

Survey of Part C Coordinators and Assistive Technology



The Part C Program for Infants and Toddlers, although federally supported through IDEA, varies from state to state. In order to learn about how states provide Assistive Technology (AT) services and devices for infants and toddlers, coordinators of the Part C Programs in each state and the District of Columbia were surveyed with a written questionnaire. Coordinators were asked to provide information about policies regarding AT services and devices, how AT services and devices are funded, availability of resources for parents and providers, and collaboration.

Method

Part C Coordinators completed written surveys (<http://tnt.asu.edu/appendix/TNTPartCSurvey.pdf>) between December 2002 and December 2003. A total of 30 (60%) of the Coordinators completed the survey between December 2002 and June 2003. A second survey attempt was made during October-December 2003 in order to increase the number of responding states. A total of 44 states (86%) fully or partially completed surveys.

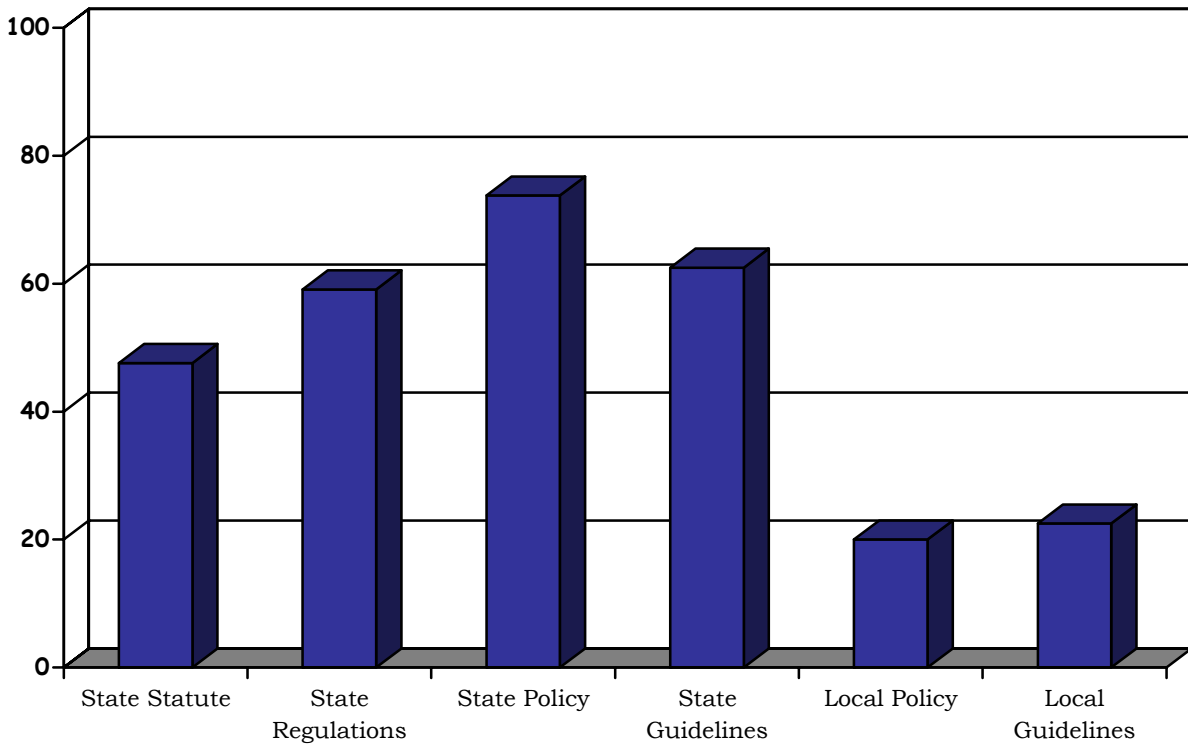
Results

Data from the 44 completed surveys were summarized descriptively. Information from the following question categories was included: (a) policies and guidelines, (b) funding, (c) resources for families and providers, and (d) collaboration.

Policies & Guidelines:

A majority of the Part C coordinators reported that some type of state policy or guidelines regarding assistive technology (AT) for infants and toddlers was in place in their states. The type of state policies reported included: existing state statutes (20 or 45.5%); written state regulations (26 or 59.1%) reported written state regulations, and specific policies regarding AT services and devices for infants and toddlers (31 or 70.5%). In addition, guidelines for AT had been established in 25 (56.8%) of the states. One of the coordinators noted that state policies were currently in progress and four (9.1%) noted that state guidelines were in progress. Locally-developed policies were reported in eight (18.2%) of the states and nine (20.5%) reported availability of locally developed guidelines.

Percent of States Reporting AT Policies and Guidelines



Coordinators were asked to indicate whether or not policies or guidelines contained information specific to payment for services and devices, ownership, eligibility for and access to services/devices, the relationship of AT devices to AT services, maintenance and repair of devices, recycling, documentation requirements, trial periods for use of devices, and procedures about devices and transition to preschool. The percent of states reporting policies covering and not covering these areas are listed on Table 1.

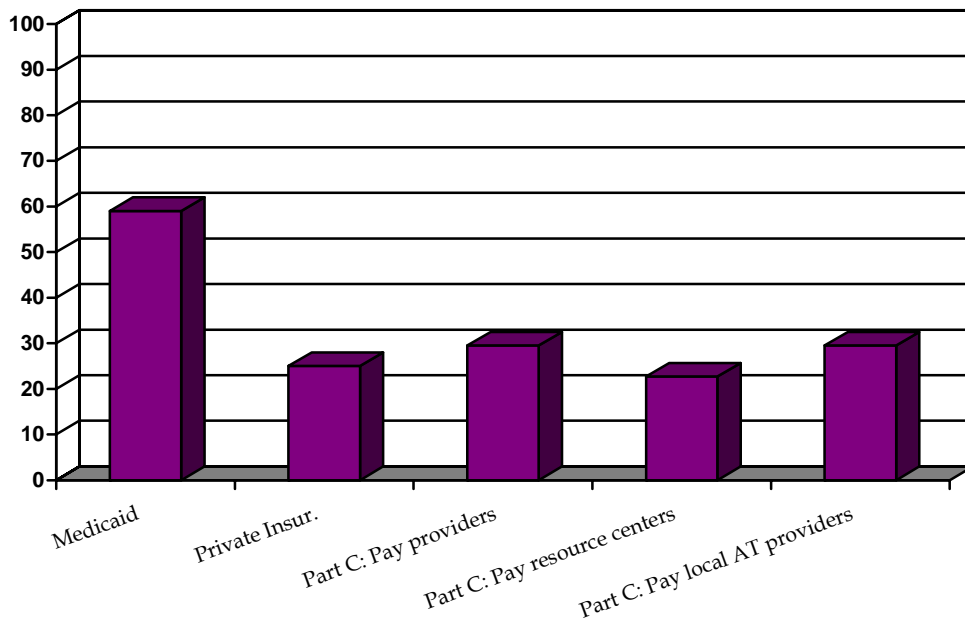
Table 1. Percent of States Reporting Areas Covered in State and Local Policies

Policy regarding...	State	Local	State and Local	Not Covered
Payment for AT devices and services	65.9	2.3	18.2	11.4
Ownership	40.9	6.8	11.4	31.8
Eligibility for and access to AT services	75	2.3	9.1	13.6
Relationship of AT devices to AT services	40.9	4.5	9.1	31.8
Documentation requirements	63.6	4.5	13.6	9.1
Maintenance and repair	29.5	9.1	9.1	43.2
Recycling	18.2	9.1	11.4	50
Trial periods for device-use	22.7	13.6	9.1	45.5
Requirements for transition to preschool	25	4.5	9.1	54.5

Funding:

A total of 26 (59%) of the Part C coordinators reported that “very frequently” funding for *services* was provided through Medicaid by billing for a particular discipline (e.g. Occupational Therapy or Speech-Language Pathology). Other “very frequently” used sources included: private insurance for a particular discipline (11 or 25%); Part C payments to providers (13 or 29.5%); Part C payments to resource centers and other programs (10 or 22.7%); and Part C payments to local assistive technology provider agencies (13 or 29.5%).

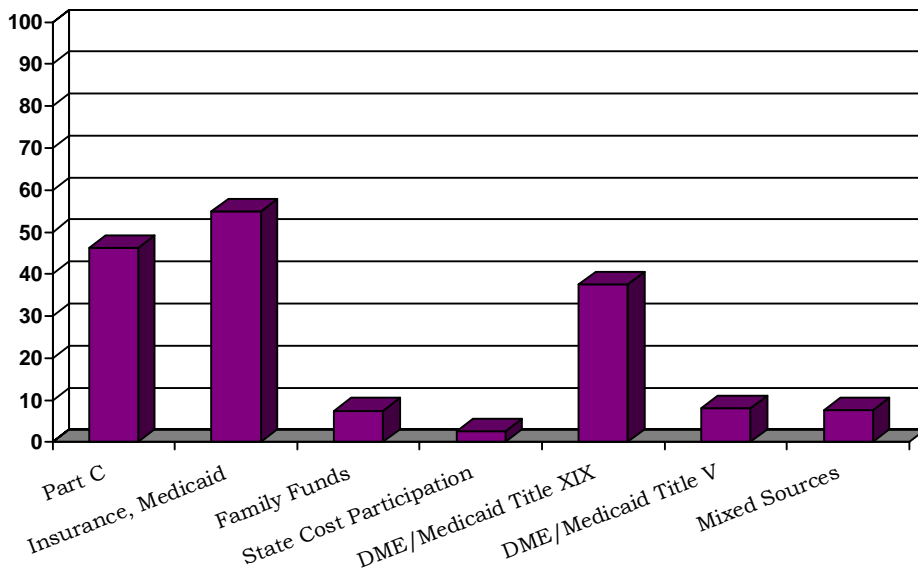
Percent of State Funding Sources “Very Frequently” Used to Pay for AT Services



The types of devices eligible to be paid for by Part C funds included the following : communication device (39 or 88.6%); switch interface (39 or 88.6%); adaptive chair (37 or 84.1%); switch to speak words (36 or 81.8%); materials to adapt for positioning (33 or 75%); “Boppie” or other type of positioning cushion (32 or 72.7%); a switch that hooks to toys (34 or 77.3%); commercial stroller (27 or 61.4%); off-the-shelf toy (25 or 54.5%); battery-operated toy (25 or 54.5%); computer (23 or 50%).

A variety of sources were identified as being used “very frequently” as funding sources for AT *devices*. Part C funding as a payor of last resort occurred “very frequently” in 21 (47.7%) of the states. A family's private insurance, Medicaid, or other 3rd party payers made up 23 (52.3%) of the funding pool. Family funds were reported as a “very frequently” used funding source by three (6.8%) states. Other categories included: use of state cost participation programs (1 or 2.3%); DME under Title 19 (16 or 36.4%); funding through Title V (4 or 9.1%) , and funding from state agencies other than Part C (5 or 23.8%). Only 14 (31.8%) of the coordinators provided information about the amount of Part C funding used in fiscal year 2000-01 to purchase assistive technology devices for infants and toddlers. The range reported among the 14 states was \$0 to \$630,000.

Percent of Sources Used “Very Frequently” to Pay For AT Devices



Resources for Families & Providers:

Coordinators were asked to indicate how common or not common various methods are used by providers and families to learn about AT services and devices for infants and toddlers. The percent of Coordinator responses indicating commonly used methods by parents and by providers is listed on Table 2.

Table 2. Percentage of State Methods Available for Learning About AT Services and Devices for Infants and Toddlers

Method	Common for Providers	Common for Families
Formal Statewide/Regional Training	45.5	31.8
Statewide Resource Centers	36.4	29.5
Regional Resource Centers	27.3	25.0
Technology Resource Fairs	27.3	20.5
Lending Libraries (e.g. Lebotek)	29.5	34.1
Written Materials (e.g. brochures)	36.4	31.8

Collaboration:

Coordinators were provided a list of potential agencies and programs with which the Part C program coordinated in providing AT services and devices for infants and toddlers. The coordinators were asked to rate their state's degree of participation in collaboration along a five-point scale, ranging from "1" (not at all) to "5" (a lot). Table 3 lists the percent of states reporting a lot of collaboration.

Table 3. State Collaboration

Organization	% of States That Collaborate "A Lot" With Organization
Lead Agency for Special Education	38.6
Department of Health	31.8
State ICC	29.5
State Tech Act Project	22.7
Local/Regional ICC	13.6
Privately Funded AT Programs	9.1
Early Head Start	9.1
Community Childcare Programs	11.4
Public Libraries or other Toy-Lenders	4.5
State Departments of Vocational Rehab	11.4
Trade Organizations	2.3
Chapters of Professional Organizations	2.3

Discussion

The federally funded Part C programs for infants and toddlers vary from state to state. This survey explored how the states provide AT services and devices for infants and toddlers. Almost three-quarters of the states have some sort of policy, regulation, or guidelines to support the provision of AT services and devices for infants and toddlers. In approximately two-thirds of the states, these policies discuss payment for devices and services including information about ownership, maintenance and repair, recycling, loan periods for devices, and procedures for devices during the transition to preschool.

Medicaid is the most frequently used state-funding source for payment of services and to purchase devices, although other sources such as Part C as the payor of last resort and DME/Medicaid Title XIX for *devices* are also used. A majority of the coordinators reported that their states may fund communication devices, switch

interfaces, adaptive chairs, switch to speak words, positioning materials, switches for toys, commercial strollers, off-the-shelf toys, and computers.

The states' coordinators indicated several methods by which providers and families have the opportunity to learn about assistive technology services and devices for infants and toddlers. In addition to state and/or local training for families and providers, the availability of statewide and regional resource centers, as well as technology resource fairs were also reported by many states as being "commonly used."

Lastly, frequent collaboration between the state's Part C coordinators and various other agencies that offer AT devices and services for infants and toddlers was evident. The lead agencies for preschool special education, the DOHs, the state ICCs, and the Tech Act projects were the agencies with which more states reported collaborating "a lot."