

New Mexico Department of Health  
Developmental Disabilities Supports Division

# Participatory Communication and Choice-Making



***RESOURCE PACKET  
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# **A COMMUNICATION BILL OF RIGHTS**

All people have the right to participate in life through communication, which is guaranteed by the constitution. The Developmental Disabilities Supports Division mandates that all individuals, regardless of the severity of their disability, should be supported to participate in life through communication.

Let's review this "Communication Bill of Rights" which can be used as a guideline to ensure that people participate through communication.

- 1) The right to request desired objects, actions, events, and persons, and to express personal preferences or feelings.
- 2) The right to be offered choices and alternatives.
- 3) The right to reject or refuse undesired objects, events, or actions, including the right to decline or reject all offered choices.
- 4) The right to request, and be given, attention from and interact with another person.
- 5) The right to request feedback or information about a state, an object, a person or an event of interest.
- 6) The right to active treatment and intervention efforts to enable people with severe disabilities to communicate messages in whatever modes and as effectively and efficiently as their specific abilities will allow.
- 7) The right to have communication acts acknowledged and responded to, even when the intent of these acts cannot be fulfilled by the responder.
- 8) The right to have access at all times to any needed augmentative and alternative communication devices and other assistive devices, and to have those devices in good working order.
- 9) The right to environmental contexts, interactions, and opportunities that expect and encourage persons with disabilities to participate as full communicative partners with other people, including peers.
- 10) The right to be informed about the people, things, and events in one's immediate environment.
- 11) The right to be communicated with in a manner that recognizes and acknowledges the inherent dignity of the person being addressed, including the right to be part of communication exchanges about individuals that are conducted in his or her presence.
- 12) The right to be communicated with in ways that are meaningful, understandable, and culturally and linguistically appropriate.

Source: National Joint Committee for the Communicative Needs of Persons with Severe Disabilities. (1992). Guidelines for Meeting the Communication Needs of Persons with Severe Disabilities. *Asha*, 34 (March, Supp. 7), 1-"The rights of people with cognitive disabilities to technology and information access. by the Coleman Institute <http://www.colemaninstitute.org/wp-content/uploads/2017/01/TheDeclaration.pdf>

# **TYPES OF LEGISLATION THAT SUPPORT RIGHT TO PARTICIPATE IN LIFE**

## **IT STARTS FOR EVERYONE WITH FREEDOM OF SPEECH**

### **Americans with Disabilities Act (ADA)**

The ADA prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications.

### **Individuals with Disabilities Education Act (IDEA)**

That law, known as the Education for All Handicapped Children Act, or the EHA, guaranteed that eligible children and youth with disabilities would have a free and appropriate public education (FAPE) available to them, designed to meet their unique educational needs.

### **Assistive Technology Act of 1998**

The Assistive Technology Act, also known as the "Tech Act", provides funds to states to support three types of programs: (1) the establishment of assistive technology (AT) demonstration centers, information centers, equipment loan facilities, referral services, and other consumer-oriented programs; (2) protection and advocacy services to help people with disabilities and their families as they attempt to access the services for which they are eligible; (3) federal/state programs to provide low interest loans and other alternative financing options to help people with disabilities purchase needed assistive technology.

### **Carl D. Perkins Vocational and Technical Education Act Amendments of 1998**

Schools are required to integrate academic, vocational and technical training, increase the use of technology, provide professional development opportunities to staff, develop and implement evaluations of program quality, expand and modernize quality programs, and link secondary and post-secondary vocational education.

### **Fair Housing Act Amendments of 1988**

This legislation addresses non-discrimination issues for potential tenants with disabilities. It is unlawful to deny housing to a renter/buyer because of a disability that the person may have.

### **The Hearing Aid Compatibility Act of 1988**

This law requires that all telephone equipment manufactured or imported for use in the United States after August 1989 be compatible with hearing aids.

### **The Television Decoder Circuitry Act of 1990, Section 3**

The deaf and hearing impaired should have access to information and entertainment via television medium to the fullest extent possible through technology.

### **Workforce Investment Act of 1998**

In the vocational rehabilitation process, this law defines technology and its use in job planning, and acquisition and retention of people with disabilities.

### **ABLE Act of 2014**

Allowing people with disabilities to establish special accounts where they could save money to pay for education, health care, transportation, housing and other expenses. Individuals could deposit up to \$14,000 annually under current gift-tax limitations and accrue as much as \$100,000 without risking eligibility for Social Security, Medicaid, and other government programs

Source: Assistive Technology law <http://www.fctd.info/resources/techlaws.php>

# GUIDELINES FOR REFERRAL TO THERAPIES

- **Refer to physical therapy for an evaluation if the individual:**
  - Has a wheelchair
  - Has problems with his/her wheelchair, i.e.:
    - The wheelchair is in poor condition
    - The wheelchair does not fit
    - The wheelchair no longer meets the individual's needs
  - Needs assistance with positioning for function, i.e.:
    - To improve the use of hands
    - To prevent skin breakdown
    - To interact with the environment
    - To improve breathing
  - Wants to increase his/her mobility, i.e.:
    - Using a wheelchair
    - Using a cane or walker
    - Improve gait
  - Wants to maintain or improve function, i.e.:
    - For range of motion
    - For controlling movements
    - For dealing with high muscle tone
    - For a particular skill
    - For cardiovascular function
  
- **Refer to speech therapy for an evaluation if the individual:**
  - Wants to eat more safely, i.e.:
    - Is experiencing symptoms of aspiration
    - Needs techniques for managing food/liquid/saliva orally
    - Needs techniques to assist with swallowing
    - Is refusing to eat/drink orally
    - Wants to return to oral eating/drinking and PCP will permit
    - Wants to improve oral sensitivities but not oral eating
  - Wants to communicate more effectively with others, i.e.:
    - Does not speak and does not have an alternative system which permits participation through communication
    - Wants to develop an alternate system of communication/AAC
    - Wants assistance using an AAC system (access, vocabulary)
    - Wants support providers to understand how to support an AAC system
    - Speaks, but is difficult to understand
    - Speaks, but words do not make sense
    - Speaks, but has a limited ability to express ideas
    - Wants to develop functional literacy skills
    - Wants to communicate in written form
    - Wants to improve cognitive related functioning, i.e.: attention, short-term memory, problem solving, organizational strategies

## GUIDELINES FOR REFERRAL TO THERAPIES (CONTINUED)

- **Refer to occupational therapy for an evaluation if the individual:**
  - Wants to improve self-care skills (ADLs), i.e.:
    - Eating or drinking, dressing, grooming, toileting, bathing
  - Wants to improve functional fine motor skills, i.e.:
    - Manipulating objects needed for daily activities, work or leisure tools, etc.
  - Wants to improve home living skills, i.e.:
    - Cooking, cleaning, childcare skills, time and calendar concepts, etc.
  - Wants to improve community access skills, i.e.:
    - Shopping, money management, using public transportation, etc.
  - Has difficulty accessing home, work, day program, or school environments, i.e.:
    - Cannot use dials, cannot control leisure equipment, cannot control lights, cannot access faucets, needs assistance to access home appliances, cannot use work tools, cannot take notes, etc.
  - Needs modifications to use wheelchair in daily environment, i.e.:
    - Doors widened, bathroom adaptations, ramps, safety adaptations, etc.
  - Seems to have difficulty with processing sensory information, i.e.:
    - Needs large personal space
    - Overly sensitive to touch (or under-responsivity), sound, auditory, or visual stimulation (all or one)
    - Has various self-stimulation or self-injurious behaviors that may be connected to poor sensory modulation
    - Rocks body, spins around, avoids movement
    - Bangs body, hits self, bites self
  - Wants to improve visual-motor or visual-perception skills, i.e.:
    - Needs help moving around furniture, gets frustrated trying to find things in a drawer or in a visually busy environment
    - Has problems visually attending, tracking, etc.
    - Needs adaptations for visual impairment
  - Needs hand splints to:
    - Maintain range of motion for hygiene
    - Increase ability to grasp
    - Maintain hand function
  - Wants to improve hand coordination or manipulation skills, i.e.:
    - Has difficulty using clothing fasteners, handling coins, handling various work or leisure items
  - Wants to improve cognitive functioning, i.e.:
    - Sequencing skills
    - Problem solving
    - Adaptive strategies for functional activity

## DEFINITIONS OF TERMS

Assistive Technology, like most professional disciplines, has its own terminology that is utilized in various portions of this document. Some of the more frequently used terms include:

**AAC (Augmentive and Alternative Communication) Aid** - A physical object or device used to transmit or receive messages such as a communication book, board, chart, mechanical or electronic device, or a computer.

**Assistive Technology (AT)** - A device and/or materials used to fabricate a custom item intended to support the individual's communication, environmental access/control, or mobility to compensate for their disability in completing functional activities safely.

**AT Evaluation** – Is the documentation of an assessment, in the individual's natural environment or in a clinical setting, to determine the need for Assistive Technology; may be performed by an interdisciplinary team of therapy and/or rehabilitation professionals and specialists, with the user, family, others that will support use of the AT.

**AT Service** - Any service that directly assists an individual in the selection, acquisition, or use of an AT device. This service includes evaluation of technology needs, acquisition of AT devices, customizing and/or maintaining AT devices, coordinating other services with AT devices, AT training, and technical assistance for others substantially involved with the AT user.

**Augmentative and Alternative Communication (AAC)** – Supports and strategies provided by certified and licensed speech-language pathologists that function to compensate, temporarily or permanently, for severe communication disorders and consequently allow for greater participation in life activities.

**Behavioral Support Consultant (BSC)** - A licensed practitioner or qualifying intern with at least a Master's degree in a mental health allied field. A Behavior Support Consultant conducts a Positive Behavioral Supports Assessment (PBSA) for an individual. From that assessment, the Behavior Support Consultant develops, trains, and monitors a Positive Behavioral Supports Plan (PBSP) and provides consultation to the individual's IDT members. All Behavior Support Consultants must be authorized by the DDS to provide Behavioral Support Consultation (BSC) services as an independent contractor, or as a subcontractor or employee of an approved provider agency.

**Communication System/Multimodal System** - An approach which utilizes the individual's full communication capabilities, including any residual speech or vocalizations, gestures, signs, and aided communication.

**Environmental Controls** - Devices that allow an individual to operate a wide array of electronic equipment using a switch or voice activation. Lights, telephones, curtains, bed controls, and any other electrical device can easily be interfaced with an environmental control system. Systems may be hard wired, infrared, ultrasonic, or interfaced with the wiring of a building.

**High Tech AT** - AT devices or equipment that incorporate sophisticated electronics and/or computers.

**Light Tech AT** - AT equipment that uses moderately complicated mechanics and/or electronics.

**Low Tech AT** - AT supports which are less sophisticated and are often readily available, easily fabricated, or require minimal modifications.

**Occupational Therapy (OT)** - A skilled therapy service performed by a licensed occupational therapist or a certified occupational therapy assistant (COTA) under the supervision of a licensed occupational therapist. Services must be reasonable and necessary to help an individual regain, maintain, develop, and build skills that are important for independence, functioning, and health. Occupational therapy practitioners work with people of all ages who because of illness, injury, or impairment need specialized assistance in learning/maintaining skills that enable them to lead more independent, healthy, productive and satisfying lives. Occupational therapy services are often used in the provision of Assistive Technology.

**Physical Therapy (PT)** - A skilled therapy service performed by a licensed physical therapist or by a licensed physical therapy assistant under the supervision of a licensed physical therapist. Services must be reasonable and proper and directed toward the diagnosis and management of movement dysfunction and/or the enhancement of physical and functional abilities. Physical therapy addresses the restoration, maintenance, and promotion of optimal physical function, wellness and quality of life related to movement and health. Physical therapy prevents the onset, symptoms and progression of impairments, functional limitations, and disability that may result from diseases, disorders, and conditions or injuries. Physical therapy services are often used in the provision of Assistive Technology.

**Speech-Language Therapy** - A specialized therapy service performed by a licensed speech-language pathologist that involves the non-medical application of principles, methods and procedures for the diagnosis, counseling, and instruction related to the development and disorders of communication including speech fluency, voice, verbal and written language, auditory comprehension, cognition, swallowing dysfunction, oral pharyngeal or laryngeal sensory-motor competencies. Speech therapy is also a skilled therapy service used when an individual requires the use of an augmentative communication device for the purpose of non-medical diagnosing, preventing, treating, and ameliorating, such disorders and conditions. Services must be reasonable and necessary to improve or maintain the individual's capacity for successful communication or lessen the effects of the individual's loss of communication skills AND/OR to improve or maintain the individual's ability to eat foods and to drink liquids with minimal risk of aspiration of other potential injuries or illness related to swallowing disorders. These treatments will likely incorporate the use of Assistive Technology such as augmentative communication devices and adaptive eating equipment.

**Therapy Services** - Therapy services are provided by a licensed or certified practitioner as specified by applicable New Mexico laws and regulations. Therapy services, in the areas of physical, occupational, and speech as covered by the New Mexico Developmental Disabilities Medicaid Waiver program include evaluation, treatment, support provider/staff training, and consultation, as necessary.

**Voice Output Communication Aid (VOCA)** - Any communication device that produces speech. The speech may be digitized (digitally recorded) or synthesized (computer generated).



# SUPPORT PROVIDER COMMUNICATION INTERVIEW

Name of Individual: \_\_\_\_\_

Interviewee(s): \_\_\_\_\_

Date(s): \_\_\_\_\_ Interviewer(s): \_\_\_\_\_

## A. Form of communication

General:

Tell me about the different ways he/she communicates with you.

How do you know what he/she is thinking?

Object:

Does he/she pull you, put your hands on objects, or bring you objects?

Gestures:

Does he/she point, or shake his/her head or use any gestures to communicate:

Pictures:

Does he/she ever point to pictures or bring you a picture to communicate with you?

Signs:

Does he/she use any signs at home? If so, what are they?

Does he/she sign more than one word at a time?

Written Words:

Does he/she ever point to written words, read words out loud, or write words?

Does he/she recognize signs for businesses, product logos or labels on cans, bottles, and boxes? If so, which one(s)?

Verbal:

Does he/she ever talk to you?

Is it meaningful to you?

Does he/she put words together?

Intelligibility:

How easy is it to understand what he/she communicates?

Are there times you know that he/she is trying to tell you something, but you can't understand what it is? How often does this occur?

Do you ever see frustration following unsuccessful communication? If so, what happens?

Other:

Are there any other ways that he/she communicates with you?

## B. Functions of Communication

General:

What reasons do you see that he/she has for communicating with you?

Requesting:

Does he/she ask for objects he/she wants?

What does he/she ask for?

Does he/she ask for help?

Examples:

Getting Attention:

How does he/she get your attention when he/she wants to communicate something to you?

Examples:

Commenting:

Does he/she point out or comment on things to you just because they are interesting?

What does he/she find to be interesting?

Examples:

Rejecting/Refusing:

Does he/she have a way to communicate that he/she does not want an object?

Does he/she have a way to communicate that he/she does not want to participate in an activity?  
What kinds of things or activities does he/she not like?

Examples:

Giving Information:

Does he/she ever tell people things that they did not already know?

Does he/she relate past experiences?

Does he/she tell stories?

Does he/she ever talk about something that is not present or happening at the moment?

Examples:

Seeking Information:

Does he/she have a way to get others to tell things that he/she did not know?

Does he/she have a way to ask questions?

Examples:

Express Feelings:

Does he/she have a way of expressing emotional feelings (anger, disappointment, sadness, contentment, happiness, surprise, anxiety, etc.)?

Examples:

Does he/she express physical feelings (pain, discomfort, hunger, thirst, hot, cold, need for medication, anticipation of a seizure, tired, foot is asleep, etc.)?

Examples:

Social Routines:

Does he/she participate in familiar interactions (greetings, good-byes, apologies, excuse him/herself, etc.)?

Does he/she ever take a turn in interactions to participate?

Examples:

### **C. Semantic Categories and Word Used**

General:

What sorts of words (signs, gestures, objects, pictures, etc.) does he/she use when communicating with you?

Objects:

Does he/she have words for objects?

How does he/she use these words?

Person:

Does he/she use the names of people to refer to them?

Does he/she use nicknames or personalized labels for people?

Does he/she use negatives names for people (stupid, jerk, etc.)?

Examples:

Does he/she have words to refer to people who he/she does not know (man, girl, baby, she)?

Examples:

Action:

Does he/she have words for action (ride, stop, eat, wash, hug, move, go)?

Examples:

Locations?

Does he/she have words for places (bedroom, outside, school, work, store, zoo, under, there)?

Examples:

Quality:

Does he/she use any descriptive words (big, high, blue, soft, gentle, long, dirty, fast)?

Examples:

Other:

Does he/she use time words (now, later, again, noon)?

Does he/she use quantity words (more, lots, none)?

Does he/she use social words (sorry, excuse me, howdy, yo, later)?

Does he/she use “yes/no” or similar words

## COMMUNICATION DICTIONARY Support Program

The following dictionary of communication behavior has been developed to introduce new friends, acquaintances and/or newly assigned support providers to \_\_\_\_\_'s way of communicating. **Please share it with any new person who will be interacting with him/her.**

Several people who are very familiar with \_\_\_\_\_'s daily communication style developed the list of different meaningful actions. Review of this communication dictionary may assist others to better understand and interact with him/her.

A communication dictionary is never completed. New ways of communicating may develop throughout a person's lifetime. **Anyone may help to keep this dictionary up to date by adding to it or by modifying what is already included.** Thank you for sharing \_\_\_\_\_'s communication dictionary.

Action	Meaning

Source: Smith, Lourie

## **Sample Apps for Increasing Independence/Participation for Adults with Intellectual and Developmental Disabilities**

*New Mexico Developmental Disabilities Supports Division, Clinical Services Bureau*  
By - Julie Mehrl, MOT, OTR/L V.1. 06/2014

Many of us have a variety of favorite apps that we use to help make life easier. A myriad of apps can help with organization, communication, entertainment, navigation, learning, socialization, and everyday tasks like cooking, shopping, money management, etc. Apps are available for a variety of platforms (laptop, tablets, cell phones) and operating systems including Apple, Microsoft, and/or Android devices.

This resource contains descriptions of a small sample of apps that may be appropriate to explore for use by individuals with I/DD whose goal is a more independent living situation. New apps are developed every day and current apps/prices should be researched as needed. This resource is meant to provide a “jumping off place” for individuals, teams and families who are wondering what types of apps may be helpful in increasing independence for adults with I/DD.

This resource does not address the large variety of issues related to accessing a particular device or app. Some individuals require alternative physical access like switch or voice access. Various individuals may have barriers related to visual or hearing impairment. Others may need special consideration related to cognitive or other challenges. The design of some apps may be too busy or too complicated. When researching apps it is important to find out if the app supports switch access or other adaptations that may be needed.

It is important to note that consulting and collaborating with your Occupational or Speech Therapist (when available) is often the best place to start when exploring options. An OT or SLP can assist with choosing an appropriate app/platform, set-up, access issues, personalized strategies, and training that may be essential to functional use. Because it is so important to collaborate with your SLP when considering use of a communication app and because there are so many variables to consider, this resource will not attempt to address communication app options.

Various apps may decrease the need for direct support personnel (DSP) and/or family support for some activities. An app may remind people when it is time to take medications, send a text message when an individual arrives at work, provide discreet cueing to complete an activity, remind an individual of their schedule or various appointments, support behavioral/health goals, etc. Assisting an individual to utilize apps when possible to increase autonomy and decrease DSP intervention can be exciting and rewarding for all involved. To find the apps mentioned below or similar apps you may conduct a general search or search the app store of the device you intend to use. You will then find more information about each particular app, current prices, screen shots, user reviews, etc.

The examples below are meant to increase awareness of what types of apps might help provide solutions for increased safety, health, and/or independence. This resource is a *small sample* of some types of apps you may want to explore. No endorsement of any particular platform or app should be implied. Remember also that apps are often part of a support system that includes other types of Assistive Technology; Environmental Modification; Personal Support or “Smart Home” Technologies; custom strategies from therapists and other support professionals; as well as the most valuable supports - family, friends, team members, and community members who care.

Sample Apps for Increasing Independence/Participation (cont.)

App Name	Description	Function	Approx. Cost
First Then Visual Schedule	Allows easy creation of visual schedules, choice boards, task prompting sequences, social stories. Also includes video options. Can record your own voice and use your own pictures. Has large picture and symbol libraries and options.	ADLs, iADLs Cueing Socialization Schedules	15
Scene Speak	Organized to allow “hotspots” in a photo scene that will then display/speak prompts related to that area of a room or object in a photo.	ADLs, iADLs Cueing Socialization	10
Pictello	Create electronic stories, prompting sequences, schedules, recipes, etc. using pictures, text, audio, your recorded voice.	ADLs, iADLs Cueing Socialization	15
Aida Reminder with Voice	Create Reminders and Alarms with your voice recording, pictures, etc. Easy set, easy access.	Schedules Cueing Meds	1
To Do Checklist	Create To Do Lists, Location dependent Reminders, Time dependent Reminders, etc.	Schedules Cueing Meds	FREE
Pill Monitor	Schedule reminders to take pills. Add pill pictures. Send reports, etc.	Cueing Meds	2
PhotoMind	Create photo-based reminders, to do lists, notes, etc.	Schedules Cueing	3
Picture Scheduler	Create visual tasks with attached pictures, video, and audio. Tasks can be associated with custom alarms. Tasks can be archived for later use.	ADLs, iADLs Cueing Schedules Meds	3
Pillboxie	Visual Medication Management, Reminders. Easy set. Visual Cueing.	Meds	1
Jamie’s To Do	Simple text to do lists with tabs. Clean, basic design.	Schedule Cueing	FREE
GPS Phone Tracker	Allows you to track a person’s location (with permission of course) for safety, etc.	Safety	FREE
Samy Geospatial Alert	Quickly and easily send your contact a GPS location alert.	Safety	FREE
GPS Alarm Pro	Set it to alert you when your destination is near. Great for prompting bus stops, etc.	Safety iADL	1
ooVoo Video Calls	Easy Video Call app, can talk to many people at once. Can simplify video calling.	Safety Socialization	FREE
WakePoint	Automatically text/e-mail designated people when you are near or at a location, IE: “David arrived at work.” Many other functions.	Safety Cueing iADLs	15

App Name	Description	Function	Approx. Cost
Special Stories	Create photo stories, social stories, talking books, task cueing, shopping lists, recipes, etc. Can be used with Bluetooth switches	ADLs, iADLs Cueing Socialization	14
Social Stories Creator ...	Create stories, task cueing, lists, etc. Record your voice. Can upgrade to download pre-made social stories.	ADLs, iADLs Cueing Socialization	FREE
Brighter and Bigger	Turns device into a magnifier to make text and contents more visually accessible.	Visual and Focusing Aid	FREE
Functional Planning System	Video prompting tool. Schedule activities, create step-by-step videos, and create alarms for task reminders.	ADLs, iADLs Cueing Schedules	5
Visual Timers	A large variety available. Assist an individual to anticipate when an activity will be completed. Prompt to complete an activity for a certain amount of time.	ADLs, iADLs Cueing	FREE to 5
iReward	Keep track of behavioral rewards and behaviors related to system. Add photos of rewards.	Behaviors	3
Dragon Dictation	Voice recognition app that allows you to speak and see text and e-mail messages. Also a verbal search app available from Dragon.	Communication Socialization Safety	FREE
iDress for Weather	Customize virtual clothing closet with your photos of your clothing. Suggests appropriate clothing for predicted weather.	ADLs	2
Facetime	Uses Apple devices built-in camera to make video calls.	Communication Socialization Safety	FREE
Skype	Video Phone app.	Communication Socialization Safety	FREE
Recorders	Various recorder apps available that will allow you to record instructions, things you need to remember, appointments, meetings, etc. without needing to type in the info.	iADLs Organization Safety	FREE to 10
Instant Heart Rate	Place your index finger on the camera to measure heart rate. Save and view past heart rates in a timeline	Health	FREE
MyBenefits	Saves insurance and medical info to your device to go with you to appts.	Health	FREE

App Name	Description	Function	Approx. Cost
Wellpepper	Allows your therapist to create photo and video exercise programs that the individual can access and follow.	Health Cueing	FREE
My Med Schedule	Web-based. Text alerts to take meds. Med Record. Pictures of Meds. Other features.	Health Cueing	FREE
Brain Works	Cueing App for Sensory Diets. Client can choose location and how they are feeling. Many Visual Sensory Activities available to choose from or customize. Can be very simple or more involved depending on set-up.	Health Cueing Behavior	9
Accessibility Apps	Various apps designed for various operating systems include; text-to-speech, magnification, vibration alerts, etc. Can be activated also for those with limited reading, attention deficits, etc.	Access of devices	Usually FREE
Color ID	Uses camera to speak the color of item photographed.	ADLs iADLs	FREE
Navigation Apps	Google Maps, Telenav, GPS Trekker, Nav4all, etc. Many available. All have different degrees of functionality and access difficulty/simplicity. Can help individuals find places near-by, find destinations with verbal directions when walking, biking, driving. Many have emergency contact to text location. Need to explore the many options.	iADLs Safety	FREE to 30
Coin Calculator	Works like a calculator but user presses picture of coin then + or – to get total.	iADLs	2
Breathe to Relax	Guides user through relaxing breathing exercises.	Health	FREE
Speed Dial Photo Dial Voice Dial	Various apps for various operating systems allow your phone to turn into a customizable photo/voice dialer. Simply touch the photo/say the name of the person and it dials the number.	Communication Socialization Safety	FREE to 5
Smart ICE Other ICE apps	In Case of Emergency. Stored on phone – your personal, medical, contact person information for Emergency Medical Responders. Also set for emergency contacts and GPS information.	Health Safety	FREE to 6
React Mobile	Sends emergency texts and GPS info to predetermined contacts at the touch of large icon. Customizable.	Safety	FREE

App Name	Description	Function	Approx. Cost
Grocery IQ and other grocery apps	Most apps allow you to make custom grocery lists. Some you can put in your own pictures. Some will guide aisle by aisle, etc.	iADL	FREE to 4
Wonkido	Great all in one app for schedules, to do lists, reward trackers, mood tracker, built for kid use so simple design.	Schedule Organizer Behavior	10
Alarmed – Reminders + Timers	Pop-up custom reminders and alerts. Customized sounds and timing, etc.	Schedule Cueing Organizer	FREE
Voice Med Reminder	Medication reminder. Record your voice for the reminders. Simple App.	Health Medication	FREE Lite ver.
PhotoMind	Picture reminders, To Do List and Notes. Post photos with each.	Organizer Schedule	3
Voice Reminder Pro	Record event reminders in your own voice. Simple to use and set-up.	Schedule Organizer	FREE
Big Launcher Large Launcher Senior Launcher Big Buttons	Customize phone or tablet with large easy to use icons. Some can include a large SOS alert button. Some can be designed for easy scroll or to avoid multi-layers.	Access	Various
My Pictures Talk	Video Modeling App. Organizes your videos into modeling for task cues, social cues, to review for concrete navigation while walking, etc. Very versatile. Customize. Provide concrete cues.	ADL, iADL Navigation Cueing Socialization	3
Community Sidekick	Sends automated e-mails with GPS location to programmed contacts when an individual starts a community trip. Also has “I am fine” and “I need help” buttons. Customize for your needs.	Safety Communication	10
Choice Works calendar	Create visual calendars that also talk. View in day, week, month views. Move activities into a done column and receive verbal feedback.	Organizer Schedule Cueing	5
IHealth Devices and Apps	IHealth devices can continuously monitor blood pressure, oxygen saturation, heart rate, etc. Communicates readings to your IHealth App. and others as programmed.	Health	Various
Digifit.com and other companies	Outlines a number of health monitoring devices that can report via apps various types of health data including: weight, BP, Heart Rate, activity levels, calorie use, etc. May be available through other companies as well.	Health	Various

New Mexico Developmental Disabilities Supports Division, Clinical Services Bureau

By - Julie Mehrl, MOT, OTR/L

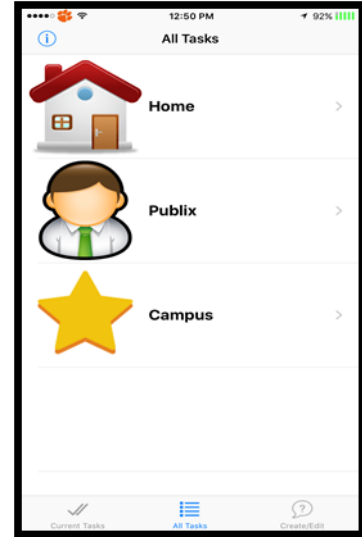
V.1. 06/2014



**TaskAnalysisLife** APP by Clemson Life.  
Available for Apple Users and it is free.

- a. Helps individuals to complete a task
- b. Breaks down the tasks into manageable steps
- c. If you are at work – it populates work related tasks
- d. If you are at home – it populates home related tasks

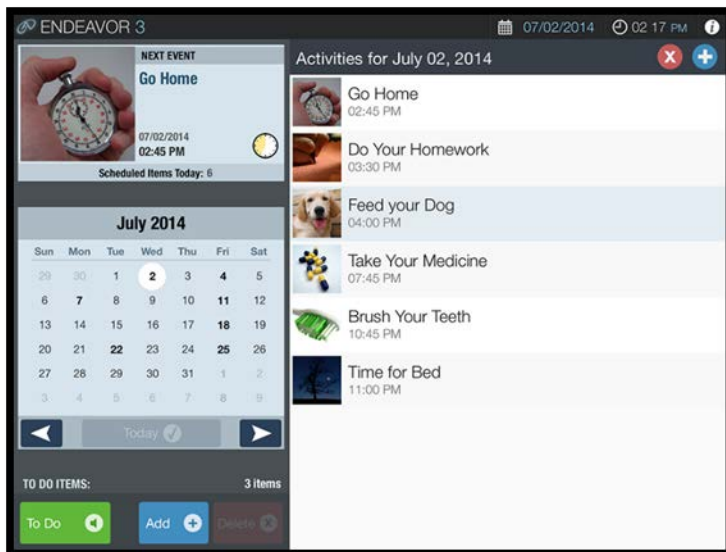
<http://clemsonlife.org/TaskAnalysis/>  
<http://clemsonlife.org/TaskAnalysis/Tutorials/>



**Endeavor 3 APP:** available in Apple Store or Google Play for \$100.

It provides individuals with cognitive disabilities who have difficulty remembering as it helps you to know when to perform key activities such as taking medication, turning appliances off, getting to meetings or appointments, as well as doing work tasks – other routine or non-routine activities of daily living.

Apps helps to perform independently and on time.



## GENERAL ASSISTIVE TECHNOLOGY FUND APPLICATION

<b>Individual's Name:</b>  <input type="checkbox"/> Jackson Class Member (contact CM, if unknown) <b>DOB:</b> <b>Last 4 of SSN:</b>  <b>Address:</b>  <b>City/State/Zip:</b>  <b>Home Phone:</b>	<b>Contact Person:</b>  <b>Phone:</b> <b>E-mail:</b>  <b>Address:</b> <b>City/State/Zip:</b>  <input type="checkbox"/> Contact Person will purchase & deliver items approved. Initial box above	<b>Check all that apply:</b>  <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?		
		<b>Signature:</b>
		<b>Date forwarded to CSB:</b>

*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
<b>Grand Total</b>					

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

<b>CSB Reviewer Section Only</b>		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"/> SWITCH <input type="checkbox"/> OTHER:		

NM DOH/DDSD Clinical Services Bureau    Revised 3-3-17

## **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.

Revised 3-18-14, 7-1-16

**BUDGET-BASED ASSISTIVE TECHNOLOGY FUND APPLICATION**

Individual's Name <hr/> Address <hr/> City/State/ZIP <hr/> Home Phone <hr/> DOB <hr/> ISP Cycle Start Date <hr/>	Contact Person <hr/> Phone <hr/> Email <hr/> Contact Person is a member of the Individual's IDT. <input type="checkbox"/> Contact Person will purchase & deliver items approved. <input type="checkbox"/> Purchasing Agent will purchase items approved & have them shipped to the delivery address. <input type="checkbox"/>	Purchasing Agent (PA) Selected <hr/> PA Fax <hr/> PA Phone <hr/> PA Address <hr/> PA E-mail <hr/> Other funding (DME, insurance, DVR, etc.) is not available. <input type="checkbox"/> Therapists have discussed/prioritized AT funding needs. <input type="checkbox"/>
	Delivery Address <hr/> City/State/ZIP <hr/>	Case Manager Initials & Date <hr/>

**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.

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

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- This AT is NOT used primarily for sensory stimulation.

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

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- 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.

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- This AT request is NOT for educational software.

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

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

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- Payment of taxes is NOT included in this request.

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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!*

<b>Vendor website address (this must be included!):</b>				
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
			<b>subtotal</b>	\$ 0.00
			<b>S/H</b>	
			<b>Total</b>	\$ 0.00

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

*Attach additional pages if needed.*

	AT Item Total:	<b>\$ 0.00</b>
	Plus 10% Admin Fee of:	<b>\$ 0.00</b>
<b>**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:</b>	<b>Grand Total</b>	<b>\$ 0.00</b>

<b>AT Purchasing Agent Section Only</b>	
Date ATF-app received:	
Date AT ordered by PA:	<b>OR</b>
Date AT item(s) received by individual:	Date check sent to contact person:
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

## **NEW MEXICO ASSISTIVE TECHNOLOGY RESOURCES**

### **Clinical Services Bureau/Therapy Support Unit DDSD**

5301 Central NE  
Albuquerque, NM 87108  
(505)841-6188  
1-800-283-5548

<http://www.health.state.nm.us/DDSD/ClinicalSvcsBur/CSBIndex.htm>

### **New Mexico State Department of Education Special Education Unit / Education Building**

DeVargas & Don Gaspar St.  
Santa Fe, NM 87501-2786  
State Director of Special Education  
(505) 827-6541

<http://www.ped.state.nm.us/SEB/index.html>

### **Back In Use**

3900 Osuna Rd. NE  
Albuquerque, NM 87109  
(505) 341-7171

[BackInUse@goadelante.org](mailto:BackInUse@goadelante.org)

### **New Mexico Technology Assistance Program-NMTAP**

435 St. Michael's Drive  
Building D  
Santa Fe, NM 87505  
Voice: 1-800-866-2253

[www.nmtap.com](http://www.nmtap.com)

### **New Mexico Commission for the Blind**

2200 Yale Blvd, SE  
Albuquerque, NM 87106  
(505) 841-8844  
(888) 513-7958

[www.cfb.state.nm.us](http://www.cfb.state.nm.us)

### **Center for Self-Advocacy**

625 Silver Ave SW, Suite 100  
Albuquerque, NM 87104  
(505) 242-1222  
(877) 725-7770

[www.nmddpc.com/csa](http://www.nmddpc.com/csa)

### **Disability Rights New Mexico**

1720 Louisiana Blvd. NE, Suite 204  
Albuquerque, NM 87110  
(505) 256-3100  
(800) 432-4682

<http://drnm.org>

### **ARC Tech Toolbox**

<https://toolbox.thearc.org>

This site allows you to filter through a collections of apps based on the individual's needs and life area needing assistance.



**Developmental Disabilities Supports Division (DDSD) Regional Office Request for Assistance – RORA**  
**This is not an incident report form. Submission of this form does not constitute reporting as required by regulation.**

Individual Level     Provider Level     Systemic Level

Request Date: \_\_\_\_\_ Name of Individual: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    DOB: \_\_\_\_\_

Jackson Class Member     Non-Jackson Class Member     DD Waiver     SGF     Mi Via Waiver

Managed Care Organization:     Blue Cross Blue Shield     Presbyterian     Western Sky Community Care

Diagnosis/Condition: \_\_\_\_\_

Type of Service & Provider Agency (ies): \_\_\_\_\_

Regional Office: \_\_\_\_\_ County: \_\_\_\_\_

<b>Box A – Contact Information:</b>		
Submitted By (Name):	E-mail:	
Title or Relationship to Individual:	Phone:	Fax:
Case Management Agency:	Case Manager Name:	
	Phone:	Fax:                      email:

<b>Box B – Check Appropriate Box Related to Primary Concern:</b>		
<input type="checkbox"/> Budget/Billing	<input type="checkbox"/> Individual Service Plan	<input type="checkbox"/> Meaningful Day/Customized Community Supports
<input type="checkbox"/> Failure to provide Documentation	<input type="checkbox"/> ISP/QA needed	<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Freedom of Choice	<input type="checkbox"/> Training	<input type="checkbox"/> Nursing
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Speech Language Pathologist*	<input type="checkbox"/> Transition
<input type="checkbox"/> Health Care Planning (HCP, MERP, CARMP issues)		<input type="checkbox"/> Other
<input type="checkbox"/> Durable Medical Equipment (DME)*	<input type="checkbox"/> Behavioral Support*	<input type="checkbox"/> Medical Specialists*
<input type="checkbox"/> Assistive Technology Devices (including Augmentative Communication)*		<input type="checkbox"/> Medical Supplies*
<input type="checkbox"/> Physical Therapy*	<input type="checkbox"/> Occupational Therapist*	<input type="checkbox"/> Dental*
<input type="checkbox"/> Quality of care/services		
*For Specialty Services, Applicable Timelines: DME & Assistive Technology/Augmentative Communication devices: 150 days; DME repair/modification 60 days; Therapy assessments begin within 30 days of receipt of the FOC or 90 days of the need identified. Medical Specialist’s appointments scheduled within 14 calendar days.		

**Box C – Issue/ Problem/Request:** Provide description of issue to include the date identified. Include identified barriers and chronological list of actions taken to resolve this issue (attach supporting documentation):

## ASSISTIVE TECHNOLOGY INVENTORY LIST EXAMPLE

Individual: Jade Johnson

Date AT Inventory was Initiated: 10/14/20XX

Assistive Technology	Location AT is Used (indicate the locations AT is used in the shaded boxes below. Indicate with a check mark if AT listed in the 1 <sup>st</sup> column is used in this location)			Contact Person (refer to contact code at the bottom of the page)
	<i>home</i>	<i>job</i>	<i>Volunteer</i>	
<b>Communication System (Device, Mount, Switch)</b>  1. Step-by-Step VOCA 2. 24-hour tangible symbol communication system 3. Work Visual Schedule 4. Volunteer Visual Schedule	1. X 2. X	1. X 2. X 3. X	1. X 2. X 4. X	#1 #1 #1 #1
<b>Environmental Control</b> 1. Jelly bean switch 2. Control Unit 3. Wireless TV remote control	1. X 2. X 3. X	1. X 2. X		#1 #1 #2
<b>Mobility (wheelchair-describe removable parts. Walker, cane, gait belts, transfer equipment, etc.)</b> 1. Invacare manual tilt-in-space wheelchair with custom molded seating system 2. Wheelchair lap tray 3. Walker	1. X 2. X 3. X	1. X 2. X	1. X 2. X	#3 #3 #3

To make changes to the list, the contact person should cross out item(s) that are no longer recommended or write in new items. Initial and date the change. Describe the reason for the change if necessary.

Contact Person Code: (if you are the contact person for any AT on this list, write your name and phone # next to a number below then enter that number in the contact code column of the form)

1. Sara Smith, SLP 332-9755                      2. Beth Beach, OTR 765-5099  
 3. Tom Terry, PT 564-0088                      4. Dora Davis, RN 332-6745

## ASSISTIVE TECHNOLOGY INVENTORY LIST

Individual: Jade Johnson

Date AT Inventory was Initiated: 10/14/20XX

Assistive Technology	Location AT is Used			Contact Person (refer to contact code at the bottom of the page)																					
	(indicate the locations AT is used in the shaded boxes below. Indicate with a check mark if AT listed in the 1 <sup>st</sup> column is used in this location)																								
	<i>home</i>	<i>job</i>	<i>Volunteer</i>																						
<b>Alternative Positioning</b> 1. Zero gravity chair	1. X			#3																					
<b>Mealtime</b> 1. Built-up handle Good Grip Spoon 2. High sided plate	1. X 2. X	1. X 2. X	1. X 2. X	#2 #2																					
<b>ADL (bathing, dressing, oral hygiene, etc.)</b> 1. Shower Chair	1. X			#2																					
<b>Other: <u>No</u> medical technology (i.e. enteral feeding equipment, mattress, bed, bedrails) and <u>No</u> home modifications (i.e. ramps, grab bars, items affixed to the home)</b>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Items</th> <th style="width: 10%;">yes</th> <th style="width: 10%;">no</th> </tr> </thead> <tbody> <tr> <td><b>Dentures/Partials</b></td> <td></td> <td></td> </tr> <tr> <td>    1. Glasses</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td><b>Hearing Aids</b></td> <td></td> <td></td> </tr> <tr> <td><b>Splints/Orthotics (if yes describe below)</b></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>    2. Bilateral AFOs</td> <td></td> <td></td> </tr> <tr> <td><b>Other (list below)</b></td> <td></td> <td></td> </tr> </tbody> </table>	Items	yes	no	<b>Dentures/Partials</b>			1. Glasses	X		<b>Hearing Aids</b>			<b>Splints/Orthotics (if yes describe below)</b>	X		2. Bilateral AFOs			<b>Other (list below)</b>			1. X  2. X	1. X  2. X	1. X  2. X	#4  #3
Items	yes	no																							
<b>Dentures/Partials</b>																									
1. Glasses	X																								
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<b>Other (list below)</b>																									

To make changes to the list, the contact person should cross out item(s) that are no longer recommended or write in new items. Initial and date the change. Describe the reason for the change if necessary.

Contact Person Code: (if you are the contact person for any AT on this list, write your name and phone # next to a number below then enter that number in the contact code column of the form)

- |                                    |                                    |
|------------------------------------|------------------------------------|
| 1. <u>Sara Smith, SLP 332-9755</u> | 2. <u>Beth Beach, OTR 765-5099</u> |
| 3. <u>Tom Terry, PT 564-0088</u>   | 4. <u>Dora Davis, RN 332-6745</u>  |

**Assistive Technology Inventory Instructions**  
New Mexico DD Waiver - Clinical Services Bureau

**What is an Assistive Technology Inventory?**

- 1- An Assistive Technology (AT) Inventory is an accurate list of all current assistive technology in ongoing use by an individual, the location of use for each item, who should be contacted if there is a need regarding each item and dated comments regarding any changes to the equipment.

**Who must have an Assistive Technology Inventory?**

- 2- Each individual who uses AT must have an AT Inventory developed by members of their IDT.

**What are the timelines for the Assistive Technology Inventory?**

- 3- The initial AT Inventory will be created by the 190<sup>th</sup> day following the Annual ISP effective date of May 1, 2013 or after.
- 4- AT that is initiated during the ISP cycle will be added to the AT Inventory when it is placed with the individual for *ongoing use*.
- 5- AT that is placed for *trial use* will not be included in the AT inventory until the Contact Person determines it is appropriate for *ongoing use*. At that time, it will be added to the AT Inventory.
- 6- The AT Inventory shall be formally updated annually, by the 190<sup>th</sup> day following the person's ISP effective date. This is developed, distributed, maintained and monitored as noted in the applicable sections of this document.

**Development**

AT Inventory, AT Monitoring Forms, AT Inventory Instructions as well as the 10/1/2013 AT Inventory Memorandum can be found on the Clinical Services Bureau website at <https://nmhealth.org/about/ddsd/pgsv/clinical/therapy/>.

**Who is responsible for the development of an Assistive Technology Inventory?**

- 7- The responsibility for developing the AT Inventory will be as follows:
  - a. Therapists responsible for placing and supporting specific items of AT are responsible for developing portions of the AT Inventory.
  - b. Nurses responsible for supporting specific items included in the AT Inventory will be responsible for developing those portions of the AT Inventory.
  - c. In the absence of one or more clinical team members who are responsible for supporting AT items, the IDT must identify another team member to take on this role. That IDT member or members will be responsible for developing the AT Inventory. These IDT members may include the service coordinator, residential manager, program director, day activity supervisor, employment coach or other named member. For example, an OT may have placed a call bell system with the individual during a previous year. It works very well. The OT has faded from the team and is no longer involved. The individual does not have a PT or SLP who could support the item. The IDT must decide who will support this AT. The house supervisor was willing and able to be the Contact Person on the AT Inventory.

**What should be listed on the AT Inventory?**

- 8- Follow the directions on the AT Inventory itself to determine what may be listed and what does not need to be listed. Some helpful guidelines are noted below:
  - a. Items identified as Assistive Technology must have a specific adaptation or feature that assists in compensation for a disability experienced by the individual.

- b. All "technology is not assistive technology". Just because an individual with I/DD has a cell phone does not mean that cell phone is AT unless there is an adaptation or feature that assists in compensating for a disability. If the person uses the technology in the same way and for the same purposes as a person without a disability might use it then the item is likely not "assistive technology".
- c. AT is an umbrella term that includes "adaptive equipment" and "personal support technology".
- d. The AT Inventory itself includes a list of some specific items that should be listed under "Other" including: Dentures/Partials, Glasses, Hearing Aids, Splints/Orthotics.
- e. The AT Inventory includes some specific items that are **not required** to be included on the AT Inventory - "No medical technology (i.e. enteral feeding equipment, mattress, bed, bedrails or equip identified in Health Care Plans) and No home modifications (i.e. ramps, grab bars or home modification items affixed to the home)."
- f. Communication Dictionaries are not AT. The Communication Dictionary is a WDSI meant to describe what particular behaviors might indicate a particular message. A communication dictionary does not need to be listed on the AT Inventory.
- g. Activity Supplies should not be listed on the AT Inventory unless the supplies (or tools) are specifically adapted such as: built-up handle paint brush, non-skid mixing bowl, etc.
- h. An individual may have "old AT" that is in the house but is not being actively used. The therapist is not required to list any AT that is not in active use.

### **How may the Assistive Technology Inventory be developed?**

- 9- Those who are responsible for the development of the AT Inventory may circulate the document to other members of the IDT to complete their respective sections until finished.
- 10- Those involved may also choose to meet face-to-face or by phone to complete the AT Inventory or to plan for its completion.
- 11- The Case Manager should send reminders to the IDT members involved to get the process of creating or updating the AT Inventory started, if needed.

### **Distribution**

How will the Assistive Technology Inventory be distributed when completed?

- 12- The final AT Inventory shall be sent to the case manager.
- 13- The case manager shall distribute the completed AT inventory to IDT members and to each provider agency where the individual uses AT, as indicated on the inventory.
- 14- Provider agencies will assure that the copy of the final AT Inventory is available for monitoring in each applicable location per the DD Waiver Standards – Appendix A, Client File Matrix.
- 15- Provider agencies will assist with the maintenance of the AT Inventory as specified in the 10/1/2013 AT Inventory Memorandum and DD Waiver Standards.

### **Updating**

How may the Assistive Technology Inventory be updated?

- 16- Updates to the AT Inventory may be made by the Contact Person responsible for that piece of AT only.
- 17- Updates to the AT Inventory made in between formal updates may be made in ink, dated and initialed by the Contact Person directly on the copy of the document located at the site where the AT item is used. If the item is used in more than one location, the Inventory must be updated by the Contact Person in each location. AT Inventories for an employment or volunteer setting may not be available at the site of AT use. However, the agency which supports the individual must retain a copy.

- 18- The Assistive Technology Inventory shall be formally updated annually, by the 190th day following the person's ISP effective date. This is developed, distributed, maintained and monitored as noted in the applicable sections of this document.

### **Monitoring**

A form that may be used for AT Inventory Monitoring is located on the Clinical Services Bureau website at <https://nmhealth.org/about/ddsd/pgsv/clinical/therapy/> .

Who is responsible for monitoring the Assistive Technology Inventory?

- 19- The provider agency for each location where one or more items of AT are used is responsible to appoint a representative of that agency to monitor the AT Inventory. The persons who will monitor the AT Inventory will be identified to the IDT. Please see 10/1/2013 AT Inventory Memorandum on the CSB website and associated documents for further information.

How often shall the Assistive Technology Inventory be monitored?

- 20- The AT Inventory should be monitored monthly.

Who will be notified of a need discovered during monitoring?

- 21- The identified provider agency monitor will report any needed AT supports to the Contact Person identified to be responsible for that item on the AT Inventory.
- 22- Battery replacement is the responsibility of the monitoring agency. See "Guidelines for the Provision of Assistive Technology Services". Note that batteries may be obtained using the persons AT Fund. Access the Budget based AT fund for non JCMs and the General AT fund for JCMs.

Who is responsible to provide AT support, when needed?

- 23- The Contact Person identified on the AT Inventory is responsible to take action to resolve any needed AT support.

V.2 01/2019

# ASSISTIVE TECHNOLOGY INVENTORY MONTHLY PROVIDER MONITORING AND ACTION FORM

Individual:

Location of Monitoring:

Note: PROVIDER-PLEASE REFERENCE THE AT INVENTORY LIST WHEN COMPLETING THIS FORM

<b>Date</b>	<b>All AT Items are Available</b>	<b>All AT Items are Working</b>	<b>List any AT Items that need attention</b>	<b>Describe issues for each item listed in previous column (needs repair, lost, needs battery, etc.)</b>	<b>Action: What is being done and who is responsible</b>	<b>Signature</b>

9/30/13

# Interactive Communication Routine

## Script Progression

Theme: Friday Fun!

Materials: Message symbols, Money, Social comment cards, Tempo (entertainment section of newspaper)

Initial Activity Choices:

1. Let's go to the movies!
2. Let's go out for dinner!

**If #1 was chosen, continue with choices 3-14.**

**If #2 was chosen, continue with choices 15-33.**

Message for the Movie Choice:

3. Action
4. Romance
5. Comedy

*Other idea, bring out the Tempo newspaper or go online and read the description and view the photos or the trailer and she will pick.*

6. Matinee
7. Nighttime

*Clarify the size/kind before making the purchase*

8. Something to drink? Soda, water, icee
9. Candy? Chocolate, licorice, gummy bears
10. Popcorn? Small, medium, large
11. Popcorn? Buttered or plain

*Where to sit.*

12. Sit in front
13. Sit in the middle
14. Sit in the back

*Encourage her to use social comment cards for movie choices throughout the activity.*



## Interactive Communication Routine

### Script Progression (cont.)

#### **Messages for going out to eat:**

Where would you like to eat?

15. Trading Post Restaurant
16. Five Star Burgers

Check out the menus located near the phone or go on line and look up the restaurants to view pictures of the food.

What would you like to drink?

17. Stella – Beer
18. Blue Moon - Beer
19. House Red - Wine
20. Diet coke
21. 7UP
22. Iced Tea
23. Ice water w/ lemon

What would you like to eat at the Trading Post Restaurant?

24. Crispy Garlic Chicken
25. Bowtie Pasta
26. Tuscan Sandwich
27. Try Something Different

What would you like to eat at Five Star Burgers?

28. Happy Hour Burger
29. Green Chile Chicken Sandwich
30. 5 Star Burger
31. Try Something Different
32. French Fries
33. Sweet Potato Fries

What did you think about the services?

*Use social comment cards*

How much of a tip should we leave?

34. 10%
35. 15%
36. 20%

*Encourage her to use social comment cards for her meal choices throughout the activity.*

# **Personal Support Technology – Exploring the Possibilities**

New Mexico Developmental Disabilities Supports Division, Clinical Services Bureau

by Julie Mehrl, MOT, OTR/L

V.2. 07/2014

Many of us are familiar with basic Home Automation or “Smart Home” concepts. People are using Home Automation to remotely program thermostats, control lighting, control appliances and entertainment options, provide home security, etc. More recently these systems have been optimized with the needs of the elderly and physically/intellectually challenged persons in mind. This has opened up a world of possibilities that can help people be more independent and less reliant on staff or family for everyday health, safety and access needs.

The 2013 NM DD Waiver now includes an option for “Personal Support Technology”. This is defined in the standards (Chapter 17) as, “an electronic monitoring device or system that supports individuals with developmental disabilities to be independent in the community or in their place of residence with limited assistance or supervision by paid staff”.

Personal Support Technology (PST) can include: installation, rental, maintenance, monitoring charges, education/training as well as paid staff to respond to events identified through monitoring. A PST service provider must be identified by the individual or guardian through the Freedom of Choice (FOC) system.

The Individual Service Plan (ISP) should have outcomes that reflect the need for a PST system. The health and safety section of the ISP should outline the proposed PST needs.

Possibilities depend on the types of systems the PST provider utilizes. There are a large variety of systems available that may combine wired options, infrared (IR) signals, radio frequency signals, and Wi-Fi integration. Systems may incorporate cameras in public areas given appropriate permissions by the individual/guardian and in some cases a human rights committee review. Most modern systems can be controlled via your computer, tablet, and/or cell phone. Many systems can be configured to give you various alerts via e-mail or text message. Some systems can also be programmed to have an automatic response to various events. IE: If the Smoke Alarm goes off – dials 911 or emergency contacts, unlocks the door, turns on lights, triggers a recorded message directing the individual to get out now, etc.

If you have more than one PST provider in your area make sure to contact the providers and find out what that provider has to offer. Ask about specific concerns that you, your family member, or your client need solutions for. If you would like alerts when the person gets home, ask the PST if that can be part of the system. If you need a way to monitor if the doors are locked or to open/lock a door remotely, ask about that. Do you need an integrated medication management system? Ask the PST if they can provide that. If they use one or two particular systems, get the specific names of the companies or systems so you can do additional research on the internet if you would like. It is also a good idea to ask about how reliable and expandable the PST’s systems options are. Learning about what support and response options are available is important as well. Finally, ask about the PST’s experience with systems customized for the I/DD population or seniors. The examples in this resource should help you identify some possibilities that you may want to ask about.

The examples below are meant to help you decide if PST might help provide solutions for increased safety, health, and/or independence. This resource is a *small sample* of some circumstances and possible solutions that might be addressed through PST. No endorsement of any particular PST system should be implied. PST systems and options are changing and expanding all the time, thus, PST possibilities are a “moving target”. Remember also that PST solutions are often part of a support system that includes other types of Assistive Technology; Environmental Modification; various “apps” like GPS, reminder systems, and cueing for activities; custom strategies from therapists and other support professionals; as well as the most important support system of all – people like you who care.

**Personal Support Technology – Exploring the Possibilities (cont.)**

<b>Routine or Activity Focus</b>	<b>Description of Concern</b>	<b>Possible Solutions through Personal Support Technology</b>
Getting Up in the Morning	Joe often likes to sleep in and will turn off or ignore the alarm. With no on-site staff how will we get Joe up?	The home or apartment can be programmed with a “Wake Up” scenario that might: open the drapes, start the coffee, gradually turn on music/lights, etc.
	How will we know if Joe actually gets up and at ‘em?	Various sensors such as motion sensors or pressure sensors can be set to send an alert via text or e-mail if no movement is detected by a certain time.
Checking In and Cues for various activities or routines.	Mary gets anxious if she does not know others are around and “taking care of her”. She needs cues for certain activities.	A home monitor can be set-up to allow two-way audio/video communication. “Skype” sessions can be set-up for certain times. Mary can be reminded by various means that it is time to talk to her family-member or staff and how to do that. Live cueing, cueing systems or voice-alerts can be part of these systems as well.
Making meals and snacks.	Brian would forget to eat if no one is around. How will we know if he is getting adequate nutrition?	Sensors can alert you when Brian accessed the refrigerator/ microwave/small appliances/liquid containers, etc. or can alert you if he does not access these items. Family/staff/ third-party monitoring can monitor through 2-way audio/video option.
	Sue tends to over-eat and can access food too often.	Above options would apply. Tele-health options might also include scales that can report weights on a regular basis.
	Sue can make simple things on the stove but is sometimes distracted and forgets to turn the stove or oven off.	“Stove Guard” or other items can automatically turn the stove/burner off if Sue is not detected near the stove for a programmed length of time.
Leaving the house	Mark often forgets to lock the door and turn off lights/appliances/heat or AC.	When Mark leaves the house a “leaving home” scenario can be triggered by GPS or sensors to do these things automatically.

<b>Routine or Activity Focus</b>	<b>Description of Concern</b>	<b>Possible Solutions through Personal Support Technology</b>
Safety Issues	What If... Sadie gets lost?	GPS watches, sensors, cell phone systems can allow Sadie to call for help and be located or be programmed to call/text for help automatically beyond a certain radius, etc.
	What If ... Sadie falls?	Fall sensors on pendants or watches can detect a fall and call for help as programmed.
	What If ... Sadie is sick or needs help?	Various Personal Emergency Response Systems (PERS) are available.
	How will I know if Mark leaves the house, gets to work, gets back to the house.	GPS apps or various sensors can text you when Mark arrives or leaves various locations.
	What If ... there is a fire or CO leak?	These detectors can be programmed to call/text contacts or emergency personnel. An automatic chain of events can also be triggered including things like: turn on lights, unlock doors/windows, start a verbal reminder to “get out of the house quickly, etc.”
Self-care Routines	Ann often forgets to brush her teeth and does not always take a shower without reminders/monitoring, etc.	Sensors can be set-up to alert you when toothbrushes, shower doors, shampoo, deodorant, hampers, etc. have not been used for certain time periods or to text/e-mail when they are used.
Health Monitoring	Family/staff/or nursing must monitor BP, weight, O2 stats, glucose, heart rate or other health indicators. Can the frequency of visits be reduced?	These health issues can often be remotely monitored through various Tele-health systems. This may allow decreased staffing for this type of monitoring and may help catch health problems earlier.
Medication Management	Ozzie needs verbal prompts to take his meds on time and correctly.	A large variety of medication management systems are available. Some of these systems can be integrated into PST systems to alert you if Ozzie forgets to take his meds. A number of reminder systems are also available.

# OT WDSI - Environmental Access Strategies (updated 3/23/xx)

**Name:** Super Sam DOB: 00/00/0000

**Therapist/Agency/Contact:** Ima Goodone, OTR/L ABC Therapy Inc. #123-4567

**General Information:** Super appears to have functional hearing. Per Dr. reports, Super is totally blind and does not see light. Super uses a custom wheelchair for positioning and is totally dependent for mobility in his wheelchair. Super needs assistance and encouragement to actively participate in most activities. Below are some strategies to help Super be an active participant in leisure and life skills activities.

## **Positioning to Participate:**

- If in wheelchair, Super should be positioned as upright as possible. Sometimes it may be helpful to put his wheelchair tray on, depending on the activity. Usually he should access items using the switch that goes on a band around his lower thigh and then does not use his wheelchair tray.
- Follow PT instructions for Wheelchair Positioning, Alternative Positions and Precautions.

## **Setting Up the Environment for Super:**

- Super needs to be alert to participate in activities. Often it is helpful to physically move his arms. Super sometimes alerts or “wakes up” when music with a loud bass line is playing. It can also help at times if you give him something to manipulate with his hands like his maraca or football.
- Always verbally let him know you are there and that you are going to touch him and why BEFORE you touch him.
- As Super is blind it is important to keep his environments as consistent as possible in placement of items and furniture.
- It is important to verbally orient Super to the environment at all times so he knows what is happening. Use simple and short statements when orienting him so he can more easily understand you.

See Super’s WDSI: *Helping Super Learn Basic Skills for Visual Impairment*

## **Assistive Technology for Environmental Control that Super uses includes (but is not limited to):**

**Switch Position:** Use the Jelly Bean switch when Super is in his wheelchair or sitting upright on a recliner or the floor. Super responds best to using his Jelly Bean Switch on the stretch band.



### Switch Interface:

Powerlink -Plug device into Powerlink and Powerlink into the wall. Plug switch into switch jack on Powerlink. Set Mode as indicated below.

Wireless “Big Red” - Plug receiver into wall and device to be controlled into the receiver. Set Mode on Transmitter Switch as indicated below. When Super pushes the transmitter surface the receiver will turn on device.

**Switch Mode:** Set Powerlink or Wireless “Big Red” on Direct. This turns item on only when Super has switch depressed. If switch is hooked to music and direct setting is too distracting, Latch mode or Timed (on 2 or 3 mins.) may be used as inserviced by your OT.

Place the band around his right thigh (when crossing his legs Super often puts this one on top) or the left if it is on top. Make sure to orient Super to where the switch is and what activity the switch will activate (VOCA, Fan, Music, Blender, etc.)

***Suggested activities using switch access for Super:***

- Fan - Super enjoys the fan a lot. Set it close enough for him to easily feel it on his face.
- Blender - Super needs his food blended. This is a perfect opportunity to encourage Super to actively participate. It is helpful to place the blender where Super can feel it vibrate with one hand while he is activating the blender with his other hand.
- Vibration - Super responds very well to vibration at times. Vibrating pillow or vibrating tube or other vibrating device may be used.
- VOCA – Attach Super’s switch to his Voice Output Device. See SLP Support Plan.
- Other - Cassette Player (loves Wizard of Oz music!), Radio, switch, adapted pouring cup to water plants/participate in cooking, etc.

***Teaching Methods that Seem to Work with Super:***

- 1) Explain to Super what he will be doing. If a tangible symbol is available through SLP, the tangible symbol should be presented to Super along with the actual activity/device. Place his hand on the tangible symbol and then immediately on the actual device that is part of the activity while verbalizing what the device is.
- 2) Be certain that the switch, device and related materials are set-up properly as instructed by therapist and described above.
- 3) Demonstrate Super what the switch will activate. Verbalize what is happening.
- 4) Once the tactile symbol and the demonstration have been provided to Super, ask him to activate the device.
- 5) Allow him lots of time to respond.
- 6) If he does not respond, provide the verbal request again along with a partial prompt of physically guiding his hand toward the device. The partial prompt should include starting his hand toward the switch. Only if needed help Super with hand-over-hand assistance to turn on the device.

***Other Assistive Technology:***

Enlarged Handles. Super sometimes does best holding objects that have larger handles. Use foam cylinder to enlarge handles or ask OT to adapt.

Super uses special equipment for eating, bathing and other self-care activities. Please see OT report for details.

See SLP report for communication A.T. See PT report for Positioning/mobility A.T.

**Please contact the OT for comments, suggestions, or to request additional training.  
Thanks for all you do to help Super participate actively in life!**