

Telecommunications Adaptive Devices (TAD) - Devices that assist a client to independently communicate or to answer the phone. These services billed are directly to the State's TAD Program. IL client does need to meet economic need to qualify for this service if the device is less than \$250.00.

Examples of TAD services:

- Emergency phone dialer
- Large button phone
- Fully voice activated telephones
- Picture-dialing phones
- Cordless phone
- Picture phone
- Smart devices
- Device training is also available

TAD Monitored/Non-Monitored Devices

The TAD Application and TAD Conditions Application Form can be completed by an IL Specialist to assist an IL client in obtaining needed devices. The application and additional information can also be found on the DHS Website.

Purpose: To clarify concerns related to monitored and non-monitored emergency response telephones.

Rationale: The Independent Living Program has been a strong partner in the Telecommunication Adaptive Device (TAD) program for many years. Effective August 2011, most TAD program assistive devices will be ordered through the state purchasing program and will no longer be purchased from vendors in your local community. Janet Ball who manages the TAD program will be developing ordering and reporting protocol.

The TAD program provides telecommunication devices to individuals who have a hearing deficit who are not eligible for the Telecommunications Equipment Distribution Program (TEDP).

The program provides assistive devices such as a fully voice activated telephone, emergency response telephone, picture dialing telephone, large button telephone and any other equipment which may be necessary to facilitate communication through standard telephone lines.

The majority of the devices provided through the TAD program are emergency response units. These units can either be monitored or non-monitored. Monitored emergency response systems are units that are connected to a monitoring service. Monitored services involve an actual person who answers the telephone and assesses the situation. This person would activate the 911 system on behalf of the client. The non-monitored emergency response units are placed in the home by the independent living specialist. These units are programmed to include the names and telephone numbers of the client's natural supports, such as family, friend or a pastor for example.

The TAD program has always provided and paid for the installation and maintenance of the non-monitored emergency response system. The TAD program will also continue to pay for the installation of a monitored emergency response system if that is what the client needs. The TAD program has not and does not pay for the monthly service charge for the client to use a monitored emergency response telephone.

The TAD program will no longer support the ongoing maintenance of the monitored unit and associated pendants. For example if the client needs a pendant or battery replaced they will need to pay for the service charge or take their unit or pendant into the vendor for servicing.

Procedure: IL Specialists offer both the monitored and the non-monitored option to clients. If the client chooses the non-monitored, then proceed per your centers procedure to obtain, install and test the non-monitored device.

If the client is interested in the monitored option, then refer them to DSS first to see if they are eligible for Department of Social Services (DSS) support. If they are, the TAD program can still be used to purchase and install the monitored device. All other associated costs such as the monthly service charge or maintenance would be the responsibility of the client or DSS. If the client is not eligible for services through DSS, then the Specialist can pose options again with the client. They can choose the non-monitored unit at no expense to them or can choose the monitored version, and they would be responsible for the monthly service charge and any associated maintenance costs. It is imperative that the Specialist assist the client to understand the difference between the two options. Clients should make an informed choice based on their needs, and cost should be discussed secondary to the services and supports that the client needs to be independent, yet safe in their home.

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