

National Assistive Technology Act Data System

State Plan - Full Report

Illinois 2021

General Information

Statewide AT Program (Information to be listed in national State AT Program Directory)

| State AT Program Title | Illinois Assistive Technology Program |
|------------------------|---------------------------------------|
| State AT Program URL | www.iltech.org |
| Mailing Address | 1020 S. Spring Street |
| City | Springfield |
| State | Illinois |
| Zip Code | 62704 |
| Program Email | wgunther@iltech.org |
| Phone | 217-522-7985 |
| ТТҮ | 800-852-5110 |

Lead Agency

| Agency Name | Illinois Department of Human Services, Division of Rehabilitation Services |
|-----------------|--|
| Mailing Address | 100 S. Grand Avenue, East |
| City | Springfield |
| State | Illinois |
| Zip Code | 62794 |
| Program URL | http://www.dhs.state.il.us |

Implementing Entity

| Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes | | |
|---|-----------------------|--|
| Name of Implementing Agency Illinois Assistive Technology Program | | |
| Mailing Address | 1020 S. Spring Street | |

| City | Springfield |
|-------------|-----------------------|
| State | Illinois |
| Zip Code | 62704 |
| Program URL | http://www.iltech.org |

General Information (Continued...)

Program Director and Other Contacts

| Program Director for State AT Program (last, first) | Gunther, Wilhelmina | | |
|---|---------------------------------|--|--|
| Title | President/CEO | | |
| Phone | 217-522-7985 | | |
| E-mail | wgunther@iltech.org | | |
| Program Director at Lead Agency (last, first) | Arterberry, Wolfgang | | |
| Title | Project Officer | | |
| Phone | 217-782-9432 | | |
| E-mail | francis.arterberry@illinois.gov | | |
| Primary Contact at Implementing Agency (last, first) - If applicable | Gunther, Wilhelmina | | |
| Title | President/CEO | | |
| Phone | 217-522-7985 | | |
| E-mail | wgunther@iltech.org | | |

Person Responsible for completing this form if other than Program Director

| Name (last, first) | |
|--------------------|--|
| Title | |
| Phone | |
| E-mail | |

Certifying Representative

| Name (last, first) | Patrick, Rahnee |
|--------------------|-----------------------------|
| Title | Director |
| Phone | 217-557-0401 |
| E-mail | Rahnee.Patrick@illinois.gov |

Module A: Change in Lead Agency or Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf (From General Information)? $\underline{\underline{Yes}}$

1. Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state.

The Illinois Department of Human Services, Division of Rehabilitation Services (IDHS/DRS) contracts with the Illinois Assistive Technology Program (IATP), a statewide nonprofit to serve as the implementing agency responsible for carrying out the required activities of the Assistive Technology Act of 1998, as amended. The IDHS/DRS has representatives on IATP's Advisory Council as a way to ensure ongoing two-way communication. In addition, the IDHS/DRS has three additional contracts with IATP that include: additional funding to support the required state level and state leadership activities of the federal legislation; funding for an Open-Ended Loan Program for Vocational Rehabilitation (VR) customers; and funding for Assistive Technology (AT) Demonstrations, Evaluations and Trainings for Division of Rehabilitation Services' customers receiving services through Vocational Rehabilitation, Blind Services, and Home Services. Several years ago, IATP developed a document entitled IDHS/IATP Highlights from an IDHS Provider and Partner which features at least three customers' stories and pictures who have received services through IATP. The document is produced quarterly and is shared with the IDHS management team. In addition, IATP submits quarterly data reports on all contracts and has regular conversations with the Project Officer.

- 2. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan?
- 3. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in the previous State Plan?

Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council?

2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)?

3. How many representatives of a state Center for Independent Living are members of the advisory council?

4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council?

5. How many representatives of the State educational agency are members of the advisory council?

6. How many additional representatives of other agencies and/or organizations are members of the advisory council.

A representative from the the Illinois Department on Aging; and the Northwestern Illinois Association (Local Co-op for K-12); Illinois Secretary of State — Talking Books Program; Illinois Department of Central Management Services - Department of Information Technology and Illinois Department of Human Services — Bureau of Early Intervention.

7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of

the advisory council?

Advisory Council Calculation

| Description | Number |
|--|--------|
| Individuals with disabilities that use AT or their family members or guardians on the advisory council | 10 |
| Total number of individuals on the advisory council | 19 |
| Percentage | 52.63% |

8. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, and types of disabilities across the age span, and users of types of services that an individual with a disability may receive.

Yes

10

Module C: Actual Expenditures and Budgeted Allocations

1. Actual Expenditures Carryover Year Close-out

In the following table provide the actual expenditure data for the <u>closed-out carryover fiscal year AT grant award (liquidated the previous December 31)</u>. Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over more than that initial 12 month period.

For the State Plan submitted in the spring of 2022, you will report the closed-out grant award for FY19. The grant began 10/1/2018 with the first year ending on 9/30/2019, the first carryover year ended on 9/30/2020 and the second carryover year ended on 9/30/2021 with the 3 month liquidation period ending 12/31/2021.

| Actual Expenditures for Closed-out Carryover Year Award | Final Expenditures | Percentage | Requirements |
|--|-----------------------|------------|---|
| a. All State Level Activities | \$392,199.00 | 60.00% | The AT Act required state level expenditures to be at least 60% of grant award. If flexibility is claimed, at least 70% is required. |
| b. All State Leadership Activities | \$261,466.00 | 40.00% | |
| c. Total Expenditures | \$653,665.00 | | |
| d. Total Award | \$653,665.00 | | |
| e. Lapsed Amount | \$0.00 | 0.00% | |
| f. Transition Training & Technical Assistance Set Aside | \$13,073.00 | 5.00% | The AT Act requires at least 5% of state leadership expenditures to be spent on transition activities. |

Module C: Actual Expenditures and Budgeted Allocations (Continued...)

2. Actual YTD Expenditures and Budgeted Allocations for Preceding Year Award

In the following table provide year-to-date (YTD) obligated and liquidated expenditure data for the <u>preceding fiscal year AT grant award</u> along with planned budget allocations for the unobligated remainder of that award. Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over a 24 month period.

For the State Plan submitted in the spring of 2022, you will report the closed-out grant award for FY20. The grant began 10/1/2019 with the first year ending on 9/30/2020, the first carryover year ended on 9/30/2021 and the second carryover year ended on 9/30/2022 with the 3 month liquidation period ending 12/31/2022.

The total grant award for was \$679,978.00

| Actual & Planned Immediate Preceding Year Award Expenditures | YTD Obligated not Liquidated Expenditures | YTD Liquidated Expenditures | Planned not yet Obligated Expenditures | Total |
|--|--|--------------------------------|--|--------------|
| All State Level Activities | \$0.00 | \$407,986.00 | \$0.00 | \$407,986.00 |
| All State Leadership Activities | \$0.00 | \$271,992.00 | \$0.00 | \$271,992.00 |
| Total | \$0.00 | \$679,978.00 | \$0.00 | \$679,978.00 |
| Transition Training & Technical Assistance | \$0.00 | \$13,600.00 | \$0.00 | \$13,600.00 |

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan
- Other State Financing that directly provides AT (telecommunications programs, etc.)
- Other State Financing that creates AT savings (cooperative buying programs, etc.)

2. Which Reutilization Activities do you conduct?

• Device Reassignment or Open Ended Loan

3. Do you conduct Short-term Device Loans?

Yes

4. Do you conduct Device Demonstrations?

Yes

Module E: Financial Loan

| 1 Select tl | ne one o | ntion f | hat hest | describes | who c | onducts | this activity. |
|-------------|----------|----------------|----------|-----------|-------|---------|----------------|
| 1. Sciect u | ic one o | <u>ւթստո</u> ւ | nai besi | uescribes | WHO | onducts | uns activity. |

The Statewide AT Program (State AT)

2. Select the one option that best describes from where this activity is conducted.

One central location (Central)

${\bf 3.\ Do\ you\ charge\ a\ fee\ for\ this\ activity?\ (This\ fee\ is\ separate\ from\ and\ addition\ to\ the\ financial\ loan\ made.)}$

No

4. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

• Have written agreement with this entity

Independent Living Center (select any/all)

· Have written agreement with this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

· Have written agreement with this entity

Federal Entities/Agencies (select any/all)

- Have written agreement with this entity
- · Receive financial support from this entity

Module E: Financial Loan (Continued...)

Local/Community Entities (select any/all)

· Have written agreement with this entity

Private Entities (select any/all)

Other (select any/all)

5. This activity offers the following types of assistance. (select all that apply – at least one is required)

Identify all types of loans the Statewide AT Program offers, regardless of whether any loans of that type are currently outstanding.

· Revolving loans

6. The lowest interest percentage for loans as established by the policies of the activity. 3.0000%

7. The highest interest percentage for loans as established by the policies of the activity. 5.0000%

8. The lowest loan amount (in dollars) provided as established by the policies of the activity. \$250.00

9. The highest loan amount (in dollars) provided as established by the policies of the activity. \$30000.00

10. Describe the activity.

IATP administers a financial Loan Program that complies with all appropriate requirements contained in consumer lending regulations, including the Illinois Consumer Installment Loan Act, the federal Truth in Lending Act and the USA Patriot Act. The primary focus of the program is to serve individuals with disabilities and their families who historically have had difficulty obtaining or repaying traditional bank loans. The program offers financial loans for assistive technology devices and services, home modifications, and credit builder loans. By lowering interest, offering extended repayment plans, and relaxing standards for determining credit worthiness, individuals with disabilities and their families have an opportunity to finance needed assistive technology. Any Illinois citizen with a disability, age 18 or over, or a family member or friend of a person with a disability, may apply for a loan through the Program, regardless of ethnic background, type of disability, or where he or she resides in the State. More information and comprehensive policies and procedures are available by contacting the program. There are no application fees to apply for an assistive technology financial loan.

11. The online page for this specific activity can be found at:

https://iltech.org/how-we-help/get-help-funding-at

Module F: Other State Financing Activities that Directly Provides AT

| 1. Which of the following activity/activities are conducted? (select all that apply) |
|---|
| Identify all types of other state financing programs that directly provide AT that are conducted. |
| Other (Describe) |
| Provide a description of the other activity/activities conducted. Direct provision of technology solutions (ie. tablets and needed accessories) including internet access and training to eniors. |
| 2. Select the one option that best describes who conducts this activity/activities. The Statewide AT Program (State AT) |
| 3. Select the <u>one option</u> that best describes from where this activity/activities is conducted. One central location (Central) |
| |
| 4. Do you charge a fee for this activity/activities? (select one) No |
| . Identify the types of collaborations you have in place to conduct this activity/activities. |
| Banks/Financial Institution (select any/all) |
| Independent Living Center (select any/all) |
| Easter Seals (select any/all) |
| Disability/Assistive Technology Organizations (select any/all) |
| Federal Entities/Agencies (select any/all) |
| State Entities/Agencies (select any/all) |
| Have written agreement with this entity |
| Receive financial support from this entity |
| |

Module F: Other State Financing Activities that Directly Provides AT (Continued...)

| Local/Community Entities (select any/all) |
|---|
| Private Entities (select any/all) |
| Other (select any/all) |

${\bf 6.\ Describe\ the\ activity/activities.}$

IATP contracts with the Illinois Department on Aging (IDoA) to conduct the Illinois Care Connections (ICC) program that directly provides technology solutions to help alleviate social isolation as a result of the pandemic for seniors and individuals with disabilities aged 60 and above. Referrals must be made through the IDoA Community Care Programs. Qualifying older adults receive an Apple iPad or Android tablet with a case, keyboard, and headphones. If needed, they also are provided internet access through a Turbo Hot Spot. The technology is used to increase social engagement and social connectedness. The priority is to serve those who live alone, do not normally receive in-home services, and who live in rural areas. The devices have applications that support different communication options so individuals can connect with family, friends, providers, and participate in Telehealth appointments with doctors.

7. The online page for this specific activity can be found at:

https://iltech.org/services/icc-aging/

Module G: Other State Financing Activities that Create AT Savings

1. Which of the following activity/activities are conducted? (select all that apply)

Identify all types of other state financing programs that create AT savings that are conducted.

- AT Fabrication Program
- Other (Describe)

Provide a description of the other activity/activities conducted.

1) Fast Track Bulk Purchasing Program for VR Customers to access AT in a more timely manner. 2) AT fabrication for Illinois residents

2. Select the one option that best describes who conducts this activity/activities.

Both the Statewide AT Program and other entities/contractors (Both)

3. Select the one option that best describes from where this activity/activities is conducted.

A combination of a central location and regional sites (Combination)

4. Do you charge a fee for this activity/activities? (select one)

Both

5. Identify the types of collaborations you have in place to conduct this activity/activities.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

• Have written agreement with this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

• Have written agreement with this entity

Federal Entities/Agencies (select any/all)

- · Have written agreement with this entity
- · Receive financial support from this entity

- · Have written agreement with this entity
- · Receive financial support from this entity

Module G: Other State Financing Activities that Create AT Savings (Continued...)

Local/Community Entities (select any/all) • Have written agreement with this entity Private Entities (select any/all) Other (select any/all)

6. Describe the activity/activities.

IATP has a contract with the Illinois Department of Human Services, Division of Rehabilitation Services (DRS) to purchase AT and IT equipment in bulk to reduce the cost of the AT/IT and get it to consumers in a more timely and efficient manner. Consumers receiving services from DRS and directly referred by their Vocational Rehabilitation Counselor or other DRS program staff are eligible to benefit from this program. The Illinois Creative Assistive Technology (ICAT) project addresses two specific gaps to AT acquisition that currently exist in Illinois; 1) a needed alternative financing option to supplement cash loans and 2) a comprehensive infrastructure and statewide network to support AT fabrication as a resource for AT acquisition. The project is continually expanding the IATP Maker Network and coordinates fabrication requests, designs, and development with IATP staff and a variety of partners including University programs, STEM programs, transition programs, libraries, community maker groups, and interested individuals.

7. The online page for this specific activity can be found at:

Not Applicable for the Fast Track Bulk Purchasing Program https://iatpmakers.org/

Module I: Device Refurbish and Reassignment and/or Open-ended Loan

| 1. Select the one option that best describes who conducts this activity. The Statewide AT Program (State AT) |
|--|
| |
| 2. Select the <u>one option</u> that best describes from where this activity is conducted. One central location (Central) |
| |
| 3. Do you charge a fee for this activity? No |
| 4. Identify the types of collaborations you have in place to conduct this activity. |
| Banks/Financial Institution (select any/all) |
| Independent Living Center (select any/all) |
| Have written agreement with this entity |
| Easter Seals (select any/all) |
| Disability/Assistive Technology Organizations (select any/all) |
| |
| Have written agreement with this entity |
| Federal Entities/Agencies (select any/all) |
| State Entities/Agencies (select any/all) |
| Have written agreement with this entity Receive financial support from this entity |
| |

Module I: Device Refurbish and Reassignment and/or Open-ended Loan (Continued...)

Local/Community Entities (select any/all)

· Have written agreement with this entity

Private Entities (select any/all)

• Have written agreement with this entity

Other (select any/all)

5. Select the option(s) that describe how a reutilized device is provided to a recipient. (select all that apply)

· Device is loaned for as long as the recipient needs it with no ownership transfer

6. Describe the activity.

IATP's Reuse Program provides pre-owned assistive technology and durable medical equipment to people with disabilities at no cost. The program accepts assistive technology and durable medical equipment that is lightly used, in good working condition and that is no longer needed or used by its original owner. IATP periodically evaluates equipment from its demonstration center and short-term device loan inventory and may move devices to the Reuse program when that equipment no longer represents current options and/or has been discontinued by the manufacturer. If the devices are still in working order and can meet a functional need for an individual, they are available for loan. All donated equipment is checked for safe operation, cleaned, sanitized, inventoried, and then made available to others who cannot afford to purchase a new device. The equipment can be borrowed on a short-term basis for a temporary need or as an open-ended loan that can be kept until no longer needed. The equipment is then returned to the program and processed by staff so that it can be available to another recipient. All residents of Illinois who experience functional limitations due to disability, aging, and/or chronic illness and could benefit from the device(s) are eligible recipients. There are no fees associated with borrowing equipment. When needed, IATP has AT specialists, Occupational Therapists and Certified Occupational Therapy Assistants that can assist with an appropriate person/device match and/or works with the individual's providers to ensure the device(s) is an appropriate match.

7. The online page for this specific activity https://iltech.org/how-we-help/device-recycling/can be found at:

Module J: Device Loan

| 1. Select the one option that best describes who conducts this activity. The Statewide AT Program (State AT) |
|--|
| |
| 2. Select the <u>one option</u> that best describes from where this activity is conducted. One central location (Central) |
| |
| 3. Do you charge a fee for this activity? No |
| 4. Identify the types of collaborations you have in place to conduct this activity. |
| Banks/Financial Institution (select any/all) |
| |
| Independent Living Center (select any/all) |
| Have written agreement with this entity |
| Easter Seals (select any/all) |
| |
| Have written agreement with this entity |
| Disability/Assistive Technology Organizations (select any/all) |
| |
| Have written agreement with this entity |
| |
| Federal Entities/Agencies (select any/all) |
| State Entities/Agencies (select any/all) |
| |
| Have written agreement with this entity Receive financial support from this entity |
| - Receive miancial support from this entity |

Module J: Device Loan (Continued...)

Local/Community Entities (select any/all)

· Have written agreement with this entity

Private Entities (select any/all)

Other (select any/all)

5. Select the option that describes how the majority of devices loaned are delivered to and returned from a borrower. (select one)

The majority of devices are shipped via mail or other delivery service

6. Describe the activity.

The main purpose of IATP's device loan program is to provide an opportunity to try assistive technology devices to make an informed decision prior to purchasing the device. It helps borrowers to ensure it is their preferred option and will work in the environments where it is needed. Equipment can also be borrowed when needed as a temporary backup device, while awaiting funding approval, or as a short-term accommodation. All loans are made for a five-week time period. IATP covers the cost of outgoing shipping and the borrower is responsible for costs associated with its safe return. Upon receipt of returned items, the program follows established policies and procedures for checking-in equipment, cleaning, sanitizing, and performing any necessary maintenance and/or updates before being available for another borrower. The program maintains a comprehensive inventory of AT devices that can be viewed through IATP's online system. If someone does not have internet access, they can contact the program for assistance via email, phone, Illinois Relay Services, and/or fax. All items are inventoried and tracked through an IATP database. In order to borrow an item, individuals and entities are required to create a user account and agree to the established Equipment Loan policies. When needed, IATP staff are available to help with the proper selection and use of equipment. Shipped items include directions for use, a packing list, and manufacturer's and/or vendor's information. If a borrower would like a device that is not currently available, the item is considered for future purchase when resources become available.

7. The online page for this specific activity https://iltech.org/how-we-help/try-a-device/can be found at:

Module K: Device Demonstration

| 1. Select the <u>one option</u> that best describes who conducts this activity. The Statewide AT Program (State AT) |
|---|
| |
| 2. Select the <u>one option</u> that best describes from where this activity is conducted. One central location (Central) |
| |
| 3. Do you charge a fee for this activity? No |
| 4. Identify the types of collaborations you have in place to conduct this activity. |
| Banks/Financial Institution (select any/all) |
| Independent Living Center (select any/all) |
| |
| Have written agreement with this entity |
| |
| Easter Seals (select any/all) |
| Disability/Assistive Technology Organizations (select any/all) |
| Have written agreement with this entity |
| 1 Have written agreement with this entity |
| |
| Federal Entities/Agencies (select any/all) |
| State Entities/Agencies (select any/all) |
| |
| Have written agreement with this entity |
| Receive financial support from this entity |
| |
| |

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

· Have written agreement with this entity

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

Demonstrations are conducted by professional staff and enable participants to compare and contrast the features and benefits of devices so they can make an informed decision as to what would best meet their needs. IATP's AT Demonstration Center is centrally located in the state in Illinois and includes a comprehensive display and inventory of assistive technology devices. The Center has nine accessible rooms; four are organized by environment and include a bedroom, bathroom, kitchen, and office. The other five rooms are organized by functional use and include vision, hearing, daily living, sensory, and combined communication and adapted toys. For those who cannot visit the Center, the program works with the consumer to make arrangements for an alternative option including a virtual meeting, a public meeting place near them, or at a Center for Independent Living in their area. The inventory purchasing decisions are based on identified program needs, input from the advisory council and consumers, and available financial resources. If a requested item is not available, the program will contact the vendor and try to borrow the device. The program will also inform the consumer of comparable devices that may be available for demonstration. New devices that are not currently in the available inventory but are a good choice for the program are added to a program wish list to be considered when funds become available. In some instances, a device may be cost prohibitive or not a good fit for the program demonstration center (i.e. an adapted vehicle or complex mobility device). In this case, the program will assist the consumer by providing information on other options where they might possibly be able to see and try the requested device. There are no fees associated with device demonstration services. In addition to the IATP demonstration center options, some agency partners borrow demonstration kits that are limited in scope (i.e. aging services and items for daily living or AT for Early Intervention). The intent of the kits is to assist agency partners in helping their consumers become aware of possible AT solutions that might meet their needs. When more comprehensive AT services are needed, the agency partner refers their consumer to IATP.

6. The online page for this specific activity https://iltech.org/how-we-help/see-a-device/ can be found at:

Module L: Training

1. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

• Have written agreement with this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

• Have written agreement with this entity

Federal Entities/Agencies (select any/all)

- Have written agreement with this entity
- Receive financial support from this entity

Module L: Training (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

- · Have written agreement with this entity
- Provide financial support to this entity

Other (select any/all)

2. Provide a short description of at least one and no more than three planned training activities. One of the activities described must be planned Information and Communication Technology (ICT) accessibility training that will provide the required ICT Training performance measures. If the Statewide AT Program is meeting the transition requirements of the AT Act through training, please describe that planned activity. If the Statewide AT Program sponsors or co-sponsors a statewide conference please include that event as one you describe.

Planned ICT Accessibility Training (required)

The Illinois Assistive Technology Program is currently working with the Illinois Statewide Workforce Centers to set up training throughout the state to teach their staff how to make accessible documents. The Illinois Information Technology Accessibility Act (IITAA) requires the State to ensure accessibility and establishes specific standards. The Statewide Employment Centers want to ensure their documentation is accessible for individuals with disabilities who come in and need to apply for employment. The Centers refresh their equipment and documentation every 3 years and with the time-lapse comes new employees who need to be taught how to make accessible documents.

Planned Transition Training or Other Training Activity (optional)

During FY2023, IATP staff will be conducting trainings around the state for both professionals and families involved with the Early Intervention (EI) Programs. Training will focus on the AT options available for children in an EI Program. In addition, IATP staff will conduct switch making classes so that families and professionals know how to make low cost switches that can be used to develop cause and effect learning skills with the children. In addition, IATP is working with a private Illinois business developed by therapists, the Adaptive Equipment and Caregiving Corner, to provide training through accessible instructional videos to support safely and appropriately using various AT devices and Durable Medical Equipment. This effort will be used to support individuals as they transition home from the hospital or rehabilitation and nursing facilities. Another training IATP's OTs will be conducting is for the staff of the Area Agencies on Aging on simple 3D Fabricated devices that IATP is producing to either help seniors live safely and independently in their homes or to assist seniors transitioning back into the community.

Planned Statewide Conference or Other Training Activity (optional)

IATP will be the Showcase Agency for the Abilities Expo in Chicago on June 24-26-2022. IATP is also conducting a statewide training on AAC devices for local district staff, SLPs and families on June 15-16, 2022. In addition, IATP is tentatively planning to conduct a Statewide Conference in the Spring of FY 2023.

3. The online page for this specific activity https://iltech.org/how-we-help/training-and-technical-assistance/can be found at:

Module M: Technical Assistance

1. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

• Have written agreement with this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

• Have written agreement with this entity

Federal Entities/Agencies (select any/all)

- Have written agreement with this entity
- Receive financial support from this entity

Module M: Technical Assistance (Continued...)

| Local/Community Entities (select any/all) |
|---|
| Private Entities (select any/all) |
| Other (select any/all) |

2. Provide a short description of at least one and no more than two planned technical assistance activities. If the Statewide AT Program is meeting the transition requirements of the AT Act through technical assistance, please describe that planned activity.

Planned Transition Technical Assistance or Other Technical Assistance Activity (required)

IATP is part of a Social Isolation Task force formed by the local Area Agency on Aging. As a partner, IATP will provide input and recommendations as to how to incorporate assistive technology into the community training being developed and highlight ways that AT can help reduce social isolation for seniors. Once the materials have been developed, IATP staff will participate in delivering the training to other community organizations to help them know how to identify individuals feeling the effects of social isolation and provide them with resources to reduce the risks of having to move into a nursing home.

Planned Other Technical Assistance Activity (optional)

IATP has been working with various college programs to incorporate a class on assistive technology and AAC. IATP is trying to expand the number of colleges that incorporate hands-on learning opportunities with AT and AAC and is providing technical assistance to colleges and universities. To date, several college Occupational Therapy Assistant (OTA) programs have incorporated AT and information about IATP's programs and services into the curriculum. Students also participate in a switch making class as well as a tour of the AT Demonstration Center.

Module N: Public Awareness

1. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

• Have written agreement with this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

• Have written agreement with this entity

Federal Entities/Agencies (select any/all)

- Have written agreement with this entity
- Receive financial support from this entity

Module N: Public Awareness (Continued...)

| Local/Community Entities (select any/all) | |
|---|---|
| Private Entities (select any/all) | |
| Other (select any/all) | _ |

2. Provide a short description of at least one and no more than two planned major public awareness activities. If the Statewide AT Program conducts a major ongoing public awareness activity such as an annual AT awareness day with a Governor's Proclamation, please include that activity.

Major Annual Planned or Other Public Awareness Activity (required)

IATP has received a significant increase in funding to expand and implement the reach and impact of the core activities of the AT Act. As part of the additional funding, IATP will be expanding our current physical space by relocating to a vacant four floor hospital. The new IATP office space will facilitate having a larger AT Demonstration Center that will include a working display of comprehensive Smart Home options. In order to increase visibility and utilization of IATP's programs and services, it will hold an Open House in the fall at the new facility which will be advertised through many other organizations and multiple marketing venues such as websites, social media, and public service announcements.

Planned Other Public Awareness Activity (optional)

IATP has partnered with MindsEye, the Radio Reading Group to cross share information about each others programs and services. As part of the partnership, MindsEye has provided several radio ads about IATP and its services.

Module O: Information and Assistance

1. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

• Have written agreement with this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

• Have written agreement with this entity

Federal Entities/Agencies (select any/all)

- Have written agreement with this entity
- Receive financial support from this entity

Module O: Information and Assistance (Continued...)

| Local/Community Entities (select any/all) |
|---|
| Private Entities (select any/all) |
| Other (select any/all) |

2. Describe the activity

Information and Assistance is a service that all staff provide through phone calls, emails, exhibit opportunities and social media. IATP offers instate toll-free phone lines so that consumers and family members that are not local to our office in Springfield do not have to cover the cost of a long-distant call. IATP is fortunate that its lead agency, the Illinois Department of Human Services, Division of Rehabilitation Services provided funding to IATP to supplement the federal funding and ensure that IATP can truly have a statewide presence and impact on individuals with disabilities having access to and funding for assistive technology devices and services.

Assurances and Measurable Goals

Section 4(d) of the AT Act prescribes the duties of the Lead Agency receiving a grant under section 4 of the AT Act and requires the State to provide a number of assurances in its application for funds. 34 CFR part 76 also requires that any State Plan include certain assurances. The Statewide AT Program certifying representative will attest to these assurances and other requirements below and by submitting the State Plan, will affirm that to the best of his or her knowledge and belief all information provided in the State Plan is true and correct and the State Plan fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the information.

Assurances

As the Certifying Representative of the Lead Agency for the State of , I hereby assure the following:

- 1. The Lead Agency prepared and submitted this State Plan on behalf of the State of Illinois.
- 2. The Lead Agency submitting this plan is the State agency that is eligible to submit this plan and if an Implementing Entity is identified it is designated to implement the required AT Act activities.
- 3. The State agency has authority under State law to perform the functions of the State under this program.
- 4. The State legally may carry out each provision of this plan.
- 5. All provisions of this plan are consistent with State law.
- 6. A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan.
- 7. The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.
- 8. The agency that submits this plan has adopted or otherwise formally approved this plan.
- 9. The plan is the basis for State operation and administration of the program.
- 10. The Lead Agency will maintain and evaluate the program under this State Plan.
- 11. The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act.
- 12. The Lead Agency will submit the annual progress report on behalf of the State.
- 13. The State will prepare reports to the Secretary in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this Act and keep such records and allow access to such records as the Secretary may require to ensure the correctness and verification of information provided to the Secretary.
- 14. The Lead Agency will control and administer the funds received through the grant.
- 15. The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.
- 16. Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services.
- 17. The Lead Agency will ensure conformance with all applicable Federal and State accounting requirements.
- 18. The State will adopt such fiscal control and accounting procedures as may be necessary to ensure proper disbursement of and accounting for the funds received through the grant.
- 19. Funds made available through a grant to a State under this Act will not be used for direct payment for an assistive technology device for an individual with a disability.
- 20. A public agency or an individual with a disability holds title to any property purchased with funds received under the grant and administers that property.
- 21. The physical facility of the Lead Agency and Implementing Entity, if any, meets the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) regarding accessibility for individuals with disabilities. Section 4(d)(6)(E)
- 22. Activities carried out in the State that are authorized under this Act, and supported by Federal funds received under this Act, will comply with the standards established by the Architectural and Transportation Barriers Compliance Board under section 508 of the Rehabilitation Act of 1973 (20 U.S.C. 794d). Section 4(d)(6)(G)
- 23. The Lead Agency will coordinate the activities of the State Plan among public and private entities, including coordinating efforts related to entering into interagency agreements.
- 24. The Lead Agency will coordinate efforts related to the active, timely, and meaningful participation by individuals with disabilities and their family members, guardians, advocates, or authorized representatives, and other appropriate individuals, with respect to activities carried out through the grant.