Assistive Technology in Kansas: A Report

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Convenience Improvement Department
Korea Disabled People's Development Institute
Meeting with Kansas Assistive Technology (AT) organizations and the Research and Training Center on Independent Living (RTC/IL) at the University of Kansas.

On November 19, 2010, Dr. Glen White, Director of the Research and Training Center on Independent Living (RTC/IL), convened a SKYPE videoconference with Kansas AT colleagues in Wichita (KS), Cindy Jones and Jordyn Birkes. Dr. Basil Kessler, Executive Director of KATCO, two volunteer Korean translators (Munju Kang and Hyojeong Seo), and visiting Korean Delegates Sehyun Nam, Namhee Yun, and Dr. Jinyong Kong were also present at the University of Kansas to meet with the Wichita AT team via SKYPE. The narrative below describes the information and data that were reported during this meeting.
History of the Assistive Technology Act in the United States: A Summary

Statewide Assistive Technology programs came into existence in 1988 with the advent of the Technology-Related Assistance Act (Tech Act) P.L. 100-407. The Tech Act provided successful grant applicants opportunities to engage in statewide needs assessments and helped states develop and implement statewide networks to meet the identified needs of consumers and their access to assistive technology.

As states developed their AT programs they were required to serve all state or territorial citizens across the life span and across all types of disabilities. They were also mandated to serve those working directly or indirectly with consumers with disabilities including: family members, employers, health, medical, rehabilitations providers, therapists, educators and even employers.

As designated discretionary federal funding recipients, the AT programs were faced with the challenge of reduced or phased funding that was actually written within the federal statute. By the 10th year of funding state programs had experienced a 50% reduction in their annual allocations. Therefore, as AT programs designed statewide services they also had to purposefully plan for specific partnerships that would help co-pay or at a minimum reduce the fiscal burden on the state AT programs so that they could be eventually sustainable or self-funded. In the case of Kansas those partnerships were made up of the state-level rehabilitation services program along with community-based Centers for Independent Living, a local Educational Service Center and private-party durable medical equipment vendors.

As with any federal legislation the Tech Act was reauthorized by Congress in 1994, 1998 and 2004. In 1998, the Tech Act was repealed and the Assistive Technology Act (AT Act) (P.L. 100-407)
105-394) was authorized. With each successive reauthorization State AT programs were challenged to meet different program outcomes. Over the years programs have been expected to conduct needs assessments, provide direct services, and engage in address systems change and advocacy.

**Current Federal Statute**

When reauthorized in 2004 the AT Act (P.L. 108-364) provided for the continued funding of all 56 states and US territories. Programs continue to serve citizens across disability and across the life span. The AT Act mandated that a core set of AT program services would be consistent and uniform across the United States. One important change from previous reauthorizations is the increased emphasis on the improvement of access to and acquisition of assistive technology for consumer-users with disabilities. Also, consistent with previous legislation, service providers, therapists, family members, and staff of community-based agencies will also continue to need information and resources that will assist them in meeting the needs of their consumers/students through AT equipment and services. With each succeeding year, AT programs continue to experience the precariousness of federal funding—especially under the current economic recession.

**The Kansas Model**

The Assistive Technology for Kansans Project (ATK) is coordinated by the Kansas University Center on Disabilities at Parsons. The ATK project is designed to be accountable to the consumers with disabilities that it serves and yet also meet the federal program guidelines.

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1 For more specific information about the history of the AT Act and links to actual federal legislation the reader is encouraged to go to http://www.ataporg.org/atap/index.php.
for states that provide Assistive Technology. This responsiveness to consumers and accountability for compliance to federal guidelines is accomplished through the ATK’s Executive Advisory Board made up of Kansans with disabilities, family members of people with disabilities and various state-level agency representatives.

The mission of the ATK project is to engage in activities that are designed to result in laws, regulations, policies, practices, or organizational structures that promote consumer-responsive programs that increase access to assistive technology devices and services.

The map on the next page depicts the ATK structure in Kansas.
ATK MAP LEGEND:

- Western AT Access Site, Northwest Educational Service Center, Oakley
- Southwest Kansas, Center for Independent Living of SW Kansas, Garden City, 800-295-4122
- North Central AT Access Site, OCCK, Salina
- South Central AT Access Site, Southeast Kansas Independent Living, Wichita
- Northeast AT Access Site, Resource Center for Independent Living (RCIL), Topeka
- Southeast AT Access Site, Southeast Kansas Independent Living, Parsons Management, Kansas University Center on Disabilities - Parsons (866-666-1470)
During the SKYPE video conference Wichita colleagues Cindy Jones and Jordyn Birkes described the different assistive technology areas that meet Kansans’ needs. These are displayed below:

**AT Categories Where Kansans with Disabilities Are Served:**

- Vision
- Hearing
- Speech communication
- Mobility, seating and positioning
- Learning, cognition and developmental
- Daily living Environmental adaptations
- Vehicle modifications and transportation
- Computers and related
- Recreation, sports and leisure

In line with the core set of program services, the ATK Project directly or indirectly coordinates and addresses: Device Acquisition - Reutilization, Device Loan, Device Demonstration, State Leadership Activities, and State Financing Activities.

**Device Acquisition – Reutilization**

ATK program staff developed a nationally recognized reutilization program known as the Kansas Equipment Exchange program (KEE). Working with both the University of Kansas and the Kansas Health Care Policy (Medicaid), program staff track equipment purchased with Medicaid funds, attach a permanent electronic code label on newly purchased equipment, and maintain a real-time database of inventory across the state. When a Medicaid recipient no
longer needs the AT equipment it is returned to the program. The program has a network of DME vendors who refurbish, clean, sanitize, update, and insure continued use of the AT equipment in contrast to throwing away or abandoning perfectly good AT equipment. These items are then matched to the needs of the customer and delivered to his or her home free of charge.

**Device Loan**

Known as the Statewide Interagency Equipment Loan System, ATK has been successful in building and coordinating a loan program whereby AT equipment can be loaned to an individual for up to four weeks to make a decision on whether to purchase this or similar equipment. AT equipment may also be provided as a “loaner” in case another piece of AT equipment needs to be repaired, or also as a brief accommodation to the user. This provides consumers a chance to test any piece of recommended or preferred AT equipment without having to purchase it. Rental and shipping fees are charged on a sliding fee schedule.

**Device Demonstration**

A critical program piece for the ATK Project is the network of AT Access Sites (see map on page 4). These sites are located in communities across the state of Kansas within Centers for Independent Living (4) and in an Educational Service Center (1) in the western part of Kansas. These sites permit staff to demonstrate how various technologies work. Much of the equipment can be taken to schools, homes, and work sites so that interested individuals can

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**Impact of KEE since 2003**

- 3,476 devices were reassigned to KEE customers at a value of $3,811,571
- 4,371 devices were donated for reuse at a value of over $4,801,437
witness first-hand how the equipment works under naturalistic and real-life conditions, and how it can personally benefit consumers.

Staff members at the five (5) Access Sites make presentations to local community and civic groups, to college students and faculty, they work closely with many coordinators of two and four-year post-secondary campuses, various disability-related organizations and their staffs, consumers and family members. In a recent reporting period 267 demonstrations of assistive technology were made in Kansas.

**State Leadership Activities**

ATK offers a toll-free number which allows the caller to be directly connected to the AT Access Site closet (a repository for different types of AT equipment) that is nearest to the caller’s home. ATK maintains a website with information, resources and a means of directly contacting ATK staff across the state.

In another initiative, the ATK office works in cooperation with Kansas State University, and the Kansas AgrAbility Project[^2], offering creative ways for farmers, ranchers and those living in rural Kansas the opportunity to maintain their agricultural business with the use of adaptive farm equipment and other low and high tech modifications for rural living.

[^2]: [http://www.ksre.ksu.edu/agrability/](http://www.ksre.ksu.edu/agrability/)  Kansas AgrAbility Project goal is to “inform, educate, and assist farmers, farm families, and farm workers who have disabilities, so they can continue to work and thrive in their agricultural career.
State Financing Activities.

When the AT Act was reauthorized in 1998 states were given an opportunity to write competitive grants under Title III of the statute, Alternative State-Finance Systems. In 2000, Kansas was one of six states that received an award of both federal and state monies to establish and run an Alternative Finance Program (AFP). Those programs were expected to establish an, “alternative State or privately financed systems of subsidies for the provision of assistive technology devices and assistive technology services, such as – 1) a low-interest loan fund; 2) an interest buy-down program; 3) a revolving loan fund; 4) a loan guarantee or insurance program; 5) a program operated by a partnership among private entities for the purchase, lease, or other acquisition of assistive technology devices or assistive technology services; or 6) another mechanism that meets the requirements of title III and is approved by the Secretary;(ii) the short-term loan of assistive technology devices to individuals, employers, public agencies, or public accommodations seeking strategies to comply with the Americans with Disabilities Act of 1990 (42U.S.C. 12101 et seq.) and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); or(iii) the maintenance of information about, and recycling centers for, the redistribution of assistive technology devices and equipment, which may
include redistribution through device and equipment loans, rentals, or gifts.\(^3\)

**Kansas Assistive Technology Cooperative (KATCO)**

Prior to the 2000 federal award for the AFP, ATK staff and various state-level advocates, program administrators, and consumers established the Kansas Assistive Technology Cooperative (KATCO) as a not-for-profit organization whose mission remains to provide financial loans to Kansas with disabilities for the purchase of AT equipment. This clearly was a strategic plan by ATK, anticipating the possible grant competition and additional monies to operate the loan program. The federal award in 2000, and again in 2003 required the designated grant recipient, in this case the University of Kansas Center for Research, to have a three party relationship. Though each state was permitted to use a structure of their choosing, Kansas established the following: 1) State Entity-University of Kansas, 2) Community-based Organization (CBO)- KATCO, and 3) Financial institutions-KATCO currently has two banks and one credit union in it’s financial institution portfolio—each of which is the executor of loans on behalf of KATCO.

The University of Kansas is the grant recipient and has a contract with the U.S. Department of Education, Rehabilitation Services Administration. KATCO is a subcontractor of the University of Kansas.

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\(^3\) Section 101 of the Assistive Technology Act of 1998 (P.L. 105-394)
KATCO Current Operations

Loan Application & Decisions

Applications for consumer AT loans are available through a clickable on-line application available on the KATCO web site. In addition, applications also come into the KATCO office by fax, or mail. Each application is reviewed for completeness. Once a file is deemed complete it is sent to members of the KATCO loan committee which consists of users of technology or family members of people with disabilities, who use AT equipment in addition to specified KATCO staff members. The committee meets every week and makes a decision whether to approve or deny the request for AT funding. Whatever the decision, a letter is sent to the applicant; if the AT loan is approved, an outline of the terms of the loan, anticipated monthly payment are sent back to the applicant for review. Occasionally there may be a request for additional paperwork to be returned with signatures. Once the necessary paperwork is completed, KATCO staff sends the application file to one of KATCO’s bank partners.

Role of Financial Institutions

With the documentation provide by KATCO, the financial partners draw up the loan documents, then mails the documents out for signature, and once the signed documents are received sends a check to the vendor. Two of KATCO’s banks require money on deposit and then use KATCO’s money to make the loan. In contrast, KATCO’s credit union partner uses its own money and then owns the loan. In Kansas KATCO is required by the financial partners to guarantee each loan for 100% of the value of the loan. This means that KATCO has to buy any

4 http://www.katco.net/
loan that has not been paid for 90 or more days. At that point in time KATCO decides whether or not to work with the customer or to have someone go and collect the equipment and then try to resell it.

**KATCO AT Application and Loan Activities**

Now we will briefly describe data from KATCO’s recent AT application and loan activities. Table 1 shows the number of applications submitted in FY 2009-2010. Of the 161 applications that KATCO received 103 (64%) were approved for loans with all applicants actually taking out requested loans except for 4 individuals (.038%).

**Table 1: FY 2009-2010 -- AT Application Data**

<table>
<thead>
<tr>
<th>Application Actions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Applications received</td>
<td>161</td>
</tr>
<tr>
<td>Number Approved</td>
<td>103</td>
</tr>
<tr>
<td>Number Approved but not Made</td>
<td>4</td>
</tr>
<tr>
<td>Number Denied</td>
<td>54</td>
</tr>
</tbody>
</table>

Table 2 describes the various amounts of requested loans and reports these different value categories by number and percentage of loans. The largest number of AT loans were made in the $1001.00 to $5,000.00 range (35 at 33.98%), of which AT equipment is made up mostly scooters and hearing aids. Beyond this, there was some variability in loans made over the $5000 mark with 22 loans being made in the $5001.00 to $15,000.00 categories (45.63%). Finally, there was a sizeable group of loans being requested at in the range from $25,001 to $50,000 (20.39%). The latter loan value categories were more likely for vehicle purchase and modifications. There was a significant difference in the range between the lowest and highest provided loans ($172.00 vs. $52,532.00).
Table 2: FY 2009-2010 -- Range and Dollar amount of Loans Provided

<table>
<thead>
<tr>
<th>Amount of Loan</th>
<th>Number of Loans</th>
<th>Percentage of Loans</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000.00 or less</td>
<td>9</td>
<td>8.74%</td>
</tr>
<tr>
<td>$1,001.00 to $5,000.00</td>
<td>35</td>
<td>33.98%</td>
</tr>
<tr>
<td>$5,001.00 to $10,000.00</td>
<td>12</td>
<td>11.65%</td>
</tr>
<tr>
<td>$10,001.00 to $15,000.00</td>
<td>10</td>
<td>9.71%</td>
</tr>
<tr>
<td>$15,001.00 to $20,000.00</td>
<td>6</td>
<td>5.83%</td>
</tr>
<tr>
<td>$20,001.00 to $25,000.00</td>
<td>9</td>
<td>8.74%</td>
</tr>
<tr>
<td>$25,001.00 to $50,000.00</td>
<td>21</td>
<td>20.39%</td>
</tr>
<tr>
<td>$50,000.00 or more</td>
<td>1</td>
<td>.97%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>103</strong></td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Largest Loan Provided: $52,532.00
Smallest Loan: $172.00

Table 3 describes the various types of assistive technology for which loans were requested. Of these requests, the greatest demand for funds was in vehicle modifications and transportation with 68 loans (66%) in the amount of $1,268,466.00 being executed. The second highest was in the area of mobility, seating and positioning 21 (20%) in the loan value of $51,736.00, followed by the category of hearing with 10 loan requests (.097%) in the amount of $34,359.00. It is interesting that during this same reporting period there were no requested loans for vision, learning and cognition, environmental adaptations and home modifications, recreation, sports and leisure and other categories.

Kansas’ data appears to be representative of AFP programs across the country. The technology category with the most primary or secondary applications has consistently been modified vehicles\(^5\). What is interesting is that modified vehicle requests are high in states that are mostly urban or those states that are mostly rural, like Kansas. Rural states also face

additional transportation problems as there is a severe shortage of any type of public transportation. Bottom line, consumers with disabilities, like their peers without disabilities still want to go from point “A” to point “B”.

**Table 3: FY 2009-2010 -- Type of AT Equipment Requested**

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>Dollar Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Hearing</td>
<td>10</td>
<td>$34,359.00</td>
</tr>
<tr>
<td>Speech Communication</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Learning, Cognition, and developmental</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Mobility, Seating &amp; Positioning</td>
<td>21</td>
<td>$51,736.00</td>
</tr>
<tr>
<td>Daily Living</td>
<td>4</td>
<td>$8,077.00</td>
</tr>
<tr>
<td>Environmental Adaptations &amp; home modifications</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Vehicle modifications &amp; Transportation</td>
<td>68</td>
<td>$1,268,466.00</td>
</tr>
<tr>
<td>Computers &amp; related equipment</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Recreation, sports, &amp; leisure</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Total</td>
<td>103</td>
<td>$1,362,638.00</td>
</tr>
</tbody>
</table>

Figure 1 below illustrates the number of AT direct users for the age groups 0-9, 10-17, 18-29, 30-39, 40-49, 50-59, 60-69, 70-79, and 80 and older. This chart shows a skewed measure of central tendency to the right of the mean with the greatest number of AT users in the 50-69 age groups, comprising almost 60% of all direct AT users. As one would expect there is a much lower group of AT users at either end of the life span continuum (i.e., 0-9 and 80 or older). It is possible that one of the factors that affect the increase in this area is due to thousands of Kansans who are *aging* into a disability due to some significant health conditions or problems.
Examples of these problems may include chronic obstructive pulmonary disease (COPD), heart conditions, fibromyalgia, adventitious hearing loss, or stroke. When faced with these health conditions, many of these individuals will go to an AT vendor to get the equipment they need and will have some level of discretionary income with to leverage toward AT loans to make the purchases.

**Figure 1. FY 2009-2010 -- Age of Direct AT Users**

![Bar Chart for Age of Direct AT Users]

- Figure 2, on the next page, shows a pie chart illustrating the number of default loans (19) and the number of active loans (426). Remarkably, the default percentage is less than 5% (4.27%).

In terms of actual cash dollars, the total value of Active Loans for this reporting period was $4,652,395 with a net dollar loss on all loans at $110,527 or 2.32%.
**Near Future Changes**

As we examine our history and our numbers we see several emerging themes. First, in Kansas and across the United States transportation and mobility are becoming increasingly important daily living activities for people with disabilities. Second, as there is a prolonged recession in our economy fewer applications are being submitted to KATCO. While there are fewer applications, we are facing increased risk for default or non-payment of loans on these applications. Third, the Kansas AFP denies financing to 35% of our applicants. In most cases these denials are due to limited household income or very poor credit histories. We believe these individuals need financial education supports and services. For many people, whether disabled or not, there is an insufficient understanding of what it takes to build a sound financial foundation. Many individuals want to satisfy their wants and desires now—instead of analyzing their financial situation and determine the best course of action. With the recent liberal availability of credit cards many Americans and Kansans have been on a spending spree with a
“buy it if you want it” attitude. The leadership at KATCO desires to help its consumers better understand the importance of building a solid credit history and fiscal accountability.

Like many national State AT projects, Kansas and our sister AFP programs are gravely concerned about the sustainability of all the AT programs. When AT loans go into default we lose money. With riskier applicants, we find it difficult to balance the needs of individuals to secure necessary AT equipment with the need to balance our bottom line to maintain this important program. We face increasing tension in assisting as many Kansans to purchase needed AT, while also trying to minimize our financial risk while doing so. We also want to improve our outreach. As noted in Table 3 above, there are several areas of AT equipment where we are not making any loans. We need to be more proactive in marketing and strategic planning to reach those consumers with daily living needs, learning and cognition needs and recreation/leisure time needs, among others.

Finally, it is important that we reference a very important program, but one that continues to be difficult in which to see clear outcomes. That program is the Access to Telework program. Modeled after the AFP programs, the Telework programs are intended to offer financing on equipment, modified and non-modified, that will help a consumer with a disability engage in, maintain, or enhance employment activities. Those of us who are program managers strongly believe that employment is a key to improved monetary assets and, theoretically, a way out of persistent poverty. Some programs, with the support of the US Rehabilitation Services Administration, are pursuing micro enterprise business models to help advance the distribution of Telework monies to those workers with disabilities who wish to
become self-employed. These ventures are still being tested and outcomes have yet to be determined.

**Conclusion**

This brief report has carefully described more than 20 years of work in the development, management, growth and challenges of creating a responsive and agile network to build the AT capacity needs of Kansans with disabilities. Over these many years several program features have remained intact with little adjustment needed, while other program components have been replaced through program maturation, program attrition, or by newly mandated federal requirements.

While Kansas has performed an admirable job in reaching out to thousands of Kansans with disabilities, we also readily admit that we have a considerable amount of work yet to do to reach out to those with whom we have had little or no contact. We also envision the need for more evidence-based outcomes of our work. With this evidence, we can document the improved end results of how the AT program and equipment has contributed to improving the quality of life of the users with disabilities. The KATCO slogan, “Independence is Priceless. We make it Affordable” is really more that that. It is the difference between being dependent upon others for your daily needs versus being independent to make your own choices of what you want to do, where you want to go and with whom you will go.
The Kansas AT program has certainly changed many lives across the decades it has been in existence. We anticipate that the program will continue to grow strong in the future, but we must adapt and evolve or we will go the way of 8-track tapes and analogue wristwatches. We must anticipate and be proactive to new consumer needs and new federal mandates rather than be reactive to them. Our aim is to continue to institute optimal strategies for Kansas citizens with disabilities to have access to and eventually acquire the technology that improves their independence, choice and quality of life.
Meeting Synopsis

This was an intense meeting that generated a great deal of discussion between US and Korean professionals who are interested in helping their respective citizens become more independent and empowered through the use of assistive technology. The dialog was one of active exchange of information concerning funding, reclamation and reuse of assistive technology to reduce expenditures as well as enable more individuals with disabilities to be AT users, given reduced resources. The next page contains several photos of the working group session. Not pictured are the two participants, Cindy Jones and Jordyn Birkes, who took part via SKYPE monitor from Wichita.