**ASSISTIVE TECHNOLOGY FUNDING CHECKLIST**

**NC Infant-Toddler Program**

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|  | |  | | --- | | **√** | | | ***STEPS***  *The steps below are used when accessing purchasing items identified in the “Exceptions to Loaning” section of the NC ITP Assistive Technology Policy.*  *Not all steps in the process will apply to every family depending available funding sources and assigned SFS%.* | **NOTES**  **IFSP Team Member Responsibilities** | |
|  | | Follow the *NC ITP Assistive Technology Policy and Framework* process for all IFSP / Assistive Technology decisions. | |  | |
|  | | Obtain written consent (before communicating with vendors or funding sources verbally or in writing) from the parent using the *NC ITP Authorization to Disclose Health Information* form. | |  | |
|  | | Determine if the AT device is on a Medicaid fee schedule. If so, determine Medicaid rate for comparison with MSRP <http://www.dhhs.state.nc.us/dma/> | |  | |
|  | | Determine a vendor or catalog location for the selected device. If a catalog order, complete catalog form for the CDSA Business Office. | |  | |
|  | | Contact the vendor and request a price statement. The price statement can be no more than the Medicaid rate or MSRP, whichever is less, and should include shipping costs. Tax is only included if the vendor agency or catalog company does not honor the State’s tax exemption. | |  | |
|  | | Obtain insurance benefits information. (e.g. policy coverage statement, benefits exclusion statement, pre-authorization). Parents, vendors and treating therapists can be of assistance. | |  | |
|  | | Discuss with the family their maximum expected cost based on the vendor’s price statement, expected funds from other sources such as private insurance, and their assigned sliding fee scale percentage. | |  | |
|  | | Discuss potential any monthly max overages and related processes. | |  | |
|  | | Document any arrangements between the vendor and parent for family’s portion of the cost to be paid directly to the vendor. | |  | |
|  | | Obtain written parental consent for provision of the assistive technology on the IFSP agreement or review page with payment arrangements outlined on the *Service Delivery Page*. | |  | |
|  | | Obtain written parental consent to bill the family’s insurance for the assistive technology. | |  | |
|  | | Complete the *Vendor Approval to Proceed* form letter and forward to the vendor agency providing authorization to proceed with purchase of the device. | |  | |
|  | | Designate an IFSP team member to track the purchase and delivery of the AT device. | |  | |
|  | | Complete the *NC ITP Assistive Technology Funding Authorization* form. | |  | |
| ***Assistive Technology Funding Authorization* Form Disposition:** | | | | | |
|  | | Original to CDSA Business Office. Send catalog order form, vendor price statement, and insurance documentation, as applicable. | |  | |
|  | | Copy to family with a Stamped / Addressed envelope for family to mail their payment portion to CDSA Business Office, as applicable. | |  | |
|  | | Copy to child’s Early Intervention Record. | |  | |
|  | | Copy to vendor agency. | |  | |