

General Assistive Technology Fund

The General Assistive Technology Fund (ATF) was established in 1998 by the Department of Health and is administered by the Clinical Services Bureau. This Fund provides grants of up to \$250 per year to fund AT that supports participation in functional life activities.

Two groups of people are eligible for General ATF:

1. Jackson Class members
2. Any other New Mexican with an intellectual/developmental disability who is not currently allocated to the New Mexico DDW.

Eligible persons may apply for an AT grant that supports functional participation. The yearly funding cycle begins July 1 and ends June 30 of the following year. Applications are accepted on a first come - first serve basis and approved requests are funded until the monies are exhausted.

Please read the General ATF Fund Application Instructions to learn the general process flow. Then see our Assistive Technology: General ATF Fund Application Form to get started with the application process.

GENERAL ASSISTIVE TECHNOLOGY FUND APPLICATION

Individual's Name: <input type="checkbox"/> Jackson Class Member (contact CM, if unknown) DOB: _____ Last 4 of SSN: _____ Address: City/State/Zip: Home Phone: _____	Contact Person: Phone: _____ E-mail: _____ Address: City/State/Zip: _____ <input type="checkbox"/> Contact Person will purchase & deliver items approved. Initial box above	Check all that apply: <input type="checkbox"/> receives DD Waiver funding (Jackson Class Members only)* <input type="checkbox"/> waiting to receive DD Waiver Program support <input type="checkbox"/> individual's age is less than 18 years <input type="checkbox"/> individual's age is 18 years or more <input type="checkbox"/> receives Medically Fragile Program support <input type="checkbox"/> receives Mi Via Waiver support <input type="checkbox"/> Other funding (DME, insurance, DVR, etc.) is not available. *ISP Cycle Start Date, if DD Waiver: _____
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Background Information and Plan for the Use of Requested AT (attach additional page for explanation, if needed):

Relevant Diagnosis and Functional Limitations:		
With what functional activities would the requested AT Items assist?		
What adaptation or features of the requested AT items would assist the individual to participate in functional activities?		
		Signature: _____
		Date forwarded to CSB: _____

*Please include ALL information requested! Amount requested not to exceed \$250 per individual per fiscal year or if more, must identify supplemental funding source. No more than \$20 for batteries per fiscal year. **Include photocopy of catalog page or website page where the item is available.** No tax can be reimbursed. Receipts and any remaining monies must be forwarded to the Clinical Services Bureau within 30 days of purchase!*

Quantity	Item #	Item Name and Descriptors	Price each	S/H	Total per item
Grand Total					

Mail or Fax to DDSD- Clinical Services Bureau, attn. ATF Coordinator 5301 Central Ave, Suite 1700, Albuquerque, NM 87108 or Fax: (505)841-2987

CSB Reviewer Section Only	Date request sent to State Fiscal Agent:
Total Amount Approved:	Comments:
Items Denied (if any):	
Signature: _____ Date: _____	
AAC <input type="checkbox"/> ADL <input type="checkbox"/> COMP <input type="checkbox"/> ECU <input type="checkbox"/> LSR <input type="checkbox"/> MOB <input type="checkbox"/> POS <input type="checkbox"/> SWOP <input type="checkbox"/> SWTCH <input type="checkbox"/> OTHER: _____	

GENERAL ASSISTIVE TECHNOLOGY FUND APPLICATION Procedure Flow

- 1)** The individual and/or IDT member collaborates with other members of the team to identify AT needs and researches or trials various AT options, as needed.
- 2)** The individual and/or IDT member collaborates with other members of the team to prioritize which AT item(s) to include on the ATF application (ATF-app) in order to stay within the funding limits.
- 3)** Individual and/or IDT member completes the ATF-app.
- 4)** The ATF-app is forwarded to the Clinical Services Bureau AT Coordinator (CSB-ATC).
- 5)** The CSB-ATC forwards the ATF-app to a CSB therapy review consultant for review.
- 6)** The CSB therapy review consultant reviews the ATF-app for required elements.
- 7)** If minimal additional information is needed to review the request, the CSB therapy review consultant may call or e-mail the Contact Person to request additional information before completing the review.
- 8)** If the ATF-app is found to be complete and some or all items requested meet the requirements of the General AT Fund, the CSB therapy review consultant will complete the documentation at the foot of the form. If some portion of the request is denied, the CSB therapy review consultant will also complete the DDSATF Review form and return the documentation to the CSB-ATC. [go to #9]
- 9)** The CSB-ATC enters the data into the ATF-app Log and sends a copy of the ATF-app to the identified State Fiscal Agent for funding. The CSB-ATF will enter the date it was sent to the State Fiscal Agent on the ATF-app. [go to #12]
- 10)** If all of the ATF-app does NOT meet the funding requirements, the CSB therapy review consultant will complete the DDSATF Review form and the documentation at the foot of the ATF-app and forward both to the CSB-ATC. [go to #11]
- 11)** The CSB-ATC enters the data into the ATF-app Log and returns the DDSATF Review form with the General ATF-app to the requestor.
- 12)** The State Fiscal Agent creates and mails the funding check to the Contact Person.
- 13)** When funding is received by the Contact Person, the AT item(s) are purchased within 30-days.
- 14)** The Contact Person is responsible to fabricate/customize the AT, if applicable, and to arrange delivery of the AT item(s) to the individual within 30-days.
- 15)** The Contact Person is responsible to provide the CSB-ATC with the associated receipts and any remaining funding monies within 30 days following purchase of the funded items. Readable scans or copies of the receipts are acceptable.
- 16)** If purchased item(s) are used to fabricate or customize AT item(s), and those items are not ready for delivery to the consumer within 30 days following receipt of the check, the Contact Person must contact the CSB-ATC with an update every 30 days until the individual receives the equipment.
- 17)** The CSB-ATC will complete any requirements as noted by the Clinical Services Bureau Chief.

Budget- Based Assistive Technology Fund

Budget-Based Assistive Technology Funding is available to non-Jackson Class Members who are currently allocated to the New Mexico DDW only. This is funding for AT that supports participation in functional routines and specific life activities that are included in an individual's ISP Visions and Outcomes. During each annual ISP cycle, an individual or their interdisciplinary team members may request up to \$250 worth of AT products and services, inclusive of a 10% administrative fee. The individual's case manager helps the guardian to select an assistive technology purchasing agent. These individuals are linked to obtaining the AT funding and materials/devices through collaboration with other IDT members. Contact the individual's case manager to begin access to this ISP funding.

Please read the Budget-Based ATF Fund Application Instructions to learn the general process flow. Then see our Assistive Technology: Budget-Based ATF Fund Application Form to get started with the application process.

BUDGET-BASED ASSISTIVE TECHNOLOGY FUND APPLICATION

Individual's Name <hr style="border: 1px solid gray;"/>	Contact Person <hr style="border: 1px solid gray;"/>	Purchasing Agent (PA) Selected <hr style="border: 1px solid gray;"/>
Address <hr style="border: 1px solid gray;"/>	Phone <hr style="border: 1px solid gray;"/>	PA Fax <hr style="border: 1px solid gray;"/>
City/State/ZIP <hr style="border: 1px solid gray;"/>	Email <hr style="border: 1px solid gray;"/>	PA Phone <hr style="border: 1px solid gray;"/>
Home Phone <hr style="border: 1px solid gray;"/>	PA Address <hr style="border: 1px solid gray;"/>	PA E-mail <hr style="border: 1px solid gray;"/>
DOB <hr style="border: 1px solid gray;"/>	Delivery Address <hr style="border: 1px solid gray;"/>	Other funding (DME, insurance, DVR, etc.) is not available. <input type="checkbox"/>
ISP Cycle Start Date <hr style="border: 1px solid gray;"/>	City/State/ZIP <hr style="border: 1px solid gray;"/>	Therapists have discussed/prioritized AT funding needs. <input type="checkbox"/>
		Case Manager Initials & Date <hr style="border: 1px solid gray;"/>

Criteria for the Funding of Assistive Technology (AT)

Please check each box below to indicate that the purchase of AT meets the funding requirements listed below

- The AT will be used during performance of a functional activity.

- The AT has a specific adaptation or feature that assists in compensation for a disability experienced by the individual.

- This AT is NOT used primarily for sensory stimulation.

- This AT request does not exceed the funding limit of a total of \$20.00 worth of batteries during the current ISP cycle.

- The AT will be used primarily outside of therapy sessions and will NOT be used toward performing a therapeutic activity, i.e., increasing range of motion.

- This AT request is NOT for educational software.

- This AT will NOT be used to PREPARE an individual to engage in a functional activity.

- This AT item/service funding request does NOT include any items or activities that are prohibited by federal, state or local statutes and standards.

- Payment of taxes is NOT included in this request.

Briefly explain the reason why any box above is NOT checked:

Signature:

IDT Role

Date forwarded to PA:

BUDGET-BASED ASSISTIVE TECHNOLOGY FUND APPLICATION

*Please include ALL information requested! Amount requested not to exceed \$250 per individual, per ISP cycle. If a requested item costs more, the application must identify the supplemental funding source**. Attach order form & photocopy of catalog page or website view identifying the requested item(s). If purchased by the "Contact Person" above, receipts and any remaining monies must be provided to the Purchasing Agent within 30 days of purchase!*

Vendor website address (this must be included!):				
Quantity	Item #	Item Name and Description (color, size, type, etc. as needed)	Price each	Total per item
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
			subtotal	\$ 0.00
			S/H	
			Total	\$ 0.00

Vendor website address (this must be included!):				
Quantity	Item #	Item Name and Description (color, size, type, etc. as needed)	Price each	Total per item
				\$ 0.00
				\$ 0.00
				\$ 0.00
			subtotal	\$ 0.00
			S/H	
			Total	\$ 0.00

Attach additional pages if needed.

	AT Item Total:	\$ 0.00
	Plus 10% Admin Fee of:	\$ 0.00
**If the Grand Total exceeds \$250.00, including a 10% administrative processing fee, please name the source of the secured funding to complete the purchase of this AT. Funding Source:	Grand Total	\$ 0.00

AT Purchasing Agent Section Only

Date ATF-app received: _____

Date AT ordered by PA: _____ **OR** _____ Date check sent to contact person: _____

Date AT item(s) received by individual: _____

Signature: _____ Date: _____

Mail or fax to the identified Purchasing Agent. Contact your regional office if assistance is needed with this process.

BUDGET-BASED ASSISTIVE TECHNOLOGY FUNDING

Procedure Flow

1) Individual and/or IDT member collaborates with other members of the team to identify AT needs and researches or trials various AT options, as needed.

2) The Case Manager presents the guardian/individual with a Secondary Freedom of Choice to select an Assistive Technology Purchasing Agent (PA) provider.

3) IDT member or therapist collaborates with other members of the team, to prioritize which AT item(s) to include on the Budget-Based AT application (AT-app) and to reach consensus as to whether the request(s) meet the requirements of the Budget-Based AT. When prioritizing purchases, it is important to consider the amount of the available budget. The maximum amount of money available for AT items and shipping and handling fees is no more than \$227.00. The balance of 10% (\$22.70) is paid as an administrative fee.

4) Individual and/or IDT member completes the Budget-Based AT-app, with the exception of information related to the Purchasing Agent (upper right block of pg. 1), and obtains all required ordering information. Assure that the application is signed and dated.

5) The Budget-Based AT-app and required AT ordering documentation are forwarded to the Case Manager. Documentation is required to be submitted if the requestor OR the purchasing agent will make the purchase. DO NOT send the app and AT ordering documentation directly to the Purchasing Agent.

6) The Case Manager completes the information related to the Purchasing Agent (upper right block of pg. 1) and reviews the Budget-Based AT-app for completeness and match with AT criteria. If the application is fine, the Case Manager provides their name, email, initials and date in the space in the upper right of page 1. If changes are needed, the CM returns the Budget-Based AT-app to the requestor for needed changes.

7) When the Case Manager determines that the AT-app is acceptable for submission, a budget is created, as follows:

Enter the AT Purchasing Agent and the total cost of assistive technology item(s) including shipping and handling charges plus 10% (reimbursement fee for the PA). No taxes will be paid. The sum of the cost of AT item(s), shipping and handling charges and 10% administrative fee may not exceed \$250.00 per ISP cycle.

i) Example #1: The AT items cost \$83.99. _The shipping and handling fees are \$25.00. The sum of these charges is \$108.99. _The amount due to the Purchasing agent is \$10.90. The amount entered onto the budget worksheet is \$119.89.

ii) Example #2: The AT items cost \$278.50. _The shipping and handling fees are \$35.00. The taxes are \$22.28, but taxes may not be reimbursed. The sum of the AT, shipping and handling is \$313.50. However, the fund will cover only \$ 227.00 for cost of AT and

shipping and handling and 22.70 for administrative fees. A supplementary funding source must be identified on the Budget-Based AT Application. That source must pay for \$63.80 above the funding limit.

The Budget-Based AT Fund may be accessed multiple times throughout the ISP cycle until the total annual allowable amount (per ISP cycle) of \$250.00 is reached. Remember this amount includes the cost of AT item(s), shipping and handling and 10% administrative fee.

8) The budget worksheet for purchase of Assistive Technology is submitted to the outside reviewer (OR). The OR reviews the request to assure that it meets the Clinical Criteria and when it does, transmits the approval to the TPA for data entry.

9) When the approved budget for AT is received by the CM, the following documents are forwarded to the Purchasing Agent for purchase or funding:

- Budget-Based AT Application and attached documentation,
- SFOC (required for first request and not after, unless another purchasing agent is chosen)
- Approved budget

10) When the authorization for billing is seen on the AT Purchasing Agent Agency's Prior Authorization report, the purchase of AT items may be made, using the ordering information supplied with the AT Fund App and the documentation provided by the requestor. The Purchasing Agent makes shipping arrangements to the identified Delivery Address or sends a check to the requestor, as indicated on the application.

11) If the Budget-Based AT-app indicates that the check is to be sent to the Contact Person, that person is responsible to order/purchase the approved AT item(s) within 30 days of receipt of funding. The Contact Person will also be responsible for delivery of the AT items to the individual within 30 days of receipt.

12) If the Contact Person is responsible to order/purchase the approved AT item(s), that person must provide the AT Purchasing Agent with the associated receipts within 30 days following purchase of the funded items. Readable scans or copies of the receipts are acceptable.

13) If purchased item(s) are used to fabricate or customized AT item(s), and those items are not ready for delivery within 30 days following receipt of the check, the Contact Person must contact the AT Purchasing Agent with an update every 30 days and upon delivery of the AT.

14) The AT Purchasing Agent will complete any requirements as noted in the DD Waiver Standards for "Assistive Technology Purchasing Agent."

NM DOH DDSD/Clinical Services Bureau

Dev: 6-20-13, Revised 7-1-16, revised 10-5-17, revised 2-28-18