**State Grants for Assistive Technology Program**

# Iowa

# State Plan for Assistive Technology

# Federal Fiscal Years 2018-2020

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*Expiration Date: March 31, 2021*

Assistive Technology State Grant Program

State Plan for FY 2018-2020

Table of Contents

[Section A. Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity](#_Toc30492491)

[Screen 1: Identification & Description of Lead Agency and Implementing Entity](#_Toc30492492)

[Screen 2: Change in Lead Agency or Implementing Entity](#_Toc30492493)

[Section B. Advisory Council, Budget Allocations and Actual Expenditures, and Identification of Activities Conducted](#_Toc30492494)

[Screen 3: Advisory Council](#_Toc30492495)

[Screen 4: Actual Expenditures and Budgeted Allocations](#_Toc30492496)

[Screen 5: Activities Conducted](#_Toc30492497)

[Section C. State Financing Activities](#_Toc30492498)

[Screen 6: Financial Loan Program -](#_Toc30492499)

[Screen 7: Other State Financing Activities Directly Provide AT](#_Toc30492500)

[Screen 8: Other State Financing Activities Create AT Savings](#_Toc30492501)

[Section D. Device Reutilization Activities](#_Toc30492502)

[Screen 9: Device Exchange](#_Toc30492503)

[Screen 10: Device Refurbish and Reassignment and/or Open-ended Loan](#_Toc30492504)

[Section E. Device Short-term Loan Activity](#_Toc30492505)

[Screen 11: Short-term Device Loan](#_Toc30492506)

[Section F. Device Demonstration Activity](#_Toc30492507)

[Screen 12: Device Demonstration](#_Toc30492508)

[Section G. State Leadership Activities](#_Toc30492509)

[Screen 13: Training](#_Toc30492510)

[Screen 14: Technical Assistance](#_Toc30492511)

[Screen 15: Public Awareness](#_Toc30492512)

[Screen 16: Information & Assistance](#_Toc30492513)

[Section H. Assurances & Measurable Goals](#_Toc30492514)

[Screen 17: Assurances](#_Toc30492515)

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity

Section 4(d)(2) of the AT Act requires that the State Plan contain information identifying and describing the Lead Agency and Implementing Entity (if applicable) designated by the state’s governor. A state either has a Lead Agency alone or has both a Lead Agency and an Implementing Entity. The Implementing Entity is a subcontractor separate from the Lead Agency who is responsible for implementing the State AT Program activities. The Lead Agency does not also name itself or a unit within the agency as the Implementing Entity.

If there is an Implementing Entity, section 4(d)(4)(B) requires that the State Plan include a description of the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the Lead Agency. If the governor chooses to re-designate the Lead Agency or Implementing Entity, section 4(c)(1)(C) requires that good cause for this change be shown in the State Plan, including why that previously designated agency or entity no longer should serve. If the Lead Agency or Implementing Entity is changing, the information provided in this State Plan should pertain to how the new agency or entity will conduct the Statewide AT Program. The following items are intended to satisfy the requirements just described.

### Identification & Description of Lead Agency and Implementing Entity

|  |
| --- |
| **Statewide AT Program (Information to be listed in national State AT Program Directory)** |
| 1. State Program Title: Easterseals Iowa Assistive Technology Program |
| 2. State AT Program URL (home page for State AT Program): www.iowaat.org |
| 3. Mailing address: 401 NE 66th Avenue | 5. State: Iowa |
| 4. City: Des Moines  | 6. Zip code: 50313 |
| 7. Main email address (for general public to use to contact State AT Program): atinfo@eastersealsia.org |
| 8. Main phone number (for general public to use to contact State AT Program): 1-866-866-8782 |
| 9. Separate TTY number (for general public to use to contact State AT Program): 1-515-289-1281 |
| **Lead Agency** |
| 10. Agency name: University of Iowa Center for Disabilities and Development at University of Iowa |
| 11. Mailing address: 2 Gilmore Hall | 13. State: Iowa |
| 12. City: Iowa City  | 14. Zip code: 52242 |
| 15. Lead Agency URL: <https://uichildrens.org/medical-services/center-disabilities-and-development> |
| **Implementing Entity** |
| 16.Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes [x]  No [ ]  *If yes, complete Items 17–22.*  |
| 17. Name of Implementing Entity: Easterseals Iowa  |
| 18. Mailing address: 401 NE 66th Avenue  | 20. State: Iowa |
| 19. City: Des Moines | 21. Zip code: 50313 |
| 22. Implementing Entity URL: [www.easterseals.com/ia/at](http://www.easterseals.com/ia/at)  |
| **Program director and other contacts** |
| 23. Program Director for State AT Program (last, first): Keninger, Tracy |
| 24. Title: Director |
| 25. Phone: 515-309-2371 |
| 26. E-mail: tkeninger@eastersealsia.org |
| 27. Primary Contact at the Lead Agency (last, first): Willis, Derrick |
| 28. Title: Director |
| 29. Phone: 319-678-8414 |
| 30. E-mail: derrick-willis@uiowa.edu |
| 31. Primary Contact at Implementing Entity (last, first) – If applicable: Keninger, Tracy |
| 32. Title: Director |
| 33. Phone: 515-309-2371 |
| 34. E-mail: tkeninger@eastersealsia.org |
| **Person Responsible for completing this form if other than State AT Program Director** |
| 34. Name (last, first): Karwal, Kimberly |
| 35. Title: Team Lead |
| 36. Phone: 515-309-2394 |
| 37. E-mail: kkarwal@eastersealsia.org: |
| **Certifying Representative** |
| 38. Name (last, first): Willis, Derrick |
| 39. Title: Director |
| 40. Phone: 319-678-8414 |
| 41. E-mail: derrick-willis@uiowa.edu |

### Change in Lead Agency or Implementing Entity

* + 1. **Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state if you have a designated Implementing Entity identified above.**

Easterseals Iowa Assistive Technology Program, Iowa’s AT Implementing Entity, serves through an agreement and scope of work with the University of Iowa Center for Disabilities and Development at University of Iowa, Iowa’s AT Lead Program. Easterseals Iowa Assistive Technology Program meets with the University of Iowa’s Center for Disabilities and Development on a quarterly basis to review federal reporting data, strategic plans, and report on other topics of interest including grants, contracts, and new project research. The University of Iowa’s Center for Disabilities and Development reviews and provides final approval State Plan and final approval for the Annual Progress Report.

* + 1. **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?**

No

**\*If you answered no to this question, and you do not use an Implementing Entity, you may skip ahead to the next section. Otherwise, you must answer the following questions.**

* + 1. **Explain why the Lead Agency previously designated by the Governor should not serve as the Lead Agency. Answer only if Question 2 above is yes.**
		2. **Explain why the Lead Agency newly designated by the Governor should serve as the Lead Agency. Answer only if Question 2 above is yes.**
		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?**

Yes, previously the Implementing Entity was Iowa Program for Assistive Technology and currently the Implementing Entity is Easterseals Iowa Assistive Technology Program**.**

**If you answered no to this question, you may skip ahead to the next section. Otherwise, you must respond to Items 6 and 7 below.**

* + 1. **Explain why the Implementing Entity previously designated by the Governor should not serve as the Implementing Entity. Answer only if Question 5 above is yes.**

Easterseals Iowa Assistive Technology Program served as a contracted partner under the previous State Plan [2015]. The service provisions identified under that contract continued past 2017, although this year marked a change in staffing structure as the role of Program Director passed from Jane Gay at the University of Iowa to Tracy Keninger at Easterseals Iowa as Jane retired.

Additional factors that were considered in the transition included Easterseals Iowa’s long educational and certification background, long-standing history with the program and a vast understanding of the need for connection between state AT programs and federal law. Additionally, the lack of qualified staff at the University of Iowa to fill the role that Jane Gay once held.

* + 1. **Explain why the Implementing Entity newly designated by the Governor should serve as the Implementing Entity. Answer only if Question 5 above is yes.**

Easterseals Iowa Assistive Technology Program previously held a subcontract with the University of Iowa, since the implementation of the AT Act in Iowa, and continues to provide statewide services for Short-term Loan, Demonstration, Reuse, and Information and Referral. Easterseals Iowa Assistive Technology Program has taken the lead with gathering federal data and documentation for the past three years, as we prepared for the retirement of Jane Gay and transition. This experience and understanding of the necessity of fidelity in reporting structure created a platform for success as an Implementing Entity.

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## Advisory Council, Budget Allocations and Actual Expenditures, and Identification of Activities Conducted

Section 4(c)(2) of the AT Act requires the Statewide AT Program to establish 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*.* Exceptions to these requirements are allowed under section 4(c)(2)(E) if the requirements will affect existing state statutes, rules, or official policies relating to advisory bodies or require changes to existing governing bodies of incorporated agencies. The following items provide assurances related to and identify compliance with the requirements of section 4(c)(2).

### Advisory Council

* + 1. **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. Answer yes or no.**

Yes

* + 1. **The advisory council includes a representative of the designated State agency, as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705). Answer yes/no/NA.**

Yes

* + 1. **The advisory council includes a representative of the State agency for individuals who are blind (within the meaning of section 101 of that Act (29 U.S.C. 721)). Answer yes/no/NA.**

Yes

* + 1. **The advisory council includes a representative of a State center for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.). Answer yes/no/NA.**

Yes

* + 1. **The advisory council includes a representative of the State workforce development board established under section 101 of the Workforce Innovation and Opportunity Act). Answer yes/no/NA.**

Yes

* + 1. **The advisory council includes a representative of the State educational agency, as defined in section 9101 of the Elementary and Secondary Education Act of 1965 as reauthorized. Answer yes/no/NA.**

Yes

* + 1. **The advisory council includes other representatives (list below).**

No

* + 1. **The advisory council includes a majority of individuals with disabilities that use assistive technology or their family members or guardians:**

A. Enter the number of individuals with disabilities that use AT or their family members or guardians on the advisory council - 8

B. Enter the total number of individuals on the advisory council - 13

C. Calculate the percentage (divide A/B) – 62%

* + 1. **If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain here.**

### Actual Expenditures and Budgeted Allocations

* + 1. **Actual Expenditures Carryover Year Close-out (annual update required-table reset)**

In the following table provide the actual expenditure data for the closed-out carryover fiscal year AT grant award (liquidated the previous December 31). 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 a State Plan submitted in the spring of 2018, the most recent closed-out carryover year grant award will be the FY16 grant award that began 10/1/2015 with the first year ending on 9/30/2016 and the second carryover year ending on 9/30/2017 with 3-month liquidation period ending 12/31/2017).

| **Actual Expenditures for Closed-out Carryover Year Award** | **Final Expenditures** | **Percentage** |
| --- | --- | --- |
| **A. All State Level Activities** | **$271,935** | **58%** |
| **B. All State Leadership Activities** | **$173,476** | **37%** |
| **C. Transition Training & Technical Assistance** | **$23,443** | **5%** |
| **D. Total Expenditures** | **$468,854** | **99.5%** |
| **E. Total Award** | **$471,159** | **100%** |
| **F. Lapsed Amount** | **$2,305** | **.5%** |

Note: The final expenditure amount on line D must equal the amount drawn down in the ACL Payment Management System.

* + 1. **Actual YTD Expenditures and Budgeted Allocations for Immediately Preceding Year Award (annual update required-table reset)**

In the following table provide year-to-date (YTD) obligated and liquidated expenditure data for the immediately preceding fiscal year AT grant award 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 a State Plan submitted in the spring of 2018, the immediately preceding fiscal year award will be the FY17 grant award that began 10/1/2016 with the first year ending 9/30/2017 and the second carryover year ending 9/30/18).

| **Actual & Planned Immediately Preceding Year Award Expenditures** | **YTD Obligated not Liquidated Expenditures** | **YTD Liquidated Expenditures** | **Planned not yet Obligated Expenditures** | **Total**  |
| --- | --- | --- | --- | --- |
| **All State Level Activities** | **$272,916** | **$5,244** | **$0** | **$278,160** |
| **All State Leadership Activities** | **$174,102** | **$0** | **$0** | **$174,102** |
| **Transition Training & Technical Assistance** | **$18,283** | **$0** | **$0** | **$18,283** |
| **Total**  | **$465,301** | **$5,244** | **$0** | **$470,545** |

### Activities Conducted

* + 1. **State Level Activities Conducted and Program Structure**

Using the table below, identify all types of state level activities that will be conducted by the Statewide AT Program, who is conducting the activity, from where it is conducted and if a fee is charged. Please remember that annual progress report data is required for any activity identified as conducted in this State Plan.

Instructions: Enter “yes” or “no” to indicate each of the activities conducted in the table below.

| **AT Act State Level Activities** | **Activity Conducted?** | **Who conducts?State** | **Who conducts?Other** | **Who conducts?Both** | **Where conducted?Central** | **Where conducted?Regional** | **Where conducted?Both** | **Fee Charged** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State Financing-Financial Loan** | Yes |  | Iowa Able Foundation- ESI ATP subcontract |  | Yes, based out of Ames, IA but serves statewide |  |  | None |
| **State Financing-Other that Directly Provides AT**  | No |  |  |  |  |  |  |  |
| **State Financing-Other that Creates Savings for AT** | No |  |  |  |  |  |  |  |
| **Reuse-Device Exchange**  | Yes | Easterseals Iowa Assistive Technology Program |  |  | Yes (Online) |  |  | None for access to Exchange |
| **Reuse-Device Open Ended Loan or Reassign**  | Yes | Easterseals Iowa Assistive Technology Program  |  |  | Yes |  |  | One-Time Fee per device  |
| **Device short-term loan**  | Yes | Easterseals Iowa Assistive Technology Program | Iowa Vocational Rehabilitation Services  |  | Yes |  |  | None |
| **Device demonstration**  | Yes | Easterseals Iowa Assistive Technology Program  | Iowa Vocational Rehabilitation Services |  | Yes |  |  | None |

* + 1. **Comparability and Flexibility**

For any of the four State Level Activities that are not conducted, the Statewide AT Program must claim comparability or flexibility in the table below. The table below repeats the yes/no from the previous table identifying the activities the state is conducting and requires identification of flexibility or comparability for those activities the Statewide AT Program is not conducting.

| **Comparability & Flexibility** | **Yes/No**  | **State Level Activities** | **Not Performed Claiming --** |
| --- | --- | --- | --- |
| **Financial Loan** |  | State Financing | Comparability/Flexibility (required if all 3 are No) |
| **Other State Financing that Directly Provides AT**  |  | State Financing | Comparability/Flexibility (required if all 3 are No) |
| **Other State Financing that Creates Savings for AT** |  | State Financing | Comparability/Flexibility (required if all 3 are No) |
| **Device Exchange**  |  | Reuse | Comparability/Flexibility (required if both are No) |
| **Device Reassignment or Open-Ended Loan**  |  | Reuse | Comparability/Flexibility (required if both are No) |
| **Device short-term loan**  |  | Short-term Loan | Comparability/Flexibility |
| **Device demonstration**  |  | Demonstration | Comparability/Flexibility |

*Flexibility* - Section 4(e)(6) of the AT Act allows a state to carry out any two or more of the required state-level activities, meaning a state can choose not to conduct up to two activities. If the state claims flexibility in a given fiscal year, do not report data for that activity during that fiscal year and the grant award for that fiscal year will be subject to a maximum 30% of total expenditures for state leadership activities.

*Comparability* - Section 4 (e)(1)(B) of the AT Act provides that a state shall not be required to carry out a required state-level activity if the amount of financial support provided from the state or other nonfederal resources or entities for that activity is comparable or greater than the amount that the state would have expended for the activity. When a Statewide AT Program claims comparability; the state will not report data for any state-level activities for which the state claimed comparability.

For any activity for which the Statewide AT Program is claiming comparability, describe the comparable activity and comparable financial support. In the text box, explain in the simplest terms possible what the comparable activity is, who conducts the activity, who supports the activity, and what makes it comparable both in terms of resources supporting the activity and how the activity is related to the purposes of the AT Act.

**Multiple Activity Item Instructions**

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. For the purposes of the following portions of the State Plan, there is no distinction between a Lead Agency or Implementing Entity in terms of implementation. If an Implementing Entity is used, the State Plan reports on how that entity is implementing the Act.

Section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities.

Sections C-G of this State Plan contains items intended to meet these requirements for each AT Act authorized activity. While Sections do request unique information about specific activities, each begins with the same request for information regarding collaboration. Use the instructions below as a reference for this question throughout the State Plan, as the instructions will not be repeated in each section.

**If this activity is conducted through a formal written agreement, by providing financial support to other entities or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity**  | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **Yes** | **Yes** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **Yes** | **Yes** | **Yes** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **Yes** | **Yes** | **No** |
| **State Entities/Agencies** | **Yes** | **Yes** | **No** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities**  | **No** | **No** | **No** |
| **Other** *(describe)* | **Yes** | **No** | **No** |

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## State Financing Activities

The AT Act describes state financing activities as activities that increase:

“access to, and funding for, assistive technology devices and assistive technology services (which shall not include direct payment for such a device or service for an individual with a disability but may include support and administration of a program to provide such payment), including development of systems to provide and pay for such devices and services, for targeted individuals and entities described in section 3(16)(A), including—

1. support for the development of systems for the purchase, lease, or other acquisition of, or payment for, assistive technology devices and assistive technology services; or
2. support for the development of State-financed or privately financed alternative financing systems of subsidies (which may include conducting an initial 1-year feasibility study of, improving, administering, operating, providing capital for, or collaborating with an entity with respect to, such a system) for the provision of assistive technology devices, such as—
3. a low-interest loan fund;
4. an interest buy-down program;
5. a revolving loan fund;
6. a loan guarantee or insurance program;
7. a program providing for the purchase, lease, or other acquisition of assistive technology devices or assistive technology services; or
8. another mechanism that is approved by the Secretary.”

For the purposes of this State Plan, state financing activities include financial loan programs, programs that directly provide AT such as home modification programs, telecommunications distribution programs, and last resort funds, and programs that create savings for AT acquisition such as cooperative buying programs and AT leasing programs. Each of these activities is defined in the corresponding section of this State Plan.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are intended to meet these requirements for State Financing Activities. Respond only to the items that correspond with the State Financing Activities selected in Section B of this Plan.

### Financial Loan Program -

A financial loan program provides financial loans for purchase of AT devices and services. A financial loan program may make loans directly (revolving loans) or may make partnership loans using dollars from another source, usually a financial institution.

* + 1. **If you conduct this activity through a formal written agreement, by providing financial support to other entities or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity**  | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | No | No | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities**  | No | No | No |
| **Other: Iowa Able Foundation, nonprofit organization.**  | Yes | Yes | No |

* + 1. **This activity offers the following types of assistance (identify all that apply).**

 **X Revolving loans**

* **Loan guarantees**
* **Interest buy-downs**
* **Combined loan guarantee and interest buy-down**
	+ 1. **The lowest interest amount for loans as established by the policies of the activity (leave blank if NA). Provide a percentage in XX.XX% form.**

9.25%

* + 1. **The highest interest amount for loans as established by the policies of the activity (leave blank if NA). Provide a percentage in XX.XX% form.**

14.25%

* + 1. **The lowest loan amount provided as established by the policies of the activity (leave blank if N/A). Provide dollar amount.**

$225.00

* + 1. **The highest loan amount provided as established by the policies of the activity (leave blank if N/A). Provide dollar amount.**

$25,000.00

* + 1. **Describe the activity.**

Iowa Able Foundation provides the alternative financing program in the state of Iowa. They provide loans for Iowans to obtain Assistive Technology and housing modifications.

* + 1. **The online page for this specific activity can be found at:**

<https://iowaable.org/>.

### Other State Financing Activities Directly Provide AT

* + 1. **If other state financing activities that directly provide AT are conducted through a formal written agreement, by providing financial support to other entities or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity**  | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities**  |  |  |  |
| **Other** *(describe)* |  |  |  |

* + 1. **The following activities are conducted**

| **Activities**  | **Check if Conducted** |
| --- | --- |
| **Telecommunications Equipment Distribution Program (EDP)-State** |  |
| **Deaf/Blind Telecommunications EDP-Federal** |  |
| **Last Resort Fund** |  |
| **Home Modification Program** |  |
| **Other** *(describe)* |  |

Instructions:Identify all types of other state financing programs that directly provide AT. The types of programs are defined as follows:

*Telecommunications Equipment Distribution Program (State):* This is a state program to distribute telecommunications equipment that serves the needs of people with disabilities, including safety needs during emergencies. (This is not the federally funded NDBEDP or iCanConnect). States may not use AT Act dollars to provide funds or devices directly to individuals. AT Act dollars may be used to administer a telecommunications distribution program comprising non-AT Act dollars.

*Deaf/Blind Telecommunications Equipment Distribution Program (Federal):* This is the National Deaf/Blind Equipment Distribution Program funded by the Federal Communications Commission also known as iCanConnect. This program provides telecommunications equipment for individuals who are deaf/blind. States may not use AT Act dollars to provide funds or devices directly to individuals. AT Act dollars may be used to administer a telecommunications distribution program comprising non-AT Act dollars.

*Last Resort Fund*: These programs provide AT, or funds to purchase AT, to consumers when other options have been exhausted or are unavailable. These may be earmarked for particular types of consumers (such as children) or particular types of AT (such as home modification) or they may be for any group or type of AT. States may not use AT Act dollars to provide funds or devices directly to individuals. AT Act dollars may be used to administer a last resort fund comprised of non-AT Act dollars.

*Home Modification Program:* A home modification program provides home modifications, including the addition of wheelchair ramps. States may not use AT Act dollars to provide funds or devices directly to individuals. AT Act dollars may be used to administer a home modification program comprising non-AT Act dollars.

*Other*: Specify and describe in the text box provided.

* + 1. **Describe the activity or activities.**

Instructions: Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. This explanation should make it clear how this activity is related to the purposes of the AT Act. It also should describe who the activity is intended to serve, specifically if only particular populations of individuals are served by the activity or if there are qualifications for participation in the activity. The role of the Statewide AT Program in carrying out the activity should be explained clearly, and any fees charged should be described. If there is more than one distinct program within this activity area, number and describe each succinctly. The example provided below is for a Last Resort Fund, but a similar concept should be applied here.

*Example: Our State AT Program implements both the State Telecommunication Equipment Distribution Program and the federally funded NDBEDP (iCanConnect). The State program provides a full range of adaptive telephone equipment to all state residents who are unable to use a traditional telephone due to disability. The NDBEDP provides a full range of adaptive equipment needed by individuals who are deaf/blind for communication. All funding used to purchase adaptive equipment is provided by state and federal sources outside the AT Act. AT Act funds are used to support the administration of both programs. There are no fees associated with this program but there are financial eligibility criteria for both programs.*

* + 1. **The online page (or pages) for this specific activity can be found at:**

Instructions: Enter the specific URL for each of the state financing programs that directly provide AT (not the general home page URL) or enter N/A if information about these activities is not available online.

### Other State Financing Activities Create AT Savings

* + 1. **If other state financing activities that create AT savings are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity**  | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities**  |  |  |  |
| **Other** *(describe)* |  |  |  |

* + 1. **The following activities are conducted**

| **Activities**  | **Check if Conducted** |
| --- | --- |
| **Cooperative Buying Program** |  |
| **AT Lease Program** |  |
| **AT Fabrication Program** |  |
| **Other** *(describe)* |  |

Instructions:Identify all types of other state financing programs that create AT savings that are conducted by the state. The types of programs are defined as follows:

*Cooperative Buying Program:* Cooperative buying programs procure AT in bulk at a discount from AT suppliers and then pass the savings on to consumers/beneficiary recipients.

*AT Lease Program:* These programs provide AT to consumers on a leased arrangement which provides savings over a direct purchase. Typically, there is external funding used to purchase the devices that are leased to consumers. The leasing arrangement can include a lease-to-buy provision.

*AT Fabrication Program:*  These programs fabricate AT systems for recipients from readily available materials providing functional AT products at a significant savings.

*Other*: Specify and describe in the text box provided.

* + 1. **Describe the activity.**

Instructions: Explain in the simplest terms possible how this activity is conducted; a person unfamiliar with the program should be able to read this explanation and understand what the Statewide AT Program is “doing”. This explanation should make it clear how this activity is related to the purposes of the AT Act. It also should describe who the activity is intended to serve, specifically if only particular populations of individuals are served by the activity or if there are qualifications for participation in the activity. The role of the Statewide AT Program in carrying out the activity should be explained clearly, and any fees charged should be described. If there is more than one distinct program within this activity area, number and describe each succinctly.

* + 1. **The online page (or pages) for this specific activity can be found at:**

Instructions: Enter the URL for each of the state financing programs that create AT savings (not the general home page URL) or enter N/A if information about these activities is not available online.

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## Device Reutilization Activities

The AT Act describes the State-level activity of device reutilization as follows:

“DEVICE REUTILIZATION PROGRAMS. —The State shall directly, or in collaboration with public or private entities, carry out assistive technology device reutilization programs that provide for the exchange, repair, recycling, or other reutilization of assistive technology devices, which may include redistribution through device sales, loans, rentals, or donations.”

For the purposes of this State Plan, device reutilization activities are categorized as either device exchange activities, device refurbish and reassign activities or open-ended loan activities. Device exchange activities are those in which the Statewide AT Program facilitates the transfer of a device from a consumer who does not need the device to a consumer who could use the device without the organization taking possession of the device at any time. Devices are listed in a “want ad” or other type of posting and consumers can contact and arrange to obtain the device (either by purchasing it or obtaining it for free) from the current owner. Exchange activities do not involve warehousing inventory and do not include repair, sanitization or refurbishing of used devices. In some cases, a Statewide AT Program serves as an intermediary directly involved in making this exchange; in others the consumer and current owner make this exchange without the involvement of the Statewide AT Program.

Section 4(d)(5) of the AT Act requires the State Plan include a description of how the Statewide AT Program will implement State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities.

### Device Exchange

* + 1. **If device exchange activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity**  | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | No | No | No |
| **Easter Seals** | Yes | Yes | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities**  | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **Select the option that best describes what happens when a device is exchanged. Identify only one.**

 **X The transaction is direct consumer-to-consumer**

* **The Statewide AT Program is involved in the transaction**
	+ 1. **Describe the activity.**

Easterseals Iowa Assistive Technology Program utilizes on online services [AT4all], in partnership with various other state AT projects, to offer Iowa Assistive Technology Exchange services. Through this online platform, users can create an account free-of-charge and post Assistive Technology and related equipment for sale, marked with a price the user self-determines. Easterseals Iowa Assistive Technology Program staff offer support for users that are not able to coordinate posts independently and can trouble-shoot for users via phone call through a toll-free number or TTY. This service is available to Iowans across the state, of all ages and all demographics.

* + 1. **The online page for this specific activity can be found at:**

[**www.eastersealsia.at4all.com**](http://www.eastersealsia.at4all.com)

### Device Refurbish and Reassignment and/or Open-ended Loan

* + 1. **If device refurbish and reassignment and/or open-ended loan activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity**  | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | No | No | No |
| **Easter Seals** | Yes | Yes | Yes |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities**  | No | No | No |
| **Other** *(describe)* | Yes | No | No |

* + 1. **Select the option(s) that describe how a reutilized device is provided to a recipient. Identify as many as apply.**
* **Device ownership is transferred to the recipient**

**X Device is loaned for as long as the recipient needs it with no ownership transfer.**

* + 1. **Describe the activity.**

**Easterseals Iowa Assistive Technology Program hosts the Durable Medical Equipment (DME) Loan. This program accepts donated Durable Medical Equipment from across the state of Iowa offering the donor a receipt of donation and requesting satisfaction feedback via a survey. Easterseals Iowa Assistive Technology Program Technician will sanitize in accordance with state and federal standards and tag the device to identify specifications appropriate including when the device was donated, width, weight capacity, and any other necessary information. Requests for DME are accepted through an application that is available on the Easterseals Iowa website, which includes documentation from a healthcare provider to ensure proper fitting, seating, or positioning. Borrowers pick-up the equipment onsite and receive an overview of safety standards and proper use protocols. Privacy Practices, satisfaction response, and payment are discussed during the face-to-face interaction. Payment is identified by devices and an overview of fees is also available on the Easterseals Iowa website. The equipment will remain with the borrower for as long as needed. The satisfaction survey is requested to be returned to Easterseals Iowa Assistive Technology Program. When equipment is longer appropriate or needed, it can be returned via drop-off at Easterseals Iowa Camp Sunnyside. The State AT Program dollars do not fully cover the expenses related to recycling or refurbishing equipment therefor Easterseals Iowa utilizes charitable contributions to cover the gap.**

* + 1. **The online page (or pages) for this specific activity can be found at:**

<https://www.easterseals.com/ia/our-programs/assistive-technology-center/equipment-loan.html>

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## Device Short-term Loan Activity

The AT Act indicates that Statewide AT Programs are to “directly or in collaboration with public or private entities, carry out device loan programs that provide short-term loans of assistive technology devices to individuals, employers, public agencies, or others seeking to meet the needs of targeted individuals and entities, including others seeking to comply with IDEA, ADA and Section 504.” The purpose of a device loan may be -- (1) to assist in decision making, (2) to serve as a loaner while the consumer is waiting for device repair or funding, (3) to provide an accommodation on a short-term basis for a time limited event or situation or (4) to conduct training, self-education or other professional development activity.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for device loan activities.

### Short-term Device Loan

* + 1. **If short-term device loan activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity**  | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | No | No | No |
| **Easter Seals** | Yes | Yes | Yes |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | Yes | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities**  | No | No | No |
| **Other (***describe)* | No | No | No |

* + 1. **Select the option that describes how the majority of devices loaned are delivered to and returned from a borrower. Identify only one.**
* **The majority of devices are shipped via mail or other delivery service.**

**X The majority of devices are delivered or picked up in-person.**

* + 1. **Describe the activity.**

Easterseals Iowa Assistive Technology Program hosts the Lending Library at the Camp Sunnyside Location in Des Moines, Iowa. This service provides access to over 1,000 devices for a short-term, 30-day trial period loan. Individuals can view the inventory on the Iowa AT4all website and request loans directly through the platform. For individuals who are interested in meeting in-person for a demonstration prior to loan, an appointment can be made with one of the Easterseals Iowa Assistive Technology Program team members. This meeting can include conversation and informal assessment on what devices may be supportive for various tasks. Borrowers can be of all-ages, any diagnosis, and from any area of the state. It is requested that devices be picked up in person but for those that are unable to do so, mailing devices can be requested. The AT State Program funds do not fully cover all expenses related to providing this service therefor Easterseals Iowa covers the gap.

Easterseals Iowa Assistive Technology Program staff do research, connect with other agencies and professionals to discuss current market trends and devices recommended by Occupational Therapists and Direct Support Professionals to ensure the inventory is vast and offers varieties of task-related devices that are comparable. Devices are posted on the AT4all website to offer borrowers information on the current market value, vendor, and other specifications of the devices. The inventory includes a wide range of categories including activities of daily living, recreation sport and leisure, communication and related devices, hearing devices, vision devices, computer and related devices, learning and cognition devices, and environmental adaptations.

In addition to our general lending library services, Iowa Vocational Rehabilitation Services accesses an identified pool of devices via the AT4all platform to loan by their AT Professionals and utilize for compare in vocation and independent living situations within their agency.

* + 1. **The online page for this specific activity can be found at:**

[**www.eastersealsia.at4all.com**](http://www.eastersealsia.at4all.com)

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## Device Demonstration Activity

The AT Act describes device demonstrations as activities to “directly, or in collaboration with public and private entities, such as one-stop partners, as defined in section 101 of the Workforce Investment Act of 1998 (29 U.S.C. 2801), demonstrate a variety of assistive technology devices and assistive technology services (including assisting individuals in making informed choices regarding, and providing experiences with, the devices and services), using personnel who are familiar with such devices and services and their applications.” Section 4(e)(2)(D)

Device demonstrations compare the features and benefits of AT devices to enable informed decision-making. In a device demonstration, guided experience with the device(s) is provided to the participant with the assistance of someone who has technical expertise related to the device(s). This expert may be in the same location as the participant or may assist the participant through Internet or distance learning mechanism that provides real-time, effective communication to deliver the necessary device exploration.

A demonstration is characterized by its interactive nature whereby the participant can interact with the device and an expert to increase their knowledge and understanding about the details and functions of a device; the participant drives the demonstration and has the ability to interact and have their individual questions about the device addressed. If the demonstration is conducted via the internet or distance learning mechanism it must be a real-time, interactive demonstration that provides one-on-one assistance to the participant. A web-based demonstration that is archived or is a static presentation without interaction is considered an awareness activity, not a demonstration.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for device demonstration activities.

### Device Demonstration

* + 1. **If device demonstration activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity**  | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | No | No | No |
| **Easter Seals** | Yes | Yes | Yes |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | Yes | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities**  | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **Describe the activity.**

Easterseals Iowa Assistive Technology Program hosts the Demonstration Center in Des Moines, Iowa. This center holds over 1,000 devices available for a hands-on demonstration free of charge. Individuals interested in a demonstration can schedule a time to meet face-to-face and discuss Assistive Technology as it relates to certain tasks. An up-to-date inventory is maintained on the AT4all website to provide Iowan’s with the variety of devices available. Inspection is performed on an annual basis to ensure all devices are commercially available and in proper working condition. This allows multiple team member to access the inventory with confidence that the items are available for demonstration. The AT State Program funds do not fully cover all expenses related to providing this service therefor Easterseals Iowa covers the gap.

In addition to our general demonstration services, Iowa Vocational Rehabilitation Services accesses an identified pool of devices via the AT4all platform to demonstrate by their AT Professionals and utilize for compare in vocation and independent living situations within their agency.

* + 1. **The online page for this specific activity can be found at:**

[**www.eastersealsia.at4all.com**](http://www.eastersealsia.at4all.com)

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## State Leadership Activities

Training Activities

The AT Act describes training as follows:

“(i) TRAINING AND TECHNICAL ASSISTANCE. —

(I) IN GENERAL. —The State shall directly, or provide support to public or private entities with demonstrated expertise in collaborating with public or private agencies that serve individuals with disabilities, to develop and disseminate training materials, conduct training, and provide technical assistance, for individuals from local settings statewide, including representatives of State and local educational agencies, other State and local agencies, early intervention programs, adult service programs, hospitals and other health care facilities, institutions of higher education, and businesses.

(II) AUTHORIZED ACTIVITIES. —In carrying out activities under sub clause (I), the State shall carry out activities that enhance the knowledge, skills, and competencies of individuals from local settings described in sub clause (I), which may include—

(aa) general awareness training on the benefits of assistive technology and the Federal, State, and private funding sources available to assist targeted individuals and entities in acquiring assistive technology;

(bb) skills-development training in assessing the need for assistive technology devices and assistive technology services;

(cc) training to ensure the appropriate application and use of assistive technology devices, assistive technology services, and accessible technology for e-government functions;

(dd) training in the importance of multiple approaches to assessment and implementation necessary to meet the individualized needs of individuals with disabilities; and

(ee) technical training on integrating assistive technology into the development and implementation of service plans, including any education, health, discharge, Olmstead, employment, or other plan required under Federal or State law.”

Training activities are instructional events, usually planned in advance for a specific purpose or audience, and are designed to increase participants’ knowledge, skills, and competencies regarding AT. Such events can be delivered to large or small groups, in-person, or via telecommunications or other distance education mechanisms. In general, participants in training can be individually identified and could complete an evaluation of the training. Examples of training include classes, workshops, and presentations that have a goal of increasing skills, knowledge, and competency, as opposed to training intended only to increase general awareness of AT. Training activities have more depth and breadth than public awareness activities and are focused on skill building and competency development.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for training activities.

### Training

* + 1. **If training activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity**  | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | Yes | No | No |
| **Easter Seals** | Yes | Yes | Yes |
| **Disability/AT Organizations** | Yes | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | Yes | No | No |
| **Local/Community Entities** | Yes | No | No |
| **Private Entities**  | Yes | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **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)**

Information and Communication Technology Accessibility Training was not a service line implemented in the past. Easterseals Iowa Assistive Technology Program ensured proper training was implemented to staff in 2019 and the staff then developed trainings, supports, and marketing services for external implementation. Planned trainings will be implemented within Drake University and The Iowa Children’s Museum in 2020.

**Planned Transition Training or Other Training Activity (optional)**

Transitional trainings have been implemented in collaboration with Iowa Vocational Rehabilitation Services and Discovery in 2018 and 2019. These trainings will continue throughout the 2020 FY. Additional trainings have been implemented statewide with support from APSE which included educational sessions and hands-on AT training and implementation.

**Planned Statewide Conference or Other Training Activity (optional)**

Easterseals Iowa Assistive Technology Program implemented AT Maker Events in 2019. Planned events continue into 2020 including an AT Maker event hosted at a Community College, an AT Maker event hosted in Des Moines, and an AT Maker event for a state university.

* + 1. **The online page for this specific activity can be found at:**

[www.easterseals.com/ia/at](http://www.easterseals.com/ia/at)

Technical Assistance Activities

The AT Act describes training as follows:

“(i) TRAINING AND TECHNICAL ASSISTANCE. —

(I) IN GENERAL. —The State shall directly, or provide support to public or private entities with demonstrated expertise in collaborating with public or private agencies that serve individuals with disabilities, to develop and disseminate training materials, conduct training, and provide technical assistance, for individuals from local settings statewide, including representatives of State and local educational agencies, other State and local agencies, early intervention programs, adult service programs, hospitals and other health care facilities, institutions of higher education, and businesses.

(II) AUTHORIZED ACTIVITIES. —In carrying out activities under sub clause (I), the State shall carry out activities that enhance the knowledge, skills, and competencies of individuals from local settings described in sub clause (I), which may include—

(aa) general awareness training on the benefits of assistive technology and the Federal, State, and private funding sources available to assist targeted individuals and entities in acquiring assistive technology;

(bb) skills-development training in assessing the need for assistive technology devices and assistive technology services;

(cc) training to ensure the appropriate application and use of assistive technology devices, assistive technology services, and accessible technology for e-government functions;

(dd) training in the importance of multiple approaches to assessment and implementation necessary to meet the individualized needs of individuals with disabilities; and

(ee) technical training on integrating assistive technology into the development and implementation of service plans, including any education, health, discharge, Olmstead, employment, or other plan required under Federal or State law.”

Technical Assistance (TA) is direct problem-solving services provided by Statewide AT Program staff to assist programs and agencies in improving their services, management, policies and/or outcomes. TA may be provided in person, by electronic media such as telephone, video or e-mail and by other means. The following are examples of technical assistance: needs assessment, program planning or development, curriculum or materials development, administrative or management consultation, program evaluation and site reviews of external organizations, and policy development.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for technical assistance activities.

### Technical Assistance

* + 1. **If technical assistance activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity**  | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | No | No | No |
| **Easter Seals** | Yes | Yes | Yes |
| **Disability/AT Organizations** | Yes | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | Yes | No | No |
| **Local/Community Entities** | Yes | No | No |
| **Private Entities**  | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **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)**

Easterseals Iowa Assistive Technology Program has worked jointly with Girls On The Run of Cedar Valley to change the training curriculum to be inclusive of girls with disabilities. Easterseals Iowa Assistive Technology Program has developed inclusion plans which entail the use of Assistive Technology and modification so that girls of all abilities can participate in the Girls On The Run.

**Planned Other Technical Assistance Activity (optional)**

Easterseals Iowa Assistive Technology Program, in collaboration with the Iowa Department of Public Health, is revising the Brain Fitness curriculum. The Brain Fitness curriculum is designed to provide fitness breaks for elementary-aged students. Easterseals Iowa Assistive Technology Program is revising all activities in curriculum to be inclusive, provide Assistive Technology solutions, and assure that children of all abilities can participate.

Public Awareness Activities

The AT Act says the following about Public Awareness:

“The State shall conduct public-awareness activities designed to provide information to targeted individuals and entities relating to the availability, benefits, appropriateness, and costs of assistive technology devices and assistive technology services, including—

(aa) the development of procedures for providing direct communication between providers of assistive technology and targeted individuals and entities, which may include partnerships with entities in the statewide and local workforce investment systems established under the Workforce Innovation and Opportunities Act (29 U.S.C. 3101 et seq.), State vocational rehabilitation centers, public and private employers, or elementary and secondary public schools;

(bb) the development and dissemination, to targeted individuals and entities, of information about State efforts related to assistive technology; and

(cc) the distribution of materials to appropriate public and private agencies that provide social, medical, educational, employment, and transportation services to individuals with disabilities.”

Public awareness activities are designed to reach large numbers of people, including activities such as public service announcements, radio talk shows and news reports, newspaper stories and columns, newsletters, brochures, and public forums.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for public awareness activities.

### Public Awareness

* + 1. **If public awareness activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity**  | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | No | No | No |
| **Easter Seals** | Yes | Yes | Yes |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities**  | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **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)**

On an annual basis, various locations across the state are researched, partners identified, and AT Maker events hosted. These events identify a specific need such as “Grab and Grip AT Maker Conference” in 2018 and can be replicated within a variety of different contexts. “Grab and Grip” was replicated within University classes, conference presentations, and individual demonstration.

The planned AT Maker events include replicating the “Grab and Grip” theme, along with “Technology on the Go” theme, and introducing an “Adaptive Clothing and Costumes” theme in 2020.

**Planned Other Public Awareness Activity (optional)**

Additional awareness will be provided through a collaboration with the Easterseals Iowa Camp Services which will be hosting, for the second year in a row, an Augmentative and Alternative Communication (AAC) Camp. The Easterseals Iowa Assistive Technology Program supporting the creating of this opportunity by partnering with the statewide Area Educational Agencies, Speech Language Pathology Students from two state universities, and various disability-related organizations to offer scholarships for campers.

Information and Assistance Activities

The AT Act says the following about information and referral activities, which for the purpose of this State Plan are called information and assistance activities:

“(aa) IN GENERAL. — The State shall directly, or in collaboration with public or private (such as nonprofit) entities, provide for the continuation and enhancement of a statewide information and referral system designed to meet the needs of targeted individuals and entities.

(bb) CONTENT. — The system shall deliver information on assistive technology devices, assistive technology services (with specific data regarding provider availability within the State), and the availability of resources, including funding through public and private sources, to obtain assistive technology devices and assistive technology services. The system shall also deliver information on the benefits of assistive technology devices and assistive technology services with respect to enhancing the capacity of individuals with disabilities of all ages to perform activities of daily living.”

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for information and assistance activities.

### Information & Assistance

* + 1. **If information and assistance activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity**  | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | No | No | No |
| **Easter Seals** | Yes | Yes | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities**  | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **Describe the activity.**

Easterseals Iowa Assistive Technology Program has one regional location that has one part-time staff that supports the majority of information and assistance related calls, emails, and inquiries. The Program’s remaining 7 staff devote a portion of their time to providing information and assistance as well. An inquiry can be submitted via the toll-free phone number, TTY phone number, AT program general inquiry email, Easterseals Iowa general inquiry email, or by other individuals or entities. Our policy is to respond to all inquiries by the end of the following business day.

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## Assurances & 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

* + 1. **As the Certifying Representative of the Lead Agency for the State of Iowa, I hereby assure the following:**
		2. **The Lead Agency prepared and submitted this State Plan on behalf of the State of Iowa.**
		3. **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.**
		4. **The State agency has authority under State law to perform the functions of the State under this program.**
		5. **The State legally may carry out each provision of this plan.**
		6. **All provisions of this plan are consistent with State law.**
		7. **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.**
		8. **The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.**
		9. **The agency that submits this plan has adopted or otherwise formally approved this plan.**
		10. **The plan is the basis for State operation and administration of the program.**
		11. **The Lead Agency will maintain and evaluate the program under this State Plan.**
		12. **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.**
		13. **The Lead Agency will submit the annual progress report on behalf of the State.**
		14. **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.**
		15. **The Lead Agency will control and administer the funds received through the grant.**
		16. **The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.**
		17. **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.**
		18. **The Lead Agency will ensure conformance with all applicable Federal and State accounting requirements.**
		19. **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.**
		20. **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.**
		21. **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.**
		22. **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)**
		23. **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)**
		24. **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.**
		25. **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.**

General Description of Measurable Goals:

Section 4(d)(3) of the AT Act requires that the State include information on the measurable goals, and a timeline for meeting those goals, that the State, with the advice of the Advisory Council required in section 4(c)(2), has set for addressing the assistive technology needs of individuals with disabilities in the State related to education, employment, community living, and telecommunications and information technology ).

* Section 4(d)(3)(A)(i) of the AT Act states that education goals include goals involving the provision of assistive technology to individuals who receive services under the Individuals with Disabilities Education Improvement Act (20 U.S.C. 1400 et seq.). This includes infants and toddlers receiving early intervention services under Part C.
* Education also includes the provision of assistive technology to individuals who receive services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.) and individuals in institutions of higher education and vocational education, including community colleges.
* Section 4(d)(3)(A)(ii) of the AT Act states that employment goals include goals involving the State vocational rehabilitation program carried out under title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.).

ACL has established three types of measurable goals for Section 4 grantees:

* *Access to AT Goals* relate to the activities of device loan for a decision-making purpose and device demonstration. The State will show that it has improved access to AT by reaching or exceeding the ACL set target percentage of individuals and entities who accessed device demonstration programs or device loan programs and made a decision about an AT device or service as a result of the assistance they received. The Access Goal performance measure data is found in the Annual Progress Report (APR) for State Assistive Technology Programs.
* *Acquisition of AT Goals* relate to the activities of state financing, device reutilization, and device loan for purposes other than decision-making. The State will show that it has improved acquisition by reaching or exceeding the ACL set target percentage of individuals and entities who obtained devices or services from State financing activities or reutilization programs who would not have obtained that AT device or service. The Acquisition Goal performance measure data is found in the APR for State Assistive Technology Programs.
* *Information and Communication (ICT) Accessibility Goal* is focused on obtaining an outcome/result from information and communication technology accessibility training including improvement of policies procedures or practices in the areas of website and software development and procurement. The State will show that is has improved ICT training results by reaching or exceeding the ACL set target percentage of participants reporting a targeted outcome. The ICT Training performance measure data is found in the APR for State Assistive Technology Programs.