ATTACHMENT C3

Procedures for Ordering and Receiving Equipment/Technology

Ordering:

1. **The Therapist/Provider** submits a completed ***Justification Form*** **(accompanied by equipment pictures)** and a completed ***Equipment Purchase Request*** to the Early Intervention Officer or CPSE Program Coordinator. The form must be completed to include the following:
   - Student's name, DOB, school district and program name
   - Three (3) price quotes, including company name/address/phone number, stock #, description, unit price, shipping/delivery costs and the total
     ***Note:** **Fone Ec-common type of this item, three (3) price quotes <u>not</u> required**
   - Therapist/Provider signature and date
   - **For Audio/FM Devices <u>only</u>:** In addition to the above, the following is also required:
     - Justification letter from Audiologist
     - STAC #5

2. **The Early Intervention Officer/CPSE Coordinator** submits the completed ***Equipment Purchase Request*** to the Special Needs Director **(5-day timeline)**. The request is to include the following:
   - Student's name, DOB, school district and program name
   - Three (3) price quotes, with all required information on the form for each quote
   - Equipment pictures
   - Justification

3. **The Special Needs Director** approves ***Equipment Purchase Request*** and submits to the Supervisor of Accounts **(5-day timeline)**.

4. **The Supervisor of Accounts** verifies ***Equipment Purchase Request*** information price(s) and enters the order into the MUNIS system. The completed order is forwarded to Purchasing **(5-day timeline).**

5. **Purchasing** orders the equipment **(5-day timeline).**

Medicaid:

If the child is Medicaid eligible **or** the equipment is ordered through Early Intervention, the parent will own equipment.

Receiving:

1. Upon receipt of the order, all packing boxes are to remain unopened (unless damaged) and sent to the EI Officer/CPSE Coordinator for review.

2. The order is to be checked by the EI Officer/CPSE Coordinator. Once checked, the equipment is to be marked "Property of Albany County," and a copy of the packing list is to be retained and inventoried.

3. The original packing list is to be forwarded to the Supervisor of Accounts for payment.

4. The child's file is to be noted for equipment ordered/received.

5. The therapist is to be contacted to schedule pick up of the equipment.

6. The therapist is to sign a ***Provider Equipment Receipt*** form.

7. The therapist will obtain a signed ***Parent Acknowledgement Form*** and return the signed form to Albany County within 30 days of equipment delivery to the family.

Note: The **time line is approximately 1-2 months** from initiation to delivery of the order.

ATTACHMENT C4

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET – SUITE 300
ALBANY, NEW YORK 12207
(518) 447-4820 - FAX (518) 447-4855

School Year _____
CPSE Medical Necessity Equipment Justification Form

The Service Provider must complete this form for each requested Assistive Technology Device (ATD). The Regional TRAID Center Loan Closet and/or Municipality Lending Closet is to be contacted to determine ATD availability, and the outcome documented below.

Complete this form and attach the physician's order/recommendation and the most current Progress Note written by the Provider who is recommending the ATD. Submit all documents to the CPSE Coordinator within one (1) week of obtaining all of the required elements. A complete submission is required in order to support Medicaid and private insurance billing. If additional pages are included, indicate which question is being answered on the additional page(s).

Child's Name:_____ DOB:_____

Service Type:_____ Service Location: _____

Child's Diagnosed Condition(s): _____

Provider's Name/Credentials:_____

1. Name of TRAID Center Loan Closet Contacted:_____ Date Contacted:_____

☐ A short-term loan will be provided until the requested device, if approved is ordered and delivered to the family.

☐ A long-term loan will be provided for the duration of the child's anticipated use.
- Anticipated provision date: _____
- Anticipated length of loan: _____

☐ TRAID Center Loan Center was contacted – Device is **not available**

Name of Municipality Lending Closet Contacted:_____ Date Contacted:_____

☐ A short-term loan will be provided until the requested device, if approved is ordered and delivered to the family.

☐ A long-term loan will be provided for the duration of the child's anticipated use.
- Anticipated provision date: _____
- Anticipated length of loan: _____

☐ Municipality Lending Closet was contacted – Device is **not available**

2. Requested ATD category/device:_____

List each accessory of the ATD device requested. Justify why each accessory is required to meet the child's current functional skills and ensures the child's safe and functional use of the ATD:

3. List the existing and new (if necessary) functional outcomes that the requested ATD will address:

4. Describe how the ATD will help the child increase, maintain, or improve his/her functional capabilities and meet his/her unique developmental needs and the functional outcomes:

5. Indicate any precautions related to the child's medical/developmental condition(s) that may impact the safe use of the device:

6. Describe how the ATD will be integrated into the child's and the family's natural routines (include the settings where the device will be used, the routine activities, and the frequency with which the device will be used:

7. What lower-tech devices have you and the family discussed or used prior to this request? Explain why they are not appropriate for this child:

8. Identify any other ATDs and/or adaptive items currently used by other providers, family, or by you, and describe how the requested ATD may be used with them and any other requested ATD:

9. Describe how you will collaborate with the other individual providers serving this child and family (in the same setting or across settings) in the use of the proposed ATD category (write "Not Applicable" if there are no other providers serving this child):

10. List the parents/caregivers that require training on the device, and list the specific items that need to be addressed in that training to ensure that parents/caregivers' safe and functional use of the ATD:

I understand and agree that if any ATD equipment is authorized for my child, I will not use the delivered device or allow my child to use the device until my therapist has instructed me in its safe and appropriate use.

Parent/Caregiver Signature: _____

Date: _____

Provider Signature: _____

License/Certification Number: _____

Phone Number: _____ Date: _____

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DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET – SUITE 300
ALBANY, NEW YORK 12207
(518) 447-4820 - FAX (518) 447-4855

ATTACHMENT C5

SY _____

EQUIPMENT PURCHASE REQUEST

Child's Name	
D.O.B.	
School District	
Program	

Vendor Quote #1

Company Name	Address	Phone

Stock #	Description	Quantity	Unit Price	Cost
			Shipping/Delivery	
			TOTAL	

Vendor Quote #2

Company Name	Address	Phone

Stock #	Description	Quantity	Unit Price	Cost
			Shipping/Delivery	
			TOTAL	

Vendor Quote #3

Company Name	Address	Phone

Stock #	Description	Quantity	Unit Price	Cost
			Shipping/Delivery	
			TOTAL	

* **For Audio/FM Devices Only:** Attach Audiologist justification letter and STAC 5

Therapist/Provider	**Date**
Early Intervention Officer or CPSE Coordinator	**Date**
Albany County Special Needs Director	**Date**
Albany County Account Supervisor	**Date**

ATTACHMENT C6

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET – SUITE 300
ALBANY, NY 12207
(518) 447-4820 - FAX (518) 447-4855

PROVIDER EQUIPMENT RECEIPT

I received and understand the proper use of _____
Name of Equipment

purchased by Albany County for _____, _____,
Name of Student **Date of Birth**

residing in the County of Albany School District of _____.
Name of School District

I, _____, will inform the parent/guardian that this equipment
Print Provider Name

was purchased by the County of Albany and is the property of the County. If, for any reason, this item is no longer required, the child has outgrown the equipment, or the child no longer resides in Albany County, the parent/guardian will return the item(s) to Albany County, per the Parent Acknowledgement Form. I will obtain the signed *Parent Acknowledgement Form* and return it to the County within 30 days.

_____ _____
Provider Signature **Date**

ATTACHMENT C7

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET – SUITE 300 - CPSE
ALBANY, NY 12207
(518) 447-4820 - FAX (518) 447-4855

Equipment Purchase
Parent Notification

TO: _____ **(Name of Parent/Guardian)**

FROM: Albany County Department for Children, Youth and Families
Division for Children with Special Needs – Preschool Special Education (CPSE)

DATE: _____

RE: Assistive Technology Equipment Purchase

The Albany County Department for Children Youth and Families has purchased the following equipment through the Committee on Preschool Special Education Program (CPSE):

_____

Accompanying this notification is a ***Parent/Guardian Acknowledgement Form***, which requires your signature and return to our office within 30 days. This form acknowledges your receipt of the equipment, that you have verified the condition of the equipment, and that you agree to the cleaning, care, storage, charging, and safekeeping of this equipment.

Careful maintenance and safekeeping of this equipment is required. If it is lost, broken, or stolen beyond the purchased warranty/maintenance agreement, Albany County will not be able to replace or repair the equipment.

Your child's therapist/provider will assure that you and the school staff are trained in the use, care, storage, and charging of the system.

Please complete and sign the attached form and **return it to us within 30 days**.

Thank you.

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET – SUITE 300 - CPSE
ALBANY, NY 12207
(518) 447-4820 - FAX (518) 447-4855

Parent Acknowledgement Form

Please complete and sign this form and **return it to us within 30 days**.

Child's Name: _____

Date of Birth: _____

School District: _____

The following is a list of equipment purchased by Albany County for use by my child:

Type of Equipment: _____

_____

_____

Under New York State Education law 4410, the County of Albany has purchased the equipment listed above, in accordance with our child's IEP. By signing this agreement, you acknowledge that the above item is the property of Albany County. If for any reason this item is no longer required, the child has outgrown the equipment, or the child no longer resides in Albany County, this item will be returned to Albany County.

The undersigned hereby acknowledges receipt of the goods described and further acknowledges that said goods have been inspected and are without defect. The undersigned agrees to the care, cleaning, charging, storage and safekeeping of the system. The undersigned will make arrangements for the initial charging of the system and will maintain the equipment in full working order.

The total value of the equipment received is: _____

_____

Parent/Guardian Name (please print)

_____

Parent/Guardian Signature

_____

Date