipline related to device. (for example": Speech Pathologist for communication devices, motor therapist for adaptive equipment).
3. **PERFORM** assessment in the environment(s) where the child will be using device.
4. **CONSIDER** information from team and parent.
5. **OBTAIN** information for the assistive technology assessment from ongoing assessment and intervention information already available.

3.4 Assistive Technology (AT) Trialing


NOTE

NEAT Marketplace has a limited supply of devices from vendors available to Birth to Three providers for trial purposes.

- iPad with a variety of communication apps are available for short term (maximum one month) trial as part of an assessment process.

3.4.1. Birth to Three Program may **REQUEST** AT devices for trial use from NEAT Marketplace.

1. Program Staff **COMPLETE** Form 3-13, Assistive Device Trial Form, to request trial use of equipment or device.
 - a. **ENSURE** to obtain Program staff and director signature on Form 3-13, Assistive Device Trial Form.
2. **CONSIDER** AT devices ranging from low to high tech.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 6 of 16
DOCUMENT TITLE Assitive Technology Procedure			

3.4.1 (continued)

3. **UNDERSTAND** the difference between low tech and high tech device:
 - a. A low tech device enables children to do something they cannot do and may not be able to do for a while.
 - For example: loops attached to puzzle pieces, picture communication picture systems board, rolled towels or foam to enhance sitting posture to increase participation in an activity).
 - b. A high tech device involves more advanced supports to increase a child's functional capabilities.
 - For example: gait trainer, walker, computerized communication device, wheelchair, or hearing aids).
4. **LIMIT** use of trail AT device to maximum of four weeks.
 - a. **ENSURE** timely return of device.
 - b. **RETURN** trial device to NEAT or their satellite offices.
 - c. NEAT, with Birth to Three presence, **COLLECT** large trial equipment at the family's home, per stipulations in Form 3-13, Assistive Device Trial Form.

3.4.2. **IF** devices or equipment are **NOT** returned within four weeks,


THEN Birth to Three Programs **UNDERSTAND**:

1. Programs risk losing borrowing privileges.
2. Replacement cost of trial assistive devices or equipment will be charged to the program.

3.4.3. **IF** a Birth to Three Program needs additional expertise that is not available through their own staff,

THEN Birth to Three Programs may **ESTABLISH** an arrangement with NEAT through a contract and purchase orders, if necessary.

1. Appropriate program staff **PARTICIPATE** in AT Assessment, along with NEAT staff due to familiarity with family.
2. **ENSURE** an assessment report is developed and all participating staff signatures are on assessment report.
 - a. **REFER TO** Payments to Programs Procedure.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 7 of 16
DOCUMENT TITLE Assistive Technology Procedure			

3.4.3 (continued)

3. **IF** an assessment by Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) is required,

THEN OBTAIN names of available assessors through:

- NEAT
- RESNA - www.RESNA.org

4. **REFER TO** Insurance Systems of Payments Procedure.

3.5 Assistive Technology Devices and Services on Individualized Family Service Plan (IFSP)

- 3.5.1. **INCLUDE** assistive technology (AT) devices and services and transportation services on Individualized Family Service Plan (IFSP).

1. **REFER TO** Individualized Family Service Plan (IFSP) Procedure.

3.6 Acquisition of Assistive Technology Devices


NOTE

The Birth to Three System has an assistive technology inventory managed by NEAT and available to providers.

- 3.6.1. **WHEN** a child's Individualized Family Service Plan (IFSP) has an outcome considering or including an AT device for a child,

THEN first **CONTACT** NEAT to inquire about whether device or similar (but appropriate device) is available for loan.

1. **CONSIDER** the three means of obtaining the assistive technology (AT) device:
 - Loan from Birth to Three via New England Assistive Technology (NEAT).
 - Purchasing through an approved Durable Medical Equipment (DME) vendor.
2. **KNOW** a child may keep the loaned assistive technology device as long as he/she needs it, regardless of whether they have exited the Birth to Three System, but the Birth to Three System is not responsible for any service or upgrade after child exits.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 8 of 16
DOCUMENT TITLE Assitive Technology Procedure			

3.6.2. **WHEN** considering a long-term loan of AT devices from Birth to Three via NEAT,


THEN prior to loan request from NEAT, **PERFORM** the following:

1. **ENSURE** Interventionist completes required Form 3-14, Assistive Technology Device Loan Agreement Form.
 - a. **REFER TO** Attachment 1, NEAT Assistive Technology Services Available to Birth to Three Providers.
 - b. **KNOW** devices will **NOT** be loaned out without a completely filled out Form 3-14, Assistive Technology Device Loan Agreement Form, including Program signature.
2. Securely **EMAIL** Form 3-14, Assistive Technology Device Loan Agreement Form NEAT.
3. **PROVIDE** child with loaned AT device for duration it is required.

3.6.3. **IF** Birth to Three Team, as part of IFSP meeting recommends a child needs assistive technology in the form of an app on a family-owned handheld electronic device,

THEN Birth to Three Program **PERFORM** the following:

1. **PURCHASE** app on device.
2. **SEEK** reimbursement from Birth to Three System.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 9 of 16
DOCUMENT TITLE Assitive Technology Procedure			

3.6.4. **IF** Birth to Three Team, as part of IFSP meeting identifies need to support communication through assistive technology in order to address a functional outcome(s) on IFSP.

THEN Birth to Three Program **PERFORM** the following for a long-term loan of an electronic device and app(s) owned by Birth to Three System:

1. **ENSURE** NEAT performs the following:

- Loads the app(s) on device.
- Restricts use of device to only specified app(s) for communication.
- Activates Global Positioning System (GPS) feature, if available.
- Applies or attaches protective covers, as appropriate.
- Mails the iPad to the Birth to Three program.
- Tracks app(s) loaded onto Birth to Three purchased devices.
- Arranges updates to the device or app while the child is enrolled in Birth to Three, as appropriate.
- Continues to contact family after the child is no longer in Birth to Three to determine whether the specific app(s) are still in use.
- Arranges for retrieval of devices no longer use for recycling.

2. Birth to Three program requesting handheld AT electronic device **PERFORM** the following:

a. **ENSURE** family understands the loaned device from Birth to Three is:


- Dedicated device solely for communication.
- Only able to used for designated purpose.

b. **ENSURE** loan device is listed in transition plan and includes securing appropriate device after child exits Birth to Three.

(1) **REFER TO** Exiting and Transitioning Procedure.

(2) **KNOW** child is able to use device with app(s) loaned by Birth to Three after exiting until another device is secured.

(3) **ENSURE** family is aware that the Connecticut Birth to Three System is **NOT** responsible for updates and maintenance of device once child exits Birth to Three.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 10 of 16
DOCUMENT TITLE Assistive Technology Procedure			

3.6.4 (continued)

- c. **WHEN** app or device no longer meets the child's needs **OR** the child is no longer in Birth to Three,

THEN NOTIFY parent to return device to NEAT.

3. **CONTACT** NEAT if the device is lost or damaged.

3.6.5. **CONSIDER** the Governor's Education Emergency Relief Fund (GEER) to request an iPad for AT device.

1. **COMPLETE** Form 3-14, Assistive Technology Device Loan Form.
2. **NOTE** on form specific request for a GEER iPad.

3.6.6. Birth to Three Program, working with a Durable Medical Equipment (DME) Vendor:

1. **KNOW** vendor is responsible for insurance billing.
2. **PROVIDE** necessary documentation to vendor for vendor to facilitate insurance approval. (i.e. letter of medical necessity, insurance forms, etc.)
3. For Medicaid, **ENSURE** DME vendors accept Medicaid state rates as full payment.
4. For commercial or no insurance, **ENSURE** DME vendors invoice programs for costs not covered by insurance up to the state rate.
5. **SEEK** reimbursement from Birth to Three for costs up to published state rates.
 - a. **CONTACT** Community Health Network of Connecticut, Inc., (CHNCT) member services number for a list of participating Medicaid enrolled DME providers at 1-800-859-9889.


3.6.7. **SCHEDULE** and **PROVIDE** appropriate training of devices.

3.7 Repair of Assistive Technology Devices

3.7.1. Connecticut Birth to Three System or Lead Agency **REPAIR** assistive technology (AT) devices authorized and purchased by the system, unless damage was caused by gross neglect by the family.

3.7.2. **IF** AT device was provided by NEAT,

THEN CONTACT NEAT to secure necessary repairs.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 11 of 16
DOCUMENT TITLE Assitive Technology Procedure			

3.7.3. **IF** device was paid for with Birth to Three funds,

THEN CONTACT Connecticut Birth to Three System or Lead Agency to approve authorization for repairs.

3.7.4. **IF** family's insurance paid for more than 50 percent of the cost of the device,

THEN INFORM family they own the device and to contact vendor for necessary repairs.

3.8 Assitive Technology and Transition Planning

3.8.1. **ALLOW** children to keep assistive technology (AT) devices purchased or loaned by Birth to Three when the family is using the device with the child.

1. **WHEN** a child is transitioning,

THEN DEVELOP plan for Lead Education Agency (LEA) to provide necessary AT.

a. **LIST** transition plan on Individualized Family Service Plan (IFSP).


b. **DISCUSS** during transition meeting with LEA.

3.8.2. Birth to Three Program **NOTIFY** NEAT of child's exit in which Birth to Three has purchased or loaned equipment.

1. **ENSURE** NEAT:

a. Contacts families who have exited Birth to Three and in possession of AT devices purchased by or loaned by Birth to Three to determine if still in use.

b. Arranges for collection or shipping of devices be returned to Birth to Three.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 12 of 16
DOCUMENT TITLE Assitive Technology Procedure			

3.9 Hearing Aids

3.9.1. **ENSURE** the following pre-requisites have been met for Hearing Aid Fitting Process:


1. Hearing loss has been diagnosed by an audiologist.
2. Hearing aid use is recommended by an audiologist.
3. Family has obtained prescription for hearing aids.

3.9.2. **CONSIDER** hearing aids and related listening devices, supplies and dispensing fees assistive technology (AT) devices.

1. **FOLLOW** same process for AT Assessment and adding hearing aids and listening devices as AT on Individualized Family Service Plan (IFSP).
2. **REFER TO** Insurance Systems of Payments Procedure for instruction on:
 - Purchasing hearing aids.
 - Seeking reimbursement from Birth to Three.

3.9.3. Birth to Three Program that specializes in hearing **PERFORM** the following for dispensing fee across three appointments:

1. During the first audiological appointment **PERFORM** the following:
 - a. **REVIEW** audiological record with parent.
 - b. **REASSESS** hearing, as needed.
 - c. **EXPLAIN** hearing loss.
 - d. **DISCUSS** hearing aids with family.
 - e. **PERFORM** tympanometry.
 - f. **MAKE** ear molds.
 - g. **SELECT** hearing aids.
 - h. Following the appointment, **ORDER** the following:
 - Hearing aids
 - Maintenance supplies
 - Batteries


	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 13 of 16
DOCUMENT TITLE Assitive Technology Procedure			

3.9.3 (continued)

- i. **SUBMIT** necessary paperwork to insurance or Birth to Three Administration for reimbursement.
2. During the second audiological appointment **PERFORM** the following:
 - a. **DISPENSE** hearing aids.
 - b. **TRAIN** parents how to:
 - Put the hearing aids on and take them off.
 - Maintain hearing aids in good working condition.
3. During the third audiological appointment **PERFORM** the following with Service Coordinator(s) or team member from comprehensive program:
 - a. **ADJUST** hearing aids.
 - b. **TEST** child's responses in audiological booth, as appropriate.
 - c. **DISCUSS** with parents and service coordinator on hearing aid use and future audiological needs.
 - d. **DEMONSTRATE** troubleshooting.
 - e. **REVIEW** IFSP, to ensure appropriate services are listed, if necessary.
4. **IF** comprehensive program arranges with program specializing in hearing to continue providing services,

THEN CONTINUE services. **OTHERWISE**, end services provided under arrangement.

 - a. Hearing specialist program **ENTER** date of hearing aid fitting was complete in the data system.
 - Once complete, the child's information will no longer be viewable by the hearing specialist program.
 - b. Comprehensive programs **REVIEW** IFSP with hearing specialist program to continually monitor for audiological needs.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 14 of 16
DOCUMENT TITLE Assistive Technology Procedure			

3.10 Additional Ongoing Needs for Individualized Family Service Plan (IFSP) Team to Address

NOTE

The needs outlined in this section can be met by continued services from a Birth to Three Program specializing in hearing or from medically-based pediatric audiologist.

3.10.1. Individualized Family Service Plan (IFSP) team **PERFORM** the following:

1. **ENSURE** functioning of hearing aids with ongoing computer verification.
2. **PROGRAM** hearing aids, as needed.
3. **TAKE** new ear molds approximately six times per year. (More often for small babies whose ears are growing quickly.)
4. At least four times per year **PERFORM** Audiological evaluation until exit from Birth to Three System.
5. **ENSURE** adequate amount of batteries and supplies are readily available.
6. **PLAN** for maintenance and repair of the hearing aids.
7. **PROVIDE** parents additional information and guidance regarding troubleshooting and maximizing the use of the hearing aids.
8. **DETERMINE** if additional assistive technology is necessary.
9. **PROVIDE** original program staff's additional information on:
 - Hearing loss
 - Technology
 - Process of learning to listen and talk
10. **ADDRESS** child's need to learn to listen with the device.
11. **PROVIDE** child with ongoing spoken language intervention through listening.
12. **DETERMINE** if device is adequate for meeting child's needs or to consider different technology.


END of Instructions





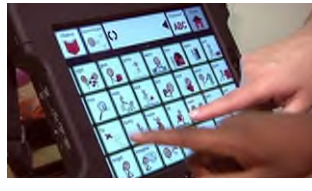

EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]
LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]
Page 15 of 16	
DOCUMENT TITLE Assitive Technology Procedure	

4.0 REVISION HISTORY

Location	Description of Change
All	New Human Factored Procedure in New Template.

	EFFECTIVE DATE 7/1/2024	DOCUMENT NUMBER [Document Number]	
	LEVEL OF USE DESIGNATION Information Use	REVISION [Rev #]	Page 16 of 16
DOCUMENT TITLE Assistive Technology Procedure			

Attachment 1, New England Assistive Technology (NEAT) Services Available to Birth to Three Providers

<i>Service</i>	NEAT Lending Library Short Term Loans	Birth to Three Inventory Long Term Loans		
<i>Description</i>	 <p align="center">Assessment & Decision Making</p> <p>Borrow iPads with a variety of communication apps as well as other AT to help the assessment process (i.e., switches, adapted toys, communication devices, & more)</p>	 <p align="center">Remote Early Intervention Visits</p> <p>Borrow a GEER iPad for loan to a Birth to Three family in need of remote access for EI visits</p>	 <p align="center">iPads for Communication</p> <p>Provide access to a child who needs an iPad for communication with a long-term loan; request for specific communication app comes from provider's assessment</p>	 <p align="center">Adaptive Equipment</p> <p>Birth to Three owns an inventory of adaptive equipment which can be borrowed (and returned) at The NEAT Center, Oak Hill</p> <p align="right"><i>33 Coventry St. Hartford, CT 06110</i></p>
<i>Forms Required</i>	NEAT Lending Library Loan Form	<p>Long Term Loans: Form 3-14, Assistive Technology Device Loan Form</p> <p>Trial of Vendor Equipment: Form 3-13, Assistive Technology Device Vendor Trial Form https://www.birth23.org/providers/provider-resources/b23forms/</p>		

Reimbursement Information for Birth to Three:

- SUBMIT** Form 3-11, Assistive Technology Prior Authorization and Reimbursement Form to Birth to Three System at CTBirth23@ct.gov for reimbursement for AT.