



State of Connecticut
Department of Developmental Services

DDS

Ned Lamont
Governor

Jordan A. Scheff
Commissioner

Elisa F. Velardo
Deputy Commissioner

August 22, 2023

TO: Individuals currently supported by DDS and living in a family home or residing independently with or without In Home Supports (IHS) and DDS Case Managers

FROM: DDS Director of Assistive Technology Patricia Cymbala

CC: Jordan Scheff, Commissioner, Katie Rock-Burns, Chief of Staff, Nicholas Jerard, Chief of Fiscal/Administrative Services, Regional Directors, Private Assistant Regional Directors, Resource Administrators, Self Determination Directors, IFS Assistant Regional Directors

**SUBJECT: Notice of Opportunity – Assistive Technology / Enabling Technology/Remote Supports
Individuals / Families/ In Home Supports (IHS)**

The Department of Developmental Services (DDS) is currently accepting requests from DDS Case Managers on behalf of individuals and families interested in receiving grants to fund **Assistive Technology (AT)**. These grants are intended to benefit individuals who are currently supported by DDS and are living in a **family home or residing independently with or without In Home Supports (IHS)**. Grants will assist with procuring and utilizing Assistive Technology (AT), hardware, software, equipment, and internet connectivity to enhance access to virtual supports and services, **including the development of remote supports**. It may also include training, assessments, and environmental modifications/adaptations designed to increase accessibility, safety, and independence. The intent of the grant is to support and advance the creative use of Assistive Technology to enhance independence and virtual interpersonal and community participation for individuals with intellectual disability.

Internet Connectivity- This may include Broadband /Internet or cellular services provided at fair market value for the purpose of access to activities related to achieving documented person-centered goals & objectives. Internet services shall be capped at \$50.00 per month for a period of up to one year, based on fair market value in CT.

Individuals/families interested in this opportunity should contact their DDS Case Manager to request funding for Assistive Technology products, equipment or services. All requests completed by DDS

Phone: 860 418-6000 ♦ TDD 860 418-6079 ♦ Fax: 860 418-6001
460 Capitol Avenue ♦ Hartford, Connecticut 06106
portal.ct.gov/dds ♦ e-mail: ddsct.co@ct.gov
An Affirmative Action/Equal Opportunity Employer

Case Managers must be through an electronic application with the link provided to them. Some of the content of the application includes the following:

I. Descriptions of Specific Utility / Statement of Need:

- A) **Living arrangement.** Please select the current living arrangement
- B) **Property where the individual lives.** Select own or rent.(Properties not owned require written approval for any structural installations of equipment prior to approval of a request.)
- C) **Has an Assistive Technology Assessment been completed to determine appropriate AT Products/Services.** Provide name, title, email address and affiliated agency who completed the assessment, as well as the date of the assessment. (This assists the AT Grant Review committee in reviewing requests and following up on any questions regarding product recommendations by AT professionals.)
- D) **If request is speech/communication related, has a recent assessment been completed by a Speech Language Pathologist?** Provide name, title and email address of person completing assessment for follow up.
- E) **If request is PT/OT related, has a recent assessment been completed by a PT or OT?** Provide name, title and email address of person completing assessment for follow up.
- F) **All AT Products, Equipment and Services being requested.** List each specific item/service, cost and where item(s) will be purchased.
- G) **Total cost of Proposed AT Products/Equipment/Services** (Total Dollar Amount of grant request)
- H) **Where will the AT equipment be housed overnight.** Select a location
- I) **Potential technology needs and any hardships .** Select why an AT Grant is needed in their current or future residential or work setting, or in community settings, and ensure other avenues to fund the request have been exhausted prior to request, as applicable.
- J) **Supporting statements of potential technology needs and consequences if grant was not approved.** Specify person-centered considerations for enhancing the health, safety and/or independence of the proposed user and include any programmatic goals and outcomes to support this. Include details that include the duration & frequency, where applicable.
- K) **How AT will enhance or maintain the health & safety of the individual supported.** Select all that apply.(Enhancements related to current proposed AT request for health/safety/autonomy.)
- L) **Provide measurable clinical/safety/health related goals and how proposed AT will address them.** Describe the individual's needs and how proposed AT will enhance or maintain the health and safety of individual through programmatic goals and outcomes.
- M) **Transition plan for the introduction of AT.** Select how the individual, family and applicable staff will be trained on how to use the new devices/equipment (Specific measurable projected AT transition goals and outcomes, identifying duration & frequency, as well as any emergency back up plans in case the equipment is not working should be included in the Individual's Plan, when and where applicable.)
- N) **Funding plan on how these supports will be maintained once the grant ends.** Ensure that a plan is in place that will cover the costs to support the AT being requested, as grants cannot be factored as an ongoing plan for expenses.

O) **Fade plan for staff supports.** AT requested will enhance independence. (Please be specific by identifying projected measurable staff titration outcomes, including duration & frequency, where applicable.)

II. Rationale/ Program Parameters/ Intended Outcomes/ Longevity

Awardees will be expected to participate in follow up analysis and reporting and share the use and impact of the products or services awarded ([AT Survey Form](#)). In addition, select awardees may be expected to act as ambassadors for the use of AT.

Questions regarding this opportunity may be directed to Patricia Cymbala at DDS.AssistiveTechnology@ct.gov.

Proposals for this opportunity will be submitted by the Case Manager to Patricia Cymbala at DDS.AssistiveTechnology@ct.gov upon completing the electronic form with the link provided and clicking the submit button. Awardees must purchase equipment or subscribe to approved service no later than May 1, 2024.