



**BabyNet**

South Carolina's Early Intervention System

# Assistive Technology Request

Is the child less than 33 months old?  Yes  No If *Yes*, assistive technology devices will not be covered by BabyNet Service Funds if this request is received by the First Steps BabyNet State Office Consultant less than 10 working days prior to the child reaching 33 months of age. Need for assistive technology should be documented in transition referral information to child's LEA.

Child's Legal Name:	DOB:	Date Submitted:
Vendor Name:	Vendor Address:	Vendor Phone #:
BN Service Coord. Name:	Agency:	BN Service Coord. Phone #:
Ordering Physician:	Phone #:	BN Authorization #:

Assistive Technology (AT) Requested	HCPCS/ BN CODE	QTY	\$ Each	\$ Total

Will AT be used solely in therapy sessions?  Yes  No      Duration of AT use? \_\_\_\_\_

What other assistive technology device(s) is the child currently using? \_\_\_\_\_

How will the AT relate to the outcomes on the IFSP? \_\_\_\_\_

Has the AT been tried with the child?  Yes  No      If yes, results: \_\_\_\_\_

Have all other payment sources been considered?  CRS     Medicaid     Managed Care Organization  
 Private Insurance     AT Loaner Program     Other (list): \_\_\_\_\_

**The following documentation must be included with this request:**

	IFSP section 10A Child and Family Centered Goal, all pages related to AT and present levels of development
	Physician's order/prescription (when applicable)
	AT Assessment results, reflecting developmental need, identifying goals and objectives with the utilization of the recommended equipment/service.
	Picture (if available) and description of item including manufacturer pricing
	If mail order, include a completed order form and copy of pages that list product(s) and prices
	Completed BabyNet Service Fund Authorization (all copies must be submitted to First Steps BabyNet Consultant)

**BNSC Supervisor:** I have reviewed this request and all required documents are attached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Central Office Use Only:**

Date Received:		Review Date:		Approved:		Yes	No
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**Comments:**  
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**INSTRUCTIONS**  
**Assistive Technology Request**  
SCFS/BN022 rev Mar 2010

- **Child's Name:** Enter child's legal name. Do not use nicknames.
- **Child's DOB:** Enter child's date of birth
- **Date Submitted:** Enter date request is submitted to BN Central Office.
- **Vendor Name:** Enter the name of the provider providing the equipment/service.
- **Vendor Address:** Enter the address of the provider providing the equipment/service.
- **Vendor Phone #:** Enter the phone number of the provider providing the equipment/service.
- **BN Service Coord. Name:** Enter name of the child's BN Service Coordinator.
- **Agency:** Enter name of the agency the BN Service Coordinator is employed with.
- **BN Service Coord. Phone #:** Enter the phone number for the BN Service Coordinator.
- **Ordering Physician:** Enter name of physician providing prescription for AT, if required.
- **Assistive Technology Requested:** Enter a specific description of the AT being requested.
- **HCPCSS/BN Code:** Enter the HCPCS or BN Code for the equipment/service being requested. See BN Service/Payment Guide.
- **QTY:** Enter the quantity of AT items being purchased.
- **\$ Each:** List price for each item being requested.
- **\$ Total:** List total price for AT (QTY X \$ each).
- **Will AT be used solely in therapy sessions?** Circle "yes" or "no" depending on response.
- **Duration of AT use?** Anticipated duration of AT equipment being requested for child.
- **What other assistive technology devices is the child currently using?** List any other types of AT the child may be currently using (i.e., hearing aids, orthotics, etc.)
- **How will the AT relate to the outcomes on the IFSP?** For BabyNet to purchase AT, it must be related to a functional outcome on the child's IFSP. List the specific outcome under which the AT will be addressed.
- **Has the AT been tried with the child?** Circle "yes" or "no" depending on response. It is important that efforts be made to ensure the AT is tried with the child prior to purchase to determine appropriateness.
- **Is the child over 33 months old?** If so, it is likely that the AT will not be available in time for the child to benefit prior to their 3<sup>rd</sup> Birthday.
- **Have all other payment sources been considered?** Check all resources that have been attempted for payment.
- **The following documentation must be included with this request:** Check documentation that is submitted with the AT Request. Use this checklist to ensure that all appropriate documentation is attached.
- **BNSC Supervisor:** signature and date of BNSC Supervisor.
- **Central Office Use Only:** This space should only be written in the BN Central Office staff.