

>> KATHY HOELL: We're waiting for the other interpreter.

>> I see the bubbles.

Just a minute.

>> INTERPRETER: She says she

>> INTERPRETER: She says she has a trial on her schedule and
didn't realize this was on her schedule.

I'll start.

>> KATHY HOELL: Just tell us when you need to take a break.

>> INTERPRETER: Okay, Kathy, can I message you in the chat
personally if they do find me a relief, so you can add them in

>> KATHY HOELL: Yes.

>> KATHY HOELL: Okay, Cheryl, you're all set.

>> KATHY HOELL: If everybody is read, we'll get started.

My name is Kathy Hoell.

I'm the director of the Statewide Independent Living Council.

Thank you all for coming.

We're going to have some good information, I think.

I hope.

And I want to acknowledge Melanie Davis from the University Center For Excellence and developmental disabilities.

She'll be working with me in the background to make sure we tried to get this thing to run smoothly.

These sessions were put together by what is money as the Nebraska disability -- known as the Nebraska disability -- this consists of 22 different disability organizations in Nebraska.

I have a few housekeeping rules.

Melanie is going to put the Dropbox into the chat box for everybody so they can access all the presentation.

There is also a list of key strokes for people to use for zoom if they need it.

Depending on the device you're using, the tool bar could be at the top or the bottom of the screen.

Muffle, we only have one interpreter today.

Hopefully they will get somebody else.

But we might have to take a break or whatever as this is going on.

But I really would like to thank her for showing up!

These sessions are also closed captioned.

To access that on your tool bar, there should be a little cc button.

Beside that, there is an arrow pointing up.

Press the arrow and one of the choices it gives you is enable subtitles.

And so then you can see the captioning.

If you have any questions for the presenter, you can put them in the Q and A box, but please feel free to use the chat to have conversation.

I think that's really important.

We will be recording this presentation, like all of the presentations we've done, and it will be posted on the YouTube channel, and Melanie is supposedly going to put that email -- that web address in that chat box.

I would like to turn this over to Tobias Orr, who will be moderating today's session.

I'm out of here.

>> TOBIAS ORR: Thank you, Kathy.

Good afternoon, everybody.

Kathy is hopeful this will be good information.

I am much more confident because we have three presenters today.

If you have any questions, please put them in the Q and A, a little button on the bottom rightish corner of your screen.

We've allowed time at the end of the presentations to answer questions.

As questions come up as the presents remembers speaking, put them in there three presenters today, Meaghan Walls.

Angie ransom and Michael Elksen.

Meaghan will be talking about assistive technology and what it looks like, talking about funding, how to pay for assistive

technology and Michael will be going over the laws surrounding some of the assistive technology in the State of Nebraska. I will turn it over to Ms. Meaghan Walls from assistive technology.

>> Awesome, thank you, everyone, who is attending.

This is fun for me because talking about assistive technology is one of my favorite things to talk about.

So let me share my screen and get us all set up.

All right.

So as toe Tobias mentioned, I am here to talk about assistive technology, what it is and how that assessment process looks like.

So ultimately, assistive technology is just anything that makes it easier for you to complete a task in your day, or makes it easier for you to engage in general activities in your daily life.

I posted this morning that I've added blue light blocker glasses to my daily routine to reduce my migraines.

So that's my daily assistive technology on top of smart speakers and several other things.

There's a lot out there that you're using already that you may not even realize is technically assistive technology.

But there are a few different categories of assistive technology which impacts the path to obtaining them in funding, which Angie

will talk more about later.

The durable medical equipment is one category.

The nonmedically necessary, which focuses more on independence, quality of life, daily.

Daily engagements activities is another category and then there's assistive technology applied in vocational, school settings, specifically for school and work.

So it's an overarching picture of what categories assistive technology could be in.

Quick snapshot of some things that fall under that durable medical equipment category.

Those may be things that significant significantly tied to medical equipment needs.

These are items that are going to be recommended and the specifics worked through with a therapy professional, speech, physical or occupational.

Sometimes your doctor as well.

And they'll help work with insurance to get those items covered.

So durable medical equipment is the category that's most often funded through an insurance portal.

Nonmedically necessary, these are things that are not supported by insurance, but they do have a benefit to your participation in activities.

But those activities aren't medical in nature.

So they -- they can be academic, vocational, quality of life,

independence, kind of all can fall in this category.

Some examples.

We're not going to cover all of these.

If there's a specific one you want to know about, throw it in the Q and A or contact me later.

There's technology for life, things you do in your normal day that you need to enhance your independence or ability to do tasks, see buttons on the phone, brush your teeth with a little bit more autonomy.

There's a lot that can be done in the kitchen and around nutritional independence.

Nutritional independence can be a maker or breaker for ongoing independence and living with a new environment.

There are a lot of things that can be used to increase safety, or for enhancing cooking experiences.

Almost anything can be classified as self-care but these a few examples of self-care, hygiene-related tasks, management, that there are adaptive assistive technology options out there that help increase that level of dignity in some of those tasks that you really don't want someone else to be helping you with.

There is so much that can be done through home automation.

I like to say that Amazon have absolutely no idea what they were creating when the first Echo devices came to the mark.

The smart speaker and voice controlled, even switch controlled things in your environment that can be controlled using these

systems, from TV and lights and thermostat and ordering and phone calls really have made a difference in the level of independence for a lot of people in the disability community. And everybody -- they're integrative in just about every aspect of our community, and in homes we use a variety of them.

In our community, I'm pretty sure my kids think that they should be able to tell anything what to do by just giving it a command, and they're 4 and 7.

My point is, it's not that difficult to learn to use, once you've got it set up.

Staying connected, especially as we've learned in this last year is monumental for work, for school, for mental health.

There's a lot of simple ways that can be integrated.

For all levels of communication needs, abilities, supported options for simplified technology platforms, larger print, and video and phone as well.

There's a lot for recreation, whether you want to play board games, you have a hobby like sewing, painting, music, gardening, outdoors, there's a lot of options depending on your interests and what barriers you may be looking at that can increase your ability to connect with the community and socialize and pursue an existing hobby, that your abilities may have changed and are impacting, or try a new hobby, find something now to engage in. Mobility and safety.

These are a few kind of simple things that can be adapted in the

environment.

The lift, the ceiling track obviously isn't more civil, that's a more technology-based one.

But there are simple things that can be done to help maintain safety and mobility in the environment if there's a concern it may be changing.

Or stay ahead of any potential safety hazards from cooking, tripping, falling in the bathroom, stairs.

Lots of different options exist for this goal as well.

And then there's vocational, academic, from visuals, apps and different talking technologies and magnification, lots of things that can enhance in those settings and for those goals as well.

And then let's talk about how tech assistive technology is.

There's a lot of misnomers.

It's difficult to use or needs programming, are things that are said.

There's things like no tech, sometimes that's policy or procedural, something visual in the environment.

There's no technology and really no moving parts, simple, easy to use.

Low tech really doesn't take any training to use, usually less expensive than most other options and may have some moving parts, like a lever or knob, but no batteries that need to be used.

Mid-tech may take longer to learn, may cost a little more.

Likely going to have batteries, but not love complex features. And then high-tech is where you're going to get into the things that are more expensive, take more time to learn, may require some training.

More complicated to set up, perhaps, but still not unfeasible for someone to learn with the right guidance.

So I know that was a really fast overview, but I don't have as much time as it could take to go into detail on all of those.

So what is the assessment process look like?

An assessment is really just an active -- interactive process where we're looking at barriers and solutions and trying to, together as a team, determine what makes the most sense for the goals that the individual has.

So the outcome of a -- the outcome of an assessment is to be able to recommend assistive technology that meets the needs consistent with the individual's skills, and ultimately helps them accomplish the particular tasks or functions that they want to do, that give their days meaning, give -- enhance their quality of life or functional tasks.

Power steps.

The initial step is getting the referral in, connecting with the family, individuals, members of their team.

Then we do the assessment.

Then once we've determined the appropriate assistive technology, find a way to get, we implement it and there's a follow up

process to make sure it's meeting the needs the way we expected.

And there's a -- the reason for a structured approach is it helps ensure that we get the best match and reduces the chance of the likelihood of abandonment of assistive technology.

An example of how this process may go, if you utilize the Nebraska Medicaid comprehensive day or adult day DD waiver, you can talk to your service coordinator about a referral for an environmental modification assessment.

That's a service that I, with the sistology am approved to provide and it allows for an assessment in a home environment to look at barriers to independence, and make recommendations about changes to the environment and assistive technology that may help remove barriers and progress those goals to independence, and then support further independence in other areas.

So it starts with the referral through your service coordinator, then we move forward in the process from there.

Going through that process, once we're doing the assessment, it's really looking at the needs assessment, what do we want to accomplish, looking at solutions, trialing items and options if necessary.

Getting them purchased, getting those implemented.

When we're doing that needs assessment, we're talking about medical diagnoses.

We're setting goals and expectations.

We're identifying the barriers that are preventing those goals

from being accomplished.

And then kind of the key element is making sure we are clear on an individual's motivators and dislikes.

Because I may think we have a perfect solution in mind, but the individual is a thousands percent not motivated or really turned off in dislikes, something about the engagement.

Then it's not going to be a good solution and it won't work.

Then when you're looking at assessing solutions, there are key elements to being innovative and creative and to what that match S it may not be in a catalog.

We try to utilize things that are commercially available and focusing on the barrier we're trying to remove.

But we also may be using things in a manner other than what their intended use on market was.

A couple of those examples are on the screen.

The one I will talk about is the pot the with green and gray strainer.

So it's marketed as a portion control basket, but it's set up -- it's marketed as a portion control basket in nutritional dietary catalogs, but it's a strainer that sits on the edge of a pot.

So for someone with reduced strength, dexterity, who needs to do cooking and kitchen tasks one-handed, it allows them to cook and strain vegetables, pasta, potatoes, anything you would want to boil in the pot and strain it there.

So it improves some of that safety measures and increases some

of the independence.

But it's not what it was intentionally marketed for.

So being able to be creative and think through some of those things is really important as well.

We can trial things.

APTP has assistive technology lending.

There's AT4ALL.com, web based assistive technology laboratories.

Then tech tools lending libraries, sponsored by the University of Nebraska, around the state, I host one down at the metro community college for Omaha campus.

Inventories are beyond line.

So purchasing.

We'll talk more in depth with Angie.

But there are different funding streams for medically necessary and nonmedically necessary with medically necessary being really the portal -- the category that is accessible by insurance.

You have to get a little creative with some of the other options.

This is my contact information.

Email, phone, website.

Happy to provide that and answer any questions today, or as follow up from the presentation as well.

So that is what I have.

>> TOBIAS ORR: Thank you very much, Meaghan.

Keturah, do you need a break?

>> INTERPRETER: I'm good for now.

We can go through another presentation.

>> TOBIAS ORR: Thank you, Meaghan.

Next up is Angie Ransom.

>> I appreciate being here, talking about funding coordination with the Assistive Technology Partnership.

I'm going to share my screen here talking about funding coordination, how we work together the with programs across the state.

>> Funding coordination.

Our offices are located state wide.

We have offices in Lincoln, Omaha, Scottsbluff, Columbus, Kearney, and our education program housed out of could sad.

It was nice to follow Meaghan's presentation because she did a fantastic job of explaining technology, low tech, high-tech.

And so love the information I'll share -- a lot of the information I'll share will tie into understanding that there is a lot of possibilities for funding and how we can get creative in finding funding resources.

It's an integral part to most services we offer.

I'll highlight some of the key parts we do, specifically regarding our service and device application.

So ATP funding coordination connects Nebraskans with funding options for assistive technology.

And those items for technology can be large or small.

I liked Meaghan's examples, talking about using blue glasses. Many of us sit in front of computers for hours and that's an example of low tech assistive technology.

The photos here are larger technology.

One can be a vertical platform lift to assist someone getting safely in and out of their home for independence.

So what is the service and device application?

I often find myself in my daily tasks talking to individuals who call in for questions or talking to agencies and tossing around the term service and device application.

So this is a great platform for us to be able to talk about what is that application.

Who has the opportunity to fill it out?

What do we do with it?

How can it help? We'll talk about it being a multiagency forum and how we identify programs for funding.

We'll talk about collaborating with the applicant.

Finding out what assistive technology that they are looking for funding assistance with, and we'll also talk about the resource letter that they're provided to complete that process and

continue to identify funding options.

>> So the service and device application.

What is the process.

If someone is advised or recommended to call the Assistive Technology Partnership, they get ahold of one of our staff and we provide them with the service and device, often shortened to S and D, service and device application.

It is on our website, and it can be completed electronically or by a paper copy.

All the applications come into Lincoln for processing.

So 1 person is able to look at those and case manage them when they come in and make sure that we're getting the right resources for them.

It's individually reviewed for funding.

And these can be loans, grants, or possibly referrals to other agencies.

When the service and device application comes in, we'll take a look at a few things.

First of all, what have they marked regarding disability?

This is an important key to identifying resources, because there are programs and agencies that are disability specific.

So, for example, if the individual shares that they have been diagnosed with a specific disability, or diagnosis, we're able to talk to them about the resources at a specific program.

Maybe ASL of Heartland or MS society.

We're also going to take a look and talk with them about what services and devices are you requesting? What would be helpful for you? What is keeping you from feeling independence and safe in your home?

We're going to talk about requirements.

They may have requirements on needing to be the homeowner.

The age and miles on a vehicle.

Certain program requirements that are specific, again, to what they're requesting.

We're also going to look at funding availability.

Some programs and agencies have funding years and the ability is to fund for a certain period of time.

So we're going to talk with them about what's available and connect them with that program if they have funding.

So the second step with the service and device application is identifying when it comes in that we're making connections to potential resources specifically the assistive technology people.

I'll talk more in depth, but some I wanted to highlight, Medicaid wear, Nebraska VR and united cerebral palsy I Nebraska.

>> The third step to the service and device application once it's been completed is the applicant will get a copy of the resource letter.

This is going to be a letter that has information on other grants, loans, national programs, local programs that may have funding.

And listed here you'll see that we keep the application open for 90 days.

What that does is lets the individual in the family know that once they've completed the application, they're welcome to continue to call back in if they have questions, if they need follow up or have gone to a website, need a little bit more information.

Those the 0 days, it doesn't -- 90 days, it doesn't mean the application comes in, they get the resource letter.

That we're not going to try to find resources for them.

It's that time they call in and we try to find additional funding.

As I mentioned the service and device, multiagency forum.

Some of the key players within our multiagency referrals is Medicaid waiver.

The Assistive Technology Partnership has a wonderful program coordinator, she oversees the Medicaid waiver programs within the Assistive Technology Partnership.

For example, if a referral comes in from a service coordinator and funding is requested for that individual and they receive Medicaid waiver, whether the aged and disabled waiver or developmentally disabled waiver, DD waiver, then we're going to

talk with the service coordinator about filling out that referral and having one of our staff work with them to do the assessments, work with the contractors and find the best option for that individual in their home or vehicle.

The other partner that we work very closely with is Nebraska VR. And when assistive technology is highlighted as a benefit to obtaining or maintaining employment, funding coordination can be provided to that individual, and information can be given to them if they need to apply for services with Nebraska VR.

We also have staff in our office who are specifically with Nebraska VR.

So again, if equipment is needed for employment, we're going to make that connection and referral so they work with Nebraska VR. And then Easterseals.

I know Meaghan mentioned in her presentation.

It's a nice chance for me to highlight that program as well.

Easterseals Nebraska is a wonderful alternative financing solution program that offers low interest loans for individuals, for technology and devices.

And on the screen here, I've highlighted out the three different programs that they have, the alternative finance loan, which can be a loan that the individual applies for between \$2,000 and \$35,000.

The tele work program, when equipment is necessary for work from home or employment.

And then the mini loan, a lower amount loan, up to \$1999.

An example of how we work with the Easterseals Nebraska program is that someone maybe eligible for modifications from another program, whether Medicaid waiver, Nebraska VR or other programs for modifications on a vehicle, but the actual cost of purchasing the vehicle is something that they're still needing. Working with Easterseals Nebraska is a chance for them to apply for that funding so they can see if they can find a loan to cover the cost of the vehicle and then the modifications will be able to be put on.

And the united cerebral palsy of Nebraska is another fantastic resource we work with.

They provide limited grants for individuals with disabilities, provide options such as adaptive equipment in the home.

UP Nebraska services our coordination no their packet.

We work quite a bit with them if the individual is eligible for this grant.

Lastly, I want to talk about the reuse network.

This is a resource that really has become up and coming the last couple of years.

The reuse network connects individuals with equipment statewide. Examples of this can be wheelchairs, durable medical equipment, like Meaghan mentioned in her presentation, crutches, bath chairs, hospital beds.

These items are donated and we receive them, check them for

safety, sanitation, make sure they're in good working condition and we can give them back out to those who need them statewide. We're seeing a lot of individuals that insurance may not be covering some of this equipment or they just need it for a period of time so we're able to donate that to them.

And that's my contact information.

I look forward to any questions that you may have.

>> TOBIAS ORR: Thank you very much, Angie.

I see our other interpreter is here, so we can continue right on.

Next up, we have Michael Elsken from Disability Rights Nebraska.

Michael, I'll get your PowerPoint up here.

You should be good to go.

Michael, we can't hear you.

>> Sorry about that.

My name is Michael Elsken, attorney with Disability Rights Nebraska.

I'm going to be talking quickly about the law.

There's a lot more to all aspects of the law than what I'm going to be able to cover in the very short period of time.

Our agency has a series of what they call law in brief on various topics.

And if you go to WWW.disabilityrightsNebraska.org and click on

the resource tab, there's a little box in the top right-hand corner that allows you to check the resources.

And if you go to legal resources, we have all sorts of law and brief materials.

If I race through this too fast for people, that's where you would want to go.

Next slide.

Assistive technology for individuals with disabilities as differentiated from technology used by the general public is really what I'm talking about when we talk about statutes and laws.

And what protection exists depends on the assistive technology. There's not a universal provision, which provides an absolute requirement, that assistive technology be permitted.

Instead, legal provisions seek to promote the use of assistive technology for individuals with disabilities in balance with the interests of other parties.

For example, if a best has substantial security issues, they may not be able to allow an assistive technology device that allows a camera.

So they may have to modify the assistive technology that you have used because of that security concern.

Fundamentally, though, this means assistive technology can be accessed while considering the burden upon the other party.

Next slide.

The biggest provision, statutory provision that people associate with disability is the Americans With Disabilities Act, or ADA. It is the principle disability protection statute under the federal law.

It's not specifically designed to address assistive technology. What it reaches to is government environments, public accommodations and employment.

But assistive technology is used to implement access to the government environment, the public accommodations, and the employment.

So that use of the assistive technology, again, is a balance. The reasonable accommodation doesn't mean all accommodations. Employers or entities have the right to assert defenses, which include undue hardship, fundamental alteration and safety aspects.

But the idea here is to provide assistive technology as a mechanism to reach the objective of the ADA.

It's not the objective itself.

Next slide.

The primary statutory provision regarding assistive technology on the federal level is the federal assistive technology act. And it's designed to provide a basis for the increase of access availability of and funding for assistive technology for individuals with disability.

In 2004 it was reauthorized to require that the state provide

direct aid to individuals with disabilities to ensure that they had access to AT needs.

However, there's a big caveat there, and the people from ATP fully understand this, this does not mean ATP has to provide the assistive technology to the individual for free.

It does not require that they purchase the assistive technology. They can promote the direct aid by the various programs that they have the funding for the lending of the equipment, setting up methodologies where you are able to obtain the use of the equipment.

And how that is done is really set by each state's individual ATP program.

So a lot of what we just talked about -- not we, but the prior people doing the presentations talked about is accessing that assistive technology.

But I'm going to focus more on the legal aspects, and I'll get there once I'm finished with the various statutory provisions that are relevant.

Next slide.

There are a number of federal statutes that provide some degree of federal protection that are not AT specific.

The rehab act, that's how voc rehab, among other entities, provide access to certain assistive technology.

It's designed to level the playing field for individuals who have disabilities, whether that be in schooling or employment or

whatever.

The IDEA -- I'm not going to talk a lot about it.

It's the primary act for protecting individuals with disabilities in primary and secondary education.

And the reason I'm not going to really discuss it is, according to buy Tobias, you're going to do a presentation later this year specifically focused on education.

The workforce innovation and opportunity act, which is an omnibus statute outside the scope of just VR talks about considering assistive technology for employment.

And then the last one is the every student succeeds act, which is the replacement for the no child left behind act, and it considers AT for meeting student needs in general.

Next slide.

There are a number of state provisions dealing with assistive technology.

Nebraska fair employment practices act is similar to the ADA with respect to employment.

But it can reach to employers who are not covered by the federal statute.

Again, with the AT implications when you're talking about employment.

The Nebraska special Ed law, and regulations implement the special ed requirements, including AT and primary and secondary schools.

Technically, the state provisions can be more robust than the federal provisions.

But the State of Nebraska has elected to basically mirror the requirements of the federal law.

There are various rehab statutes available, including it needs to be emphasized, workers compensable compensation, which may allow funding of AT, individuals who are injured at work and need assistance to be able to get back to the work environment, or just assistance in general, may be able to access funding for AT through workers compensation.

And probably the most important is the Nebraska assistive technology lemon law, and actually, in the Dropbox you will see a hand out that our agency, their law and brief on the lemon law originally hadn't planned on putting it in there because it was out of date, but we managed to get it updated so that we could submit it in your Dropbox.

So people looking at the Dropbox will have access to that AT lemon law and brief.

Very detailed, like 3 pages long.

It provides state protection for AT users who purchase or lease equipment.

Next slide.

The focus here in terms of the AT lemon law is it reaches assistive technology which is leased or purchased, has to have an implication to a major life activity.

Condition, which constitutes nonconformity, cannot be a result of abuse, misuse or unauthorized modification, or which can be addressed by ordinary cleaning, maintenance and care.

To be able to make a claim under the lemon law, you have to have at least two attempts to repair within a year of the purchase, and the nonconformity continues, or you submit it for repair and it's not available for 30 consecutive days.

So if you've got a power wheelchair that keeps on stopping for no reason at all -- read a client that had this type of situation arise -- you have the right to pursue an AT lemon law, if you've done the two attempts to repair within the year, or the nonconformity results in not being able to use the AT device for 30 consecutive days.

Allows the replacement of the return to the nonconforming device, so basically take the old chair, get a brand new chair. It doesn't have implications for the frequency of getting new chairs under the Medicaid or Medicare programs.

And the information sheet is in your Dropbox.

Next page.

Obtaining assistive technology.

This was covered, to some degree, in the prior presentations. But there are a lot of ways that AT may be obtained, including the ones that were discussed before.

The more expensive the AT, the more important it is to be able to figure out how it's going to be paid for.

AT can always be obtained by the individual with or without insurance reimbursement.

Direct purchases can be made through regular earnings, with savings, or through specialized savings.

I'm going to talk about a couple of them that are real important.

The ABLE account, right now you have to have the disability arise before age 24 -- 26 -- 24, I think it is.

To be able to sign up for an ABLE account, shelters the money you can put aside, up to \$14,000 a year aside in an ABLE account.

It doesn't count for SSI eligibility.

They are talking -- they have been talking in Congress about increasing the age in terms of the concept of the disability, up to age 46 or 49.

Which will make it much more feasible for individuals who develop conditions later in life.

The other thing in terms of savings that are specific to employment is what's called a PASS program.

It's a program to achieve self sufficiency that's done through the Social Security Administration.

The fact is, it allows you to buy -- save for and buy to get items.

So that's one way to pay for that.

AT may be obtained through programs paying for the AT.

Again, you just had that discussed significantly.

But there are other programs, including special education or voc. rehab, where they can end up paying for it.

Then the last real thing is obtaining AT through insurance coverage.

And you need to know whether the insurance is public or private.

Private insurance includes things like insurance through employers or workers comp.

But most people don't realize that if you signed up for the Medicare advantage program, sometimes they're called all inclusive programs or part C plans, these are the things that Joe Namath is advertising on the television, that opts you out of the federal Medicaid program, and into a private insurance program.

So if you signed up for Medicare part C or Medicare advantage program, you're bound by the terms and conditions to be able to obtain the assistive technology as set by that program.

What is covered needs to be considered by the language of that policy. So you need to talk with your insurer about the steps that you need to go through to get AT -- insurance paid for through that private insurance.

Next page.

Public insurance, basically you're talking about traditional Medicare and Medicaid.

Insurance coverage for an AT device under Medicare and Medicaid

meet that category that are medically necessary.

So the first presenter talked about the different categories.

Your traditional Medicare and Medicaid insurance coverage, they're looking at whether or not the AT is medically necessary.

There's a lot of AT out there that is **nifty** but doesn't meet that medically necessary category.

I went to an AT presentation last February down in Orlando, Florida.

They had this device that would allow a person to feed themselves, electronically allowed them to manipulate a spoon on a plate and pick up the food and feed themselves.

That, at least at the time that I talked to the individual that was marketing that, that has not been approved as a medically necessary device.

Great device.

A lot of independence.

But not necessarily medically necessary.

Usually, the larger the device is, the more expensive it is.

Requires pre-approval by Medicare or Medicaid.

That's probably true in your private insurance, too.

Pre-approval normally requires submission by both a physician and physical or occupational therapist.

They want more than 1 person saying, yes, this is medically necessary.

Medicare and Medicaid use the same standards for pre-approval.

But those standards may be different and often are different than what your private insurance requires.

And the real key there is do not actually order any AT which requires approval until it has actually been approved in writing.

We've had people who come to us saying, but we were preapproved. And they don't have the pre-approval in writing.

So that can be a real problem.

And I think that's the last page.

So we're really to the point where we can start taking questions.

>> TOBIAS ORR: Awesome, thank you, Michael.

So we had a couple of questions in the Q and A, and that was actually Meaghan that answered that first one, not me, I don't know why it copies throwing my name on everything.

Meaghan, would you mind talking about that a little bit, where do you get an assessment? What are the possible avenues to get one?

>> Meaghan: That's not an easy question to answer.

It really depends on a lot of factors around what programs the individual is tied to, if it's a solution that they're looking to get that would qualify under medical necessity, if it should be paid for through voc. rehab or work comp because of those

situations.

I think the question that had come through was referring to the assessment that I had mentioned through the DD waiver.

So that one is available in an individual's budget, it just has to be planned in.

It's available.

So you work with your service coordinator for that one.

And then there are different routes that they can map it.

It looks like -- they could map it to me as an approved provider, based on comments by someone I'm guessing is linked to ATP that showed up as anonymous.

They can contact the person down in the ATP office.

And it looks like -- let's see.

And then the follow up was if the ADRC is able to assist.

They may be able to provide you with a list of resources.

That comes through the AMAWA office.

So they would be able to provide you with a list of resources, but wouldn't connect you specifically.

And it may also come through a home health agency or therapist, depending on the situation.

So the shortest answer is talk to whoever your primary -- you know, if it's an educator or workplace or service coordinator, or reach out to one of the agencies here that can try to help guide you.

But it's going to depend a lot on the individual situation.

>> TOBIAS ORR: Thank you, Meaghan.

I had a comment here, for environmental modification, when ATP goes in, it is a thousand dollars out of the DD participant's budget for us to go in and assess an mod and I don't know what Meaghan charges, it is different between different providers. The biggest thing to take away from this is know which programs you're connected to.

It always comes down to a funding source.

If you're working for voc. rehab and AT could help you at work, that's when the referral comes to us, or if you're on the waver, or if you're in the school system, the school may be able to provide AT, something that should be or is required to be considered in any IEP or IFSP.

So there's funding out there.

Assessments, that's a tough one, because you really need to have that funding source.

If there's not funding, if Angie wouldn't talk more about reuse, the question came up there, that's a no cost way to get your hands on ATP.

You may not have the one on one support, but it's still a way to get your hands on equipment and try stuff before you purchase.

Angie, if you wouldn't mind?

>> Angie: I'm glad that question got brought up.

Reuse is not just made up of the Assistive Technology

Partnership, it's a network.

So we work with different agencies in groups and collaborate cross the state.

When someone receives a piece of reuse equipment, it's at no charge to them.

They can keep it for as long as they need it.

If they want to give it back to us when they're done, that's fine, but often times they keep that piece of equipment.

I received a call a couple of months ago from an individual who didn't qualify for any services who helped qualify his bathroom.

We worked for a long time to see if there were resources and ultimately he was able to get a reuse bath bench that works for him currently because he was in a situation where he needed safety in a shower, was able to get a bath bench that worked for him and was able to find different funding through the VA.

Even in the short term, trying to identify and find reuse equipment for them can be temporary, long term, whatever they may need.

It's really a nice partnership with the agencies we work with because we don't have a lot of storage space at ATP and some of the programs don't have storage space.

There are some partners that do, though.

So we'll get calls where individuals and families want to donate hospital beds in good working condition.

So we're able to coordinate with one of our reuse partners who

has storage space through the hospitals and we can go pick those items up and bring them to storage.

We'll also do direct pick up and drop-offs.

So, for example, if someone calls and has a piece of equipment they want to donate, we also have someone that needs that piece of equipment, we'll work together to coordinate so they can pick up that equipment and take it directly to those who need it.

It's an evolving and fun part of our agency and what we do.

And the equipment that we get is typically in really great condition.

I would say that the only thing that really is something we have to look for funding for with reuse is batteries.

So, for example, we get calls where people may have power chairs that they left in their garage, in their basement and they haven't kept them plugged in.

They're great power chairs, but they're no longer having batteries that work.

So if we take the chair in, can we identify batteries or funding source for batteries that. Tends to be one of the trickier parts, or very specific chairs that come in, that were custom built for an individual that may not be suitable for anyone else that we have at that current time.

So, you know, that's one of the things we work on.

But reuse is just, like I said, an evolving and very needed area.

I know that we have gotten some calls with COVID-19 where individuals are maybe moving in with loved ones, so they were needing some short term needs, like a transport wheelchair or manual wheelchair, as well as getting calls for Pinnacle Bank here in Lincoln to assist them with individuals for the vaccine. So word is getting out there if you have questions about row use, give us a -- reuse, give us a call.

>> TOBIAS ORR: We had one other question.

Is the ADRC able to assist you in finding how to get funding. ADRC is a great resource, they'll point you in the direction of who you need to talk to if you're on the ADRC wait, go talk to your DD service coordinator.

They may point you to ATP to fill out the service and device application.

The ADRC is a good first stop to anybody.

Michael, we had a question for you.

Michael, could you talk a little bit about the difference between no student left behind and every student --

>> Michael: The primary difference is the way in the requirements of -- (Indiscernible by captioner) they're going through the school system.

It's not really a focus on the assistive technology aspect.

And that's really a question probably best taken up for special ed presentation later on this year.

It's -- but the primary difference between the two aspects is the testing and testing requirements for students.

>> TOBIAS ORR: Thank you, Michael.

Is there anymore questions? That's all I'm seeing in the queue right now.

Couple more minutes here, if Nebraska has --

>> Michael: Actually, I do have a bit of a question.

That goes to, you can see a lot of assistive technology being marketed on Ebay, I actually bought a replacement power unit for my wife's hospital bed on ebay.

I don't know if there's a way to get financial assistance if you're purchasing through Ebay.

But that is a market there, too.

So just so you know that if you're running into problems, and there are a lot of families out there that they have grandma or grandpa who is passed away and they don't know what to do with that wheelchair or that big ticket item because the unit that I replaced sells for 7,000, and I bought it for \$1500 on Ebay.

>> Meaghan: I'll share a story.

If you get a little bit savvy, sometimes if you go through, say, a vendor like Kohl's or -- they're limited in the brands that they can sell, and they might not have -- if you're talking about a walker or rolling walker, they might not have one that

meets all of your nodes.

And if you find that -- needs.

And if you find that one say on Amazon or Ebay and you know it's been preapproved, you can purchase it, in some cases, and submit to your insurance company for reimbursement so you get the one you want and you're not limited to just what the vendor has to offer.

So there are options like that as well.

Not necessarily -- what Michael is saying about selling on Ebay, but if you find something and you know that insurance has approved it, you could then make sure that you get what you need -- you get the right match so it meets your needs.

>> TOBIAS ORR: Thank you, Meaghan.

I'll take a stab at this one, too.

Angie; correct me if I'm wrong.

If you get a grant, grants are pretty much -- often times written directly to the individual.

So if you get some kind of grant, they'll hand you the money and you can turn around and use that money to purchase on Ebay.

And Angie; correct me here, the mini loans were Easterseals.

I'm thinking if that would be an item that you found on Ebay and went through Easterseals, many programs, I want to say, would cut you a check you could turn around and purchase on Amazon or Ebay.

Does that sound right, Angie?

>> Angie: You could.

I would definitely refer to Easterseals for that, but that's what the mini loan program is anything up to \$1999

>> Meaghan: And with the client assistant grant of Nebraska, this kind of ties into some of that assessment stuff, too.

As a partner in that program, if I'm working with an individual who qualifies for the grant under the criteria, we'll work together to determine what they need and UCP of Nebraska, once they approve, sends me the money, I get everything purchased and set up and I build in training time into our ask, so that I can help get the equipment to the person and set up to use it. So there's -- through that portal, you can access equipment through just about any vendor, once you know what you want.

>> TOBIAS ORR: All right.

We have another question.

How do you ensure that people are aware of the resources available to help acquire and fund AT.

First, I'll say we do things like this.

Try to -- we -- ATP in general, we try to market and do awareness activities as much as possible.

With COVID that's been more difficult because we can't be at the statewide events or community events.

But I believe all of us have website that will also point toward

resources.

Angie, as the resource specialist, what else do we do?

>> Angie: I think a big part of that is the service application because it is a multiagent platform.

Once that comes in, it is individually assessed, looked at, I give that individual a call, we'll talk about, you have listed here a ramp.

Tell me more about that.

Or you have an Amazon Alexa listed, how would that help you, tell me about it.

>> We talk about agencies with programs.

Sometimes they're starting fresh, this is new, maybe they're newly -- they have sustained an injury or have just received a diagnosis and having some impairments, so we're starting from the beginning.

Sometimes they have experience with resources, but this is a new piece of equipment.

Ultimately, to answer your question, the service and device application is a good starting point.

If, when it's received, I'm able to talk to them about programs and make that warm hand off and referring them to those agencies, I'll happily do that.

Sometimes, it's working together and doing research.

Back before COVID, we were working at home, I have a big map of

Nebraska behind my desk, I'll get calls from all over the state, there will be small counties I'm not familiar with and I'll start researching the county they live in, because that specific county may have different resources than some of the bigger populations.

It's an individual resource, and I encourage them to give me a call and we'll talk about different funding options.

>> TOBIAS ORR: Thank you, Angie.

All right.

No more questions.

We'll give it another minute or two to see if there's any last minute questions.

If not, I believe we're almost finished.

>> KATHY HOELL: I have a few more things to say.

Because of course, I have to be the last one to talk.

>> TOBIAS ORR: We just assume that, Kathy! All right, Kathy, I'll hands it over to you, I don't see more questions coming in. I want to thank all of our presenters and everyone for coming in today.

So thank you.

>> KATHY HOELL: I really appreciate all of it -- all of the

good information we got and I want to thank everybody for coming.

And our next session will be on April 1st.

So April Fools Day! Get to spend it with us!

and the topic will be the ADRC, aging and disability resources 101.

So it will be an opportunity to learn more about what they actually do.

And of course, it will be 1 to 2:30, or whenever we get done.

If you could think of a topic you would like to see us do, please feel free to reach out to me at the Kathy@NESILC.org, and I will be glad to see if we can't get that topic into the schedule.

And so anyway, at this point I'm just going to thank you all ever, we'll just get done a few minutes early.

And thank you, to both of our interpreters.

I'm glad it worked out.

Everybody have a good day!