

# PASRR Equipment Purchase Request

DATE OF REQUEST

## Section 1. Demographic Information

NAME		ADSA ID	FACILITY NAME		
FACILITY ADDRESS		CITY	STATE	ZIP CODE	
CONFIRM WITH HQ PASRR PROGRAM COORDINATOR IF THE ADDRESS IS <u>NOT</u> THE REQUESTING PERSON'S OFFICE ADDRESS:					
SHIPPING ADDRESS		CITY	STATE	ZIP CODE	
ASSESSOR'S NAME			ASSESSOR'S PHONE (INCLUDE AREA CODE)		

## Section 2. Equipment Type

<input type="checkbox"/> Assistive technology	<p><b>Assistive Technology (AT) Goods</b> are adaptive and assistive items, devices, equipment, and product systems that increase a client's independence, improve or maintain a client's functional ability, or substitute for human assistance to the client.</p> <p><b>Assistive Technology (AT) Services</b> directly assist the clients and their caregivers to select, acquire, and use assistive technology. Services include consultation for the correct type of AT goods, set-up, evaluations, repair, and short-term training on the use and maintenance of goods purchased under this service.</p>
<input type="checkbox"/> Therapeutic equipment and supplies	Therapeutic equipment and supplies are equipment and supplies that are necessary to implement a behavioral support plan or other therapeutic plan, designed by an appropriate professional, such as a sensory integration or communication therapy plan, and necessary in order to fully implement the therapy or intervention.
<input type="checkbox"/> Specialized medical equipment and supplies	Specialized medical equipment and supplies are items which enable individuals to increase their ability to perform their activities of daily living; or perceive, control, or communicate with the environment in which they live.
<input type="checkbox"/> Other	Describe:

## Section 3. Request Type

<p>If there is no contracted provider for the item <b>OR</b> if the total cost is more than \$550, check the box below for HQ approval request.</p> <input type="checkbox"/> <b>HQ Approval Request</b>	<p>If there is a contracted provider for the item <b>AND</b> if the total cost is \$550, check the box below for regional approval request.</p> <input type="checkbox"/> <b>Regional Approval Request</b>
<p>If there is no contracted provider for the item, check box below for P-Card purchase Request.</p> <ul style="list-style-type: none"> <li>ProviderOne authorizations for P-Card purchases will be entered by PASRR HQ. ProviderOne authorizations for contracted providers will be entered by the PASRR Assessor.</li> </ul> <input type="checkbox"/> <b>P-Card Purchase Request</b>	

## Section 4. Request Detail

What item(s) are you requesting?

- For P-Card purchases, please include link to the site where the item may be purchased.

What will this service or item do for this client? What is the assessed need it will meet?

- Most requests will require a treating professional's recommendation regarding the need for the service. Treating professionals should have expertise in the area that relates to the underlying need for the service (e.g., a Speech and Language Pathologist for a service to meet a communication need).

How does this need related to the individual's intellectual disability or related conditions?

Who will train the individual to use this equipment?

What is the schedule for the individual to use this equipment?

How will this item be stored for the individual's access?

How will the person's care plan be updated to include the use of this equipment?

Comments:

### Section 5. Documentation and Request Decision

I am attaching a recommendation from a treating professional.

The specialized service need is identified in:

- PASRR Level II
- PASRR Addendum
- PASRR Level II Follow-up

The request is:

- Approved
- Denied
- Returned for additional information

Approval comments:

SIGNATURE OF APPROVER

DATE

PRINTED NAME

## Instructions

**When to complete this form:** A PASRR assessor completes this form when a PASRR Level II or PASRR Follow-up has identified equipment needed to pursue a client's goal.

**Section 1. Demographic Information:** Complete all fields. Be sure to confirm shipping address.

**Section 2. Equipment Type:** Select the type of equipment being requested. If using a contracted provider, ensure that the equipment type matches the contract (i.e., assistive technology providers can only supply assistive technology goods and services.)

**Section 3. Request Type:** If there is no contracted provider for the item **OR** if the total cost is more than \$550, select the box for **HQ Approval Request**. Otherwise, if there is a contracted provider for the item **AND** the total cost is \$550 or less, select the box for **Regional Approval Request**.

1. If there is no contracted provider for the item type, check the box for **P-Card Purchase Request**.
2. **ProviderOne authorizations for P-Card purchases will be entered by PASRR HQ.**
3. **ProviderOne authorizations for contracted providers will be entered by the PASRR Assessor.**

### Section 4. Request Detail:

1. Describe the item you are requesting **and** include a link to the item.
2. Explain the need. Why are you requesting this particular item? How will the item help the person to be more self-sufficient, stay connected to their community, and meet their identified needs?
3. Connect the need to the person's disability. How does ID/RC relate to the need for this item? What is different for this person than for a person without ID/RC?
4. If the person needs training, who will provide it and how often? The equipment will be useless if the person doesn't have the training needed. This could be a combination of NF staff, specialized service providers, and family members or friends. Having the plan clearly laid out for everyone involved improves the changes that the equipment can be used successfully to meet the goal.
5. Equipment purchased by PASRR is for an individual's use. With very few exceptions, it should be stored and secured in the person's room where the person can access it easily. If the equipment is to be stored elsewhere, explain why and how it will be reserved for the person's use only.
6. Describe how the person's care plan will be updated. Saying that it will be updated is not sufficient. This involves a commitment from the facility to work with the person toward the identified goal by documenting a plan for support.

### Section 5. Documentation and Request Decision

1. Check the box if you are attaching a recommendation from a treating professional. For items such as mobility aids or communication equipment, a therapist may be needed to assure the equipment is right for the individual. Using a professional also helps when a goal is identified and you aren't sure whether equipment will help or if it's medically safe. In addition to OTs, PTs, and SLPs, consider others such as activity directors, employment support providers, counselors, or NF social workers who have knowledge of the person's goals, interests, and abilities. In some cases, you can use your professional judgement if you can clearly document the goal, how the equipment will help the person meet the goal, and how you know the item is right for the person.
2. The need for specialized services must be identified in a PASRR Level II, Addendum, or Follow-up. Identify which process was used.
3. Additional fields will be completed by the approver.