AT Act Programs
COVID-19 Response
Summer 2020
Introduction

During the COVID-19 pandemic, vulnerable populations, particularly those with underlying health conditions, older adults, and people with disabilities, are impacted greatly by the threatening virus. The susceptibility of the most vulnerable immediately amplified the need for critical services to this demographic and continues to remain at the forefront of concern for the 56 State and Territory programs authorized by the Assistive Technology Act (“AT programs”).

Assistive technology (AT) is any item, device, or piece of equipment used to increase, maintain, or improve the functional capabilities of people with disabilities, allowing them to be more independent at school, work, home and in their communities. AT services support the use of AT devices, including matching the device to the person’s needs and training in the use of the device. AT can help seniors safely age in place and address many functional limitations, including mental health issues stemming from social isolation.

AT programs operate in all 50 states, the District of Columbia, Puerto Rico, American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands and provide services to persons with all types of disabilities, all ages, in all environments (education, employment, community living and information technology). AT programs provide a continuum of services that increase access to, and acquisition of, assistive technology. These include state financing activities (such as financial loans, cooperative buy, funds of last resort, etc.), device reutilization (including repair, refurbishment, and device exchange), device lending, and device demonstration services.

Overall, the pandemic is changing the needs of older adults and people with disabilities of all ages, presenting new challenges in telehealth, online learning, employment, and access to resources. At the same time, the pandemic has created barriers to accessing the services of the AT programs. The time is now to supplement and support State and Territory AT Programs to assure people can acquire the assistive technology they need to live, learn, and work.
Methodology

This internal AT3 survey was conducted among State and Territory Assistive Technology programs during the period of March to August 2020. For the State and Territory Assistive Technology Programs, the response rate was 80% with 45 of the programs responding.

The State and Territory Response to COVID-19

To fully understand how State and Territory Assistive Technology Act programs adapted and modified their services to safely serve consumers, the National Assistive Technology Act Technical Assistance and Training Center (AT3) surveyed all 56 programs in March, April, and August of 2020.

COVID-19’s unique challenges resulted in the need for AT Act programs to purchase new AT devices, personal protective equipment (PPE), and sanitization supplies and equipment. As of August 2020, no additional funds had been directly provided to the state programs. This report is based on current levels of federal funding and highlights how the AT Act programs were able to effectively modify services, form new partnerships, and begin efficient, innovative initiatives to address the realities of the COVID-19 world.

THE COVID-19 REDESIGN OF STATE-LEVEL ACTIVITIES

The mission of AT Act Programs, as set forth in federal statute (Public Law 108-364), is to provide state level activities that allow a consumer to access and acquire assistive technology. These activities include device demonstrations, device loans, reutilization activities and state financing activities.

When State and local stay-at-home orders took effect all throughout the country, consumers would have been left without the ability to access and acquire AT but for the nimble response of the AT Act programs, who swiftly modified services and created new ways to serve people with disabilities and the aging population.
STORIES FROM THE FIELD:

Pennsylvania TechOWL

Within 48 hours of the pandemic shutdown, Pennsylvania TechOWL initiated their Connect With Tech initiative. They recognized that, during this time of social distancing, many Pennsylvanians would not be able to see or communicate with familiar people, friends, and family. TechOWL began a grassroots effort to collect donated tablets and laptops, sanitize and prepare them, and ship them to Pennsylvanians in need. The continuing project was highlighted by the regional ABC News program: ABC News - TechOWL Connect with Tech.

DEVICE DEMONSTRATIONS

96%

Device Demonstrations Modified to Continue Services

Device demonstrations are intended to directly, or in collaboration with public and private entities, demonstrate a variety of assistive technology devices and services that assist an individual with a disability to make an informed choice. The AT program personnel who provide the device demonstrations have the technical expertise needed to demonstrate AT devices and related services, answer questions in real time, and provide referrals (e.g., vendor, funding assistance, training) as needed. These demonstrations are intended to be a “hands on”
experience allowing the individual to interact with the device.

As of August, 96% of AT Act Programs adapted to this new COVID-19 landscape and continued providing devices demonstrations as usual or through a modified service model. Modifications include virtual demonstrations, demonstrations by appointment only (including outdoor appointment settings), or in-person with PPE, and programs have increased the footprint of their demonstration facilities to allow for social distancing and purchased shields and dividers.

“We have tried various methods and are finding success on several fronts to assist people through device demonstration to find the assistive technology that will best suit their needs. A lot of this work is being done virtually. Occasionally we are having to send the device to the end user so we can do an effective demonstration. A lot of the demonstration are currently focused on software, apps, extensions and features within various platforms.”

STORIES FROM THE FIELD: Virginia

Virginia’s No Wrong Door (NWD) System received a federal stimulus grant through the CARES Act to address the needs of older adults and individuals with disabilities during the COVID-19 pandemic. The state’s AT Act program, the Virginia Assistive Technology System (VATS), was included in the grant and is a sub-grantee. The purpose of the AT Act program’s involvement is to build capacity and develop infrastructure to respond to the current pandemic as well as future epidemics/pandemics. This funding helps to improve access to AT and reduce the risk of exposure for older adults, individuals with disabilities and caregivers by improving health/mental health, reducing ill effects of isolation and improving access to critical services such as food, healthcare, work, assistive technology etc. Late July, the VATS team presented a webinar for NWD partners titled, Assistive Technology (AT) Kits: Enhancing Access for Older Adults & Virginians with Disabilities.” Fifty-two (52) participants attended this training. VATS staff described three unique “kits” designed to address independence, personal safety, and social inclusion. The three kits include an Emergency Preparedness, Social Inclusion, and Training kit, and are available statewide through Virginia’s No Wrong Door system. Amidst this pandemic and time of social distancing, the support of AT can really make a huge difference in improving and/or maintaining quality of life for individuals, caregivers and/or their families, as well as connecting them to a network of providers and valuable resources and tools.
AT programs provide short-term loans of assistive technology devices to individuals, employers, public agencies, or others seeking to meet the needs of targeted individuals and entities, including others seeking to comply with the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794).

The purpose of a short-term device loan may be to: 1) assist in decision-making; 2) serve as a loaner while the consumer is waiting for device repair or funding; 3) provide an accommodation on a short-term basis; or, 4) for professional development. Our programs continued these services even with the risk involved as the direct service is invaluable to ensure the proper match for AT occurs.

Immediately after the March shut down, programs kept current loans out in the field until more information was known about COVID-19 transmission. By August 2020, 93% of programs were operating this service with either a “business as usual” approach or a modified approach that includes enhanced sanitation procedures, contact-free drop offs and pick-ups of the device. Some programs that had previously operated on a model requiring consumers to pick up the devices moved to third party shipping, incurring additional unanticipated costs.

“Our program is still able to provide short term equipment loans. Staff are able to provide ‘contact free’ drop offs and are cleaning equipment before it goes out and after it comes back.”
The AT Act describes reutilization programs as programs that provide for the exchange, repair, recycling or other reutilization of assistive technology devices, which may include redistribution through device sales, loans, rentals or donations, carried out either directly or in collaboration with public or private entities (Section 4(e)(2)(B)). Device reassignment and refurbishment activities are those in which devices are accepted (usually by donation) into an inventory; are sanitized and/or refurbished as needed; and then offered for sale, loan, rental, or given away to consumers as redistributed products. Every year, reuse activities account for a high return on investment, doubling the federal investment made in the direct services program.

Devices in a reuse inventory can be reassigned on a permanent basis to a new “owner” or provided as an open-ended loan to a borrower. Open-ended device loans are generally distinguishable from short-term device loans by the length of the loan period. Open-ended loans are generally long term (at least several months) with the device provided to the consumer for as long as s/he needs it. Although ownership usually does not transfer to the consumer, there is an expectation that the consumer will return the item to the reuse program when no longer needed.

To provide services while addressing COVID-19 public health concerns, programs are keeping their reuse activities open in a variety of ways. Ninety-eight percent (98%) of the programs continue service through usual operations or modified methods, including contactless pickup/drop off; enhanced cleaning and disinfecting policies and procedures; rearrangement or expansion of physical space (e.g., to allow for 5 days before incoming donations are handled); and, other measures to protect both AT program staff and consumers. Many of the AT programs are experiencing a high demand for reused equipment and are continuing to work on procedures that would allow them to maintain pre-COVID-19 levels of service. To expand services, programs would need additional funding, given new costs associated with PPE, sanitization supplies and equipment, and need for more space.

With additional funding, instead of only relying on donated devices, AT
programs could purchase devices for open-ended loans to address consumers’ COVID-19 needs. Once devices are no longer needed by the consumer, AT programs can collect these devices, sanitize and refurbish them and pass them to new consumers.

STATE FINANCING ACTIVITIES

The AT Act describes state financing activities as activities that increase “access to, and funding for, assistive technology devices and assistive technology services (which shall not include direct payment for such a device or service for an individual with a disability but may include support and administration of a program to provide such payment), including development of systems to provide and pay for such devices and services, for targeted individuals and entities” (Section 4(e)(2)(A)).

The structure of financial loan programs varies from state to state. Some programs are direct lenders while others have arrangements with banking partners for interest buy-downs, loan guarantees, or related arrangements. Responsibilities for various loan program functions also vary by state such as loan review, loan approval processes, and servicing of loans. Many AT programs were able to move the state financing activities to a remote method of delivery. For example, staff servicing programs that provide cash loans for AT work with consumers over the phone and internet, moving to secure e-document signing, and reducing the need for face-to-face encounters.

Other State Financing activities such as programs that provide for acquisition of or payment for devices and those that create savings for AT devices vary widely according to the types of consumers or types of AT for which the program is designed.

States reported seeing an increase in demand for a variety of state financing activities, which underlies the expansive need for assistive technology throughout the nation.
Training and Technical Assistance

AT Programs are required by statute to use, at maximum, 40% of their federal allocation on state leadership activities, including training. Training activities are instructional events, usually planned in advance, for a specific purpose or audience that are designed to increase participants’ knowledge, skills, and competencies regarding AT. Training events can be delivered to large or small groups, in-person, or via telecommunications or other distance education mechanisms. Examples of training include: 1) classes; 2) workshops; 3) conference sessions and presentations.

While there is a mixture of states providing their trainings as usual, the majority of AT programs are modifying their trainings and shifting to a platform including creating virtual conferences. States are experiencing high rates of participation with this new online platform and virtual conferences eliminated barriers, allowing for higher participation rates as well. The utilization of online platforms to provide such trainings seem to be the course moving forward for most states as well.

“All trainings are continuing but have been modified to a distance format using Zoom. Our annual AT conference was held in June in a distance format and attendance was up, particularly from rural areas of the state. We have scheduled additional training events as our stakeholders are requesting them.”
Partnerships

To expand their capacity, AT Act programs value partnerships with other organizations, government entities and nonprofits. COVID-19 highlighted the need for such partnerships. While the purpose of each individual partnership varies, key objectives include addressing social isolation, access to remote services such as telehealth and broadband connectivity and building multi-agency AT capacity. The primary activities provided include assessments, obtaining and configuring tablets, laptops, and hotspot devices, training, and technical assistance.

Thanks to the Administration for Community Living (ACL), the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act funding directed towards the Aging and Disability Resource Centers (ADRC) encouraged partnering with State and Territory AT Programs. While most AT programs sought to partner with their ADRC CARES Act initiatives, 25 have a partnership or are planning one, and of those, 14 will receive ADRC funding to provide partnership services. There are 3 AT programs who are providing existing funding to their ADRC, as there was a previous partnership in place.

AT Program Partnerships with Their ADRC

56%

Have or are Planning to Have a Partnership

AT Programs also pursued partnerships with their Centers for Independent Living (CILs), State Education Agencies (SEA), State Vocational Rehabilitation (VR) Programs, and their No Wrong Door (NWD) System. Where these partnerships predated COVID-19, collaboration to address COVID-19 needs was often seamless.

Of the survey respondents:
• 62% have or are planning a partnership with their CILs. Of these 28 partnerships, 2 of the AT programs will receive funding from CILs related to COVID-19.
• 44% have or are planning a partnership with their State Education Agency (SEA). Of these 20 partnerships, 3 AT programs will receive funding from the SEA, but the remaining partnerships include no financial exchange between either entity.
• 53% are planning or have a partnership with their State VR programs. Out of these 30 partnerships, 2 will receive funding from the VR agency to address COVID-19 needs.
• 38% of State AT programs are working to, or are already partnering with their NWD System. Out of the 16 who have partnerships, 5 AT programs will receive funding from their NWD System to address COVID-19 demands.

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<th>Percentage of AT Programs Who Have or Are Planning to Have Partnerships</th>
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<tr>
<td>CENTERS FOR INDEPENDENT LIVING</td>
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<td>62%</td>
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<th>Percentage of AT Programs Who Will Receive Funding From</th>
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<td>CENTERS FOR INDEPENDENT LIVING</td>
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What’s Ahead and What’s Needed

While the surveys AT3 conducted encompass March through August 2020, this is just a snapshot of the COVID-19 challenges for seniors and people with disabilities. We continue to learn of the devastating impact of severe COVID infections and long-lasting health effects. AT Programs are witnessing that those who survive COVID-19 are experiencing a new need for assistive technology, which is in addition to the existing need for assistive technology created by the mere presence of the virus. AT programs’ nimble and focused adjustment to ensure the continuity of key AT services is only the first step in addressing the disruptions caused by this pandemic.

There is an immediate need for increased funding to flow directly to State and Territory Assistive Technology Act Programs, and there will be a continued future demand for increased funds to address the aftermath of the deadly virus as well.

Specific needs vary state-to-state but, overall, states need to expand their current capacity. These actions may include hiring more staff to serve more consumers; purchasing additional devices to loan for short-term or open-ended loans; fully address challenges of serving more rural but severely affected areas; address dire connectivity needs that accompany device needs; improve sanitization measures and efforts; combat social isolation; address and support telehealth, telework or accessible remote working environments; and address remote learning environments for students with disabilities. Furthermore, partnerships are essential in the long-run to address the needs demanded from COVID-19. Enhanced funding is key to creating these partnerships that yield innovative solutions to getting the proper assistive technology into the hands of consumers during a time of social distancing, since it will require working outside regular modes of matching the consumer with the proper equipment, and then procuring and distributing the piece of AT.
What is clear is that any federal investment in state Assistive Technology programs yields a statistically significant return on investment (ROI): In a typical fiscal year the $34 million federal investment yields a $68 million ROI (Association of Assistive Technology Act Programs Small Federal Investment – Large Benefits in Return, 2019, page 11). AT Programs are good stewards of the federal dollar, and at a time when there is a crisis at hand, with a sincere emergency for AT across the country, this federally supported program is prepared to leverage the essential expertise they have to help seniors and people with disabilities of all ages during this difficult time.

**Conclusion**

State and Territory Assistive Technology Act Programs have responded to the challenges of providing much needed services through modified models of service delivery. AT programs continue to work directly with consumers, families, medical providers, schools, employers, and communities to ensure that individuals have access to the assistive technology they need, especially in the time of this pandemic. The critical services AT programs provide and the role they play throughout their states has been amplified by the increased demand for assistive technology in the time of COVID 19.
Appendix

AT Program Status At-A-Glance

Device Loan Program Status

U.S. Map shows AT Device Loan Program status as of July 2020. Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Kansas, Louisiana, Maine, Maryland, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Jersey, New York, North Carolina, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming have modified programs. California, Florida, Hawaii, Iowa, Missouri, North Dakota, Puerto Rico, and West Virginia are operating as usual. Michigan and Oklahoma have suspended operations. Information for Alabama, Kentucky, Massachusetts, New Hampshire, New Mexico, Ohio and Rhode Island was not available.
U.S. map shows AT Device Demonstration Program status as of July 2020. Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Kansas, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Puerto Rico, South Carolina, South Dakota, Tennessee, Texas Utah, Vermont, Washington, West Virginia, Wisconsin and Wyoming have modified programs. Indiana, Iowa and North Dakota are operating as usual. Virginia has suspended operations. Information for Alabama, Kentucky, Massachusetts, New Hampshire, New Mexico, Ohio and Rhode Island was not available.
U.S. map shows AT Device Reuse Program status as of July 2020. Alabama, Alaska, Arizona, Arkansas, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Missouri, Nebraska, Nevada, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin and Wyoming have modified programs. California, Colorado, Delaware, Hawaii, Illinois, Michigan, Minnesota, Mississippi, Montana, New Jersey, North Dakota, Puerto Rico, Vermont and Washington are operating as usual. Connecticut has suspended operations. Information for Kentucky, Massachusetts, New Hampshire, New Mexico, Ohio and Rhode Island was not available.
U.S. map shows AT Training Program status as of July 2020. Alabama, Alaska, Arizona, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Puerto Rico, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming have modified programs. California, Iowa, Maine and Missouri are operating as usual. Arkansas has suspended operations. Information for Kentucky, Massachusetts, New Hampshire, New Mexico, Ohio and Rhode Island was not available.