



The AT Messenger

bringing technology to you

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Critical Senate Hearing Features Delawareans

WASHINGTON — On February 4, 1999, the Senate Finance Committee held a hearing on legislation that would help individuals with disabilities go to work. The bipartisan legislation—S. 331, the Work Incentives Improvement Act of 1999—was introduced last month by Delaware Senator William V. Roth, Jr. (R-DE), along with Daniel Patrick Moynihan (D-NY), Jim Jeffords (R-VT), and Edward Kennedy (D-MA).

In his opening statement, Roth explained: “We are here to discuss a simple goal— helping individuals with disabilities go to work if they so choose. The simple fact is that people with disabilities are often presented

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Persons

with a Catch-22 between working and losing their Medicaid or Medicare. This is a choice they should not have to make. But even modest earnings can result in a loss of eligibility for Medicaid or Medicare. Without health insurance, medical treatment often becomes prohibitively expensive for individuals with disabilities. Without medical treatment, it becomes impossible for many to work. My constituents in Delaware have made it clear that lack of access to health insurance is a real barrier to employment.”

Testifying at the hearing was Larry Henderson, Chair of Delaware’s Developmental Disabilities Planning Council and Director of Independent Resources (the Delaware Center for Independent Living). Henderson testified: “When people come to us, they are ready to live

independent lives. Reality dictates that employment be a goal. Out of 140 consumers that we assisted last year, 75 % faced the decision between loss of benefits versus employment. A mere 5 % chose to take the risk. Under the Work Incentives Act, persons with disabilities entering the workforce could maintain the medical coverage they were receiving under Social Security or Medicaid.”

The Work Incentives Improvement Act would create two new, voluntary, state Medicaid options. The first option permits people who qualify for Supplemental Security Income (that is: their disabilities are severe enough to qualify for SSI), but earn incomes higher than the SSI eligibility cut-off, to buy into Medicaid. The second option allows states to permit individuals with severe, medically determinable conditions who would otherwise lose eligibility because of medical improvement

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Delaware notables at the Senate hearing: Senator Roth shakes Larry Henderson’s hand.

Senate Hearing (continued)

to buy into Medicaid. Under either option, Medicaid remains the “payor of last resort,” meaning that any private sector insurance an individual possesses would be the primary payor for health care services. States would be free to require beneficiaries with access to employer-based health insurance to take advantage of that employer coverage. The bill also extends Medicare Part A coverage for a ten-year trial period for individuals on SSDI who return to work.

In addition to these health coverage innovations, the bill also provides a user-friendly, public-private approach to job placement. Because of a new payment system, vocational

rehabilitation agencies will be rewarded for helping people remain on the job, not just getting a job.

Roth stated: “This combination of health care and job assistance will help disabled Americans succeed in the workplace. And our society will be enriched by unleashing the creativity and industry of people with disabilities eager to work.”

On March 4, the Senate Finance Committee “marked up” and passed S. 331, the Work Incentives Improvement Act of 1999. ■

Upcoming Events of Interest

Local

• **Facilitating Cognitive, Behavioral and Motor Performance in Children: The 11th Annual Pediatric Rehabilitation Conference**

Alfred I. duPont Hospital for Children, Wilmington, DE

Friday, May 7, 1999. For more information, contact the Office of Continuing Medical Education at 302-651-6750; email <caszep@nemours.org>.

National

• **RESNA Annual Conference (RESNA—The Rehabilitation and Assistive Technology Society of North America)**

Long Beach, California Convention Center

June 26–29, 1999. For more information contact RESNA at 703-524-6686; email <enders@selway.umt.edu>.

• **Vision'99: International Conference on Low Vision: Vision Rehabilitation for the 21st Century**

Waldorf-Astoria Hotel, New York City

July 12-16, 1999. For more information contact Lighthouse International at 212-821-9482; email <vision99@lighthouse.org>.

Must-Have Resource for Older Delawareans

Delaware Health and Social Services, Division of Services for Aging and Adults with Physical Disabilities has recently published the *1999-2000 Guide to Services for Older Delawareans*. This booklet, free to those who request it, offers a wealth of information on:

Assisted Living
Companion Programs,
Education,
Employment,
Food Programs,
Housing Information,
Legal Services,
Medical/Health Care,
Mental Health/Counseling,
Senior Citizen Organizations,
Senior Centers,
Transportation and more.

The Guide to Services for Older Delawareans can help you get the most out of life. Learning about services and programs available throughout Delaware can help you keep your independence and quality of life. The booklet contains a Spanish-language version of the listings. Call Delaware Health and Social Services, 800-223-9074. ■

Federal Update for Seniors: Medicare Changes

by Laura J. Waterland, Esquire
Staff Attorney, Disabilities Law Program

Medicare is the primary health insurance for many older persons and people with disabilities and is now the largest payor of health care in the United States. Recent changes in the Medicare program made by Congress in the Balanced Budget Act of 1997 (BBA) will undoubtedly have a profound impact on health care for many Americans.

The new Medicare Part C or "Medicare + Choice" Program created by the BBA will be implemented in 1999. Congress created Medicare + Choice to provide more options for Medicare recipients while saving money and decentralizing the Medicare program. Currently, Medicare benefits are paid under traditional Medicare fee-for-service, and, in some areas, managed care programs. Medicare + Choice allows for the creation of new health care delivery systems. Recipients can be expected to be bombarded with advertising from these new plans in the coming months.

Medicare recipients should very carefully consider any changes to their existing coverage. Currently, no one is required to switch to Medicare + Choice. Recipients who are happy with their current coverage need not change their enrollment.

Under Medicare + Choice, recipients may choose to receive Medicare-covered services through any of the following types of health insurance plans:

1. Coordinated Care Plans. New managed care plans, including health maintenance organizations (HMOs), provider sponsored organizations and preferred provider organizations will closely resemble existing HMO-type managed care programs in which beneficiaries have a primary care physician who acts as the gatekeeper to specialized services and hospitalization. Some plans will limit the enroller's choice

of providers; others will offer benefits not covered by traditional Medicare, such as prescriptions and eyeglasses. Plans may charge a separate premium for these services, although this premium may be combined with the premium charged for Medicare co-payments and deductibles. Plans will be paid a capitated rate by Medicare.

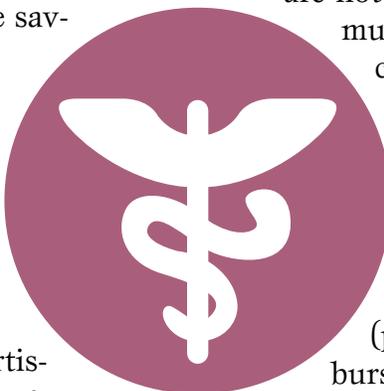
2. Private Fee-for-Service Plans. Medicare makes capitated payments to a Plan, which then reimburses private providers at negotiated rates. These rates are not subject to Medicare fee limitations or review, and private providers are not at financial risk. However, a provider must accept no more than 115% of its contracted rate as payment in full.

This system resembles private indemnity-type insurance plans. Beneficiaries can go to any physician who accepts the insurance; however, they may be subject to balance billing and, because providers are not paid (presumably) lower Medicare reimbursement rates, beneficiaries can expect greater costs.

3. Religions and Fraternal Benefit Society Plans. These organizations may provide Medicare + Choice Plans, and can restrict enrollment to their members.

4. Medical Savings Account (MSA) and Medicare + Choice High Deductible Option. This limited, experimental plan combines insurance coverage with a high deductible (\$6,000 in 1999) with an MSA. Medicare pays the premium for the high-deductible insurance and deposits the difference between the premium and what it pays annually for the average beneficiary into the MSA. The MSA balance is used to pay expenses until the high deductible is met. If the MSA money runs out before the deductible has been reached, the beneficiary must meet the deductible out of pocket.

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Medicare Changes (continued)

Remaining balances in the MSA are rolled over into the next year's MSA.

5. Private Contracts Outside of Medicare + Choice, the BBA allows beneficiaries to enter into private contracts with a provider, a group of providers or a network of providers. These providers have opted out of Medicare, but then contract individually to provide Medicare-covered services. The doctor is not required to submit bills to Medicare and is not limited to Medicare reimbursement rates.

Perhaps the most important question is whether the scope of coverage will change. In theory, all Medicare + Choice Plans, (except MSAs) must provide all current Medicare A and B covered services. Medicare pays for assistive technology in the following ways: as durable medical equipment and speech pathology services under Parts A and B; and as prosthetic devices under Part B. Additionally, Medicare covers home health services, although the scope and availability of these services was reduced by the BBA. The advantage of decentralization may be cost-savings and perhaps more services. Plans must pass on any cost-savings achieved through efficient plan administration to the enrollees in the form of additional benefits. Plans may offer supplemental benefits and charge uniform, separate premiums. The risk is that new plans may not uniformly cover needed services and are not as easily policed as the federal government.

The bottom line is that, as these new delivery systems come "on-line" and as beneficiaries choose which type of system works best for them, the Medicare system will be fluid. The new "choices" will prove confusing and stressful, at least in the short run. Please consider the following guidelines* in assessing your insurance needs:

1. Review the benefits of the new Medicare program. Compare those benefits with the coverage

you have now under the traditional Medicare program and any continuing Medigap insurance plan, or with your Medicare managed care plan.

2. Determine which of the new options is actually available in your service area. While the plans theoretically may be in operation in January 1, 1999, very few of the new options will be available nationwide..

3. Participate in Health Care Financing Administration's (HCFA) beneficiary education campaign prior to making any enrollment decision. You will receive a booklet from HCFA describing your options. HCFA also has an Internet Website with information about the options (although critics have described some of the information as difficult to access and sometimes misleading.) See <http://www.hcfa.gov> or <http://www.Medicare.gov>. You may also get information from HCFA regarding the Medicare + Choice program by calling (800) 318-2596.

4. Be wary of glowing promises from new Medicare + Choice plans. Consumer advocates have long been critical of marketing abuses by Medicare HMOs eager to sign up beneficiaries, and there is no reason to think that the new plans will be any less aggressive in "puffing their goods."

5. Before making a choice, carefully list the pluses and minuses of each plan. Some clearly

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A Reminder

Lower income Medicare recipients are entitled to have the Medicaid Program pay their Medicare premiums. Additionally, some recipients are also entitled to have Medicaid pay their Medicare deductibles and co-payments. For individuals on fixed incomes, these "buy-in" programs offer significant savings. Be sure to call your local Medicaid office and find out if you are eligible.

* Guidelines drafted by Center for Medicare Advocacy

Federal Update for Older Persons, Part II: Clinton Administration's Proposed FY 2000 Budget

by Laura J. Waterland, Esquire
Staff Attorney, Disabilities Law Program

President Clinton's proposed FY2000 budget contains a number of exciting provisions designed to assist the elderly and their caregivers in maintaining independence at home. The FY2000 budget represents a significant package of employment, housing, and health initiatives for the elderly and people with disabilities.

1. National Family Caregivers Support Program. The National Family Caregivers Support Program, strongly advocated by Vice President Gore, would fund states to create "one-stop" shops providing information and referral, caregiver counseling and training, respite care, and other services. The Budget projects spending \$125-million-a-year for five years. The program would be administered through the federal Administration on Aging.

2. Long-Term Care Tax Credit. A proposed \$1,000-a-year federal tax credit is designed to compensate for a wide range of formal and informal long-term care arrangements. This proposal is estimated to cost approximately 5 billion dollars over five years, and to assist 2 million Americans: 1.2 million elderly, 500,000 non-elderly, and 250,000 children.

A person would qualify for the credit if he or she was unable to complete three or more activities of daily living. The credit will most likely be claimed by spouses and other relatives of people needing long-term care. The credit is available based on certified need for long-term care, rather than incurrence of expenses. The proposal recognizes the value and cost of home and community care arrangements as well as care provided in institutional settings.

3. Assisted Living and Subsidized Housing Initiatives. In a move which recognizes that low-income seniors need a broader spectrum of

community-based housing options, the Budget proposes \$100 million in competitive grants to convert existing 202 properties (subsidized housing for the elderly and disabled) to assisted living properties. The properties would provide 24-hour staff, two meals per day, and Medicaid home and community-based services or personal care services for Medicaid recipients and accessible services for non-Medicaid eligible residents through local and community providers. The



Budget also proposes a new Section 8 housing voucher program to target units within low income housing projects for extremely low income elderly.

4. Medicaid Community-Based Long-Term Care Option. This program would give states more flexibility in offering Medicaid coverage to individuals who choose to stay in the home or community instead of an institution. This program, designed to remove Medicaid's "institutional bias," would allow states to expand community-based Medicaid to people with income up to 300% of SSI limits.

5. Assistive Technology Funding. For seniors with disabilities who want to work, FY2000 proposes two initiatives. One is a \$1,000 tax credit for individuals with disabilities to help cover the costs associated with employment, such as special transportation and assistive technology needs. The second initiative proposes that \$35 million be used to accelerate the development of information and communication technologies which can improve the quality of life for people with disabilities and enhance their ability to work. ■

Assistive Technology for Alzheimer's Disease

by Ed Salisbury
Kent County ATRC

As the population ages, the number of people with Alzheimer's Disease continues to grow. According to the Alzheimer's Association, Alzheimer's Disease affects one out of ten people over the age of 65. Those over the age of 85 have almost a 50% chance of getting the disease. Many times Medicare and private insurance companies do not provide adequate long-term coverage; therefore, 70% of those who have this progressive, degenerative disease of the brain are cared for at home by a family member.

Although there is currently no cure for Alzheimer's, products are available to help make life easier for people with this disease and to assist those who contribute to their care. Products designed to help with tasks such as bathing, mobility, and monitoring can be purchased from a variety of mail order catalogs as well as from local home health suppliers and even retail stores.

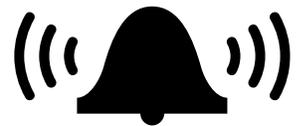
Many people in later stages of Alzheimer's disease find bathing and toileting difficult. The installation of grab bars in the bathtub/shower as well as the addition of non-slip matting can reduce the risk of injury due to falling. If the person is unable to bathe independently, bath benches and removable showerheads make bathing much easier for the caregiver or family member. If the person with Alzheimer's is unable to enter the tub or shower area, a shampoo tray can be used by the caregiver almost anywhere to wash his or her hair. When bathroom safety is an issue, the **EZ-Bathe** allows complete bathing of the individual without ever leaving the bed. He or she needs only roll into the vinyl tub which is then inflated using a vacuum cleaner. The fill hose is then attached to a



faucet up to 25 feet away. Another hose is used to drain the tub into the bathtub or sink.

Another problem facing many people with Alzheimer's is reduced mobility. For those who are able to walk but have problems with steps, the **CairStair** system reduces the height each leg must be lifted on standard size steps. Many people, especially in the latter stages of Alzheimer's, must use a wheelchair for mobility. This makes transfers from the chair to a bed or couch very difficult, especially if the individual is being assisted by an elderly spouse or family member. The **BeasyTrans** is a portable transfer aid providing friction-free, no-lift transfers.

A common fear of most family members and caregivers is that the person with Alzheimer's will wander from the house or long-term care facility and become lost or injured. Products are available not only to alert others in the house or facility to individuals wandering, but also to prevent wanderers from gaining access to the outside. The **BedTender** and **ChairTender** systems sound an alarm whenever the person leaves the chair or bed.



In a facility setting, the **Resident I.D.** monitors each patient's location in the facility and alerts staff to attempted exits. The system can also be set up to lock doors when a wandering patient approaches. The **WanderCare** system acts as both a monitoring and tracking system. Family or staff is alerted when the individual wanders from a designated area. The **WanderCare** then acts as a tracking system allowing family or staff to quickly locate the person before an accident occurs.

These are a few of the many items that are available to assist caregivers when taking care of a person with Alzheimer's Disease. ■

Time Marches On, But These Tools Will Help You March With It

Michael Meyreles, ATP
New Castle County ATRC

Dressing, grooming, cooking, and mobility are just some of the activities we all do every day. As we get older, these tasks can get more difficult to accomplish. This article will focus on some of the low-tech devices that can help with some of the tasks we encounter during the day.

Getting Dressed

Dressing aids should be sturdy and lightweight and will:

- Help you reach your clothing and pull it toward you;
- Hold the garment so you can insert your arm or leg;
- Pull the article of clothing on without straining your back, shoulder, or arms;
- Easily attach and detach from your clothing.

Sock donners, buttoners, and dressing sticks are some examples of dressing aids. Long-handled shoehorns can help you put your shoes on independently if you cannot reach your feet. Elastic shoelaces can help if you no longer have the fine motor ability to tie your shoes. Today, both shoes and sneakers are available with Velcro closures. Also, Velcro can be used to replace buttons and zippers and make fastening your clothes easier.

Bathing and Grooming

Before getting dressed in the morning, many people take a shower or a bath. With bathing, safety is your first consideration. Safety treads or rubber mats placed on the tub floor can prevent slipping. Grab bars firmly attached to the wall can help you enter and exit the bathtub or shower safely. Tub benches can help if you can no longer stand in the shower. Also in the bathroom, grooming aids are relatively inexpensive and can help you remain independent. Long handles or large grips added to combs, toothbrushes, and sponges can make all the difference in the world for some people.

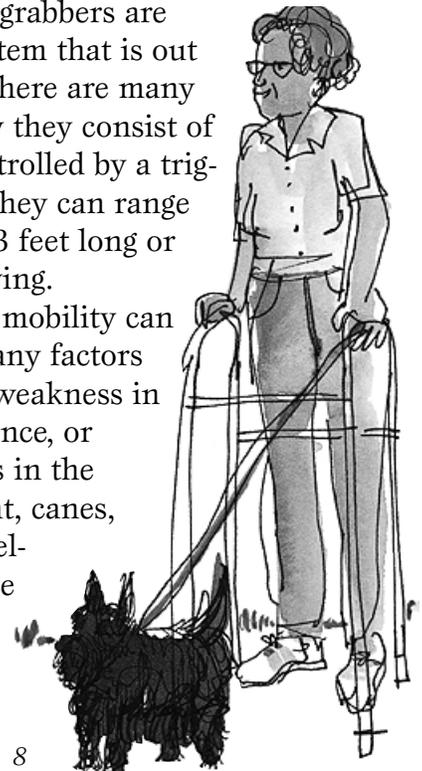
Preparing Meals

Once awake, washed and dressed, the next thing we usually think about is food. There are a whole host of kitchen gadgets available to make life easier in the kitchen. If you have lost the use of one hand, there are cutting boards with protruding stainless steel nails to hold whatever you need to cut. Table-mounted or under-cabinet-mounted peelers, graters, and jar openers are great tools. Large handles can make it easier to get a firmer grip on utensils. Or, utensils can be equipped with cuffs for folks who cannot grip a spoon or fork at all. To prevent bowls or dishes from sliding, a non-slip mat such as Dycem can be helpful.

Getting Around

The ability to move freely within your home and in the community is valuable. If you are a person who has a problem with mobility, balance or coordination, there are devices available that can assist you. For persons with a weak or painful grip, or limited range of motion, a reacher or grabber might be the answer. Reacher/ grabbers are used to reach an item that is out of arm's length. There are many types but basically they consist of a pair of jaws controlled by a trigger mechanism. They can range in length from 2-3 feet long or fold for easy carrying.

As we age, mobility can be hindered by many factors such as pain and weakness in the legs, poor balance, or paralysis. Changes in the home environment, canes, walkers, and wheelchairs can enhance mobility to insure continued independence.



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Time Marches On (continued)

In the case of home modifications designed to enhance mobility and safety, several things can be done. For instance, installing grab bars at critical locations, removing area rugs, installing a low pile carpet or rearranging your furniture can all improve mobility and safety

within the home. With regard to canes, walkers, and wheelchairs, there are many varieties available, but keeping safety in the forefront, you should consult a physical therapist for a proper assessment and device recommendation. ■

Medicare Changes (continued)

promise more generous or convenient health care, but at a high cost. Others emphasize cost savings, but may be reluctant to authorize health services that are expensive or ongoing.

6. “Let the dust settle” before making a choice. Some plans, for a variety of reasons, may decide to discontinue serving certain communities. It is important to see whether plans become stable and trusted parts of your medical community.

You do not need to make a change or

choose a new Medicare + Choice option.

Remember that the traditional Medicare program will still be available. Individuals who fail to make an election will remain in the original Medicare program or, if they are in a Medicare HMO, they will remain in the HMO. A beneficiary who wants to adopt a “wait-and-see” position can remain with his/her current program. There will continue to be opportunities to enroll in the new plans. ■

LIFE Conference Was the “Highlight” of the Winter



ABOVE: Presenter James Meadours of Baton Rouge, LA, chats with conference attendees. Meadours spoke on self-determination for consumers.



ABOVE: Exhibits galore! Attendees got to see and try out technologies and gather information. Melanie Bechtel of Assistive Technology, Inc. explains product features to attendees.

RIGHT: Allan Bergman, leading public policy analyst, lobbyist, and advocate, was the Keynote Speaker. Here, he is speaking with HarrietAnn Litwin of DVR.



“Seeing” the Importance of Trying Before Buying

By Amy Bowles
Sussex County ATRC

Every day at the Assistive Technology Resource Centers, we receive calls from consumers with a variety of needs and requests. Many of the requests require an AT Specialist to research certain pieces of technology, then send the information to the consumer. Sometimes, the ATRC has the particular piece of equipment in its lending program. The lending program allows the consumer to try a product before deciding to order it. Consumers can also have “hands-on” time with technologies through the ATRC’s various outreach activities, i.e. workshops, health fairs, and inservices. But in most cases, the best way to tell if a piece of equipment will meet your needs is to “try before you buy” through the ATRC lending program.

Sometimes relatives will make the first contact with the ATRC on behalf of an older family member. This was the situation recently in Sussex County. A consumer called our office hoping to find a piece of equipment that would allow her aunt, who is experiencing vision difficulties, to continue to read on her own. Her aunt wanted to be able to read her books, mail, bills, and checkbook. The caller had heard of a magnifying glass that had a light, and thought it might help her aunt.

We found information on various pieces of technology that we hoped would meet her aunt’s needs, and sent the information to the family.



One of the pieces of technology that we suggested was the CCTV. This CCTV doesn’t have anything to do with television programs! The CCTV is a closed caption television that will magnify (up to thirty-two times the original size) any object that is placed on the tray. The magnified object appears on the TV screen so that it is easier to see. There is also a light

that illuminates the object. If the object being magnified is text, the background color can be changed to black, making the print white. Sometimes the change in contrast makes the object or text easier to see.



An sample CCTV. This one is the Vision Excel from Vision Technology.

(photo courtesy of Vision Technology Inc.)

After learning how the CCTV works, the consumer decided it was definitely something that she wanted to try with her aunt. It offered a lot more than a basic magnifying glass! She borrowed a CCTV from the ATRC lending “library” of devices for two weeks. When her loan time was up, she returned the CCTV to the ATRC. She was so excited! This product had worked so well for her aunt that after using it, they called and ordered one from a manufacturer. Their trial with the device gave them the opportunity to realize that they wanted one with a bigger screen than the loaner. They also found other aids for low vision from a catalog that had been sent to the family with the original information, and had decided to purchase several other pieces of equipment. What a great success story!

This is just one of the many successful outcomes that have occurred as a result of the DATI’s presence in the state. If DATI has helped you get the devices and/or services that you needed, let us know. We love to hear the positive results that come in from our “customers.” Who knows? Maybe you’ll see your story on the pages of *The AT Messenger!* ■

Delaware Recycles Assistive Technology



If you are interested in an item, please call the number listed next to the item. If you would like to add or remove an item from the list, call 800-870-3284, press 1 for English, then press 3 for the DATI Central Site office. All prices are negotiable and all area codes are 302 unless noted.

Devices Available

Ambulation/Mobility

Brace, plastic, used to control drop foot, Free, Mary, 629-4643
Cane, straight, wooden, Free, Donna, 731-1775
Crutches, wooden, Free, Donna, 731-1775
Walker, \$40, Connie 653-7341
Walker, 4 wheel folding walker/cart, w/seat & basket, like new, \$150 firm, Rosalie, 652-1921

Communication

Canon 7P Communicator, w/tape print out, single switch scanning or keyboard access, new, \$650, Dick or Gloria, 910-686-9744
CheapTalk 8, brand new, \$125, Amy, 349-5996

Computers/Software

Powermac 4400/200 PC, \$1,000; Apple Multiscan, \$200; High Resolution Printer, \$200; 10' Nonlaser Printer Cable, \$12; above computer & components can be purchased separately or as a pkg for \$1,412, Margaret, 836-0559
Co:Writer & Write:OutLoud/Mac, \$200; Simon Sounds It Out, \$18; Access to Math, \$39; Intellikeys/Mac, \$200; Set of 3 Living Books—*Arthur's Birthday*, *Arthur's Teacher Trouble*, & *Little Monster at School*, \$20; No 1 & 2 Instant Access Sets for Living Books, \$12; IntelliTalk/Mac, \$20; IntelliPics, \$60; Hands-On Concepts/Mac, \$39; Holidays Coloring Bk, \$27; Learning to Tell Time, \$27; Set of 4 Edmark Software—*Millie's Math House*, *Bailey's Book House*, *Sammy's Science House*, & *Thinkin' Things*, \$25; Set of 4 Instant Access Overlays from Edmark, \$30; software as a pkg for \$706 or separately at prices listed above, Margaret, 836-0559

Personal Care/Home Management

Bath Chair, w/commode, arm rests, back support, \$100, Catherine, 652-6641 after 5 p.m.
Bath Chair, w/arm rest and back support, \$30, Kathy, 644-2214
Bedside Commode, w/arm rests, freestanding or over the commode, brand new, \$30, Tony, 378-3780
Environmental Control Unit—one unit w/two controls, one for bedroom and one to be mounted on w/c, can be used from bed or w/c; TASH infrared remote for TV, speaker phone, 2 pneumatic switches, wireless transmitter, modulars, and many extras, \$2,000 firm, Jim, 734-9106
Geriatric Chair, new, reclining, w/tray, \$400, Sarah, 322-8112
Hospital Bed, Electric, adj., traction bar, \$1,500 or B/O, ask for Michele only, 368-8864
Hospital Bed, Electric, \$150, Richard, 610-565-3636
Hospital Bed, Electric, 3-position, \$600, Stephen, 947-1637
Oxygen Concentrator, w/Alarm and D tank, B/O, Robert, 325-4063
Regulator for H Tank, \$150, Doris, 834-5769
Shower Chair, w/back & arm rest, attaches to the tub, \$65, Sarah, 322-8112
Shower Chair/commode, w/arm rest, \$75, Ruby, 764-8585
Stair Glide, Silver Glide, approx. 14', \$800, Linda, 832-9203
Stair Glide, Silver Glide II, neg., Jay, 734-8400
Stair Lift, National Wheelovator Falcon, for 4 steps, neg., Cheryl, 368-7230
Tens Unit, Century 2100, carrying case & supplies, B/O, Sharen, 856-0969

Three/Four-Wheeled Powered Scooters

Omega, \$2K, Brad, 517-773-2158
Rascal 240, w/ Swing Away Rack-n Roll, drive scooter onto rack that attaches to car hitch, used 5 times, \$3,500, Doris, 834-5769
Scooter lift for minivan, \$100, Dick, 764-1714
Scooter, Legend Pride, \$1,000, Elma, 337-8304
Scooter, Pace Saver Junior, small adult, 3-wheeled, upholstered seat, 2 baskets, charger, Shirley, 368-3383
Scooter, 3-wheeled, 2 batteries & charger, red velvet upholstery, key operated, T-Bar, one-year old, \$1,800, William, 479-5383

Vehicles/Accessories

Bruno Curb-Sider, used one month, mounts inside the back of a van and swings out, \$1,500, Mike, 629-7127
Gresham Driving Aid, left-hand control for brakes and gas, B/O, Richard, 998-9666
Hand Brake/Throttle, new, GM, \$375, Barbara, 678-0515
Wells-Berg Hand Controls for brake and throttle, \$75, Dick, 764-1714

Vision

Aladdin Video Reader...a personal reader and magnification system, \$1,200 or B/O, Paul, 478-7714

Wheelchairs/Accessories

Adult, Electric, \$1,500, Barbara, 654-6723
Adult, Electric, Action Storm Series, extra wide, w/battery charger, rear shock absorbers, joy stick & attendant control, like new, \$2,000, Catherine, 656-8884
Adult, Electric, w/charger, E&J, \$900 or B/O, Mary, 984-1225 after 6 p.m.
Adult, Electric, joystick, Hoveround, reclines, hi-back, video and manual inc., neg., Josephine, 764-5324
Adult, Electric, w/charger, manual inc., std, \$900, Dolores, 856-3261
Adult, Electric, Action 9000, inc. joystick & battery charger, 1 1/2 yrs old, \$1,500, Ruby, 764-8585
Adult, Electric, Invacare, 18 inch, w/gel seat & charger, good condition, \$350, Gail, 737-8721

Adult, Electric, std, reclines, swivel seat, adj. desk arms, recline leg rest w/tilt footplates, 4 speeds, \$2,700, Susan, 410-546-5810
Adult, Electric, \$4,000, Judy, 655-9408
Adult, Manual, La-Bac Tilt 'n Space, \$1,500 or B/O, Sandi, 992-0225
Adult, Manual, Invacare, w/Jay Back, \$600 Firm, William, 652-1914 after 9 p.m.
Young Adult, manual, 15", good condition, free, Asha, 737-2098
Child, Quickie, Manual, w/tray, \$275, Vernessa, 655-9840
Child, Zippie by Quickie, Manual, Pink & Black, tilts, \$500, Jamie, 945-8668
Children's, variety, Free, Kristen, 672-1960

Devices Needed

Computer, w/Pentium processing, Windows 3.5 or 95, donation only, Ida, 633-6905
Computer upgrade to 1GB, fast modem, reasonable price or donation, John, 994-3067
Geriatric Chair, extra width, Sarah, 322-8112
Hospital Table, Alison, 762-1621
Hoyer Lift, Sarah, 322-8112
Lift for Scooter, one that attaches to a car, free or reasonable price, Zoan, 697-1291
Outer 2 Lift for van, free or reasonable price, Elma, 337-8304
Pump for feeding tube, Heather White, 934-8031
Lift Chair, reasonable price or donation, Anthony, 993-0513
Lift Chair, reasonable price or donation, Courtney, 235-6073
Lift Chair, Sue, 645-6894
Portable ramps, reasonable, Marian, 378-1992
Shower Transfer Bench, willing to pay reasonable price, Sue, 645-6894
Speech Language Master (Franklin), willing to pay reasonable price, Diane, 284-0514
Stair Glide, willing to pay reasonable price, Chris, 834-8734
Stair Lift for bi-level-stairs, landing, and then stairs again, total of 14 steps, Sharon, 410-398-7238
Uplift Seat Assist, willing to pay reasonable price, Ralph, 368-5550

Van, accessible, Sue, 645-6894
Wheelchair, manual or electric, extra width,
Sarah, 322-8112
Wheelchair, lightweight transfer, Shirley, 737-
4666

Note: If you are looking for items not on the list, contact the Central Site office at 1-800-870-DATI. New items are added regularly. If there has been no activity or interaction with the contributor to the list within six months, items are automatically removed from the list.

Note on liability: The DATI assumes no responsibility for the condition of any products exchanged through this information service. It is the responsibility of the owner to provide accurate information about product specifications and condition. Additionally, terms or arrangements made for any product exchanges are the sole responsibility of the exchanging parties. ■

To Contact DATI's Central Site office or the ATRC closest to you, call 1-800-870-DATI

Press

#1 for English or
#2 for Spanish,

then press

#3 for the Central Site office
#4 for the New Castle County ATRC
#5 for the Kent County ATRC
#6 for the Sussex County ATRC

TDD callers: Do not press #1 or #2 and your call will be answered on a TDD line at the Central Site office.

CONFERENCE

Vision '99: International Conference on Low Vision: Vision Rehabilitation for the 21st Century

At this triennial international conference, unifying the field of vision rehabilitation, an interdisciplinary group of global experts in vision care and vision rehabilitation will share new ideas, insights, and creative solutions to problems associated with vision impairment in both developed and developing countries. Vision'99 is hosted by Lighthouse International, in partnership with The International Society for Low-Vision Research and Rehabilitation and The World Blind Union and is an official event of the United Nations International Year of Older Persons 1999.

For more information:
Vision '99
Lighthouse International
111 East 59th St.
New York, NY 10022-1202
Tel: 212-821-9482
Fax: 212-821-9705
Email: vision99@lighthouse.org
URL: www.lighthouse.org/vision99.htm

ANNOUNCEMENT

DATI Equipment Loan Policy

DATI has a wide variety of equipment at the Assistive Technology Resource Centers for the primary purpose of demonstration and short-term loan. The policy for the loan of the equipment is as follows:

The standard loan period is two weeks, defined as the day borrowed (e.g., Monday the 10th) to the same day two weeks later (e.g., Monday the 24th). Loans may be extended providing there are no names on the waiting list and/or that an extension will not interfere with an existing reservation. The maximum loan period is 4 weeks.

A maximum of four (4) devices may be borrowed at a time, i.e., during any single loan period. However, combinations of devices may be treated as a single device if the components are interdependent—either operationally, or because one component is required for the user to access another.

Equipment loans across State lines are not permitted. Borrowed equipment must also remain in Delaware throughout the loan period.

DATI PUBLICATIONS LIST



The following publications are available from the DATI Publications Office. All prices include shipping and handling (ask about large quantity orders). Please be sure to indicate the items you wish to purchase and include a complete mailing address for shipment.

Funding Fact Sheets

Set of five fact sheets providing overviews of the policies and practices of five major funding streams in Delaware relative to assistive technology.

Price: Single copies are free. 2-9 copies are \$1.00 ea. 10 or more copies are 50¢ ea.

Public Schools

Medicaid

Medicare

Voc Rehab & Independent Living

Social Security

Set of five (single set is free, 2-9 \$5.00/set, 10 or more copies \$2.50/set).

1997 Guide to Funding Resources for Assistive Technology in Delaware

Comprehensive guide to the primary resources for assistive technology funding in Delaware. The guide contains information on eligibility, coverage policies, and application procedures. The material is bound, with index tabs for convenience.

Prices: 1-9 copies are \$20 ea. 10 or more copies are \$15 ea.

Assistive Technology: The Right Tools for the Right Job

A video profiling Delawareans working in their chosen professions with support from assistive technology. (Please indicate: open-captioned or closed-captioned format)

Prices: 1-9 copies are \$15 ea. 10 or more copies are \$10 ea.

Independence Through Technology Video

An introduction to the many ways in which assistive technology can impact lives. The video contains information about the DATI and other AT resources in Delaware. (Please indicate: English or Spanish)

Price: \$10 ea. (any quantity)

Free Publications

Independent Living Brochure Series

Five colorful brochures describing the benefits of assistive technology for activities of daily life.

You Can Get There From Here (Reaching and mobility aids)

Zip It Up (Clothing adaptations and dressing aids)

Around the House (Housecleaning and storage)

Cleanliness Is Next To... (Personal care and grooming)

What's For Dinner? (Cooking and dining)

Set of Five Brochures

*More publications
and order form on
the other side!*

Delaware Recycles AT Brochure

Description and contact information about the DATI's equipment recycling program—including punch-out Rolodex card for easy reference.

Selecting & Obtaining Assistive Technology Brochure

Outline of steps to be taken in acquiring assistive technology, including assessment, vendor selection, funding, training, and follow-up.

ORDER FORM

Ship to: Name _____ Title _____
 Affiliation _____
 Address (check one) Business Residence _____

 City/State/Zip _____
 Phone: Business _____ FAX _____ Residence _____
 Email Address: _____
 I am a: consumer family member friend/advocate professional other _____
 For printed materials, I need: braille large print 15/16 audiotape 1-7/8 audio-tape Spanish

Items: *Make checks payable to: University of Delaware/DATI (EIN 51-6000297). Sorry, no purchase orders accepted.*

quantity	publication titles	price	total

Send your order to:

Delaware Assistive Technology Initiative
 University of DE/duPont Hospital for Children
 P.O. Box 269, 1600 Rockland Rd.
 Wilmington, DE 19899-0269
 FAX: (302) 651-6793

total enclosed

Please Keep Us Posted!



Has your address changed? Are you receiving duplicates?

If the address we have for you is incorrect, please type or print your correct address and forward it to DATI along with the current mailing label. If you no longer wish to receive this newsletter, please contact our office or send us your mailing label with "discontinue" written next to the label. Thanks for your cooperation.

DATI Mailing List Application



Name _____ Title _____

Affiliation _____

Address (check one) Business Residence

City/State/Zip _____

Phone: Business _____ FAX _____ Residence _____

Email Address: _____

Non-Delaware Residents: If you wish to receive copies of *The AT Messenger*, the annual subscription fee is \$20. Make checks payable to the University of Delaware (EIN 51-6000297) and mail it to the address shown below with this completed application form.

Delaware Assistive Technology Initiative
University of DE/duPont Hospital for Children
P.O. Box 269, 1600 Rockland Rd.
Wilmington, DE 19899-0269
Phone: (800)870-DATI or (302)651-6790
TDD: (302)651-6794 FAX: (302)651-6793

I am a:

- Person with a disability
(please specify): _____
- Family member of a person with a disability
- Friend/advocate/colleague of someone with a disability
- Professional working with people who have disabilities
(please specify) _____
- Interested citizen
- Other (specify) _____

Accessibility Needs:

- Braille
- Large print
- 15/16 Audiotape
- 1-7/8 Audiotape
- ASL Interpreter
- Tactile Interpreter
- Transportation
- Spanish

I would like to be involved in:

- Technology users peer network
- Service provider network
- Funding initiatives
- Presenters network
- Project governance
(boards & committees)
- Advocacy activities
- Volunteer work as: _____

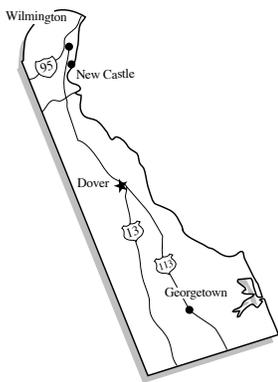


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 Center for Applied Science & Engineering
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DATI THROUGHOUT THE STATE...

1-800-870-DATI

**New Castle County ATRC
 Easter Seal Society of Del-Mar, Inc.
 61 Corporate Circle, Corporate Commons
 New Castle, DE 19720-2405
 (302) 328-ATRC; (302) 328-2905 (TDD)**

**Kent County ATRC
 Easter Seal Society of Del-Mar, Inc.
 Kent County Community School
 65 Carver Rd.
 Dover, DE 19904-2716
 (302) 739-6885; (302) 739-6886 (TDD)**

**Sussex County ATRC
 Easter Seal Society of Del-Mar, Inc.
 Delaware Technical & Community College
 Arts & Science Building, Room 320B
 Rt. 18, P.O. Box 610
 Georgetown, DE 19947-0610
 (302) 856-7946; (302) 856-6714 (voice or TDD)**

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