

NC ITP Assistive Technology Funding Authorization

PURPOSE

This form is used to authorize the CDSA Business Office (BO) to reimburse vendors for Assistive Technology [AT] devices purchased through the NC Infant Toddler Program (ITP).

To be eligible to access ITP funds for AT, the family must have no other source of payment, or the source will not cover the total cost of the device. The IFSP team must ensure that the following statements apply:

- The AT device will be needed beyond loan availability.
- The purchased device will improve the long-term functioning capabilities of the child.
- There is reasonable expectation that the child will receive the purchased or loaned device(s) in time to benefit from the use while enrolled in ITP and prior to exit.

All authorizations originate through the Children's Developmental Services Agency [CDSA].

Processing time is reduced when this form is legible, and all fields are complete.

INSTRUCTIONS FOR COMPLETING CERTAIN ITEMS ON THE FORM:

Items **1-18** – Enter complete, legible, and accurate information.

Items **5** – Location where AT device will be delivered.

Items **7, 9, 15, and 18** - Always include area code when entering phone numbers.

Item **9** – Enter the AT device vendor who will be providing or purchasing the authorized AT device, name of contact person, mailing address and phone number.

Item **10** – Enter the assigned Sliding Fee Scale Percentage. This is a required field, so even if the family's assigned percentage is zero; enter the assigned percentage in the space provided.

Item **11** – Attach quote that lists the name and identification number of the AT device(s) being purchased, the cost of the device(s) and if the cost is reflective of the current Medicaid rate, MSRP or Catalog Price. NC ITP will only pay vendors a maximum of the Medicaid rate or the Manufacturer's Suggested Retail Price (MSRP) for AT devices. Catalog purchases can be made, but price must meet above requirements.

Item **12** – List the total cost, tax—*tax is only included if the vendor agency or catalog company does not honor the State's tax exemption*, and shipping and handling for all devices being authorized. Add these and enter the grand total.

Item **13** – Enter the monthly CAP of the family as determined by the CDSA business office to be paid by insurance (if unknown mark "unknown" box). Enter the amount paid by insurance (if unknown, mark "unknown" box).

Subtract amount to be paid by insurance from the cost of devices and enter this as the balance—families are not responsible for paying taxes or shipping and handling fees.

Multiply the balance by the sliding fee scale percent—this will equal the amount to be paid by the family.

Add the amount to be paid by insurance to the amount to be paid by the family, subtract this number from the grand total and this will yield the CDSA share of the cost.

Please indicate if Vendor and family have made arrangements for family to pay their portion directly to the vendor and CDSA BO should proceed with ITP Cost only.

Check if the CDSA BO is to proceed to pay the vendor or await vendor invoice.

If the device is being ordered from a catalog, please check if you would like for the CDSA BO to place this order.

Audiology requests for ear molds and/or batteries can be made for up to one year (not to exceed child's enrollment in NC ITP). EISC should notify the CDSA BO if child exits the program before end of authorization period.

Item **14** - If the answer to the first question is yes, then the next question must be answered. If the answer to the second question is yes, then proceed to Item 16A.

Item **15** - This question must be answered. If the service is covered by the insurance carrier, or if coverage is unknown, and if the family has given permission for their insurance company to be billed, then all the additional insurance information in this box must also be completed.

Item **16A** – Type or print the EI Service Coordinator's name here.

Item **16B** – Signature of the EI Service Coordinator must be entered here.

Item **17** – Signature of CDSA Financial Officer or designee must be entered here.

Item **18** – Enter your official CDSA central office name, the name of the Financial Officer, and your CDSA's central office mailing address and phone number, along with the date completed. [This information may be stamped or prewritten, but the date must be entered each time to reflect when the form was actually completed].

Completed Authorizations Forms to be maintained by CDSA Business Office

Form Disposition: Copy to family with a stamped/addressed envelope to mail payment (certified check or money order) to CDSA
Copy to child's Early Intervention Record
Copy to Vendor Agency

