

## A National Data Summary of State Assistive Technology Programs: Fiscal Year 2014

### INTRODUCTION

State and Territory Assistive Technology Programs (hereafter, AT Programs), authorized under Sec. 4 of the Assistive Technology Act of 1998, most recently reauthorized in 2004, focus on improving the provision of AT through comprehensive, statewide programs that are consumer-responsive. The goal of these programs is to increase access to and acquisition of AT through state level activities and state leadership activities.

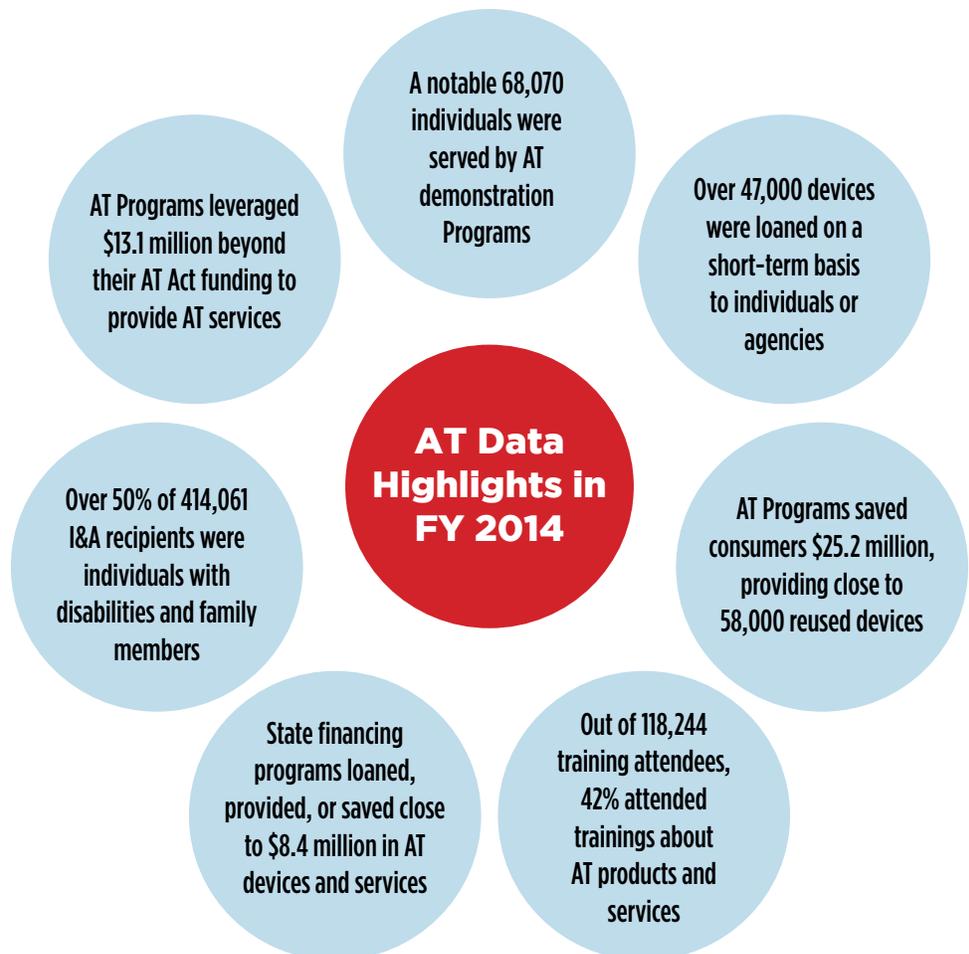
The AT Act provides formula grants, administered by the U.S. Department of Education Rehabilitation Services Administration in Fiscal Year (FY) 2014 and administered by the Administration for Community Living in the Department of Health and Human Services for FY 2015. A grant is provided to support an AT Program in each state, as well as the District of Columbia, Puerto Rico, American Samoa, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands. This report provides a national summary of AT Program outcomes for FY 2014.

The 2004 reauthorization of the AT Act required a common set of activities to be provided by all AT Programs (with some limited exceptions) to create consistency among grantees. Required state level activities include state financing activities, device reutilization programs, device loan programs, and device demonstration programs. Required state leadership activities include training and technical assistance, public awareness and information and assistance activities, and coordination and collaboration. All the state level activities and the major state leadership activities will be described in greater detail later in this report.

AT Programs are required to serve people with all types of disabilities, of all ages, in all environments, and provide a wide array of activities to meet AT needs. Programs must also serve family members, service providers, educators, therapists, employers, health and rehabilitation professionals, AT vendors, procurement officials, and other interested parties throughout all versions of the law (Association of Assistive Technology Act Programs [ATAP], 2011). The AT Act requires specific data reporting on services provided via the required state level and leadership activities (ATAP, 2011). These data, found in the Annual State Grant for AT Progress Report, are the source used in this report.

### What is Assistive Technology (AT) ?

**AT is any item, piece of equipment, or system, whether acquired commercially, modified, or customized, that is commonly used to increase, maintain, or improve functional capabilities of individuals with disabilities. (Source: AT Act of 1998 as amended, 29 USC §3002)**



## STATE LEVEL ACTIVITIES

### DEVICE DEMONSTRATION PROGRAMS

Device demonstrations compare the features and benefits of a particular AT device or category of devices for an individual or small group of individuals (U.S. Department of Education [ED], 2011). Device demonstrations allow individuals and groups to make informed choices about an AT device prior to acquiring it. Along with providing demonstrations, AT Programs are required to provide comprehensive information about state and local assistive technology vendors, providers, and repair services.

During the most recent reporting period, FY 2014, 55 AT Programs conducted device demonstrations as part of their state level activities. Computers and related technologies were the largest demonstration category, comprising 19% of all demonstrations. Most AT areas are well covered by device demonstrations, with six additional areas comprising between 9% and 15% of all demonstrations (see Table 1).

**TABLE 1: NUMBER OF DEVICE DEMONSTRATIONS BY DEVICE TYPE**

Type of AT Device	Number of Demos	%
Computers and related	7,724	19
Daily living	6,025	15
Speech communication	5,537	14
Vision	5,389	14
Hearing	4,975	12
Mobility, seating	4,276	11
Learning, cognition	3,452	9
Recreation, sports, and leisure	1,062	3
Environmental adaptations	1,061	3
Vehicle modification and transportation	415	1
<b>TOTAL</b>	<b>39,916</b>	<b>100%*</b>

\*The percentages displayed in the tables are rounded to whole numbers, thus the sum may not be 100%

Looking at Table 2, we see that individuals with disabilities (41%) comprised almost half of those participating in device demonstrations in FY 2014, followed by family members, guardians, and authorized representatives (31%).

**TABLE 2: NUMBER OF INDIVIDUALS WHO PARTICIPATED IN DEVICE DEMONSTRATIONS**

Type of Individual	Number of Participants	%
Individuals with disabilities	28,158	41
Family members, guardians, and authorized representatives	21,276	31
Representatives of education	6,292	9
Representatives of health, allied health, and rehabilitation	5,931	9
Representatives of community living	3,653	5
Representatives of employment	1,565	2
Representatives of technology	1,195	2
<b>TOTAL</b>	<b>68,070</b>	<b>100%*</b>

Individuals who participated in device demonstrations were surveyed by AT Programs about the main purpose of the AT device for which they attended the demonstration. In FY 2014, community living was listed as the most common purpose (64%), followed by education (23%). Other purposes cited by participants were employment (8%) and IT/telecommunications (6%).

For AT Program purposes, education is defined as participating in any type of educational program. Community living includes carrying out daily activities, participating in community activities, using community services, or living independently. Employment means finding or keeping a job, getting a better job, or participating in an employment training program, vocational rehabilitation program, or other program related to employment. Lastly, information technology/telecommunications is defined as using computers, software, websites, telephones, office equipment, and media.

## Device Demonstration Anecdotes

### LOUISIANA

An occupational therapist (OT) needed help for her nine-year-old client. Due to limitations in the dexterity and control of his arms and hands, Bryce is unable to write and uses computers to do his schoolwork. The OT wanted to find out what kinds of computer access devices could help him in school, especially to take tests and do homework.

With expert guidance from the Louisiana AT Program staff and the input of the OT and family, Bryce tried devices including a SAM joystick and the IntelliKeys® USB keyboard, and decided to borrow them for trial. AT staff also recommended that Bryce try the Kurzweil 3000® text-to-speech software, and gave his family a free trial CD.

Bryce discovered that he didn't need the IntelliKeys as he can use a standard keyboard, but the educational software was just what he needed. The Kurzweil 3000 software worked so well for Bryce that the school system purchased the software for him. One of Bryce's grandmothers tells us that thanks to the AT, Bryce is "doing real good."



### WYOMING

At 86 years old, Leland doesn't consider himself a tech-savvy individual. However, since losing his sight nearly a year ago, he has been using AT devices to do daily tasks.

Leland wanted a convenient device to hold information for him. After learning about the options with an iPad, he said, "I was pleasantly surprised by all that it was able to offer me." Not long after the meeting with an AT specialist, Leland ordered his first iPad and has been using it ever since to complete daily tasks.

The iPad has endless apps for people requiring special assistance, and can be very overwhelming. To alleviate this, Leland stated, "You need to figure out what you need to do and then find your apps accordingly." When asked about his top five apps for daily use, he listed text grabber, money reader, audio labels, the timer, and the calendar.

"Even though it is a very customizable device, sometimes it requires a little thinking outside the box," said Leland's AT specialist. For example, Leland created a cardboard cutout that fits the screen of the iPad, with small holes in it designated for certain controls in the apps.



## DEVICE LOAN PROGRAMS

Device loan programs allow AT consumers and professionals who provide services to individuals with disabilities to borrow AT devices for use at home, at school, at work, and in the community. These loans are short-term--the average based on FY 2014 data was 36 calendar days.

The purpose of a device loan may be to assist in decision-making, to fill a gap while the consumer is waiting for device repair or funding, to provide a short-term accommodation, or to provide self-education by a consumer or professional or other training (ED, 2011).

During the most recent reporting period, 53 AT Programs reported providing short-term loans of AT devices to individuals or entities. Individuals with disabilities were the largest group to whom devices were loaned (37%), followed by family members, guardians, and authorized representatives (21%). Please refer to Table 3 for a more detailed breakdown.

Seventy-four percent or 25,906 device loans were made to individuals for the primary purpose of decision-making. Other reasons consumers cited for wanting a short-term device loan included for accommodation (12%), as a loaner during repair/waiting for funding (7%), and for training/personnel development (7%).

**TABLE 3: NUMBER OF DEVICES BORROWED BY TYPE OF BORROWER**

Type of Borrower	Number of Device Borrowers	%
Individuals with disabilities	13,187	37
Family members, guardians, and authorized representatives	7,247	21
Representatives of education	6,623	19
Representatives of health, allied health, and rehabilitation	5,030	14
Representatives of community living	1,393	4
Representatives of technology	1,177	3
Representatives of employment	586	2
<b>TOTAL</b>	<b>35,243</b>	<b>100%</b>

Devices for speech communication (18%) were the most common AT devices loaned in FY 2014, followed by computers and related devices (17%), learning and cognition (16%), and daily living devices (13%). Five additional device categories accounted for 4% to 12% each of the device loans made (Table 4). Almost half of surveyed consumers (52%) who received a device loan cited community living as the primary purpose for which they needed an AT device. Education was the second most common purpose (37%), followed by employment (7%) and IT/telecommunications (3%).

**TABLE 4: DEVICES LOANED BY TYPE**

Type of AT Device	Number Loaned	%
Speech communication	8,816	18
Computers and related	8,096	17
Learning, cognition	7,815	16
Daily living	6,317	13
Mobility, seating	5,754	12
Vision	3,653	8
Environmental adaptations	2,696	6
Hearing	2,599	5
Recreation, sports, and leisure	1,868	4
Vehicle modification and transportation	55	<1
<b>TOTAL</b>	<b>47,669</b>	<b>100%</b>

## Device Loan Anecdotes

### PENNSYLVANIA

Lizzy, a Bryn Mawr college student with vision loss, borrowed a note-taking device from Pennsylvania's AT Program on-site library, as her current device needed repair. She picked up the unfamiliar device and had it running smoothly in five minutes. Lizzy used this device for her final exams, whereby she would read the questions from a flash drive, answer them, and export the test to a printer as the note taker does back-translation into print for the professors.



### NEBRASKA

Hannah borrowed an UbiDuo from the Nebraska Assistive Technology Partnership loan pool to try at a Lincoln hospital during an internship as part of her high school transition program. Hannah has cerebral palsy and needed a communication solution. The UbiDuo helps Hannah to communicate face to face with supervisors, staff, and the public by providing simultaneous real-time typing and text display on a split screen. This allows both people to see what each other is saying in real time. Hannah was able to move the device around from the front desk to other areas of the hospital. The hospital staff recognized how this device could be used in other areas. They purchased an UbiDuo to improve communication with patients who are deaf and hard of hearing, and those unable to communicate due to a medical condition.



## DEVICE REUTILIZATION PROGRAMS

Assistive technology reutilization involves transferring a used device from someone who no longer needs it to someone who does. Device reuse falls into three activity categories. The first one, device exchange, usually occurs through an online forum where sellers and buyers can connect. Recycling, refurbishment, and repair (RRR) is the second category. In this type of program, devices are typically obtained from individuals who no longer need them, are refurbished, and then provided to new owners. Lastly, open-ended loan programs take previously used devices and loan them to individuals who can use them as long as they are needed.

In FY 2014, 43,713 consumers received a total of 57,745 reutilized devices from all 56 AT Programs, with an overall savings of \$25.2 million. As Table 5 shows, mobility, seating, and daily living AT were the vast majority of AT devices provided through reuse programs (81% of all devices).

**TABLE 5: DEVICE REUTILIZATION SUMMARY BY DEVICE TYPE**

Type of AT Device	# of Devices	% of Devices	Total Savings	% of Savings
Mobility, seating	29,210	51	\$17,089,511	68
Daily living	19,481	34	\$3,347,600	13
Computers and related	2,711	5	\$627,471	2
Environmental adaptations	1,337	2	\$628,626	2
Vision	1,270	2	\$564,614	2
Recreation, sports, and leisure	1,122	2	\$140,150	<1
Learning/cognition	959	2	\$231,339	<1
Hearing	834	1	\$227,901	<1
Speech communication	705	1	\$1,223,836	5
Vehicle modification and transportation	116	<1	\$1,180,961	5
<b>TOTAL</b>	<b>57,745</b>	<b>100%</b>	<b>\$25,262,009</b>	<b>100%</b>

The most common device reutilization activity was recycling/refurbishment/repair (RRR). Seventy-two percent of recipients received devices through an RRR program, saving consumers over \$18 million. Overall, RRR activities provided the greatest savings to consumers out of the services provided through reutilization programs.

Customers participating in the device reutilization program were surveyed about the primary purpose for which AT was needed. Out of the 42,939 respondents, 91% gave community living as the primary purpose, followed by education (6%) and employment (3%).

**TABLE 6: NUMBER OF RECIPIENTS, DEVICES, AND SAVINGS BY TYPE OF REUTILIZATION ACTIVITY**

Activity	Number (%) of Device Recipients	Number (%) of Devices	Total Savings To Recipients	% of Savings to Recipients
Recycle/refurbish/repair (RRR)	31,514 (72%)	43,693 (76%)	\$18,129,877	72
Open-ended loans	9,366 (21%)	10,624 (18%)	\$4,214,568	17
Device exchange	2,833 (6%)	3,428 (6%)	\$2,917,564	11
<b>TOTAL</b>	<b>43,713 (100%)</b>	<b>57,745 (100%)</b>	<b>\$25,262,009</b>	<b>100%</b>

## Device Reutilization Anecdotes

### OKLAHOMA

The Oklahoma AT Program operates a reuse program refurbishing devices purchased by Medicaid. This program has saved the state \$378,816, providing 708 pieces of durable medical equipment to 602 Oklahomans. For example, an individual with a spinal cord injury was in need of a stander to help him strengthen his legs and benefit from physical therapy. He did not have insurance, and could not afford to purchase the stander. He learned about Oklahoma's durable medical equipment reuse program through his therapist, and obtained the needed device. He now uses the stander every day and during his therapy sessions. His therapist noted that his calves are relaxing and commented, "Receiving the stander was a life saver!"



### MISSOURI

In southwest Missouri, complications from two years of leukemia treatments resulted in a 15-year-old girl experiencing deterioration and collapse of her shoulder, hip, knee and ankle joints. No longer able to walk, the teenager was using an office chair with rollers to move around her house, until her mother came in contact with Missouri's reuse program. Through this resource, the teenager was able to obtain a lightweight wheelchair, bathroom safety equipment, and an electric scooter at no charge. The cost of these items purchased new would have been over \$5,000. The family is so grateful and the 15-year-old said, "Without the equipment...I would be stuck in bed every day. Now I can be the teenager I was meant to be."



## STATE FINANCING

State financing activities assist individuals with disabilities to obtain AT devices and services. Funds authorized under the AT Act of 1998, as amended, cannot be used to purchase AT devices or services directly for consumers (ED, 2011). There are three types of state financing activities provided by the State Grants for Assistive Technology that assist individuals who need AT: 1) alternative financial loan programs that provide cash loans that consumers can then use to acquire AT, 2) other activities that result in AT acquisition, and 3) additional activities that allow consumers to obtain AT devices and services at a reduced cost.

**TABLE 7: TYPES AND DOLLAR AMOUNTS OF AT FINANCED**

Type of AT	# of Devices Financed	Device %	Dollar Value of Loans	Dollar %	Average Loan Amount
Hearing	263	41	\$981,530	23	\$3,732
Vehicle modification and transportation	143	22	\$2,587,507	60	\$18,094
Computers and related	72	11	\$33,592	<1	\$467
Mobility, seating and positioning	64	10	\$225,236	5	\$3,519
Environmental adaptations	46	7	\$292,689	7	\$6,363
Vision	19	3	\$43,668	1	\$2,298
Daily living	17	3	\$103,073	2	\$6,063
Speech communication	6	<1	\$13,555	<1	\$2,259
Recreation, sports, and leisure	5	<1	\$11,212	<1	\$2,242
Learning, cognition	4	<1	\$3,891	<1	\$973
<b>TOTAL</b>	<b>639</b>	<b>100%</b>	<b>\$4,295,953</b>	<b>100%</b>	<b>\$6,723</b>

## State Financing Anecdotes

### MARYLAND

For more than 15 years, Adam tried to work around his hearing loss. As an IT specialist, his job lends itself to a solitary environment, but the inability to hear clearly during work events or meetings



created a great deal of concern. As Adam put it, “My hearing loss has caused a lot of stress when it comes to thinking about having to work with others. Knowing that I cannot clearly hear all that they say has always been a source of fear, embarrassment and anger.”

Adam finally decided it was time to pursue the purchase of hearing aids, and approached the Maryland AT Program to finance his first-ever hearing aids and other assistive listening equipment. After purchasing a set of digital, programmable hearing aids, Adam has noticed a significant change in how he hears, both at work and outside of work.

Now that Adam has adjusted to life with hearing aids, he is looking back on his experience acquiring AT and using the financial loan program. “I waited too long to take advantage of this option...from application to approval to disbursement, I felt well taken care of. I never felt as if I was actually applying to receive a loan.”

### GEORGIA

Harley is a student at Gordon State College and has learning disabilities. Because his college is a member of



AMAC, part of the Georgia AT Program, he is able to download text-to-speech software, word prediction AT software, and AT apps for free through AMAC’s AT Cooperative. This allows him to have his textbooks read aloud to him on his computer and tablet.

Through the Cooperative, Harley saved over \$325 in assistive technology software solutions for reading and writing.

Thirteen states reported data on other financing activities that resulted in the acquisition of AT devices and services. These programs typically supply AT directly through external funding provided to the AT Program by another agency. With this external funding, these programs are typically limited in focus, only providing AT in one area such as adaptive telecommunication devices, or only providing AT for those individuals eligible for specific funding (such as IDEA).

In FY 2014, these programs served 2,385 individuals and provided 2,976 AT devices. A third (35%) of the total technologies funded were hearing devices. Environmental adaptations (also known as home modifications) made up only 13% of total devices funded, but constituted 39% (\$1,237,174) of the total value of AT provided (\$3,183,057).

Six states reported data on other state financing activities that allowed consumers to obtain assistive technology at a reduced cost. These programs included cooperative buying programs, a vision equipment lease program, and device design and development. In FY 2014, these financing activities served 3,356 individuals, and 5,557 devices were acquired at a reduced cost. Out of all the AT categories, vision AT resulted in the highest savings to consumers (\$929 per device). Learning and cognition, computer devices, and speech communication combined made up 68% of acquired

devices (1,888, 1,008, and 864 respectively). This resulted in moderate savings of \$75.99 (learning and cognition), \$127.56 (computers), and \$13.59 (speech communication) per device.

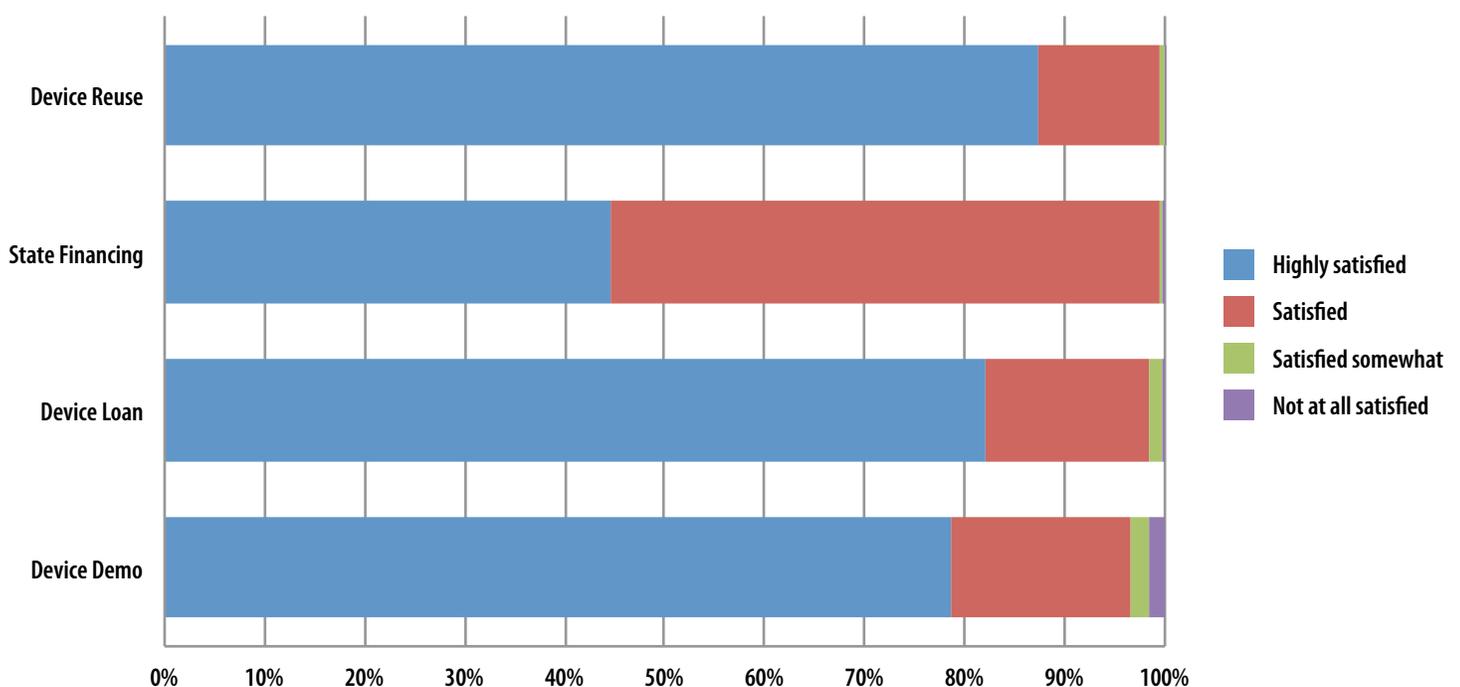
Individuals with disabilities who received services from state financing activities were contacted about the primary purpose for which AT was needed. Fifty-four percent of respondents cited community living as the primary purpose, followed closely by education (42%) and employment (4%).

## CONSUMER SATISFACTION RATINGS OF STATE LEVEL ACTIVITIES

Consumers of AT Program services were asked to report their satisfaction with the services they received. Figure 1 shows the responses to consumer satisfaction questions for each of the state activities. As we can see, the vast majority (>97%) of respondents were highly satisfied or satisfied with the services they received in each state activity.

Device reuse programs had the highest consumer satisfaction out of all state activities, with 99.6% of consumers highly satisfied or satisfied, followed by state financing and device loan (99% each), and device demonstration programs (97%).

FIGURE 1: CONSUMER RATING OF SERVICES

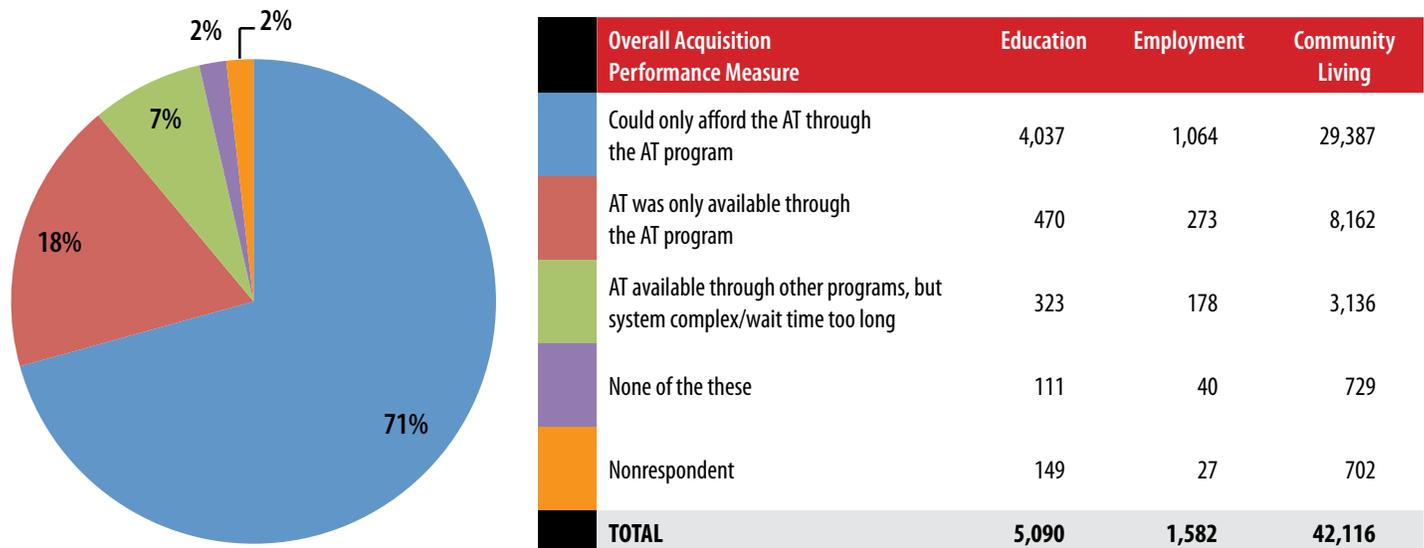


## STATE ACTIVITIES PERFORMANCE MEASURES

### ACQUISITION PERFORMANCE

Consumers were surveyed about the primary purpose of device acquisition and why they chose to participate in any of the following four programs: state financing services, device exchange, device reuse, and open-ended loans. As many as 71% of consumers stated that they could only afford AT through these programs. Eighteen percent said that the AT needed was only available to them through these programs, and 7% responded that the AT was available to them through other programs, but the system was too complex or the wait time too long. Community living was by far the most common purpose for AT (86%) (see Figure 2 for more details).

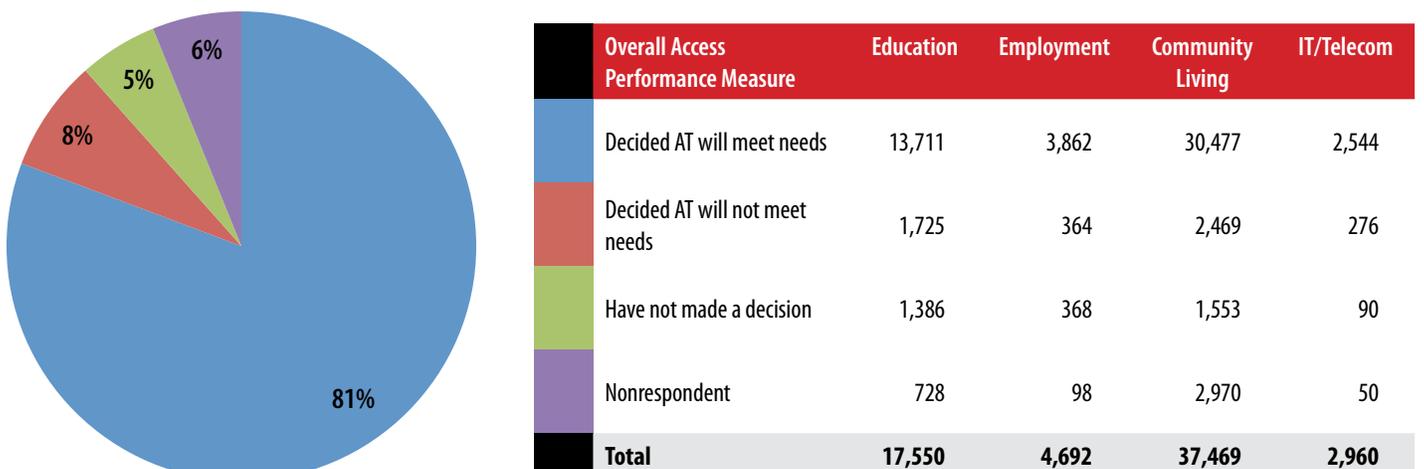
**FIGURE 2: WHY CONSUMERS OBTAINED A DEVICE FROM THE STATE AT PROGRAM**



### ACCESS PERFORMANCE

Consumers were surveyed about the kind of decisions they were able to make as the result of a device demonstration or device loan, as well as the primary purpose for which these devices will be needed. As the chart below illustrates, these services have overwhelmingly contributed to individuals with disabilities or their representatives making an informed decision about AT. Eighty-one percent of respondents stated that an AT device would meet their needs, or those of someone they represent. Another 8% of consumers stated that an AT device would not meet their needs (which is still an important decision outcome), and 5% did not make a decision. Community living (60%) and education (28%) were the most commonly reported purposes for AT, as shown in Figure 3.

**FIGURE 3: KINDS OF CONSUMER DECISIONS THE STATE AT PROGRAM ENABLED**



## STATE LEADERSHIP ACTIVITIES

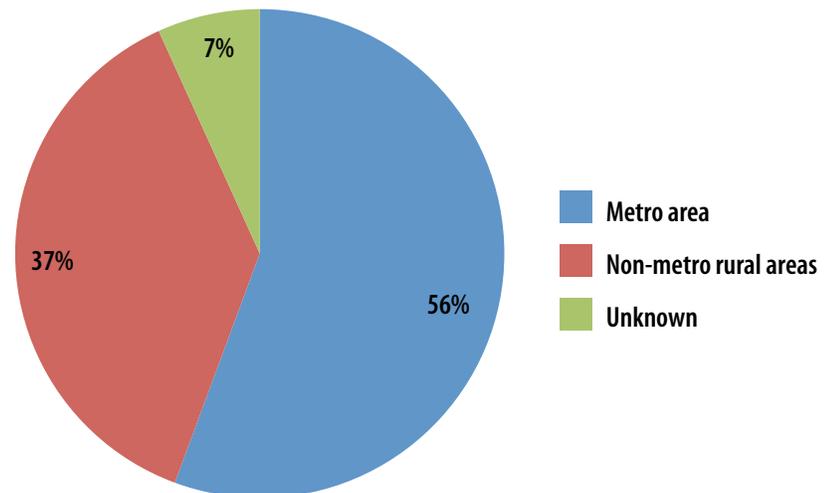
### TRAINING

Training activities are instructional events, planned in advance for a specific purpose or audience. Examples of training include classes, workshops, and presentations that have a goal of increasing skills, knowledge, and competency, as opposed to training intended only to increase general awareness of AT (ED, 2011).

In FY 2014, AT Programs trained a total of 181,244 participants. Education representatives (30%) were closely followed by individuals with disabilities (28%) as the types of individuals who were most likely to receive training. The remaining participant types constituted between 2% and 12% of representatives trained.

Forty-two percent of participants attended trainings about AT products and services, which focused on increasing skills and competencies in using AT, and integrating AT into different settings. Thirty-three percent of participants attended trainings that were on a combination of any or all of the following topics: AT products/services, AT funding/policy/practice, and information technology/telecommunication access. Trainings on transition were attended by 12% of participants. AT funding/policy/practice and information technology/telecommunication access trainings were attended by 12% of training participants combined.

**FIGURE 4: GEOGRAPHIC DISTRIBUTION OF TRAINING PARTICIPANTS IN FY 2014**



### PUBLIC AWARENESS

Public awareness activities include public service announcements, Internet outreach and social networking, radio talk shows and news reports, newspaper stories and columns, newsletters, brochures, and public forums. The exact number of people who receive information through these public awareness activities is large, but is often difficult to determine, and estimates must be reported (ED, 2011).

In FY 2014, AT Programs reached an estimated 37,643,101 people through their awareness activities. Out of the estimated total reached, 74% of individuals were contacted through public service announcements on radio or television, 10% through the Internet, and the remaining outreach activities were distributed among listservs (6%), newsletters (4%), other print materials (3%), other electronic media (2%), and public forums (1%).

### INFORMATION AND ASSISTANCE

Information and assistance (I&A) activities are those in which AT Programs respond to requests for information or put individuals in contact with other entities. These other entities can provide individuals with information and intensive assistance on AT devices/services or AT funding.

In FY 2014, 414,061 individuals were recipients of I&A. Out of the two I&A content areas, information about specific AT products/devices/services was the most common, with 79% of recipients requesting this type of information. Twenty-one percent received information on obtaining funding for AT. The largest recipient group of I&A was individuals with disabilities (29%), followed by family members/guardians/authorized representatives (22%), representatives of education (13%), and representatives of community living (12%). The remaining recipient types were representatives of health, allied health, and rehabilitation (10%), representatives of employment (8%), representatives of technology (5%), and others (1%).

## STATE IMPROVEMENT INITIATIVES

Beyond the minimum requirements of the AT Act, some AT Programs engage in state improvement initiatives. This means coordinating and collaborating with other public and private entities to create new or expanded policies and programs that put AT into the hands of people with disabilities. State improvement initiatives are not part of the core required by State AT Program activities. They are initiatives that go above and beyond and use programs' staff expertise and strong reputation to take on more systemic state improvement initiatives.

As part of their improvement initiatives, State AT Program staff serve on advisory boards, help draft and advocate for policies that support access to AT, and provide technical assistance to a variety of agencies and entities. These initiatives result in policy, practice, or procedure improvements in AT access throughout each state.

### REPORTING REQUIREMENT

During their annual data reporting, State AT Programs have the option to provide information about one or two major state improvement outcomes. The information requested is in three parts:

- 1) A description of the outcome, and specifics about what changed during this reporting period as a result of the AT Program's initiative
- 2) The written policies, practices, and procedures that have been developed and implemented as a result of the AT Program's initiative
- 3) The primary area of impact for this state improvement outcome

In FY 2014, 19 of the 56 grantees reported 21 state improvement outcomes. Community living and technology were addressed in 38% and 33% of these outcomes. Each of the areas of health, allied health and rehabilitation, education, and employment were addressed in 14% to 5% of the state improvement outcomes.

### Innovative and High Impact Training Activities

**The Alaska AT Program director provided a series of trainings to the managers and staff at the local Apple store. The Apple employees were meeting current and potential consumers with disabilities, so they requested to learn more about how their products were being used as assistive technology. As a result of the trainings, Apple staff now refer people who are interested in learning more about how their purchased products can be used as AT back to the AT Program.**

**The Tennessee Technology Access Program partner center in Nashville provided training to students from eight different local college classes in various disability-related courses of study, including physical therapy, occupational therapy, assistive technology, and special education. The purpose of the training is to increase student understanding, competency, and skill level in assistive technology, with the end result of helping to produce an even more informed pool of professionals to serve the unique needs of AT users in their field.**

**The Connecticut State AT Program provided technical assistance (TA) to the Department of Labor under the Disability Employment Initiative grant. Site visits to two locations were made and a needs assessment for AT and other accommodations to increase accessibility to job seekers with disabilities was done. Both sites had AT from several years ago, but were in need of upgrades. Additionally, one site needed significant changes to its layout to remove physical barriers, as well as training staff to increase knowledge of the accessibility and AT options available to job seekers. As a result of the TA provided by the State AT Program, both sites obtained a variety of AT, such as alternate pointing devices and keyboards, adjustable height tables, electronic enlarging systems, and an amplification system for a training room, along with training support.**

## SUMMARY

State and Territory AT Programs have improved the ability of individuals with disabilities to participate fully and productively in education, community living, employment, and other facets of life. State level and state leadership activities provide a continuum of services that reach a wide variety of individuals and provide access to a broad range of technologies.

AT Programs enable individuals with disabilities, their representatives, and others working with them to make informed decisions about accessing and acquiring technologies. The streamlined process allows consumers to receive information about a device and become familiar with it through loan and demonstration programs prior to making a costly purchase. When consumers are ready to acquire a device, the reuse and state financing programs provide an affordable purchasing avenue.

## REFERENCES

U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitation Services Administration. Annual report to Congress on the Assistive Technology Act of 1998, as amended, for fiscal years 2007 and 2008. Washington, D.C.: Author.

Association of Assistive Technology Act Programs (2011, May). History of the Assistive Technology Act. Springfield, IL.

## Initiatives from the Field

### COMMUNITY LIVING

The California AT Program implemented a memorandum of understanding (MOU) with the California Office of Emergency Services (Cal OES) to provide AT devices from our device loan and reuse inventory following natural disasters. The devices can be used at shelters or assigned to individuals as determined by Cal OES. Since the MOU was initiated, the AT Program has been contacted one time to provide devices during a disaster.

### HEALTH, ALLIED HEALTH, REHABILITATION

The Colorado AT Program worked closely with Colorado Medicaid to identify vendors and establish processes for Medicaid coverage of tablet devices to be used as communication systems. Prior to this, although a policy was in place, it was not being used because of tremendous logistical challenges. Now, with updated processes established, over 30 tablet devices have been approved and purchased by Medicaid for individuals with disabilities.

### EMPLOYMENT

The Illinois AT Program continues to be involved with Employment First as it is rolled out in Illinois. There is one AT Program staff person on the Employment First Task Force, and another on the Vision Quest Task Force, which is an Employment First sub-committee working with other states on employment. Additionally, two more staff members are on the transition sub-committee, which is looking at needs and barriers to good transition.



THE CENTER FOR ASSISTIVE TECHNOLOGY ACT DATA ASSISTANCE

## **AT ACT DATA BRIEF SERIES**

### **ISSUE NO 7, 2015**

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**To protect the privacy of the young people involved in these AT Programs, we have changed some names in the stories.**