Institute on Disabilities/UAP
Pennsylvania's Initiative on Assistive Technology

(PIAT)

Annual Performance Report

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Institute on Disabilities/UAP
Pennsylvania's Initiative on Assistive Technology (PIAT)

Annual Performance Report
May 1, 1998-April 30, 1999

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Part II: Project Summary

Initiatives: Pennsylvania's Initiative on Assistive Technology (PIAT) undertakes initiatives that are likely to have an enduring effect, beyond the scope and duration of the period of federal support (e.g., the creation of new laws and funding sources). In addition, the principle of building assistive technology capacity in existing organizations, entities, and other structures guides decisions related to our selection of collaborators and activities.

In the course of long-range planning for the second extension (years 6-10 of the project under the Tech Act), 18 initiatives were identified (14 systems change and four training and technical assistance initiatives) which reflect the concerns, priorities, and needs of Pennsylvanians with disabilities regarding access to assistive technology devices and services. In its 1998 review of initiatives and activities, PIAT's advisory board suggested the addition of an initiative with a focus on the system of services for older Pennsylvanians. Thus, for the seventh year of the program (1998-1999), there were 15 systems change (Initiatives I - XIII, XVIII, and XIX) and four training and technical assistance initiatives (Initiatives XIV-XVII). The initiatives are listed as follows:

Initiative I: Increasing access to assistive technology by people served by Pennsylvania's Mental Health/Mental Retardation system.

Initiative II: Improving access to assistive technology in Early Intervention.

Initiative III: Improving access to assistive technology through health benefits programs (Medical Assistance, Medicare, private insurance, CHIP).

Initiative IV: Increasing access to assistive technology through the Telecommunications Device Distribution Act.

Initiative V: Increasing consumer protections to improve access to reliable assistive technology devices and services*, to reflect efforts to expand warranties for and satisfaction with assistive technology, for example, hearing aids.

Initiative VI: Building capacity in existing systems: Increasing the capacity of colleges and universities in Pennsylvania to prepare providers who know about assistive technology devices and services.

Initiative VII: Developing new leaders and lay advocates in assistive technology.

Initiative VIII: Building capacity in existing systems: increasing the assistive technology capacity in centers for independent living.
Initiative IX: Increasing access to assistive technology devices and services through a statewide system of information and referral (I&R).

Initiative X: Increasing the involvement of individuals with disabilities in decisions related to the provision of assistive technology, through short-term trial use of assistive devices.

Initiative XI: Increasing timely access to assistive technology through education.

Initiative XII: Increasing access to assistive technology with personal funds: Personal loans, sales tax exemptions, and equipment recycling.

Initiative XIII: Increasing the capacity of the Vocational Rehabilitation systems (Pennsylvania Office of Vocational Rehabilitation and the Bureau of Blindness and Visual Services) to provide assistive technology for eligible consumers.

Initiative XIV: Providing training regarding the rights of individuals with disabilities to assistive technology.

Initiative XV: Providing training regarding the potential and use of assistive technology devices and services.

Initiative XVI: Providing technical assistance to individuals or their representatives regarding access to assistive technology.

Initiative XVII: Developing and disseminating written materials regarding access to assistive technology.

Initiative XVIII: Improving access to emerging and electronic methods of communication and telecommunication for people with disabilities.

Initiative XIX: Building capacity in existing systems: Aging.

Project Structure:

- The lead agency for Pennsylvania's Initiative on Assistive Technology is the Institute on Disabilities, Pennsylvania's University Affiliated Program at Temple University. The Institute on Disabilities provides administration (including oversight of 11 subcontracts during 1998-1999), supervision, planning, development, and evaluation for the project.

- Staff located at PIAT "central" at the Institute on Disabilities conduct statewide project activities, including public awareness, information and
referral, individual and systems advocacy (including funding and policy development), training and technical assistance, and coordination of subcontracted activities.

- As a result of a competitive “RFP” process, PIAT subcontracts with five centers for independent living (consumer-directed, consumer-staffed organizations) and 4 other nonprofit organizations with assistive technology expertise and a history of being consumer-responsive, to provide for “Assistive Technology Resource Centers (ATRCs)” across the Commonwealth. In addition, PIAT “central” serves as the ATRC for the five southeastern counties. ATRCs provide outreach and public awareness, regional information and referral (particularly related to availability of assistive technology services), advocacy, training, and link consumers with Pennsylvania’s Assistive Technology Lending Library.

- PIAT is the state’s contractor for the implementation of Pennsylvania’s Assistive Technology Lending Library, which, with state funding, replaces the Short Term Equipment Loan Program begun with Tech Act Title I dollars. As part of maintenance of effort, PIAT purchases some additional equipment for the inventory, providing a contribution from its federal dollars to meet the General Assembly’s challenge for this program to leverage non-state dollars.

- Pennsylvania Protection & Advocacy, Inc. (PP&A) provides legal advocacy through subcontracts with the Education Law Center, the Disability Law Project, and through the Client Assistance Program. PP&A also provides advocacy related to access to assistive technology through its monitoring activities in state centers for people with mental retardation (as well as for individuals who have left those centers), in nursing homes, and in state hospitals in the mental health system.

**Projected Change:** As a result of changes occasioned by the Assistive Technology Act of 1998, PP&A will continue to provide assistive technology advocacy through its institutional monitoring activities under a separate grant from NIDRR, and will maintain its relationship with the Client Assistance Program for certain activities. PIAT will directly subcontract with the Education Law Center, the Disability Law Project, and the Health Law Project for specified advocacy and legal advocacy activities.

- For 1998-1999, PIAT has subcontracted with Bergeron Solutions to develop a plan for the implementation of a cash loan program for assistive technology in the Commonwealth. Richard Bergeron has amyotrophic lateral sclerosis, and is implementing this contract through the extensive use of assistive technology.

**Projected Change:** As the Pennsylvania Assistive Technology Foundation is “up and running” at this time, this particular contract will no longer be needed.
Activities: PIAT's activities include, but are not limited to:

- policy development
- implementation and monitoring of state and federal laws related to the provision of assistive technology
- technical assistance on policy issues
- training for college students (undergraduate, graduate, and medical school)
- training for consumers and family members, as well as providers
- training for faculty in higher education
- curriculum development
- individual lay advocacy
- legal advocacy
- short term equipment loan program
- low-interest cash loan
- Recycled Equipment Exchange Program
- public awareness, outreach, and informational materials
- statewide information and referral
- regional coordination of assistive technology efforts
- coordination with state agencies
- coordination with other Tech Act projects, including the Technical Assistance programs
- coordination with other University Affiliated Programs, regionally and nationally, regarding assistive technology efforts

Some Comments Regarding this Report

Statistics and Definitions

The statistics provided in this report represent our best efforts to obtain available and accurate data, as required by the Performance Guidelines for the Annual Performance Report to the Secretary of Education (OMB No. 1820-0572).

For many initiatives, the numbers provided in the report are only estimates, and that is so indicated.

For other initiatives, the numbers given represent the potential number affected once an initiative is completed, and that is indicated by "projected".

For some initiatives, it was difficult to obtaining meaningful statistics or too early in the course of an initiative to predict the effect, or the use of the "provider" category was not meaningful. In these instances, N/A (indicating either "not available" or "not applicable") is noted.
Underrepresented groups: In Pennsylvania, the following individuals are most likely to be underrepresented and/or underserved in terms of having their assistive technology needs met:

- people served by the mental health system
- people who are deaf or hard of hearing
- people who live in nursing homes
- people who live in other institutions
- people served by the mental retardation system
- older Pennsylvanians
- people who live in rural areas.

Individuals from racial/ethnic/cultural minority groups are included in each of the above groups.

Based on 1990 Census data, there are 11,881,643 Pennsylvanians. 11.1% of Pennsylvanians have income below the poverty level. People from racial minorities (primarily African-Americans) comprise 11.4% of the population. Incidence of disability is estimated at 20% in the US population (approximately 2.4 million Pennsylvanians, although this might be a slight underestimation due to the number of individuals 65 and older [15.4%] in Pennsylvania).

The following are the operational definitions used within Pennsylvania's Initiative on Assistive Technology's Annual Performance Report. Definitions of "rural", "poor", "limited English proficient", and the identification of underrepresented populations in Pennsylvania reflect the work of the Committee on Unserved and Underserved Populations of the statewide PIAT Advisory Board.

Limited English Proficient: Individuals with limited English proficiency may include people with cognitive disabilities (e.g. mental retardation) or learning disabilities which affect literacy and proficiency with written English. Other people with limited English proficiency may include those for whom English is not their first language (e.g. Deaf, other language speakers). In Pennsylvania, linguistic minorities include primarily Spanish-speaking individuals.

Older Pennsylvanians: This term is used to describe individuals 65 and older; Pennsylvania ranks second in the country in percentage of people 65 and over (15.4%) and has the third largest number of older people in the nation. In some instances, PIAT text may refer to "older Pennsylvanians" in addition to the more inclusive phrase, "Pennsylvanians with disabilities". This language is used based on information from seniors and service providers in the aging system that, while people 65 and older may benefit from assistive technology to ameliorate the effects of functional limitations associated with age, they may not identify themselves as having a disability.

(Source: U.S. 1990 Census)

Poor: Individuals meeting the income eligibility criteria for the Low Income Home Energy Assistance Program are considered poor:

5
<table>
<thead>
<tr>
<th>Household Size</th>
<th>Gross Income/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1006.25</td>
</tr>
<tr>
<td>2</td>
<td>$1356.25</td>
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<tr>
<td>3</td>
<td>$1706.25</td>
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<td>4</td>
<td>$2056.25</td>
</tr>
<tr>
<td>5</td>
<td>$2406.25</td>
</tr>
<tr>
<td>6</td>
<td>$2756.25</td>
</tr>
</tbody>
</table>


Rural: The U.S. Census Bureau defines rural as a municipality with a population less than 2,500 and not contiguous to a built-up urbanized area. If at least half (50%) of the residents in the county live in municipalities that fit this description, then the county is considered predominately rural. Based on the 1990 Census, 42 of Pennsylvania’s 67 counties are predominately rural. Seven counties (Forest, Fulton, Juniata, Pike, Sullivan, Susquehanna, and Wyoming) are 100% rural. Only Philadelphia county has no rural residents. In 1990, 31.1% (3,633,348) of Pennsylvania’s 11.8 million residents lived in rural areas. This makes Pennsylvania the state with the largest rural population. In cases where the county of an affected individual is known, the individual will be counted as "rural" if s/he resides in a predominately rural county.

(Source: The Rural Center, a legislative agency of the Pennsylvania General Assembly and a focal point for rural policy development).

Period Covered By This Report:

For activities conducted by PIAT "central" and the subcontracted ATRCs, data reflects the period May 1, 1998 – April 30, 1999, unless otherwise specified. Protection and advocacy reports provided by Pennsylvania Protection and Advocacy, Inc. reflect October 1, 1998 – March 31, 1999 (September 1, 1998 – February 28, 1999 for PP&A subcontractors).

Format:

Bold face text appearing within the descriptions of initiatives and barriers are verbatim excerpts from Section 2 (a)(6) (barriers); Section 101 (b)(7) (training and technical assistance); and Section 2 (b) of the Tech Act, as iterated in the Guidelines for Completing Forms (OMB No. 1820-0572)
Part III: Project Status

Form 1 - Description of Assistive Technology Systems Change Initiatives

I. INCREASING ACCESS TO ASSISTIVE TECHNOLOGY BY PEOPLE SERVED BY PENNSYLVANIA'S MENTAL HEALTH/MENTAL RETARDATION SYSTEM

1. Brief description of systems change and advocacy initiative.
   This initiative encompasses activities designed to increase the availability of, funding for, access to, and provision of, assistive technology devices and services for people served by the public mental health and mental retardation system in Pennsylvania. People with mental retardation and/or mental illness are considered by the PIAT Advisory Board to be an underserved group, both in the community and in institutional settings.
   (A) Through the membership of the Institute on Disabilities/UAP on the Planning Advisory Committee for the PA Department of Public Welfare, Office of Mental Retardation, PIAT advocated for the inclusion of assistive technology as a community support, and for data collection on the unmet assistive technology needs of people with mental retardation. Pennsylvania Protections and Advocacy, Inc. also serves on the Planning Advisory Committee, as co-chair of the MultiYear Plan.
   (B) PIAT staff and subcontractors provided training to a variety of professionals and consumer groups regarding the potential of and access to assistive technology for people with these disabilities.
   (C) Pennsylvania Protection and Advocacy (PP&A) continues to monitor use of assistive technology by individuals served by the MH/MR system, especially those in or leaving state institutions.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   ______ Education - Infant and Toddler Services (Part C).
   ______ Education - Preschool and School Age Services (Part B).
   ______ Education - Post Secondary Services.
   ______ Accommodation Accessibility Issues (ADA).
   ______ Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   ______ Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   X   Vocational Rehabilitation Services.
   X   Medical Assistance Services. (ICF/MR; HCB Waiver)
   ______ Private Insurance Services.
   X   Other: Office of Mental Retardation (OMR); state centers, state hospitals, county offices of mental health/mental retardation, and community providers serving people with mental retardation and/or mental illness.
3. Barrier(s) addressed by the systems change and advocacy initiative. People with mental retardation and/or mental illness have been unable to access assistive technology due to (e) lack of clear policy regarding mandate and methods for access to needed assistive technology supports for habilitation to people with mental retardation, which would provide for systems that ensure timely acquisition and delivery of assistive technology for these individuals and (b) lack of information about the availability and potential of assistive technology for people with mental retardation and/or mental illness.

4. Number of consumers estimated to be affected by this systems change and advocacy initiative.
   4A. 7638 Number of under-represented consumers affected by this systems change and advocacy initiative (racial minorities).
   4B. 20,837 Number of rural consumers affected by this systems change and advocacy initiative.
   4C. 67,000 Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.

Information obtained from the Office of Mental Retardation, Pennsylvania Department of Public Welfare, and the Arc of Pennsylvania indicates approximately 67,000 persons with mental retardation in Pennsylvania. Information on individuals served by the state Mental Health system is not available. Of these, 1,500 are waiting to move from state centers into the community.

5. Number of providers estimated to be affected by this systems change and advocacy initiative.
   5A. 49 Number of under-represented providers estimated to be affected by this systems change and advocacy initiative.
   5B. 131 Number of rural providers estimated to be affected by this systems change and advocacy initiative.
   5C. 425 Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

This estimate is based on information provided by the Office of Mental Retardation, and reflects the number of provider agencies serving individuals with mental retardation.

6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome.
   6A. Outcome on laws.
   6B. Outcome on regulations.
   6C. Outcome on policies.
   6D. Outcome on knowledge levels.
   6E. Outcome on skill levels.
6F. **X** Outcome on practices.
6G. **X** Outcome on organizational structures.

(A) PIAT staff and the executive director of the Institute on Disabilities, as well as the executive director of the Pennsylvania Protection and Advocacy, Inc., continue to be involved in the Planning Advisory Committee to the Office of Mental Retardation, as planning commences for the implementation of the Multi-Year Plan for Pennsylvania’s Mental Retardation Service System. As a result of our advocacy for the inclusion of assistive technology as a community support, more than $1 million has been included in the 99-00 Department of Public Welfare/Office of Mental Retardation budget for assistive technology devices for persons in state centers. According to the Office of Mental Retardation, 305 additional persons will receive assistive technology under the new state allocation. PIAT is involved with the development of the community monitoring tool, to assure delivery of appropriate assistive technology devices and services as 1500 Pennsylvanians with mental retardation move from state centers to the community (410 are scheduled to move this year).

(B) At least six of our subcontracted Assistive Technology Resource Centers (ATRCs) and PIAT staff report training at facilities that serve people with mental retardation, as well as requests for information and borrowing equipment from Pennsylvania’s Assistive Technology Lending Library. Some of these persons are “dually diagnosed” with both mental retardation and mental health disabilities. 2% of I&R contacts with PIAT “central” during the last quarter were MH/MR related. Most of these calls were made by providers, indicating assistive technology is becoming a stronger focus among MH/MR provider agencies. The most common type of I&R request from this group is regarding the use of assistive communication.

(C) PP&A have provided individual advocacy assistance to persons with mental retardation in, or moving into, the community, regarding access to AT (AAC device, environmental controls).
Form 1 - Description of Assistive Technology Systems Change Initiatives

II. ACCESS TO ASSISTIVE TECHNOLOGY IN EARLY INTERVENTION
(PART H [now Part C])

1. Brief description of systems change and advocacy initiative.
   PIAT has been following a proposed waiver which has the potential to create a
   threat to the ability to maintain the availability of, funding for, access to, and
   delivery of, assistive technology devices and assistive technology
   services for infants and toddlers eligible under Part C.
   (A) Implementation of the Infants and Toddlers Medicaid Waiver is monitored by
   the Education Law Center, a subcontractor under Pennsylvania Protection and
   Advocacy's assistive technology contract. State regulations are anticipated for
   release in May, 1999. PIAT staff serve on a committee convened by a state
   legislator for the purpose of determining the impact of changes in the early
   intervention program on infants and toddlers in Pennsylvania.
   (B) PIAT participated in the advocacy and leadership training program for
   parents of youngsters served through Part C and Part B.

2. Offices, agencies or entities in which the systems change and advocacy initiative
   is directed (check all that apply):
   - Education - Infant and Toddler Services (Part C).
   - Education - Preschool and School Age Services (Part B).
   - Education - Post Secondary Services.
   - Accommodation Accessibility Issues (ADA).
   - Accommodation Accessibility Issues (Section 504 of the Rehabilitation
     Act).
   - Accommodation Accessibility Issues (Section 508 of the Rehabilitation
     Act).
   - Vocational Rehabilitation Services.
   - Medical Assistance Services.
   - Private Insurance Services.
   - Other: ____________________________

3. Barrier(s) addressed by the systems change and advocacy initiative.
   Proposed changes to the implementation of Part C in Pennsylvania will reduce
   resources to pay for assistive technology and impede the timely acquisition
   and delivery of assistive devices and services, particularly with respect to
   children.

4. Number of consumers estimated to be affected by this systems change and
   advocacy initiative.
   4A. Number of under-represented consumers affected by this
       systems change and advocacy initiative.
4B. _ Number of rural consumers affected by this systems change and advocacy initiative.
4C. _13,475_ Total number of consumers affected.
4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.

Total number of consumers was provided by the Office of Mental Retardation, and reflects all children in the birth through two Early Intervention Program.
In SFY 97-98, $499,836 was spent on assistive technology devices by Part C (J. Epstein, Office of Mental Retardation).

5. Number of providers estimated to be affected by this systems change and advocacy initiative.
5A. _ 18_ Number of under-represented providers affected by this systems change and advocacy initiative.
5B. _ 49_ Number of rural providers affected by this systems change and advocacy initiative.
5C. _ 158_ Total number of providers affected.
5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

These numbers reflect total number of early intervention provider agencies who contract with the state to provide early intervention services as supplied by the Office of Mental Retardation, Department of Public Welfare. This does not reflect individual practitioners or all providers of services to infants and toddlers with disabilities (data unavailable).

6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)
6A. _ Outcome on laws.
6B. _ Outcome on regulations.
6C. _ Outcome on policies.
6D. _ Outcome on knowledge levels.
6E. _ Outcome on skill levels.
6F. _ Outcome on practices.
6G. _ Outcome on organizational structures.

(A) PIAT serves on a legislative work group on early intervention, convened by the Pennsylvania House (Representative O'Brien) and consisting of advocates, legislative staff, and the Office of Mental Retardation.
(B) 23 family members participated in the 6 session _C2P2 for Early Intervention_, including one day focused on access to and best practices regarding assistive technology (conducted by PIAT).
III. IMPROVING ACCESS TO ASSISTIVE TECHNOLOGY THROUGH HEALTH BENEFITS PROGRAMS (MEDICAL ASSISTANCE, MEDICARE, PRIVATE INSURANCE, CHIP)

1. Brief description of systems change and advocacy initiative.
(A) Increases in state and federal funding for the Children’s Health Insurance Program (CHIP) provided an opportunity for PIAT to advocate for an expansion in the benefits package to include durable medical equipment and rehabilitation as well as habilitation therapies. PIAT staff testified before the PA Department on Insurance in its regional meeting regarding benefits coverage in the CHIP expansion.
(B) Through its advocacy efforts with the Disability Budget Coalition, PIAT continued to promote and support the Independence Waiver, which diverts people with "other related conditions" from nursing home placement and supports them in their homes and communities.
(C) PIAT is represented on a variety of groups and advisory panels that provide input into the restructuring of both public and private health benefits programs, including but not limited to the Maternal and Child Health Advisory Committee; the Long Term Care Council Consumer Committee; the Disability Budget Coalition; and the Managed Care Accountability Coalition.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   - Education - Infant and Toddler Services (Part C).
   - Education - Preschool and School Age Services (Part B).
   - Education - Post Secondary Services.
   - Accommodation Accessibility Issues (ADA).
   - Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   - Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   - Vocational Rehabilitation Services.
   X Medical Assistance Services.
   X Private Insurance Services.
   X Other: CHIP

3. Barrier(s) addressed by the systems change and advocacy initiative. Proposed changes have the potential to increase the lack of: resources to pay for assistive technology; systems that assure timely acquisition and delivery of assistive technology, particularly with respect to children; and capacity of Medical Assistance managed care providers to provide the necessary technology-related assistance.
4. Number of consumers estimated to be affected by this systems change and advocacy initiative.
   4A. N/A Number of under-represented consumers affected by this systems change and advocacy initiative.
   4B. N/A Number of rural consumers affected by this systems change and advocacy initiative.
   4C. 1540 Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.

(A) Increases in eligibility for the CHIP no cost and low cost packages will mean an estimated additional 65,000 eligible children, for a total potential number of low-income CHIP-insured children of 139,000 (source: PA Partnerships for Children, 1999). The Pennsylvania Department of Insurance estimates that only 1% of the CHIP insured children will have disabilities. Due to the Medical Assistance “loophole” in Pennsylvania, children with more significant disabilities are deemed a “family of one” and may qualify as financially eligible for MA even though the family income is above poverty.

(B) Approximately 100 individuals were served in the Independence waiver last year. 70 individuals will be served by the Independence Waiver this coming year, and 80 by the new waiver for people who have sustained head injuries.

5. Number of providers estimated to be affected by this systems change and advocacy initiative.
   5A. N/A Number of under-represented providers affected by this systems change and advocacy initiative.
   5B. N/A Number of rural providers affected by this systems change and advocacy initiative.
   5C. N/A Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

CHIP providers information not available (RFP has just been issued for each of the three regions of the state).

6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include descriptions of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)

6A. X Outcome on laws.
6B. X Outcome on regulations.
6C. X Outcome on policies.
6D. X Outcome on knowledge levels.
6E. X Outcome on skill levels.
6F. X Outcome on practices.
6G. X Outcome on organizational structures.
(A) As a result of advocacy to expand the scope of the CHIP benefit package, the recently released RFP for CHIP providers includes assistive technology devices and services (durable medical equipment, hearing aids, vision care and eyeglasses, as well as rehabilitation therapies). In addition, PIAT successfully advocated for updated reimbursement levels for hearing aids and eyeglasses that approach the providers' costs. The CHIP definition of "medical necessity" is tied to function, and should support the application of assistive technology devices and services as "medically necessary" interventions for eligible children. Changes in eligibility criteria will raise the "net income" test to families whose income is about 250% of the federal income poverty guidelines for the free program, and to about 285% for the subsidized program, increasing the numbers of children who will be eligible.

(B) The Pennsylvania state budget for SFY 99-00 includes funding for an additional 70 individuals to be served by the Independence Waiver. A new waiver has been created and funded for individuals who have head injury or who have acquired their disability after age 22. Approximately 80 new people will be served by this waiver.

(C) PIAT staff participated in the Department of Health's Managed Care workgroups during 97-98. The recommendations of the workgroups were presented to the Secretaries of the PA Departments of Health, Insurance, and Public Welfare in Winter, 1998. The recommendations were then incorporated into several bills introduced in the General Assembly. PIAT provided testimony to the Insurance Committee on two of the bills, relating to Consumer Rights and Responsibilities. Draft regulations on the resulting legislation (Act 68) were published Spring, 1999, with final comments due May 30, 1999. Act 68 sets forth complex processes for complaint and grievance procedures related to coverages and enrollment (to be handled by the Department of Insurance) and quality of care (to be handled by the Department of Health). PIAT and its advocacy partners will be monitoring the implementation of Act 68 as it pertains to access to assistive technology.

(D) The Disability Law Project (DLP) and Education Law Center (ELC) continue to monitor violations of the Department of Public Welfare's agreement under the Houston vs. Bates Booker law suit, denying medically necessary services for a medical assistance recipient as being the responsibility of the public school. If the families are willing, DLP and ELC will file a lawsuit.
IV. ACCESS TO ASSISTIVE TECHNOLOGY DEVICES THROUGH THE TELECOMMUNICATIONS DEVICE DISTRIBUTION ACT.

1. Brief description of systems change and advocacy initiative.

Efforts to increase the availability of, funding for, access to, and provision of assistive technology devices for telecommunications culminated in the passage of the Telecommunications Device Distribution Act (Act 34 of 1995), signed into law July, 1995. Additional telephone line usage taxes were levied on PA telephone customers effective July, 1996, but repealed in 1998 due to underutilization of the program and accumulated revenue in excess of one million dollars. The Telecommunications Device Distribution Program (TDDP) is administered by the PA Office of Vocational Rehabilitation (OVR) and implemented through OVR's contract with the Statewide Independent Living Council (SILC). PIAT's efforts in this area have been to improve access to the program and assure implementation consistent with the intent of the legislation. PIAT is a member of the TDDP Task Force which also includes representatives of the OVR, the SILC, the Pennsylvania Telephone Association, and the Public Utilities Commission. PIAT is presently involved with the development of implementation, outreach, and evaluation activities which will increase awareness of this law and increase the probability that individuals secure and maintain possession of assistive technology devices.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   - Education - Infant and Toddler Services (Part H).
   - Education - Preschool and School Age Services (Part B).
   - Education - Post Secondary Services.
   - Accommodation Accessibility Issues (ADA).
   - Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   - Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   - Vocational Rehabilitation Services (lead agency for Act 34)
   - Medical Assistance Services.
   - Private Insurance Services.
   - Other:

3. Barrier(s) addressed by the systems change and advocacy initiative.

Telecommunications access may not be included in the scope of assistive technology funded through typical public funding sources, and individuals who require this assistive technology may be ineligible for or not covered by certain third party payers. As a result, individuals who are deaf, hard of
hearing, deaf-blind or who have speech disabilities find a lack of resources to pay for these assistive devices. The Telecommunication Device Distribution Program (TDDP) can be a resource for free telephone-related assistive devices for eligible low-income Pennsylvanians who are deaf, deaf-blind, hard of hearing, or speech impaired. However, the full implementation of this program has been impeded by the authorized agency's overly-restrictive or inaccurate interpretations of the law (Act 34), the lack of public awareness and outreach regarding the program, and the reluctance/ inability of the Office of Vocational Rehabilitation to develop a consumer-responsive program due to the lack of administrative funds within the enabling legislation. In addition, there are individuals who have physical barriers to telecommunications who, according to the present statute, are not eligible for the program: Fewer than 1% of consumers with disabilities who contact PIAT needing telecommunication equipment are estimated to be eligible for the TDDP.

4. Number of consumers estimated to be affected by this systems change and advocacy initiative.
   4A. 950 Number of under-represented consumers affected by this systems change and advocacy initiative.
   4B. 310 Number of rural consumers affected by this systems change and advocacy initiative.
   4C. 1000 Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.

Projections are based on the two-year history of this program. With the exception of persons with speech disabilities who require telecommunications equipment, beneficiaries of this program have sensory disabilities (a population PIAT has identified as underserved).

5. Number of providers estimated to be affected by this systems change and advocacy initiative.
   5A. N/A Number of under-represented providers affected by this systems change and advocacy initiative.
   5B. N/A Number of rural providers affected by this systems change and advocacy initiative.
   5C. N/A Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

This initiative does not directly affect providers. However, it is important that providers know about this resource for their customers. Accordingly, PIAT staff include information about the program in their materials and training for speech language pathologists, audiologists, physicians, professionals in the aging field, etc.
6. Check and describe the outcomes associated with this system's change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)

6A. ☒ Outcome on laws.
6B. ☐ Outcome on regulations.
6C. ☒ Outcome on policies.
6D. ☐ Outcome on knowledge levels.
6E. ☐ Outcome on skill levels.
6F. ☐ Outcome on practices.
6G. ☒ Outcome on organizational structures.

Changes effected this year through PIAT's intervention include:
1. Clarification that the income levels apply to the recipient's income, not the family income. As a result, more individuals will be eligible for the program.
2. There is no specific language in the legislation limiting the types of telecommunication equipment that may be supplied for eligible individuals. As a result, a broader range of equipment is available to meet the individual needs of eligible individuals (e.g., a device that enhances fluency on the telephone for individuals whose speech disability is stuttering).
3. "Significant" was deleted from the eligibility criteria regarding speech disability, as it exceeds the standard of the legislation. Thus, more individuals with speech disabilities who require assistive technology for telephone communication may be served by the program.
4. PIAT staff who were involved in the development of the enabling legislation met with the key sponsor to explain concerns regarding the use of funds for training and outreach. As a result of his inquiry, the Public Utility Commission ruled that these purposes would not constitute administrative costs, and OVR can expend collected funds for a public awareness campaign and the development of training modules for all the equipment available through the program. As a result, more eligible individuals should be able to find out about and access the program.

Since the previous report period through January 12, 1999 (latest data available), an additional 160 applications have been processed by the SILC, with 341 pieces of equipment distributed during that time. More than 40% of recipients were older Pennsylvanians; 90% were Deaf or hard of hearing. People from 41 of Pennsylvania's 67 counties received equipment, with a concentration in Allegheny, Lancaster, and Philadelphia counties.

In 1998, PIAT developed an informational brochure which was widely disseminated beginning September, 1998. Supplies were depleted by December, and PIAT developed a "Funding Fact Sheet" on the program to replace the brochure. PIAT continues to disseminate information about this program, and refer eligible individuals to the SILC.
V. IMPLEMENTATION OF THE MOTORIZED WHEELCHAIR WARRANTY ACT (ACT 117 OF 1994)

1. Brief description of systems change and advocacy initiative.
Through the efforts and advocacy provided by PIAT, Act 117, a "lemon law" providing for replacement or other adjustment for substantial, persistent defects in new power wheelchairs or scooters was signed into law in December, 1994. Although this Act was passed during the previous reporting period, the availability of the consumer protections it provides are relatively unknown by consumers and providers. This initiative is designed to increase the awareness of providers and consumers of the protections available under this law, through the preparation and widespread dissemination of an informational brochure. Dissemination plans include the cooperation of vendors in providing consumers with the brochure regarding consumer protections at the time of delivery of each new purchased or leased scooter or wheelchair.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   ___ Education - Infant and Toddler Services (Part C).
   ___ Education - Preschool and School Age Services (Part B).
   ___ Education - Post Secondary Services.
   ___ Accommodation Accessibility Issues (ADA).
   ___ Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   ___ Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   ___ Vocational Rehabilitation Services.
   ___ Medical Assistance Services.
   ___ Private Insurance Services.
   ___ Other: [Specify]: power wheelchair and scooter manufacturers and vendors; consumers; third-party payers

3. Barrier(s) addressed by the systems change and advocacy initiative.
   There is a lack of information among individuals with disabilities about the protections afforded by Act 117, which addresses the rights of consumers to have powered mobility devices which are functional and reliable.

4. Number of consumers estimated to be affected by this systems change and advocacy initiative.
   4A. N/A Number of under-represented consumers affected by this systems change and advocacy initiative.
   4B. N/A Number of rural consumers affected by this systems change and advocacy initiative.
   4C. N/A Total number of consumers affected.
4D. Method(s) used to estimate number of consumers affected by this
systems change and advocacy initiative.

According to a survey conducted by the Pennsylvania Association of Medical
Suppliers (PAMS) at the request of PIAT, data regarding the number of
Pennsylvanians who purchase or lease motorized wheelchairs or scooters each
year is not collected by vendors.

5. Number of providers estimated to be affected by this systems change and
advocacy initiative.

5A. ___ N/A ___ Number of under-represented providers affected by this
   systems change and advocacy initiative.

5B. ___ N/A ___ Number of rural providers affected by this systems
   change and advocacy initiative.

5C. 10,968 Total number of providers affected.

5D. Method(s) used to estimate number of providers affected by this
   systems change and advocacy initiative.

Note: Under Act 117, manufacturers are responsible for adjustments to
consumers for qualified “lemons”. There are no wheelchair or scooter
manufacturers in Pennsylvania. Vendors, providers, and third-party payers will
be involved in informing consumers of protections under Act 117. The total
number of providers includes the data reflecting the number of wheelchair
vendors, estimated at 350 (PAMS); 15 vocational rehabilitation assistive
technology specialists (OVR); and PA licensed occupational and physical
therapists estimated at 10,968 (data provided by PA Professional Licensing
Bureau).

6. Check and describe the outcomes associated with this systems change and
advocacy initiative. Include description of the outcome, the population affected,
and the strategies causing the outcome. (Check all that apply.)

6A. ___ X ___ Outcome on laws.

6B. _______ Outcome on regulations.

6C. _______ Outcome on policies.

6D. ___ X ___ Outcome on knowledge levels.

6E. _______ Outcome on skill levels.

6F. ___ X ___ Outcome on practices.

6G. _______ Outcome on organizational structures.

Brochures describing consumer protections under this Act are disseminated by
PIAT and its subcontractors. Pennsylvania Protection and Advocacy, Inc. will
provide assistance to consumers who seek redress under this Act, and who
require such assistance. There are still very few claims filed under this Act.
Personnel changes in the leadership of the Pennsylvania Association of Medical
Suppliers (PAMS) have stabilized at this time; PIAT is working on furthering this
relationship to promote knowledge of the program (e.g. so that new
wheelchair/scooter purchases include a brochure).
VI. INCREASING THE CAPACITY OF COLLEGES AND UNIVERSITIES IN PENNSYLVANIA TO PREPARE PROVIDERS WHO KNOW ABOUT ASSISTIVE TECHNOLOGY DEVICES AND SERVICES

1. Brief description of systems change and advocacy initiative. The purpose of this initiative is to create enduring capacity in Pennsylvania's institutions of higher learning to train (future) providers regarding the awareness and knowledge of the efficacy of assistive technology devices and services and the importance of the involvement of individuals with disabilities in decisions related to the provision of assistive technology. In addition, faculty need to learn the potential of assistive technology to accommodate their own students with disabilities. Activities supporting this initiative focus on providing information about assistive technology to increase faculty knowledge of assistive technology, to provide information and materials so they will have the skill to teach future providers about the efficacy of assistive technology, to encourage faculty to routinely include in their teaching practice information about assistive technology, and to support the development of new funded programs in which assistive technology is infused. In addition, as instructors put material on-line, they need to understand how to design the material to be accessible to students with disabilities. These efforts include: (A) promotion of availability of curriculum and instructional materials (Leading the Way: Including Assistive Technology in Your Curriculum) and a circulating set of demonstration devices for use by faculty throughout the state; (B) implementation of a strategy for introducing the curriculum and encouraging its adoption, by offering presentations to faculty gatherings across the state; (C) expansion of the University Consortium on Assistive Technology, comprised of representatives from colleges and universities across the Commonwealth interested in promoting assistive technology in their institutions, and enhancing their involvement by becoming a local branch of Pennsylvania's Assistive Technology Lending Library; (D) on-going implementation of a series of 6 one-credit courses at Temple University (Collaborative Studies in Assistive Technology), taught in collaboration with 4 academic departments and the Institute on Disabilities and promoted through departmental advising and requirements; (E) participation with Temple University's Distance Education Program; and (F) developing awareness of opportunities and careers in assistive technology in the School of Engineering.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   - X__ Education - Infant and Toddler Services (Part C).
   - X__ Education - Preschool and School Age Services (Part B).
   - X__ Education - Post Secondary Services.
   - X__ Accommodation Accessibility Issues (ADA).
   - X__ Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).

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X. Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
X. Vocational Rehabilitation Services.
X. Medical Assistance Services.
_____ Private Insurance Services.
_____ Other: ____________________________

3. Barrier(s) addressed by the systems change and advocacy initiative. This initiative addresses the lack of trained personnel to assist individuals with disabilities to use assistive technology and the lack of information among...educators and related service personnel, technology specialists...and other appropriate individuals about the availability and potential of technology for people with disabilities. Faculty are often unaware of standards that must be followed to make on-line material accessible. Trained personnel will be able to prevent (e.g. through universal design), avoid or remove barriers that impede access to (covered) assistive technology for eligible individuals in public programs (education, vocational rehabilitation, medical assistance). Changing pre-service training by influencing the faculty/institutions that prepare educators and related service personnel will reduce or remove these barriers.

4. Number of consumers estimated to be affected by this system's change and advocacy initiative.
   4A. N/A Number of under-represented consumers affected by this systems change and advocacy initiative.
   4B. N/A Number of rural consumers affected by this systems change and advocacy initiative.
   4C. N/A Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.

5. Number of providers estimated to be affected by this system's change and advocacy initiative.
   5A. N/A Number of under-represented providers affected by this systems change and advocacy initiative.
   5B. N/A Number of rural providers affected by this systems change and advocacy initiative.
   5C. N/A Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

Total number of providers reflects the actual numbers of individuals participating in Collaborative Studies in Assistive Technology. This is an underestimation of the impact of this initiative, as other activities that change faculty practices have an exponential effect.

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6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)

6A. _____ Outcome on laws.
6B. _____ Outcome on regulations.
6C. _____ Outcome on policies.
6D. _____ Outcome on knowledge levels.
6E. _____ Outcome on skill levels.
6F. _____ Outcome on practices.
6G. _____ Outcome on organizational structures.

(A;B) The availability of curricular materials and supports (including incentives for consumer involvement such as expense reimbursement if people with disabilities or family members are utilized as co-presenters) has resulted in increased interest among faculty from colleges and universities in including course information about assistive technology. Leading the Way was conducted at West Chester University in October, 1998 and included more than 20 participants from southeastern Pennsylvania institutions. Participants completing the evaluation reported they teach approximately 675 students/semester. A planned Spring 1999 session at Marywood University in northeastern Pennsylvania was cancelled but will be rescheduled in Fall, 1999.

(C) Three institutions of higher education are local branches for Pennsylvania's Assistive Technology Lending Library.

(D) The six courses comprising Collaborative Studies in Assistive Technology have assigned course numbers and are a permanent part of the course offerings at Temple University (graduate and undergraduate). This year, a unit on making web pages accessible was added to the Computers course. During this reporting period (Summer, 1998 - Spring, 1999 semesters) 68 students have taken one or more of the 6 offerings available during this time. Students ranged from undergraduate to doctoral students, as well as professionals taking courses for continuing education with or without academic credit. Before and after the course, students are asked to rate the course competencies in terms of (1) how important they view the competency to their occupation or role, and (2) how well developed their skill is in each competency. "Competency Important" scores were essentially unchanged (no statistical differences) from pre- to post-. There were statistically significant increases in self-reports in "competency developed" scores in each of eight areas rated in each of six courses. PIAT staff and faculty from participating departments submitted an interdisciplinary and inter-collegial grant proposal for submission to OSEP, to procure alternate funding for Collaborative Studies in Assistive Technology.

(E) A presentation on accessible web design is planned in May for faculty and staff at Temple University who are involved with the University's Distance Education Program.

(F) Guest lectures on engineering, technology, and people with disabilities were presented to classes of Engineering Technology, Mechanical Engineering, and Electrical Engineering students (75 students).
VII. DEVELOPING NEW LEADERS AND LAY ADVOCATES IN ASSISTIVE TECHNOLOGY

1. Brief description of systems change and advocacy initiative.
New resources for advocacy and leadership on assistive technology issues will be needed to increase and assure the on-going availability of, funding for, access to, and provision of, assistive technology, after the period of federal support. PIAT Partners:  Partners in Accessing Technology and Becoming a Funding Advocate for Assistive Technology are two statewide projects undertaken by PIAT to empower individuals with disabilities and their allies. These programs create new advocates and leaders by (1) increasing the awareness of laws, regulations, policies, practices, procedures, and organizational structures which impact on the availability of and access to assistive technology and (2) teaching participants strategies for effective advocacy and systems change. PIAT Partners recruits people with disabilities and family members to be trained as leaders; upon completion of the four weekend-long training, each participant completes an action plan which is then supported by PIAT staff, as appropriate. During the present report period, PIAT Partners is being replicated by our subcontractor in Pittsburgh, drawing from the Western part of the state.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   - X Education - Infant and Toddler Services (Part H).
   - X Education - Preschool and School Age Services (Part B).
   - ___ Education - Post Secondary Services.
   - X Accommodation Accessibility Issues (ADA).
   - X Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   - ___ Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   - X Vocational Rehabilitation Services.
   - X Medical Assistance Services.
   - X Private Insurance Services.
   - X Other: workman's compensation, veteran's administration, etc.

3. Barrier(s) addressed by the systems change and advocacy initiative. This initiative addresses several barriers, including: lack of information among individuals with disabilities and their family members...and other appropriate individuals about the availability and potential of technology for individuals with disabilities and how to gain access to needed devices and services, lack of systems that ensure timely acquisition and delivery, particularly with respect to children, and the lack of capacity (e.g.
knowledgeable providers) in such [public] programs to provide the necessary technology-related assistance.

4. Number of consumers estimated to be affected by this systems change and advocacy initiative.
   4A. __8__ Number of under-represented consumers affected by this systems change and advocacy initiative.
   4B. __0__ Number of rural consumers affected by this systems change and advocacy initiative.
   4C. __10__ Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.

Information is based on actual data on participants in PIAT Partners.

5. Number of providers estimated to be affected by this systems change and advocacy initiative.
   5A. __1__ Number of under-represented providers affected by this systems change and advocacy initiative.
   5B. __0__ Number of rural providers affected by this systems change and advocacy initiative.
   5C. __3__ Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

Information is based on actual data on participants in PIAT Partners.

6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)
   6A. ______ Outcome on laws.
   6B. ______ Outcome on regulations.
   6C. ______ Outcome on policies.
   6D. ___X__ Outcome on knowledge levels.
   6E. ___X__ Outcome on skill levels.
   6F. ___X__ Outcome on practices.
   6G. ______ Outcome on organizational structures.

Participants graduating from the March-June 1998 PIAT Partners reported the following outcomes: convinced an intermediate unit to install alternate input devices on computers in three school districts; advocated for increased accessibility at a new seniors center; elected to presidency of the Erie County Coalition of Persons with Disabilities; appointed as Chair of the Advisory Council of the Bureau of Blindness and Visual Services; procured a volunteer position in the assistive technology department of the ATRC; advocated for her son to obtain an AAC device (in process); obtained an AAC evaluation for a more appropriate device. Evaluations completed at the end of each training session in PIAT Partners 1999 indicate that training consistently has resulted in a (self-reported) increase in knowledge level.
Form 1 - Description of Assistive Technology Systems Change Initiatives

VIII. BUILDING ASSISTIVE TECHNOLOGY CAPACITY IN CENTERS FOR INDEPENDENT LIVING

1. Brief description of systems change and advocacy initiative.
PIAT has identified centers for independent living (CILs) as an existing system which, with enhanced assistive technology-related knowledge and skill, has the potential to increase the availability of, funding for, access to, and provision of, assistive technology. The development of a network of "Assistive Technology Resource Centers" (ATRCs) in centers for independent living across the Commonwealth provides a mechanism for facilitating access to assistive technology for all Pennsylvanians, including rural populations. By utilizing agencies which are consumer-directed/consumer-controlled, PIAT provides for the active involvement of individuals with disabilities in the implementation of Pennsylvania's Title I Tech Act program. As a result of reviewing and evaluating subcontractors' performance, PIAT issued an RFP for three of its regions, and opened the competition to any nonprofit agency that was consumer-responsive and had the capacity to implement the specified activities throughout the assigned counties. Five centers for independent living and four community-based, consumer-responsive agencies currently serve as assistive technology resource centers. During this program year, ATRCs have received additional training on assistive technology devices, including training on "high-tech" equipment that is a part of the inventory of Pennsylvania's Assistive Technology Lending Library.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   - Education - Infant and Toddler Services (Part C).
   - Education - Preschool and School Age Services (Part B).
   - Education - Post Secondary Services.
   - Accommodation Accessibility Issues (ADA).
   - Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   - Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   - Vocational Rehabilitation Services (Independent Living).
   - Medical Assistance Services.
   - Private Insurance Services.
   - Other: ___

3. Barrier(s) addressed by the systems change and advocacy initiative.
This initiative addresses the lack of information among individuals with disabilities and their family members...and other appropriate individuals about the availability and potential of assistive technology, and how and where to obtain the needed devices and services. In addition, the lack of
**Aggressive outreach especially to rural populations** is considered in the identification of ATRCs serving Pennsylvania’s rural counties.

4. Number of consumers estimated to be affected by this systems change and advocacy initiative.
   4A. 2083 Number of under-represented consumers affected by this systems change and advocacy initiative.
   4B. 866 Number of rural consumers affected by this systems change and advocacy initiative.
   4C. 3263 Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.

The total number of consumers is the actual number of consumers on the mailing lists of the five centers for independent living which are present subcontractors. The count of rural consumers is based on the consumers’ residence in a rural county, as per mailing lists.

5. Number of providers estimated to be affected by this systems change and advocacy initiative.
   5A. 1245 Number of under-represented providers affected by this systems change and advocacy initiative.
   5B. 671 Number of rural providers affected by this systems change and advocacy initiative.
   5C. 1999 Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

The total number of providers is the actual number of providers on the mailing lists of the five centers for independent living which are present subcontractors. The count of rural providers is based on the providers’ residence in a rural county, as per mailing lists.

6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)
   6A. _____ Outcome on laws.
   6B. _____ Outcome on regulations.
   6C. _____ Outcome on policies.
   6D. X Outcome on knowledge levels.
   6E. X Outcome on skill levels.
   6F. X Outcome on practices.
   6G. X Outcome on organizational structures.

Returning CIL subcontractors report that they have been able to successfully arrange for and provide assistive technology presentations in rural counties where they have had difficulty developing interest. As a result, two of these ATRCs report subsequent increases in requests for information and referral and have added part-time information and referral specialists.
A survey of six Centers for Independent Living (CIL) that have at one time served as ATRCs resulted in responses from four CILs. Three of the four report that their agency improved its ability to provide assistive technology-related information to consumers as a result of its experience as an ATRC. Three of the four former subcontractors reported continuing to have at least one staff member designated as an assistive technology specialist and three of the responding subcontractors are serving as "local branches" of Pennsylvania's Assistive Technology Lending Library. Two CILs reported providing more than six training sessions per year which focus on assistive technology-related issues. Respondents also indicated that they continue to use the materials (demonstration kit, etc.) that had been provided to them when they were a subcontractor.

All CILs in Pennsylvania receive information about assistive technology training events conducted statewide. The Executive Director of the Statewide Independent Living Council (SILC) is on the PIAT Advisory Board.
IX. INCREASING ACCESS TO ASSISTIVE TECHNOLOGY DEVICES AND SERVICES THROUGH A STATEWIDE SYSTEM OF INFORMATION AND REFERRAL (I&R)

1. Brief description of systems change and advocacy initiative.
PIAT's system of information and referral (I&R) links consumers and providers with easy access to information about assistive technology devices and services, and is comprised of the efforts of both the "central" office at the lead agency and the efforts of the regional ATRCs. I&R is accomplished through (1) central 800 numbers (voice and TTY) as well as the toll-free number for Pennsylvania's Assistive Technology Lending Library; (2) electronic access through e-mail, the listserv for Pennsylvania's Assistive Technology Lending Library, and ACOLUG, a LISTSERV forum for people who use augmentative communication and their allies; (3) the information and referral services provided through each subcontracted ATRC via telephone (most with 800 numbers), TTY, and e-mail; and (4) a core of basic materials disseminated at local, regional and statewide trainings and meetings. All information is available in alternate formats (Braille; disk; tape; large print) and Spanish, upon request. PIAT's I&R system disseminates information including: identification of available technologies to serve an identified function (e.g. through Internet-based search engines and assistive technology-related listservs); referral to local and regional service providers; advice on funding options; referral to advocacy and legal services; information regarding the ADA and associated resources; as well as general disability information. PIAT's I&R system is a source for ongoing information regarding the barriers experienced by Pennsylvanians in seeking to obtain the assistive technology they require, and for data indicating positive and negative trends regarding access to devices and services statewide which can be used to guide PIAT's systems change efforts. Outreach regarding the availability of PIAT's I&R system is accomplished in several ways: (1) PIAT is listed in the "blue pages" of local phone books, as well as in many regional, statewide, and national directories as a source for information about assistive technology devices and services, including funding. (2) In collaboration with the Pennsylvania Department of Health's statewide information and referral system, "Special Kids Network", assistive technology-related questions are referred to PIAT and its ATRCs. (3) ATRCs conduct their own outreach to inform the communities they serve about their resources regarding assistive technology-related information and referral.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   - X Education - Infant and Toddler Services (Part C).
   - X Education - Preschool and School Age Services (Part B).
   - X Accommodation Accessibility Issues (ADA).
3. Barrier(s) addressed by the systems change and advocacy initiative.

This initiative addresses the lack of information among individuals with disabilities and their family members...and other appropriate individuals about the availability...of technology for individuals with disabilities.

Without knowing what exists, where to find it, and how to pay for it, other barriers (e.g. lack of resources to pay, lack of trained personnel) are irrelevant. Informal verbal reports collected from consumers and providers through PIAT's I&R system indicated that they were without a particular type of item because they didn't know what could help them or what was available, were not able to locate funding sources, and could not find support in the use of equipment. The ability to access needed information via the telephone and electronic communication components of the statewide I&R system equalizes its availability to rural populations. However, rural service providers and consumers as well as consumers who are low-income are more likely to have limited access to computers and the internet than their urban, suburban, or more affluent counterparts.

4. Number of consumers estimated to be affected by this systems change and advocacy initiative.

4A. 1416 Number of under-represented consumers affected by this systems change and advocacy initiative.

4B. 1267 Number of rural consumers affected by this systems change and advocacy initiative.

4C. 3728 Total number of consumers affected.

4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.

Numbers for this section were derived from the total number of callers from these groups extrapolated from the totals for PIAT "central" and a sample of three ATRCs. The number of consumers vs. providers was identified based on the percentage (40% consumers, 54% providers, 6% "other" including employers, policymakers, students, etc.) of the total number of individuals accessing the I&R system in the sample. Number of rural consumers was based on the percentage of the total number of consumers in the sample accessing the I&R system from counties identified as rural (34%). There are still difficulties in obtaining data regarding numbers of ethnic/racial minorities, poor, and limited English speaking individuals, as the brevity of information and referral contacts (as contrasted with
technical assistance) makes requests for such information awkward. However, based on those records where this information is available in the sample, 38% of the consumers represent underrepresented groups.

5. Number of providers estimated to be affected by this systems change and advocacy initiative.
   5A. 2163 Number of under-represented providers affected by this systems change and advocacy initiative.
   5B. 2012 Number of rural providers affected by this systems change and advocacy initiative.
   5C. 5030 Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

Numbers for this section were derived from the total number of callers from these groups extrapolated from the totals for PIAT "central" and a sample of three ATRCs. The number of consumers vs. providers was identified based on the percentage (40% consumers, 54% providers, 6% "other" including employers, policymakers, students, etc.) of the total number of individuals accessing the I&R system in the sample. This is a substantial increase in the percentage of providers accessing the system when compared with last year's report (33%). Number of rural providers was based on the percentage of the total number of callers in the sample of PIAT central and four ATRCs accessing the I&R system from counties identified as rural (40%). Number of underrepresented providers (i.e., an individual or agency that provides services to consumers meeting the definition of "underrepresented") was based on the percentage of the total number of underrepresented providers in the sample (43%, as compared with 30% in the previous report).

6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)
   6A. __ Outcome on laws.
   6B. __ Outcome on regulations.
   6C. __ Outcome on policies.
   6D. X Outcome on knowledge levels.
   6E. __ Outcome on skill levels.
   6F. __ Outcome on practices.
   6G. __ Outcome on organizational structures.

In the reporting period May, 1998 - April 1999, PIAT (including its subcontractors) reached all 67 counties through its I&R system. A continuing trend of increasing numbers of I&R requests from rural counties was noted. Total number of I&R requests has increased significantly since the previous reporting period (9314 compared with 7416 last year). Compared to last year's report, there are significantly more providers utilizing PIAT's I&R service statewide. There are "other" groups of individuals who make use of the I&R system, including but not limited to employers, policymakers, students, etc.
These are not "captured" in the present Performance Report, however, based on the sample, they account for 6% of the total number of I&R contacts.

PIAT has increased its "web presence" over the past year significantly. PIAT is now visible on the internet via several websites including but not limited to the Institute on Disabilities (http://www.temple.edu/inst_disabilities), Pennsylvania's Assistive Technology Lending Library (http://www.temple.edu/inst_disabilities/attlend), Recycled Equipment Exchange Program (http://www.temple.edu/inst_disabilities/piat/reep/index.html), and RESNA (http://www.resna.org/reshape/htm/). Requests for information and referral via e-mail are steadily increasing, and now represent approximately 6% (1% increase) of I&R contacts to PIAT "central". Increasing numbers of "callers" report that they learned of PIAT via the Internet. The Internet is also increasingly becoming a referral source for PIAT, e.g. I&R consumers who contact PIAT through e-mail are referred to electronic resources containing relevant information. The average number of accesses per week per page or site (based on a sample of 2.3 weeks in May, 1999) is as follows: Institute on Disabilities: 349/week; attend: 53/week (mostly the inventory catalog and the "free and evaluation software" page); and piat: 23/week, of which 10 are REEP. ATRCs with web pages link with the Institute and PIAT; one subcontractor lists the short-term equipment loan inventory with links to the manufacturers whose equipment is represented. Clearly, electronic communication is growing in importance as a component of a statewide system of information and referral.

A statewide survey of assistive technology providers was conducted, and a director of providers has been established. This continually updated resource is an important tool for referral activities.
X. INCREASING THE INVOLVEMENT OF INDIVIDUALS WITH DISABILITIES IN DECISIONS RELATED TO THE PROVISION OF ASSISTIVE TECHNOLOGY, THROUGH SHORT-TERM TRIAL USE OF ASSISTIVE DEVICES.

1. Brief description of systems change and advocacy initiative. Opportunities to try assistive devices (especially high-tech, high-cost devices) is one approach to Increase the active involvement of individuals with disabilities, and, where appropriate, their family members and others, in decisions related to the provision and acquisition of assistive technology devices. Consumer choice can be an informed choice, once hands-on trials have provided real experiences in real contexts with identified devices. PIAT's short-term equipment loan program funded with Title I dollars has been fully operational since the second year of the project. It became clear that this program was an important mechanism to increase consumer involvement and decrease the likelihood of device abandonment. Subsequently, the creation of a short-term equipment loan program supported by a public-private partnership has been a project goal.

Pennsylvania’s Assistive Technology Lending Library was established in the 1997-98 state budget, and was fully operational as of October, 1998. Items in the short-term equipment loan program funded with Title I dollars have become a part of this larger program. Pennsylvania’s Assistive Technology Lending Library is designed as a consumer-responsive, cross-age, cross-disability, statewide program.

PIAT has adopted a strategy of referring consumers and providers seeking trials with certain software products to the manufacturers' "demo disks" or demonstration downloads. In some cases, PIAT has provided the demo disks to consumers and providers. PIAT continues to maintain a list (published on the internet as well as in print) of freeware, shareware, and software available for trial use in these formats.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   - Education - Infant and Toddler Services (Part C).
   - Education - Preschool and School Age Services (Part B).
   - Education - Post Secondary Services.
   - Accommodation Accessibility Issues (ADA).
   - Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   - Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   - Vocational Rehabilitation Services.
3. Barrier(s) addressed by the systems change and advocacy initiative.

Provision of devices on a short-term basis through a "lending library" is one approach to facilitating timely acquisition and delivery of assistive technology devices, by providing access to devices for assessment and other times where a loan is appropriate (e.g. while owned equipment is being repaired; when a need is temporary). Hands-on trials provides information to individuals with disabilities...insurers...employers...about the appropriateness and potential of (specific) technology for (certain) individuals with disabilities.

4. Number of consumers estimated to be affected by this systems change and advocacy initiative.

   4A. 69,960 Number of under-represented consumers affected by this systems change and advocacy initiative.
   4B. 127,200 Number of rural consumers affected by this systems change and advocacy initiative.
   4C. 638,000 Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.

This estimate reflects the numbers of consumers who would be affected by the establishment of an expanded equipment short-term loan program, based on 5.3% of the population using assistive devices (1990 National Health Interview Survey on Assistive Devices). Rural consumer utilization of the program is based on the percentage (20%) of consumers accessing Pennsylvania's Assistive Technology Lending Library, based on actual usage data 1998-1999. In addition to equipment for individual borrowers, the Assistive Technology Lending Library program includes equipment available to improve access to state agencies as well as local governments.

5. Number of providers estimated to be affected by this systems change and advocacy initiative.

   5A. N/A Number of under-represented providers affected by this systems change and advocacy initiative.
   5B. N/A Number of rural providers affected by this systems change and advocacy initiative.
   5C. N/A Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

Providers who do not have access to their own equipment report the equipment loan program as a valuable resource that facilitates their ability to perform assessments and make appropriate recommendations.
6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)

6A. ______ Outcome on laws.
6B. ______ Outcome on regulations.
6C. ______ Outcome on policies.
6D. ______ Outcome on knowledge levels.
6E. ______ Outcome on skill levels.
6F. ______ Outcome on practices.
6G. ______ Outcome on organizational structures.

This initiative resulted in the allocation of $770,000 of the Commonwealth's 1998-1999 budget, an increase of $70,000 from the previous year and $520,000 more than originally proposed by the Pennsylvania Department of Public Welfare. The Institute on Disabilities/UAP continues as the state's contractor for the operation of Pennsylvania's Assistive Technology Lending Library.

PIAT continues its efforts through the education of people with disabilities and their allies regarding the importance of such a program; PIAT's Advisory Board; meetings with legislators, appropriations staff, governor's policy staff; and ongoing communication with the Lending Library's Intergovernmental Management Team (consisting of representatives from the PA Departments of Aging, Education, Health, Public Welfare, and Labor and Industry). A request for funding at $770,000 for the Assistive Technology Lending Library was included in the Disability Budget Agenda for 1999-2000, reflecting the continuing support of the Disability Budget Coalition members and the organizations they represent. As a result of these efforts, the 1999-2000 state budget contained an appropriation of $770,000 of continuing funding for Pennsylvania's Assistive Technology Lending Library.

The components of Pennsylvania's Assistive Technology Lending Library include a "circulation department", a centralized inventory from which items are shipped directly to consumers; a network of "local branches", volunteer agencies which assist with outreach about the program and provide a local point of contact for consumers who need assistance with applications; and PIAT's subcontracted Assistive Technology Resource Centers, which make sure that borrowers have the assistive technology services they need for a meaningful loan period and facilitate the circulation process. As of April 30, 1999, 122 local branches have been recruited, including Office of Vocational Rehabilitation district offices (15), area agencies on aging or senior centers (19), free libraries (7), universities (3), as well as rehabilitation centers and hospitals, associations serving individuals who are blind, self-advocacy groups, and centers for independent living. Forty-nine of Pennsylvania's 67 counties have local branches located within their borders, and 21 rural counties are represented. In a follow-up survey of local branches, 24 (10%) completed questionnaires were returned. The following outcomes of being a local branch were reported: can better assist our consumers/clients with assistive technology questions (83%); know more about
assistive technology (74%); are more likely to be viewed as a community resource for assistive technology (61%); know more about what other organizations are doing regarding AT (57%), have attracted publicity (22%), have attracted more consumers/clients (22%).

For the period October, 1998 – March, 1999, 406 individuals who had utilized Pennsylvania’s Assistive Technology Lending Library returned surveys regarding the outcomes of their loan period. Approximately 20% of borrowers responded to the follow-up surveys, indicating the following results: 25% obtained the device (or a similar device) they borrowed; 32% were in process to obtain the device or intend to obtain the device; 19% decided that the device did not meet their needs; and 47% wanted to try additional devices or needed an additional trial with the device. In 79% of the cases, respondents reported that the short-term equipment loan did help them decide what device to get, and helped them while they had it (62%). These data substantiate Pennsylvania’s Assistive Technology Lending Library as an important step in consumers’ ability to identify the assistive technology devices that are likely to be useful and used. Actual usage in just six months of this program year to date (October, 1998 – March, 1999) saw 406 items loaned to people residing in 51 of Pennsylvania’s 67 counties. 20% of these loans were made to individuals residing in rural counties. 15% of the loans were made to Pennsylvanians 65 years or older. 15% were made to children under 21, even though the Department of Education has a lending program for education-related assistive technology. The majority of loans were to adults 22 to 64 years old (38%).
XII. INCREASING ACCESS TO ASSISTIVE TECHNOLOGY THROUGH EDUCATION

1. Brief description of systems change and advocacy initiative.
   PIAT's assistant director serves as a member of the Statewide Interagency
   Advisory Committee on Transition.

2. Offices, agencies or entities in which the systems change and advocacy
   initiative is directed (check all that apply):
   - Education - Infant and Toddler Services (Part C).
   - Education - Preschool and School Age Services (Part B).
   - Education - Post Secondary Services.
   - Accommodation Accessibility Issues (ADA).
   - Accommodation Accessibility Issues (Section 504 of the Rehabilitation
     Act).
   - Accommodation Accessibility Issues (Section 508 of the Rehabilitation
     Act).
   - Vocational Rehabilitation Services.
   - Medical Assistance Services.
   - Private Insurance Services.
   - Other: ____________________________

3. Barrier(s) addressed by the systems change and advocacy initiative.

   This systems change and advocacy initiative addresses the lack of information
   among ...public agencies...educators and related service personnel...about
   the availability...of assistive technology through the obligations of the SEA
   and LEA under IDEA. This further results in the lack of systems that ensure
   timely acquisition and delivery of assistive technology devices and
   assistive technology services, particularly with respect to children.

4. Number of consumers estimated to be affected by this systems change and
   advocacy initiative.
   4A. N/A Number of under-represented consumers affected by
   this systems change and advocacy initiative.
   4B. N/A Number of rural consumers affected by this systems
   change and advocacy initiative.
   4C. N/A Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this
   systems change and advocacy initiative.

5. Number of providers estimated to be affected by this systems change and
   advocacy initiative.
5A. **N/A** Number of under-represented providers affected by this systems change and advocacy initiative.
5B. **N/A** Number of rural providers affected by this systems change.
5C. **N/A** Total number of providers affected.
5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)
   6A. [ ] Outcome on laws.
   6B. [X] Outcome on regulations.
   6C. [X] Outcome on policies.
   6D. [ ] Outcome on knowledge levels.
   6E. [ ] Outcome on skill levels.
   6F. [X] Outcome on practices.
   6G. [X] Outcome on organizational structures.

In collaboration with the Education Law Center, PIAT conducted a training for education advocates on access to assistive technology through education. A planned training for attorneys was cancelled due to undersubscription.

PIAT staff participate on a committee of the Transition Council which is creating a parent manual. This participation will ensure the issues of assistive technology are addressed.
XII. INCREASING ACCESS TO ASSISTIVE TECHNOLOGY WITH PERSONAL FUNDS: PERSONAL LOANS, SALES TAX EXEMPTIONS, AND EQUIPMENT RECYCLING

1. Brief description of systems change and advocacy initiative.
   Certain individuals with disabilities may not be eligible for, or may choose not to pursue, public sources for assistive technology. For these consumers, PIAT has undertaken several activities to increase the possibility of using one's personal funds and reduce the costs associated with assistive technology. This initiative seeks to facilitate the change of laws, policies and practices to increase the options and ability of individuals with disabilities to purchase their assistive technology themselves. Avenues for accomplishing this include (A) introduction of new legislation regarding the exemption of computers from sales tax, when the use of the computer is necessitated by the individual's disability; (B) the establishment of a low-interest cash loan program to increase access to commercial bank loans to those who may not qualify for conventional loans and who cannot afford out-of-pocket purchase all at once, (C) PIAT's "Recycled Equipment Exchange Program" (REEP), a data-based listing of assistive technology devices "wanted" and those "for sale/donation/swap", also provides an alternative avenue for consumers whose assistive technology needs can be met with "previously owned" equipment.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   - Education - Infant and Toddler Services (Part H).
   - Education - Preschool and School Age Services (Part B).
   - Education - Post Secondary Services.
   - Accommodation Accessibility Issues (ADA).
   - Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   - Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   - Vocational Rehabilitation Services.
   - Medical Assistance Services.
   - Private Insurance Services.
   - Other: Pennsylvania Department of Revenue; Pennsylvania Department of Community and Economic Development; private lender

3. Barrier(s) addressed by the systems change and advocacy initiative.
   This initiative addresses a lack of resources to pay for assistive technology devices and assistive technology services, creating new avenues for financing and/or reducing the overall cost of needed assistive technology.
4. Number of consumers estimated to be affected by this systems change and advocacy initiative.
   4A. ___73,321___ Number of under-represented consumers affected by this systems change and advocacy initiative.
   4B. ___226,633___ Number of rural consumers affected by this systems change and advocacy initiative.
   4C. ___666,560___ Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.
   
   To estimate the number of consumers potentially affected, it was assumed that 20% of Pennsylvanians have disabilities (as per US Census data), that of these 55% need assistive technology devices that they don't currently have, that for most of those without needed devices, the lack of funding is the problem, and that 51% of consumers typically purchased at least one assistive technology device or service with their own money (35%) or obtained the assistive technology from some other non-public, non-employer, non-insurance program (16%). (Percentages for these calculations are based on the sample surveyed for The 1999 Report on the Assistive Technology Needs and Experiences of Pennsylvanians with Disabilities.)

5. Number of providers estimated to be affected by this systems change and advocacy initiative.
   5A. ___N/A___ Number of under-represented providers affected by this systems change and advocacy initiative.
   5B. ___N/A___ Number of rural providers affected by this systems change and advocacy initiative.
   5C. ___N/A___ Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

   Note: While the low-interest loan program is not aimed at providers, the purchase of "previously owned" equipment addressed in this initiative may provide a resource for acquiring AT at a reduced cost, for schools, early intervention providers, nursing homes, and others with the responsibility to provide assistive technology for people with disabilities.

6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)
   6A. ___X___ Outcome on laws.
   6B. ___X___ Outcome on regulations.
   6C. ___X___ Outcome on policies.
   6D. ____ Outcome on knowledge levels.
   6E. ____ Outcome on skill levels.
   6F. ___X___ Outcome on practices.
   6G. ___X___ Outcome on organizational structures.
(A) Consumer input from people with blindness and other visual disabilities has indicated that the addition of sales tax to the cost of computers for text access increases the burden on consumers choosing to purchase equipment themselves (or who are not able to qualify for other sources). PIAT is working with the General Assembly to exempt such equipment from sales tax. PIAT provided testimony on this bill (HB 159) to amend the Act of March 4, 1971 (tax code). The bill passed unanimously from the Finance Committee and is currently in the House Appropriations Committee. In addition, PIAT has worked with several legislators to develop legislation (HB 504) that amends the Tax Reform code and exempts computer-based assistive technology devices for all people with disabilities. HB 504 will most likely have a companion bill in the Senate later this session.

(B) The Pennsylvania Assistive Technology Foundation (a 501(c)(3)) was formed under the auspices of PIAT to administer the program, and receives support and technical assistance from PIAT. PIAT's consumer liaison provides borrower counseling to people who wish to access the program. The Foundation is governed by a Board of Directors (most of whom are people with disabilities or family members), of which PIAT's assistant director is President. The Foundation's cash loan program is more flexible than traditional bank lending programs, both in terms of eligibility requirements and the range and types of loans that will be available. In October, 1998, a "grand opening" of the program was celebrated, at which time the first loan was made. In November, 1998, the state guarantee funds ($100,000) were deposited in an interest-bearing account. In addition, private donations continue to increase. Through April, 1999, the Board of Directors has reviewed nineteen applications and recommended thirteen to the lender for approval. In 11 of these cases, access to the guarantee has been the deciding factor for the First Union-Atlantic to approve the loans. At this point, there is no delinquency and no default. The Pennsylvania 1999-2000 state budget includes $200,000 for a loan guarantee for the Assistive Technology Cash Loan Program (double last year's appropriation).

(C) Recycled Equipment Exchange Program (REEP). The mailing list is maintained at approximately 400. Operation of the REEP has been subcontracted activity this year, in an effort to coordinate the large recycling program in southwestern Pennsylvania ("Into New Hands") with the statewide, data-based recycling approach of REEP. The REEP website has been updated, made more accessible, and moved to the PIAT website. REEP's internet presence has added considerably to its public visibility and usefulness as a resource. Approximately 19 items have been sold and 35 donated through REEP during the report period, with a value of approximately $85,000 (as compared with $25,000 in 1997-98).
XIII. INCREASING THE CAPACITY OF THE VOCATIONAL REHABILITATION SYSTEM TO PROVIDE ASSISTIVE TECHNOLOGY FOR ELIGIBLE CONSUMERS

1. Brief description of systems change and advocacy initiative.
   (A) PIAT's assistant director has been appointed to the Pennsylvania Rehabilitation Council (formerly the Rehabilitation Advisory Council) for the Office of Vocational Rehabilitation (OVR) in the Department of Labor and Industry, and serves on the Customer Satisfaction and Planning and Disability Agenda committees. She is also on the Consumer Advisory Council (CAC) of the Philadelphia district office of OVR. PIAT's consumer liaison serves on the Rehabilitation Advisory Council for the Bureau of Blindness and Visual Services (BBVS).
   (B) PIAT subcontracts with the Center for Disability Law and Policy (Client Assistance Program) to monitor access to assistive technology through the state's vocational rehabilitation programs (OVR, BBVS).
   (C) All OVR offices serve as a local branch of Pennsylvania's Assistive Technology Lending Library.
   (D) PIAT has been identified as a stakeholder in the restructuring of BBVS, which involves its administrative move to the Department of Labor and Industry from the Department of Public Welfare.
   (E) Two PIAT staff are participating in a statewide task force led by OVR Central Office to assure universal access to CareerLink, the Commonwealth's welfare-to-work initiative.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   __ Education - Infant and Toddler Services (Part C).
   __ Education - Preschool and School Age Services (Part B).
   __ Education - Post Secondary Services.
   __ Accommodation Accessibility Issues (ADA).
   __ Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   __ Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   __ Vocational Rehabilitation Services.
   __ Medical Assistance Services.
   __ Private Insurance Services.
   __ Other: ____________________________

3. Barrier(s) addressed by the systems change and advocacy initiative. There is a lack of timely acquisition and delivery of assistive technology, due in part to the failure to implement changes in the 1992 Rehabilitation Act.
regarding comparable benefits, and the absence of timelines for any process or procedures other than eligibility determination.

4. Number of consumers estimated to be affected by this systems change and advocacy initiative.
   4A. 11,465 Number of under-represented consumers affected by this systems change and advocacy initiative.
   4B. 19,901 Number of rural consumers affected by this systems change and advocacy initiative.
   4C. 72,198 Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.

Total number of consumers reflects combined caseloads of the Office of Vocational Rehabilitation and the vocational rehabilitation division of the Bureau of Blindness and Visual Services. Estimates of under-represented and rural consumers is based on the percentages of racial/ethnic minorities and rural consumers in the caseloads of the Office of Vocational Rehabilitation. Numbers of individuals with disabilities affected by welfare reform (e.g., consumers receiving services through CareerLink) is unknown at this time. However, estimates based on the number of individuals on the OVR waiting list (e.g., those who applied and were not able to be served as they do not meet the “most severely disabled” prioritization) indicate potentially 2400 consumers (of which approximately 670 would be rural, and 144 under-represented) would be affected.

5. Number of providers estimated to be affected by this systems change and advocacy initiative.
   5A. N/A Number of under-represented providers affected by this systems change and advocacy initiative.
   5B. N/A Number of rural providers affected by this systems change and advocacy initiative.
   5C. N/A Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)
   6A. Outcome on laws.
   6B. X Outcome on regulations.
   6C. X Outcome on policies.
   6D. X Outcome on knowledge levels.
   6E. X Outcome on skill levels.
   6F. X Outcome on practices.
   6G. X Outcome on organizational structures.
(A) PIAT staff regularly attend meetings of the councils and committees described above.
(B) The Center for Disability Law and Policy (CDLP) provided advocacy to 20 individuals with disabilities who requested assistive technology from OVR or BBVS. CDLP sought and received clarification from the Rehabilitation Services Administration regarding the obligation of a state rehabilitation agency to provide services to individuals that are employed, and its obligation to provide services where a service provider may be obligated to accommodate the individual under the ADA. This second issue typically centers on students who attend college with OVR or BVS sponsorship.
(C) All OVR offices serve as local branches of Pennsylvania’s Assistive Technology Lending Library, receiving frequent mailings of assistive technology-related informational materials including announcements of assistive technology training opportunities. Subcontractors provided an overview of Pennsylvania’s Assistive Technology Lending Library and the borrowing process to OVR counselors in the western and eastern parts of the state.
(D) Restructuring BBVS is supported by PIAT, as consumers served by this agency traditionally report more difficulty obtaining the assistive technology devices and services they need.
(E) PIAT staff have assisted the BBVS Advisory Council in identifying access issues with the Philadelphia “one-stop” job center under the Workforce Investment Act.
XIV. TRAINING REGARDING THE RIGHTS OF INDIVIDUALS WITH DISABILITIES TO ASSISTIVE TECHNOLOGY

1. Brief description of training and technical assistance initiative.
   Training regarding the rights of individuals with disabilities and their family
   members, guardians, advocates, and authorized representatives, and other
   appropriate individuals to assistive technology devices and services...to
   promote fuller independence, productivity, and inclusion in and integration
   into society of such persons is recognized as a key strategy to facilitate the
   ability of individuals to obtain the assistive technology they need. Training on
   sources and resources for the provision of assistive technology (including but
   not limited to Medical Assistance, Education, Vocational Rehabilitation, ADA,
   private insurance, tax options) is an integral part of all training conducted or
   arranged for by PIAT. In addition, training sessions may have the rights of
   individuals with disabilities to assistive technology as a primary focus. These
   sessions include:
   A. Presentation of sessions on funding as part of Partners in
   Policymaking (conducted by the Institute on Disabilities as Competence and
   Confidence: Partners in Policymaking [C2P2] and C2P2 for Early Intervention)
   (N sessions=2; N attendees=57);
   B. Presentation of sessions on funding as part of Collaborative Studies in
   Assistive Technology: Overview of AT in the 90's and Making It Happen (N
   sessions=12; N attendees= 107 [participants attended multiple sessions]);
   C. Presentations to area groups and organizations (including an
   advocacy training co-sponsored by the Education Law Center) regarding access
   to AT through public sources and PIAT's systems change activities (N
   sessions=3; N attendees=86).

   TOTAL SESSIONS: 17  TOTAL ATTENDEES: 250

2. Offices, agencies or entities in which the training is directed (check all that
   apply):
   X Education - Infant and Toddler Services (Part C).
   X Education - Preschool and School Age Services (Part B).
   X Education - Post Secondary Services.
   X Accommodation Accessibility Issues (ADA).
   X Accommodation Accessibility Issues (Section 504 of the Rehabilitation
   Act).
   X Accommodation Accessibility Issues (Section 508 of the Rehabilitation
   Act).
   X Vocational Rehabilitation Services.
   X Medical Assistance Services.
   X Private Insurance Services.
   X Other: private foundations, philanthropic organizations
3. Barrier(s) addressed by the training and technical assistance initiative.
Lack of information among individuals with disabilities and their family members, guardians, advocates, and authorized representatives...about the availability of...[funding sources for] technology for people with disabilities impedes the ability to obtain the necessary devices and services.

4. Number of consumers estimated to be affected by this training and technical assistance initiative.
   4A. __36__ Number of under-represented consumers affected by this training and technical assistance initiative.
   4B. __36__ Number of rural consumers affected by this training and technical assistance initiative.
   4C. __72__ Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this training and technical assistance initiative.

Numbers of under-represented and rural consumers were based on extrapolation of data from a sampling of participants who responded to requests for self-identification as a person with a disability, provider, etc.; responses to rural and racial-ethnic questions on follow-up and satisfaction evaluations; trainer reports of audience composition, and the percentage of these populations in Pennsylvania.

5. Number of providers estimated to be affected by this training and technical assistance initiative.
   5A. __48__ Number of under-represented providers affected by this training and technical assistance initiative.
   5B. __24__ Number of rural providers affected by this training and technical assistance initiative.
   5C. __167__ Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this training and technical assistance initiative.

Numbers of under-represented and rural providers were based on extrapolation of data from a sampling of participants who responded to requests for self-identification as a person with a disability, provider, etc.; responses to rural and racial-ethnic questions on follow-up and satisfaction evaluations; trainer reports of audience composition, and the percentage of these populations in Pennsylvania.

6. Check and describe the outcomes associated with this training and technical assistance initiative. Include description of the outcome, the population affected, and the strategies causing the outcome.
   6A. X Outcome on knowledge levels.
   6B. X Outcome on skill levels.
   6C. X Outcome on practices.
95% of self-reports of participants in these trainings reflect a positive outcome on knowledge levels. Because sampling occurs immediately after the training, confidence in the degree to which the information will affect skill and practice is reflected in scores that tend toward a less strong or neutral response.
Form 2 - Training and Technical Assistance Initiatives

XV. TRAINING REGARDING THE POTENTIAL AND USE OF ASSISTIVE TECHNOLOGY DEVICES AND SERVICES

1. Brief description of training and technical assistance initiative. Training regarding the potential and the use of assistive technology devices and services is a key to getting and using assistive technology. PIAT staff and subcontractors provide training to individuals with disabilities, family members, providers, and students who are embarking upon or continuing their education in careers that relate to the provision of services to people with disabilities, through a variety of avenues, including:

A. Presentation of sessions on assistive technology at statewide and local conferences and expos, (N sessions= 2; N attendees= 62);

B. Presentation of sessions on best practices in assistive technology as a part of PIAT Partners (N sessions=5; N attendees=50 attendees [participants attended multiple sessions]);

C. Presentation of sessions on best practices in assistive technology as part of Partners in Policymaking (conducted by the Institute on Disabilities as Competence and Confidence: Partners in Policymaking [C2P2] and C2P2 for Early Intervention) (N sessions=6 ; N attendees=171 [participants attended multiple sessions]);

D. Presentation of sessions on best practices in assistive technology in Collaborative Studies in Assistive Technology: Overview of AT in the 90's; Seating, Positioning, and Mobility; Computers and Environmental Controls and Augmentative and Alternative Communication (N sessions=12; N attendees= 180 [participants attended multiple sessions]);

E. Presentation of sessions on assistive technology to graduate and undergraduate students at 9 Pennsylvania colleges and universities, conducted by ATRCs and PIAT central (N sessions=37; N attendees=679);

F. Presentations of sessions on assistive technology to 1st, 2nd, and 4th year medical students (N sessions=23; N attendees=280);

G. Presentations of sessions on assistive technology to podiatry students, residents, and physicians (N sessions=8; N attendees=155);

H. Presentations of sessions on assistive technology conducted by ATRCs (N sessions=117; N attendees=5200);

I. Presentations to groups and organizations conducted by PIAT "central" (e.g. parent groups; disability consumer groups) regarding the potential of assistive technology (N sessions=16; N attendees=313);

J. Presentations to AmeriCorps programs regarding the scope of assistive technology and using assistive technology to accommodate AmeriCorps members with disabilities (N sessions=1; N attendees=20);

K. AT trainings to individual consumers (e.g. instruction in device use) (N sessions=65; N attendees=279);

L. Presentations of product demonstrations related to the inventory in
Pennsylvania's Assistive Technology Lending Library (N sessions=9; N attendees=108).
M. Presentations on assistive technology for older Pennsylvanians, caregivers, and service providers (N sessions=8; N attendees=267).
N. Public awareness events (expos, displays, etc.) N sessions=80; N attendees=5483.
TOTAL SESSIONS:419 TOTAL ATTENDEES:14,247

2. Offices, agencies or entities in which the training is directed (check all that apply):
   Education - Infant and Toddler Services (Part C).
   X Education - Preschool and School Age Services (Part B).
   X Education - Post Secondary Services.
   X Accommodation Accessibility Issues (ADA).
   X Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   X Vocational Rehabilitation Services.
   X Medical Assistance Services.
   X Private Insurance Services.

   The recommendations in this report have repeatedly reported the lack of trained personnel to address the issue of individuals with disabilities in identifying appropriate and needed assistive technology and providing training to consumers, family members, and service providers in the use of such devices and services. This initiative also addresses the lack of information among individuals with disabilities, family members, educators, providers, employers, and others about the availability and potential of technology for individuals with disabilities, in education, for independent living, for access to and inclusion in the community, and for employment.

4. Number of consumers estimated to be affected by this training and technical assistance initiative.
   4A. 7,994 Number of under-represented consumers affected by this training and technical assistance initiative.
   4B. 2,919 Number of rural consumers affected by this training and technical assistance initiative.
   4C. 13,902 Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this training and technical assistance initiative.

Numbers of under-represented and rural consumers were based on extrapolation of data from a sampling of participants who responded to requests for self-identification as a person with a disability, provider, etc.; responses to
rural and racial-ethnic questions on follow-up and satisfaction evaluations; trainer reports of audience composition, and the percentage of these populations in Pennsylvania. It should be noted that training and/or public awareness events were held in 52/67 counties (as compared with 40 in the previous report period), and 29 of the counties were rural.

5. Number of providers estimated to be affected by this training and technical assistance initiative (Note: Some providers may also be persons with disabilities).

5A. 3,882 Number of under-represented providers affected by this training and technical assistance initiative.
5B. 765 Number of rural providers affected by this training and technical assistance initiative.
5C. 4449 Total number of providers affected.
5D. Method(s) used to estimate number of providers affected by this training and technical assistance initiative.

Numbers of under-represented and rural providers were based on extrapolation of data from a sampling of participants who responded to requests for self-identification as a person with a disability, provider, etc.; responses to rural and racial-ethnic questions on follow-up and satisfaction evaluations; trainer reports of audience composition, and the percentage of these populations in Pennsylvania.

6. Check and describe the outcomes associated with this training and technical assistance initiative. Include description of the outcome, the population affected, and the strategies causing the outcome.

6A. X Outcome on knowledge levels.
6B. X Outcome on skill levels.
6C. X Outcome on practices.

Participants demonstrated (through pre/post tests, activities within the sessions, etc.) and/or reported on session evaluation forms an increase in knowledge regarding the scope and potential of assistive technology devices and services. For example, participants in Collaborative Studies in Assistive Technology self-rated their competencies pre- and post with an overall statistically significant increase. Most participants also specified something they learned in the session that they will be able to use to help an individual with disabilities obtain assistive technology (self-reported, anticipated outcome on practice).
Form 2 - Training and Technical Assistance Initiatives

XVI. PROVIDING TECHNICAL ASSISTANCE TO INDIVIDUALS OR THEIR REPRESENTATIVES REGARDING ACCESS TO FUNDING

1. Brief description of training and technical assistance initiative. Individuals with disabilities, family members, and providers may need assistance in understanding the availability of public and private sources and the processes for obtaining assistive technology through those sources. This initiative reflects the provision of technical assistance to individuals with disabilities, their family members or representatives regarding the rights of a particular individual to assistive technology devices and services, as well as assistance in developing an individualized education program. Technical assistance implies more than 30 minutes, or two or more contacts, by telephone, in writing, or through in-person consultation. Technical assistance is provided through:
   A. Individual assistance offered by PIAT's consumer liaison, including information and referral, follow-along and follow-up efforts;
   B. Individual assistance offered by other PIAT staff regarding availability of funding sources; and
   C. Individual assistance offered by ATRCs regarding availability of funding sources.

2. Offices, agencies or entities in which the training is directed (check all that apply):
   X Education - Infant and Toddler Services (Part C).
   X Education - Preschool and School Age Services (Part B).
   X Education - Post Secondary Services.
   Accommodation Accessibility Issues (ADA).
   Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   X Vocational Rehabilitation Services.
   X Medical Assistance Services.
   X Private Insurance Services.
   X Other: Medicare, county-based programs (e.g. home modification programs, Family Driven Family Support Services), foundations, disability-specific organizations, Crime Victim's Compensation Board, Telecommunication Device Distribution Program, Family Caregiver Support Program.

3. Barrier(s) addressed by the training and technical assistance initiative.

Lack of information among individuals with disabilities and their family members, guardians, advocates, and authorized representatives about the availability of technology for people with disabilities. PIAT's consumer liaison supports consumers in navigating the public funding streams, a process
which may be frustrating and/or complex and which otherwise may result in "system burn-out". Information regarding private as well as public resources offers consumers choices among avenues to obtaining assistive technology. ATRC staff, as well as other PIAT "central" staff also provide individual assistance in this regard. Consumers reported barriers including: lack of information about funding sources; ineligibility decisions; difficulty in adding assistive technology to individualized plans (e.g. IEPs, IPEs); inability to obtain evaluations/assessments (e.g. denied access/coverage of these services); not obtaining AT in a timely manner; lack of training in use of devices; problems obtaining customization of AT; cost constraints; funding source is payer of last resort; desired AT is not covered.

4. Number of consumers estimated to be affected by this training and technical assistance initiative.
   4A. 745 Number of under-represented consumers affected by this training and technical assistance initiative.
   4B. 453 Number of rural consumers affected by this training and technical assistance initiative.
   4C. 1385 Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this training and technical assistance initiative.

This estimate is based on actual data reported by PIAT's consumer liaison, other PIAT staff, and an estimate of the number of consumers assisted by ATRCs as extrapolated from available data from those subcontractors. Note that the number of under-represented, rural, and total consumers affected is greater than that previously reported in the previous Annual Performance Report.

5. Number of providers estimated to be affected by this training and technical assistance initiative.
   5A. 180 Number of under-represented providers affected by this training and technical assistance initiative.
   5B. 135 Number of rural providers affected by this training and technical assistance initiative.
   5C. 301 Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this training and technical assistance initiative.

This estimate is based on actual data collected at PIAT "central", and an estimate of number of providers assisted by ATRCs as extrapolated from available data from four of those subcontractors. Note that the number of under-represented providers increased more than 50% from the previous Annual Performance report, the number of rural providers affected increased by almost one-third that previously reported, and the total number of providers estimated to be affected is an increase of approximately 40%.
6. Check and describe the outcomes associated with this training and technical assistance initiative. Include description of the outcome, the population affected, and the strategies causing the outcome.

   6A. X Outcome on knowledge levels.
   6B. X Outcome on skill levels.
   6C. X Outcome on practices.

Based on advocacy outcome reports available from PIAT's consumer liaison and four ATRCs, 497 people with disabilities actually obtained the devices and services they needed. Additional consumers are "in process". This reflects consumers' and providers' increased knowledge, skills, and improved practices in advocating for assistive technology for people with disabilities.
Form 2 - Training and Technical Assistance Initiatives

XVII. DEVELOPMENT AND DISSEMINATION OF WRITTEN MATERIALS REGARDING ACCESS TO ASSISTIVE TECHNOLOGY

1. Brief description of training and technical assistance initiative.

The development of written materials...describing the means by which agencies consider the needs of an individual with a disability for assistive technology...the rights of individuals with disabilities to assistive technology under certain laws, appeals process, as well as access to assistive technology through private sources, is a technical assistance strategy which provides valuable information to Pennsylvanians with disabilities, providers, and other stakeholders. Written materials describing certain classes of assistive technology devices and services have been developed in response to patterns of repeated requests for information and referral, and to assist local branches in understanding the devices in the inventory of Pennsylvania's Assistive Technology Lending Library.

Funding materials developed under this initiative are widely disseminated by other organizations (including ATRCs, other disability and information entities). In addition, PIAT staff offer free copies of these materials as part of their standard training packets, as components of individual technical assistance, and as "take ones" at conferences and meetings. PIAT continues to distribute its comprehensive funding manual, Access to Funding: A Resource Guide for Obtaining Assistive Technology Devices and Services, 3rd edition, for the cost of the materials and duplicating. In order to maintain their usefulness, it is critical that written materials be continually updated to reflect changes in laws, policies, and procedures. Funding-related materials developed and/or revised during this reporting period include:

A. Funding Fact Sheets, including the following titles: Pennsylvania Children's Health Insurance Program (CHIP) (new); Pennsylvania Department of Aging (PDA) Waiver (new); Independence Capital Access Network (ICAN) (new); Telecommunications Device Distribution Program (revised); Bureau of Blindness and Visual Services (revised); Office of Vocational Rehabilitation (revised); Options (revised); and Medicare (revised).

B. Helpful Hints, including the following title: ...For Getting Assistive Technology Devices and Services through the Office of Vocational Rehabilitation (revised).

Materials describing specific types of assistive technology include:

C. Four editions (January through April, 1999) of the monthly Newsletter of Pennsylvania's Assistive Technology Lending Library. Topics have included reading machines, low-tech aids for employment, voice recognition computer access, and low-tech aids for independent living for older Pennsylvanians.

D. Three volumes of a "resource book" containing descriptive information about each of the assistive technology devices in the inventory of Pennsylvania's
Assistive Technology Lending Library. Volume One has been disseminated to each local branch at this time.

E. A list of internet resources has been compiled and is regularly distributed to consumers and providers who have internet access and are in need of assistive technology information.

F. Written materials regarding augmentative communication, voice recognition, and telecommunications have been developed and are disseminated.

All written materials developed under this initiative are available in alternate formats, including Braille, disk, large print, and audio tape, upon request. Certain resources are also available electronically on our website.

2. Offices, agencies or entities in which the training is directed (check all that apply):
   X Education - Infant and Toddler Services (Part C).
   X Education - Preschool and School Age Services (Part B).
   X Accommodation Accessibility Issues (ADA).
   Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   X Vocational Rehabilitation Services.
   X Medical Assistance Services.
   X Private Insurance Services.
   X Other: other federal and state programs including Department of Aging, Medicare, CHIP

3. Barrier(s) addressed by the training and technical assistance initiative.
Lack of information among individuals with disabilities and their family members, guardians, advocates, and authorized representatives...about the availability...of (funding for) technology for people with disabilities presents a barrier to access to assistive technology. This initiative addresses this barrier through provision of current, written information about these resources.

4. Number of consumers estimated to be affected by this training and technical assistance initiative.
   4A. 1322 Number of under-represented consumers affected by this training and technical assistance initiative.
   4B. 881 Number of rural consumers affected by this training and technical assistance initiative.
   4C. 3956 Total number of consumers affected.
   4D. Method(s) used to estimate number of consumers affected by this training and technical assistance initiative.
Note: Only dissemination emanating from the Institute on Disabilities in response to direct requests for the informational material has been reviewed for impact and outcome data. These estimates are based on (1) actual data from a three month sample of materials disseminated by PIAT "central" and the Dissemination Coordinator at the Institute on Disabilities/UAP in response to individual requests for materials, extrapolated to reflect a 12-month period and (2) data provided by recipients of Access to Funding: A Resource Guide for Obtaining Assistive Technology Devices and Services, 3rd edition.

Data identifying rural consumers is based on the county to which the materials were sent. Note that the number of under-represented consumers increased by 28% from last year's Performance Report; the number of rural consumers increased by 47%, and the total number affected increased by 29%.

5. Number of providers estimated to be affected by this training and technical assistance initiative.
   5A. ___488 Number of under-represented providers affected by this training and technical assistance initiative.
   5B. ___445 Number of rural providers affected by this training and technical assistance initiative.
   5C. ___122 Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this training and technical assistance initiative.

With the exception of Access to Funding: A Resource Guide for Obtaining Assistive Technology Devices and Services, 3rd edition, materials developed under this initiative are widely disseminated by other organizations (including ATRCs, other disability and information entities). In addition, PIAT staff provide copies of these materials as part of their standard training packets, as components of individual technical assistance, and as "take ones" at conferences and meetings. Only dissemination emanating from the Institute on Disabilities in response to direct requests for the informational material has been reviewed for impact and outcome data.

These estimates are based on (1) actual data from a three month sample of requests to PIAT "central" for Funding Fact Sheets and Helpful Hints, extrapolated to reflect a 12-month period and (2) responses from recipients of Access to Funding: A Resource Guide for Obtaining Assistive Technology Devices and Services, 3rd edition.

Data identifying rural providers is based on the county to which the materials were sent. Note that the number of under-represented providers increased by 47% from last year's Performance Report; the number of rural providers increased by 31%, and the total number affected increased by 20%.
6. Check and describe the outcomes associated with this training and technical assistance initiative. Include description of the outcome, the population affected, and the strategies causing the outcome.

6A. X Outcome on knowledge levels.
6B. X Outcome on skill levels.
6C. X Outcome on practices.

Outcomes reflect self-report by recipients of Access to Funding: A Resource Guide for Obtaining Assistive Technology Devices and Services, 3rd edition. Additional comments indicated that the funding manual is a helpful resource for learning about funding for assistive technology.
Form 1 - Description of Assistive Technology Systems Change Initiatives

XVIII. IMPROVING ACCESS TO EMERGING AND ELECTRONIC METHODS OF COMMUNICATION AND TELECOMUNICATION FOR PEOPLE WITH DISABILITIES.

1. Brief description of systems change and advocacy initiative. This initiative addresses access to electronic information, and encompasses activities related to (A) the ability of people with disabilities to obtain the necessary hardware and software and related training for Internet access; (B) the promotion of accessible technologies for information (e.g. www), including universal design strategies; and (C) policies related to the state procurement of information technologies with consideration of accessibility for all users.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   - Education - Infant and Toddler Services (Part C).
   - Education - Preschool and School Age Services (Part B).
   - Education - Post Secondary Services.
   - Accommodation Accessibility Issues (ADA).
   - Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   - Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   - Vocational Rehabilitation Services.
   - Medical Assistance Services.
   - Private Insurance Services.
   - Other: PA Department of Conservation and Natural Resources

3. Barrier(s) addressed by the systems change and advocacy initiative. Barriers addressed by this initiative include the lack of resources to pay for assistive technology devices and services that provide ramps to the "information superhighway". While our society increases its reliance on electronic communication, inability to afford computers, modems, on-line services, and the training to use them creates additional barriers for people with disabilities. While the use of and reliance on information on the world wide web expands in today's society, inaccessible web pages (as a result of incompatibility with the assistive technology used to access the sites) become an increasing barrier for people with disabilities. In addition, new developments in technology that do not consider universal design may inadvertently create new barriers to access through software developments (e.g. graphical user interfaces) and hardware (e.g. kiosks).

4. Number of consumers estimated to be affected by this systems change and advocacy initiative.
4A. N/A Number of under-represented consumers affected by this systems change and advocacy initiative.
4B. N/A Number of rural consumers affected by this systems change and advocacy initiative.
4C. N/A Total number of consumers affected.
4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.

Increasing accessibility of state agency websites may have a large impact on people with disabilities, although it is difficult to determine who are the visitors to a website (people with disabilities? providers? what kinds of disability, or other underserved characteristic?). 2111 "user sessions"/month are reported by the webmaster of the State Parks website, one of the beneficiaries of technical assistance regarding web access.

5. Number of providers estimated to be affected by this systems change and advocacy initiative.
   5A. N/A Number of under-represented providers affected by this systems change and advocacy initiative.
   5B. N/A Number of rural providers affected by this systems change and advocacy initiative.
   5C. N/A Total number of providers affected.
   5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)
   6A. X Outcome on laws.
   6B. X Outcome on regulations.
   6C. X Outcome on policies.
   6D. X Outcome on knowledge levels.
   6E. X Outcome on skill levels.
   6F. X Outcome on practices.
   6G. X Outcome on organizational structures.

(A) Two of our subcontractors are operating computer recycling programs, which include the distribution of computers and the provision of training and ongoing supports. Community Resources for Independence (CRI) distributes on average 10 rehabbed computers/month, with adaptations. CRI has also been providing supports to a computer project for seniors. TAPI (Tri-county Patriots for Independent Living) has distributed 20 computers to individuals with disabilities, and has 10 computers on-site for training.

(B) Technical assistance was provided to the PA Departments of Labor and Industry and Department of Conservation and Natural Resources (Parks and Recreation) regarding accessibility. As a result, these websites have improved access for people who use assistive technology to access the internet.
(C) Approximately 5% of I&R callers to PIAT "central" are consumers in search of new or used computers. Options for providing consumers access to computers and specifically the Internet are continually explored. Consumers have been directed to resources including webTV and Directweb (an ISP which distributes computers), as well as a variety of recycling programs.
XIX. Building capacity in existing systems: Aging

1. Brief description of systems change and advocacy initiative. The purpose of this initiative is to maximize the utilization of assistive technology for older Pennsylvanians and their caregivers, to increase the probability that individuals of all ages will...be able to secure and maintain possession of assistive technology devices. (A) PIAT staff participate in the Consumer Committee of the Council on Long-Term care in the Department of Aging. (B) PIAT conducts training activities to increase the knowledge of those who work within the Aging "system" of the benefits and scope of assistive technology devices and services. (C) PIAT has been actively recruiting entities within the aging system as local branches of Pennsylvania’s Assistive Technology Lending Library, so that these "natural" points of contact of older Pennsylvanians will have assistive technology related information available.

2. Offices, agencies or entities in which the systems change and advocacy initiative is directed (check all that apply):
   - Education - Infant and Toddler Services (Part H).
   - Education - Preschool and School Age Services (Part B).
   - Education - Post Secondary Services.
   - Accommodation Accessibility Issues (ADA).
   - Accommodation Accessibility Issues (Section 504 of the Rehabilitation Act).
   - Accommodation Accessibility Issues (Section 508 of the Rehabilitation Act).
   - Vocational Rehabilitation Services.
   - Medical Assistance Services.
   - Private Insurance Services.
   - Other: Aging Services (PA Department of Aging)

3. Barrier(s) addressed by the systems change and advocacy initiative. This systems change and advocacy initiative addresses the lack of information among...public agencies...about the availability...of assistive technology. In addition, there is a lack of information among...other appropriate individual(s) about the availability and potential of technology for older people with disabilities. Although there are several resources within the Pennsylvania Department of Aging which may fund assistive technology, older Pennsylvanians, their caregivers, and service providers (Area Agencies on Aging, senior centers, etc.) need to know about the scope and potential of assistive technology for this population.

4. Number of consumers estimated to be affected by this systems change and advocacy initiative.
4A. N/A Number of under-represented consumers affected by this systems change and advocacy initiative.
4B. N/A Number of rural consumers affected by this systems change and advocacy initiative.
4C. 6000 Total number of consumers affected.
4D. Method(s) used to estimate number of consumers affected by this systems change and advocacy initiative.

Number of families reported to benefit each year from the PA Department of Aging's Family Caregiver Support Program (Disability Funding News, April 19, 1999). The Family Caregiver Support Program provides reimbursement to caregivers for home modifications and assistive devices through a monthly benefit (maximum $2000/month) and a one-time grant of no more than $2000 for home modifications and expensive assistive technology devices.

5. Number of providers estimated to be affected by this systems change and advocacy initiative.
5A. N/A Number of under-represented providers affected by this systems change and advocacy initiative.
5B. N/A Number of rural providers affected by this systems change.
5C. N/A Total number of providers affected.
5D. Method(s) used to estimate number of providers affected by this systems change and advocacy initiative.

6. Check and describe the outcomes associated with this systems change and advocacy initiative. Include description of the outcome, the population affected, and the strategies causing the outcome. (Check all that apply.)
6A. X Outcome on laws.
6B. X Outcome on regulations.
6C. X Outcome on policies.
6D. X Outcome on knowledge levels.
6E. X Outcome on skill levels.
6F. X Outcome on practices.
6G. X Outcome on organizational structures.

(A) Recommendations were made by the Consumer Committee of the Council on Long-Term Care to support older Pennsylvanians in the communities of their choice. In approving these recommendations, the Council recommended that the Department increase funding for assistive technology devices and services. In December, the Department of Aging presented the Council's recommendations to the Governor and his policy staff.

(B) Because the Family Caregiver Support Program is one of the largest "systems within the PA Department of Aging involved with older Pennsylvanians with disabilities, training efforts have targeted this group. 8 sessions have been conducted for caregivers and service providers, including a train-the-trainer session whose 17 participants agree to train 6 additional caregivers or service providers in the potential of assistive technology for older Pennsylvanians.

(C) 19 (15%) of the 122 local branches of Pennsylvania's Assistive Technology...
Lending Library are specifically aging-related entities (Area Agencies on Aging; senior centers). 15% of the borrowers using the Lending Library are 65 years old or older.
Form 3 - Satisfaction and Involvement of Consumers Regarding Assistive Technology

Part 1 - Consumer Satisfaction

For each consumer satisfaction initiative undertaken by the grantee, subcontractors, or major collaborators, in support of assistive technology, describe the following:

2. Brief description of methods used to collect consumer satisfaction data.
3. Number and characteristics of consumers providing satisfaction data.

CONSUMER SATISFACTION RESULTS

4. Describe the consumer satisfaction, overall, for all consumers.
5. Describe the consumer satisfaction of underrepresented and rural populations.

Pennsylvania's Initiative on Assistive Technology routinely evaluates its programs, considering aspects of satisfaction as well as outcome. Evaluation efforts are further described below:

**PIAT Partners: Partners in Accessing Technology:** Consumer participants are asked to evaluate each session and each training weekend, indicating their satisfaction with the speaker, what they have learned, and anything that was not presented that they would like to know more about. In addition, participants are followed beyond their completion of the program, regarding their ability to implement their advocacy/leadership action plans and other activities (outcome). PIAT Partners "Class of 1999" is still in progress. Evaluations from the first two sessions indicate that participants were highly satisfied, and increased their knowledge of assistive technology. Participants were able to list a variety of things they learned about specific types of technology, as well as things they want to learn more about. Additional comments focused on the need for advocacy and AT, creating a coalition to unite all persons with disabilities for mutual goals and supports, and forming a think tank to help PIAT become self-supporting.

**Telecommunication Device Distribution Program (TDDP):** PIAT participated in the design of a questionnaire to assess outcome and consumer satisfaction; the satisfaction survey was distributed by the Statewide Independent Living Council to 238 people who received equipment between March 1997 and March 1998. Analysis of the 137 surveys that were returned (57%) became available in October, 1998. One-third of the respondents indicated that they needed help to fill out the application, which has since been revised in an effort to make it more user-friendly. Most people were satisfied with both the time it took to receive the
equipment and the equipment they received. Ten per cent of respondents indicated that they would have liked more choices and/or the equipment they received did not meet their needs. A significant finding was that 40% of the individuals indicated that they needed help to set up or learn to use the equipment. Most people were able to get help from family, friends, and a variety of community agencies.

**Collaborative Studies in Assistive Technology:** Participants complete a pre-and post-test, rating their appreciation of the importance of each course-related competency and the degree to which they believe they have developed each competency. Performance on assignments and class participation, as well as self-report and information from follow-up surveys, indicate knowledge acquired by each student. Students rate each course on their satisfaction (opinion of topical presentations, speakers, assignments, course as a whole. (See Initiative VI for additional discussion of outcomes.)

Presentations made to groups as a part of larger conferences are typically evaluated by the sponsors of the overall program, and may or may not be available to PIAT. "Stand alone" presentations (including guest lectures at area colleges and universities) are evaluated by PIAT staff conducting the training. Participants are asked to rate their satisfaction with aspects of the program, the impact of the content on their knowledge, skills, and future practice, to indicate one thing they have learned that they can apply, as well as future topics they would like to learn more about. Evaluation results, including positive "write-in" comments, indicate that attendees are highly satisfied with the presentations.

Recipients of technical assistance from PIAT's consumer liaison and who were able to obtain the device(s) and/or service(s) they need are sent a follow-up questionnaire in which they are asked to summarize the problems they encountered in accessing assistive technology, describe how PIAT assisted them in their efforts to obtain assistive technology, and the result. 80% of consumers responded to the survey, of whom 31% were from rural counties and 88% from underrepresented populations (including minority, institutional, and underserved disability groups). Individuals were very satisfied with the individual technical assistance they received, particularly highlighting the provision of information about different sources of funding as well as the provision of ongoing support to access needed AT. Additionally, individuals reported increasing their knowledge and skills, as well as improving practices to obtain funding for assistive technology. The following quotations represent some of the comments:

"PIAT is the greatest. We need your support."
"I will contact PIAT again if I need to get more assistive technology."
"PIAT helped me to see there are ways to get the funding I need."

Individuals who utilized the Pennsylvania's Assistive Technology Lending Library between October 1, 1998 (after the official "opening" of the expanded
April, 1999 were sent follow-up surveys to assess their satisfaction with the program and the results of their trial use of devices through this program (see Initiative X for further discussion of outcomes). Of the 406 individuals borrowing devices, 78 (19%) of consumers (or their representatives) responded. The borrowers with disabilities identified themselves as living in a suburban area (45%), urban (29%), or rural area (26%). 6% of the respondents were from a racial minority. 57% of the devices were loaned to individuals in the 22 years to 64 years age range, and 27% of the loans were to individuals 65 or older. 94% of the respondents indicated they were satisfied or very satisfied with the program. Nearly two-thirds of the borrowers responding to the survey felt the loan period was just right, and 26% felt the loan period was too short. This may be a function of the type of device borrowed; from available data, all of the individuals who felt the loan period was too short had borrowed augmentative communication devices or a computer with specialized software.

For respondents who borrowed equipment that did not require a support person, 82% did fine, although 18% reported that they struggled with the device while they had it. For those respondents who borrowed equipment that did require a support person, 84% reported obtaining sufficient training.

Nearly two-thirds of respondents waited only two weeks or less to receive the equipment. Only 13% waited more than a month. Waiting list data helps drive the purchasing decisions: As more items are added to the inventory, waiting lists are expected to reduce.

When asked to describe the strengths of the loan program, consumers commented on the ability to try out devices at no charge and with pick-up and delivery, quick service, and knowledgeable and helpful staff. Consumer feedback from the operation of this program continues to shape the operation and inventory of the statewide Assistive Technology Lending Library program, including inventory, length of loan periods, requirements for support.

Consumers utilizing PIAT "centrals" Information and referral are interviewed via telephone 2-4 months after their initial contact, regarding their satisfaction with the outcome of their contact with PIAT. Analysis of 100 respondents reached for follow-up evaluation during this report period indicated the following: data is compared to statistics from the 1998 Performance Report indicated in brackets (where available), as follows: 97% (93%) of consumers were either "satisfied" or "very satisfied" with our service. The ten most frequent outcomes reported were: learning what AT would be useful (61% [57%]); improving quality of life (54% [52%]); becoming more independent (52% [50%]); borrowing/trying devices (43% [22%]); being more included in school/community (41% [28%]); maintaining/improving health (36%); getting other services (22%) [21%]; getting funding for a device (22%); getting the services needed to use a device (11%); and doing a job better (8%). Consumers generally felt that they were actually able to use the information and referral provided by PIAT in contrast to
experiences they reported with other organizations. 85% [76%] of those interviewed said they had no idea where they would have found the information they were seeking if PIAT were not available to them.

Subcontracted Assistive Technology Resource Centers (ATRCs) are also required to conduct satisfaction evaluations of callers to their respective Information and referral service. Based on surveys returned to date by four subcontractors, 95% of respondents were very satisfied or satisfied with the services received. Comments include "you took a lot of time to listen and help me figure out what I could use"; "you told me about devices that could be helpful in everyday life", and "gave me information on funding." Most frequently cited outcomes included: borrowed or tried a device (53%), know what assistive technology would be useful (38%), improve quality of life (29%) and be more independent (29%). 53% of those interviewed said they had no idea where they would have found the information they were seeking if the Assistive Technology Resource Center were not available to them.

Recipients of Access to Funding: A Resource Guide for Obtaining Assistive Technology Devices and Services in Pennsylvania, 3rd edition received follow-up surveys in which they were asked to describe the impact they anticipated the materials would have. Respondents reported that the funding manual is useful in helping to overcome barriers to funding. In addition to increasing knowledge, skills, and improving practices to obtain funding for assistive technology, other comments included: "I frequently use the funding manual to help consumers and colleagues"; "The funding manual has motivated me to go beyond "no"; "It has been useful to help consumers actually get AT".

The Consumer Questionnaire, administered to obtain information regarding Pennsylvanians' experiences in accessing assistive technology, includes a series of questions related to satisfaction with PIAT services respondents may have received from PIAT "central" or subcontractors. 225 completed questionnaires were obtained, representing 40/67 counties. Percentage of respondents who utilized certain PIAT/ATRC services is reported in order of frequency of use, with the percentage who indicated that the services they received were helpful indicated in brackets: service from an ATRC, 60% [98%]; information and referral, 58% [97%]; written materials, including Funding Fact Sheets, 44% [98%]; training, 32% [89%]; technical assistance/advocacy, 42% [95%]; REEP, 41%[96%]; short term equipment loan, 38% [93%]; and other 9% [100%].
Form 3 - Satisfaction and Involvement of Consumers Regarding Assistive Technology

Part 2 - Consumer Involvement

For each consumer involvement initiative undertaken by the grantee, subcontractors, or major collaborators, in support of assistive technology, describe the following:
1. Brief description of consumer involvement initiative.
2. Number and characteristics of consumers involved in planning, implementing, and evaluating the activities of the grantee, subcontractors, or major collaborators.

I. PIAT Staffing
During Project Year 7, PIAT filled the Training Coordinator vacancy with an individual who has several disabilities, including visual disabilities. PIAT aggressively recruits qualified individuals with disabilities for consideration for employment with the project. At this point, 3 staff members are people with disabilities, and 2 staff members have family members with disabilities (sibling; child).

II. Statewide Advisory Board; Advisory Committee for Innovations in Caregiving Project
PIAT continues to recruit and support the participation of consumers (parents of young children; people with disabilities) to serve on its statewide Advisory Board. There are presently 12 "civilian" members with disabilities (including three parents), three representatives of agencies who are also persons with disabilities, and 12 representatives of agencies or organizations who are individuals with no apparent disabilities. Subcontractors also attend as "ad hoc" board members, and four of these individuals have disabilities and one is a parent of a child with a disability. Members come from all geographic areas of the Commonwealth, and include representatives from rural areas and racial/ethnic minorities.

The Advisory Board has participated in the following activities: making recommendations regarding priorities and other planning roles, including review of systems change and training/technical assistance initiatives; reviewing proposals submitted by potential subcontractors (e.g. RFPs for ATRCs and other projects); review of materials for design, readability, and content (including funding-related materials and the brochure developed this program year describing the Telecommunication Device Distribution Program); input regarding the content of training curricula; location of events, type and direction of outreach efforts, etc. Advisory Board members from state agencies have acted as liaisons to government, many serving also on the Intergovernmental Management Team for Pennsylvania's Assistive Technology Lending Library. "Civilian" members
support PIAT's efforts through visits to their lawmakers (state and federal) and linkages with associated disability groups and organizations.

An Advisory Committee for the NCOA/Pfizer-sponsored *Innovations in Caregiving* project was convened, consisting of a majority of individuals (adult child, spouse) who are caregivers for their older, disabled family member.

III. PIAT Infrastructure: Centers for Independent Living (CILs)

During this report period, PIAT subcontracted with five centers for independent living to create its statewide system of "Assistive Technology Resource Centers". These consumer-driven organizations are governed by boards of directors of whom the majority are people with disabilities. The ATRCs at subcontracted CILs are staffed primarily by people with disabilities.

IV. Development of Special Projects and Materials

PIAT continually consults with people with disabilities and family members of people with disabilities for suggestions regarding equipment to purchase for the lending library. In particular, PIAT consults with individuals who are blind regarding specific software and hardware that would be useful additions.

PIAT employs a consultant who is blind to proofread any Braille we produce, to make sure the output is in an intelligible and readable format.

V. Consumer Participation as Co-trainers and Presenters

PIAT believes that the first-person stories of people with disabilities and parents of young children with disabilities are critical in shaping the attitudes and practices of pre-services professionals, practicing providers, as well as policymakers. Accordingly, consumer participation is an integral part of initiatives involving presentations regarding the development of consumer-responsive services and the potential of and access to assistive technology.

Consumers (including but not limited to Advisory Board members, subcontractors, and graduates of PIAT Partners) participate as co-trainers and presenters in the following activities, among others: PIAT Partners, C2P2, Collaborative Studies in Assistive Technology, Physician Education, Leading the Way. Where consumers provide assistance to project staff in these ways, honoraria and expenses are offered. As an incentive for faculty of other colleges and universities to also involve consumers, instructors who participate in Leading the Way may request reimbursement from PIAT for costs associated with having people with disabilities or parents who participate in their new efforts to include assistive technology in their curriculum (stipend or travel expenses for consumers).

VI. Consumer Reviews
In addition to Advisory Board members, other consumers are invited to participate in project functions. For example, one person with a disability and one family member participated in reviews of proposals for Assistive Technology Resource Centers for the 98-99 program year.

VII. Consumer Surveys on Assistive Technology
ATRCs are asked to obtain at least 25 questionnaires from Pennsylvanians with disabilities who wish to provide information regarding their assistive technology experiences. Results are used to track trends regarding access to assistive technology devices and services and identify and prioritize barriers. 225 surveys were obtained from 40/67 counties. Of the surveys obtained and analyzed since the previous program report, more than 78% (86% in the previous report period) of respondents were individuals with disabilities or their family members; 49% [50%] identified themselves as from rural areas; and 13% [16%] reported they represented racial/ethnic minorities (non-Caucasian). All age groups were represented, as well, with 13% [18%] representing respondents ages 6-21, 70% [73%] ages 22-64, and 16% [11 %] older than age 65.

The types of assistive technology that people were most likely to have were for mobility, personal care, and to help do things around the house. The areas with the most unmet need were devices for communication and writing (40%) and for getting around outside the home (19%). The latter was the category reflecting the greatest unmet need in the 1997-1998 survey. More than half of the respondents need some type of assistive technology device that they do not presently have.

Consumers reported that during the past two years, assistive technology has had a profound effect on their lives. Most frequently, respondents experienced more independence (90%), an increased quality of life (88%), inclusion in the community (83%), and increased productivity (76%). (More detailed information is available upon request in the 1999 Report on the Assistive Technology Experiences of Pennsylvanians with Disabilities.)

VIII. Consumer Scholarships
Where funds permit, PIAT supports the attendance of individuals with disabilities and family members at assistive technology-related events. During this year, 17 consumers will be able to attend Using Public and Private Insurance to Obtain Assistive Technology and Other Supports, scheduled for May, 1999. Of these scholarship recipients, 71% represent racial/ethnic minorities. All recipients will receive follow-up contact examining the impact and outcomes of these scholarships.

IX. Pennsylvania Assistive Technology Foundation
The Pennsylvania Assistive Technology Foundation is a 501 (c) (3) created by PIAT in March, 1998 to administer the Assistive Technology Cash Loan Program. In keeping with principles of consumer involvement, the Board of
Directors of the Foundation has been structured with at least 51% consumer membership. Consumer majority is reflected in the Foundation's by-laws. The present 11-member board includes four people with disabilities, three parents and one sibling of persons with disabilities. PIAT provides technical assistance and financial and staff support to the Foundation as the program develops.
Form 4 - Summary of Priority Area Activities and Outcomes

PRIORITY ACTIVITY ONE: IMPROVING ACCESS, PROVISION, FUNDING, & TIMELINESS OF AT DEVICES AND SERVICES: The development, implementation, and monitoring of State, regional, and local laws, regulations, policies, practices, procedures, and organizational structures, that will improve access to, provision of, funding for, and timely acquisition and delivery of, assistive technology devices and assistive technology services.

Provide a single overall quantitative score ranging from 0 to 6 for the entire set of activity and outcomes undertaken by the State Tech Act project that relates to this priority area. PRIORITY ACTIVITY ONE: 6

0 = No planning yet in this area.
1 = Only preliminary planning underway in this area.
2 = A well-developed plan exists in this area.
3 = A well-developed plan exists and partial activity in this area.
4 = Well-developed plan exists and major activity underway in this area.
5 = Some evidence of systems change in this area.
6 = Major evidence of systems change in this area.

Briefly summarize the initiatives undertaken or facilitated by the State Tech Act Project (including sub-contractors) that relate to this priority area. Describe the year end status (progress through the year) of this priority area. This summary should support the score recorded for this priority area and should be documented by activities described elsewhere in this Annual Report.

Additional dollars ($1,000,000) appropriated in the 1999-2000 state budget to purchase assistive technology for residents of state centers should improve access to AT devices and services for those individuals. (See Initiative I).

Continued funding for the Independence Waiver provides improved access to assistive technology devices for eligible clients (See Initiative III).

The recent passage of Act 88 provisions for appropriate qualifications for claims reviewers and written notice will increase timely decisions related to access to assistive technology devices and services through managed care. (See Initiative III).
CHIP eligibility expansion and expansion of coverage for assistive technology devices and services will increase the numbers of low-income children who will have access to assistive technology. (See Initiative III).

Clarifications in the eligibility requirements and improvements in other procedures (outreach, training) in the implementation of the Telecommunications Device Distribution program will increase access to this important initiative. (See Initiative IV).

The establishment of and continued state support ($770,000) for an expanded short-term equipment loan program, supported by the coordinated resources of state government and the private sector, will reduce waiting lists and improve the ability of consumers to access the appropriate assistive technology. (See Initiative X).

The low-interest cash loan program administered by the Pennsylvania Assistive Technology Foundation and supported by PIAT (in partnership with First Union) and backed by a state guarantee continues to be a resource for financing assistive technology. In particular, this year the program assisted eleven Pennsylvanians whose financial history or present income would prevent them from being considered for traditional bank loans. Loans totaling more than $81,000 have been made to thirteen Pennsylvanians, to date. (See Initiative XII).

In progress: Sales tax exemption for certain assistive technology will improve access to assistive devices, especially for those individuals who choose to pay with private funds. Work is being done to assure the broadest scope of coverage possible, given the available sponsorship and support. (See Initiative XII).

A statewide directory of service providers has been developed and is continually updated. This directory lists providers who report they are competent providers of assistive technology services (See Initiative XVII).
Form 4 - Summary of Priority Area Activities and Outcomes

PRIORITY ACTIVITY TWO: OVERCOMING BARRIERS WITH REGARD TO AT DEVICES AND SERVICES: The development and implementation of strategies to overcome barriers regarding access to, provision of, and funding for, such devices and services, with priority for identification of barriers to funding through State Education (including special education) services, Vocational Rehabilitation Services, and Medical Assistance Services or, as appropriate, other health and human services, and with particular emphasis of overcoming barriers for underrepresented and rural populations.

Provide a single overall quantitative score ranging from 0 to 6 for the entire set of activity and outcomes undertaken by the State Tech Act project that relates to this priority area. PRIORITY ACTIVITY TWO: 5_

0 = No planning yet in this area.
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Briefly summarize the initiatives undertaken or facilitated by the State Tech Act Project (including sub-contractors) that relate to this priority area. Describe the year and status (progress through the year) of this priority area. This summary should support the score recorded for this priority area and should be documented by activities described elsewhere in this Annual Report.

When providers and payers appreciate the potential for assistive technology to increase function and independence, employability, and the ability to benefit from education access to assistive devices and services is facilitated. Training can be effective both on a pre-service and continuing education basis, for therapists, teachers, physicians, vocational rehabilitation counselors, policymakers and payers; such trainings have been conducted and/or scheduled to date. Programs have been developed that can make substantive, exponential, and permanent change (Collaborative Studies in Assistive Technology; Physician Education for example). (See Initiatives VI, XIV, XV).

Training sessions focused on or including information on funding improve access through public systems (including education, vocational rehabilitation, and medical assistance) by providing consumers and their allies with the information they require to make appropriate requests and appeals. Training sessions which
include providers (or pre-service professionals) have helped those individuals understand their role and mandates regarding the provision of assistive technology.

The provision of individual advocacy and technical assistance has enabled consumers to obtain funding for the assistive technology devices they need. Where providers have been a recipient of technical assistance on behalf of a particular individual, they have developed skills which will help them assist other consumers requiring assistance in procuring needed AT. This is an on-going activity. (See Initiative XVI).

The development of written materials related to funding sources have increased consumers’ and providers’ knowledge of the availability and associated processes for these public and private sources. Materials are revised based on changes in laws and policies and other new information. New materials are developed to make certain that consumers are aware of new programs and protections. (See Initiatives IV, IX, X, XVII).
Form 4 - Summary of Priority Area Activities and Outcomes

**PRIORITY ACTIVITY THREE - COORDINATION WITH STATE AGENCIES:**
Coordination of activities among State agencies, in order to facilitate access to, provision of, funding for, and timely acquisition and delivery of, assistive technology devices and assistive technology services.

| Provide a single overall quantitative score ranging from 0 to 6 for the entire set of activity and outcomes undertaken by the State Tech Act project that relates to this priority area. PRIORITY ACTIVITY THREE: | 6 |

0 = No planning yet in this area.
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**Briefly summarize the initiatives undertaken or facilitated by the State Tech Act Project (including sub-contractors) that relate to this priority area.**
Describe the year end status (progress through the year) of this priority area. This summary should support the score recorded for this priority area and should be documented by activities described elsewhere in this Annual Report.

PIAT has advocated for the infusion of assistive technology-related initiatives across departments in 1999-00 budget. Accordingly, the Department of Community and Economic Development (DCED) 1999-2000 budget includes $200,000 for the loan guarantee for the low-interest assistive technology cash loan program; the Department of Labor and Industry, Office of Vocational Rehabilitation includes one million dollars for the ICAN program which provides grants for assistive technology to small businesses not otherwise covered under the ADA; and the Department of Public Welfare contains $1,000,000 to finance assistive technology for people in state centers and $770,000 for the statewide, cross-age, cross-disability Pennsylvania’s Assistive Technology Lending Library.

The Interagency Management Team for Pennsylvania’s Assistive Technology Lending Library is comprised of representatives from the Pennsylvania Departments of Aging, Education, Health, Labor and Industry, and Public Welfare as well as the Governor’s Policy Office. This group plays an active role in directing the program, promoting the program with their respective Secretaries and within their respective Departments, and in coordinating the Assistive
Technology Lending Library with other programs in their agency. (See Initiative X).

PIAT continues to monitor developments related to the passage of the Workforce Investment Act, and responded to the Commonwealth's Unified State Plan to implement this legislation. As a result, staff participate in a statewide task force advising the CareerLink program (Pennsylvania's welfare-to-work initiative) staff on physical and programmatic (electronic) accessibility.
Form 4 - Summary of Priority Area Activities and Outcomes

PRIORITY ACTIVITY FOUR: STRATEGIES TO ENCOURAGE

EMPOWERMENT AND ADVOCACY: The development and implementation of strategies to empower individuals with disabilities and their family members, guardians, advocates, and authorized representatives, to successfully advocate for increased access to, funding for, and provision of assistive technology devices and assistive technology services, and to increase the participation, choice, and control of such individuals with disabilities and their family members, guardians, advocates, and authorized representatives in the selection and procurement of assistive technology devices and assistive technology services.

Provide a single overall quantitative score ranging from 0 to 6 for the entire set of activity and outcomes undertaken by the State Tech Act project that relates to this priority area. PRIORITY ACTIVITY FOUR: 5

0 = No planning yet in this area.
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Briefly summarize the initiatives undertaken or facilitated by the State Tech Act Project (including sub-contractors) that relate to this priority area. Describe the year end status (progress through the year) of this priority area. This summary should support the score recorded for this priority area and should be documented by activities described elsewhere in this Annual Report.

ACOLUG (Augmentative Communication On-Line Users Group) is established and moderated at the Institute on Disabilities/UAP. More than 6 exchanges are communicated each day to a list of more than 350 subscribers, empowering consumers (from Pennsylvania and beyond) with information about new products, connections with local service providers, discussions of service and empowerment issues, and conversations informing manufacturers, vendors, and service providers of the needs, desires, preferences and impact of AT (particularly augmentative communication) for people with disabilities. Increased numbers of requests for information are also coming via e-mail (piat@astro.ocis.temple.edu). (See Initiative IX).

Collaborative Studies in Assistive Technology infuses first-person consumer perspectives (child and child's family as well as adult) into each topical course
(Seating/Positioning, taught Summer 1998; Augmentative and Alternative Communication, taught Fall, 1998; Leisure and Recreation, taught Fall, 1998, Computers and Environmental Control Units, taught Spring, 1999, as well as the Overview Course, taught Fall 1998, Spring 1999), to emphasize the importance of consumer choice and consumer-directed services. Also included is information on funding for assistive technology (Making It Happen, taught Spring 1999) and the provider's responsibility to advocate on behalf of individuals with disabilities s/he serves. (See Initiative VI).

**PIAT Partners: Partners in Accessing Assistive Technology:** 1998 graduates report they are involved with advocating for and obtaining AT for themselves and others, training, grass roots advocacy, peer mentoring, and other activities. This year, PIAT Partners is being implemented (with funding and technical assistance from PIAT) by the Center for Independent Living of Southwestern Pennsylvania (CILSWPA). The Pittsburgh "Class of 1999" is comprised of 9 people with disabilities and one parent. Participants were recruited with particular focus on rural and underserved representation: PIAT Partners '99 includes three people with sensory disabilities, six participants with low income, and three representatives of racial/ethnic minorities. CILSWPA reports they have begun fund-raising efforts for the 99-00 replication, where they will receive technical assistance but no funds from PIAT. (See Initiative VII).

**Competence and Confidence: Partners in Policymaking (C2P2):** PIAT staff conducted the assistive technology "weekend" for the eight-weekend, intensive leadership training program. The 1998-1999 "class" was comprised of family members and people with disabilities from the southwestern portion of Pennsylvania. Graduates have been involved with advocating for and obtaining AT for themselves and others, training, grass roots advocacy, peer mentoring, and other activities. In addition, PIAT staff provided information on accessing assistive technology C2P2 for Early Intervention, which focused on parents of infants, toddlers, and pre-schoolers receiving services in Early Intervention. (See Initiative VII).

Ability to access a short-term equipment loan program enables individuals to try devices in the settings in which they will be used, prior to purchase. These experiences allow consumers to make informed choices regarding the options available to them, and provide empirical data regarding successful use that may assist third-party payers in appreciating the (educational, employment, or functional/medical) necessity for the requested AT. The program has successfully assisted consumers in participating in the decision making process; need for increased size and scope of inventory is documented. Efforts to educate legislators regarding the benefit and need for this program culminated in continuing state allocations for the Assistive Technology Lending Library. (See Initiative X).
Availability of funding alternatives provides consumers with choices regarding
the procurement of assistive technology. Availability of and increased interest
and usage in the Recycled Equipment Exchange Program (REEP) has
demonstrated the need and desire for this type of option.

The establishment of the Pennsylvania Assistive Technology Foundation, the
procurement of a state loan guarantee, and an agreement with First Union-
Atlantic marks the culmination of efforts to implement a low-interest cash loan
program in the Commonwealth. Thirteen loans have been provided to assist
consumers in financing assistive technology equipment and/or services. The
Pennsylvania state budget includes $200,000 for SFY 99-00. (See Initiative XII).
Form 4 - Summary of Priority Area Activities and Outcomes

PRIORITY ACTIVITY FIVE: OUTREACH ACTIVITIES: Provision of outreach to underrepresented populations and rural populations, including identifying and assessing the needs of such populations, providing activities to increase the accessibility of services to such populations, training representatives of such populations to become service providers, and training staff of the consumer-responsive comprehensive statewide program of technology-related assistance to work with such populations.

Provide a single overall quantitative score ranging from 0 to 6 for the entire set of activity and outcomes undertaken by the State Tech Act project that relates to this priority area. PRIORITY ACTIVITY FIVE: 5

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Briefly summarize the initiatives undertaken or facilitated by the State Tech Act Project (including sub-contractors) that relate to this priority area. Describe the year end status (progress through the year) of this priority area. This summary should support the score recorded for this priority area and should be documented by activities described elsewhere in this Annual Report.

An infrastructure of ten regional Assistive Technology Resource Centers (ATRCs) at Centers for Independent Living and other community agencies provides a system of more localized resources, particularly for individuals residing in rural areas. ATRCs form a regional link to assistive technology services, including Pennsylvania's Assistive Technology Lending Library. ATRCs assist in the provision of information and referral and training so that individuals in rural areas will have more equal access to the assistive technology-related information they require. Two ATRCs are located in rural counties. Each ATRC develops a plan for outreach to underrepresented populations, including rural areas, as part of their subcontract with PIAT. ATRCs have held outreach events in libraries, Farm Shows, Home Shows, mall health fairs, etc. One ATRC conducts rural outreach in cooperation with a collaborating agency's "Techmobile".
Pennsylvania's Assistive Technology Lending Library has been designed by PIAT to include at least one local branch in every county. On-going outreach is conducted to identify and enlist agencies that are typical places where individuals with disabilities, people in rural and farming communities, and older Pennsylvanians go for information and/or services. There are presently 122 local branches representing 49/67 counties; 21 rural counties are represented.
Form 4 - Summary of Priority Area Activities and Outcomes

**PRIORITY ACTIVITY SIX - STRATEGIES TO ENSURE TIMELY ACQUISITION:**
The development and implementation of strategies to ensure timely acquisition and delivery of assistive technology devices and services, particularly for children.

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Provide a single overall quantitative score ranging from 0 to 6 for the entire set of activity and outcomes undertaken by the State Tech Act project that relates to this priority area. **PRIORITY ACTIVITY SIX:** 5

**Briefly summarize the initiatives undertaken or facilitated by the State Tech Act Project (including sub-contractors) that relate to this priority area.**
Describe the year end status (progress through the year) of this priority area. This summary should support the score recorded for this priority area and should be documented by activities described elsewhere in this Annual Report.

The development of legislation providing for timely decisions and other consumer protections from carriers of private health insurance will increase access to and timely acquisition of assistive technology devices and services. Advocacy resulting in CHIP expansion (including support of initiatives coordinating the Medical Assistance and CHIP applications for low-income children) will improve coverages for these Pennsylvanians. (See Initiative III)

- Removal of barriers to assistive technology in the state's public vocational rehabilitation and education systems are facilitated by administrative reviews and/or litigation under the auspices of the legal subcontractors. (See Initiatives XI and XIII).

The availability of Pennsylvania's Assistive Technology Lending Library to children with disabilities as a resource to borrow devices (as available) has increased timely access. (See Initiative X).
Increased avenues for individuals to provide for their own assistive technology offer a choice to consumers which may expedite the ultimate acquisition of devices and services (when compared with the public process). (See Initiative XII).
**Part IV: Budget Information**

At this point, we anticipate no more than 10% of budget funds will be unexpended by the close of the project year. A carryover request will be submitted for these funds.

Modifications to the budget are necessitated by the following:

- some unexpended dollars in the personnel line has been a result of staff vacancies. The training coordinator resigned in October and was not replaced until February. The administrative coordinator resigned in November, and was not replaced until late January (although some contracted temporary services were arranged for this position). One of the graduate assistants resigned in March.
- due to staff vacancies, some activities were unable to be accomplished this year (*Becoming a Funding Advocate* audioteleconference series).

A budget modification for the duration of this project year is forthcoming.
Part V: Supplemental Information/Changes

Honors and Awards

PIAT received a grant from the Innovations in Caregiving program sponsored by the National Council on Aging and Pfizer Corporation. This grant supports three train-the-trainer session to enhance caregivers’ knowledge of the scope and potential of assistive technology for older Pennsylvanians and the addition of $10,000 of assistive technology devices to Pennsylvania’s Assistive Technology Lending Library (including ten demonstration kits to be used in the training program).

Other Statewide Efforts

In conjunction with the grand opening of Pennsylvania’s Assistive Technology Lending Library and the kick-off celebration for the low-interest cash loan program, PIAT obtained a Proclamation from Governor Ridge announcing October, 1998 as “Assistive Technology Awareness Month”.

PIAT staff are consulting with museums (Pennsylvania State Museum in Harrisburg; Please Touch Museum in Philadelphia) to increase the accessibility of cultural institutions to all Pennsylvanians, through the application of assistive technology.

National Efforts

Pennsylvania’s Initiative on Assistive Technology has also undertaken a variety of activities which compliment its statewide program but which have a primary impact on a multistate or national level. These efforts represent additional activities that seek to promote the accomplishment of the purposes of the Tech Act:

PIAT supports the participation of staff member Dr. Leonard Kasday in the World Wide Web Consortium (W3C) Web Accessibility Initiative, an international group creating standards for web page design and the systems used to create, view, evaluate, and maintain the pages. Dr. Kasday is chair of a WAI “Evaluation and Repair” group (http://www.w3.org/wai/erf/g) which coordinates efforts to create tools to evaluate and improve web page accessibility for persons with disabilities. Contributions have been acknowledged by creators of the “Altifier” program (that adds ALT text), the Web Access Gateway (a program that transforms web pages) and the “A-prompt” (a program that helps web authors add ALT text).

The Center for Applied Special Technology (CAST) is using the output of this group to improve “Bobby”, a well-known accessibility evaluation tool. Dr. Kasday has also been providing feedback to Adobe, makers of Adobe Acrobat, based on concerns of its accessibility reported by a Pennsylvanian with visual disabilities.
The impact of the work of WAI will affect Pennsylvanians, especially considering that many web sites accessed by Pennsylvanians with disabilities will originate outside of the Commonwealth.

More than 3% of contacts to PIAT "central's" Information and Referral Service are from out-of-state (mostly New Jersey). An additional .5% are international.

PIAT staff (as a member of the Assistive Technology Systems Change Advisory Committee) reviewed and edited UCFA IDEA Booklet, published in Spring, 1999. This booklet is designed to help parents and educators understand the newly reauthorized law and, in doing so, increase access for students with disabilities to assistive technology devices and services.

Staff provided technical assistance to the US Virgin Islands Title I project, teaching an augmentative communication course employing distance learning strategies (video teleconferencing; WWW).

- PIAT staff participated in the following national and regional conferences:
  - National Federation of the Blind; "Funding Options for Assistive Technology", 50 participants
  - Regional Conference, National Organization on Albinism and Hypopigmentation (NOAH); "Assistive Technology for People with Low Vision"; 50 participants
  - International Dyslexia Association; "Assistive Technology for Learning Disabilities"; 16 participants

PIAT supported a subcontractor's attendance at and presentation to the RESNA Technical Assistance Project's meeting on recycling programs. Our ATRC coordinator from western Pennsylvania described Into New Hands, a program he runs that collects and redistributes a wide range of assistive technology and durable medical equipment.

Another subcontractor presented to the national conference of United Cerebral Palsy Association on her initiative with Lafayette College engineering students, where each of the students worked directly with a person with disabilities to design a product needed on their job or at school.