**State Grants for Assistive Technology Program**

# [Kentucky]

# State Plan for Assistive Technology

# Federal Fiscal Years 2018-2020

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*Expiration Date: March 31, 2021*

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

### 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 **Kentucky Assistive Technology Services (KATS) Network** | |
| 2. State AT Program URL (home page for State AT Program) **www.katsnet.org** | |
| 3. Mailing address **8412 Westport Road** | 5. State **KY** |
| 4. City **Louisville** | 6. Zip code **40242** |
| 7. Main email address (for general public to use to contact State AT Program) **info@katsnet.org** | |
| 8. Main phone number (for general public to use to contact State AT Program) **800-327-5287** | |
| 9. Separate TTY number (for general public to use to contact State AT Program) **KY Relay 711** | |
| **Lead Agency** | |
| 10. Agency name **Office of Vocational Rehabilitation** | |
| 11. Mailing address **Mayo-Underwood Building 500 Mero Street, 4th Floor NE** | 13. State **KY** |
| 12. City **Frankfort** | 14. Zip code **40601** |
| 15. Lead Agency URL **https://kcc.ky.gov/Vocational-Rehabilitation/Pages/default.aspx** | |
| **Implementing Entity** | |
| 16.Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes  No  *If yes, complete Items 17–22.* | |
| 17. Name of Implementing Entity | |
| 18. Mailing address | 20. State |
| 19. City | 21. Zip code |
| 22. Implementing Entity URL | |
| **Program director and other contacts** | |
| 23. Program Director for State AT Program (last, first) **Brown, James A** | |
| 24. Title **Program Coordinator** | |
| 25. Phone **800-327-5287** | |
| 26. E-mail **JamesA.Brown@ky.gov** | |
| 27. Primary Contact at the Lead Agency (last, first) **Withrow, Jennifer** | |
| 28. Title **Program Policy and Support Branch Manager** | |
| 29. Phone **800-372-7172** | |
| 30. E-mail **Jennifer.Withrow@ky.gov** | |
| 31. Primary Contact at Implementing Entity (last, first) – If applicable | |
| 32. Title | |
| 33. Phone | |
| 34. E-mail | |
| **Person Responsible for completing this form if other than State AT Program Director** | |
| 34. Name (last, first) | |
| 35. Title | |
| 36. Phone | |
| 37. E-mail | |
| **Certifying Representative** | |
| 38. Name (last, first) **McNabb, Cora** | |
| 39. Title **Executive Director** | |
| 40. Phone **800-372-7172** | |
| 41. E-mail **Cora.McNabb@ky.gov** | |

### 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.**

**NA**

* + 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**

* + 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.**

**NA**

* + 1. **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?**

**No**

* + 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.**

**NA**

* + 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.**

**NA**

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

### 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.**

**NA**

* + 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).**

**Yes**

**Commonwealth Council for Developmental Disabilities**

**Commission for the Deaf and Hard of Hearing**

* + 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 - **7**

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

C. Calculate the percentage (divide A/B) – **54%**

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

**NA**

### Actual Expenditures and Budgeted Allocations

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

**FY 2016**

| **Actual Expenditures for Closed-out Carryover Year Award** | **Final Expenditures** | **Percentage** |
| --- | --- | --- |
| **A. All State Level Activities** | **$282,910** | **60.00%** |
| **B. All State Leadership Activities** | **$188,606** | **40.00%** |
| **C. Transition Training & Technical Assistance** | **$9,430** | **5.00%** |
| **D. Total Expenditures** | **$471,516** | **100%** |
| **E. Total Award** | **$471,516** | **100%** |
| **F. Lapsed Amount** | **0** | **0** |

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)**

**FY 2017**

| **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** | **$0** | **$282,139** | **$0** | **$282,139** |
| **All State Leadership Activities** | **$0** | **$188,092** | **$0** | **$188,092** |
| **Transition Training & Technical Assistance** | **$0** | **$9,405** | **$0** | **$9,405** |
| **Total** | **$0** | **$470,231** | **$0** | **$470,231** |

### 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.

| **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** | **No** | **No** | **No** | **No** | **No** | **No** | **No** | **No** |
| **State Financing-Other that Directly Provides AT** | **No** | **No** | **No** | **No** | **No** | **No** | **No** | **No** |
| **State Financing-Other that Creates Savings for AT** | **No** | **No** | **No** | **No** | **No** | **No** | **No** | **No** |
| **Reuse-Device Exchange** | **Yes** | **Yes** | **No** | **No** | **No** | **No** | **Yes** | **No** |
| **Reuse-Device Open Ended Loan or Reassign** | **Yes** | **No** | **No** | **Yes** | **No** | **No** | **Yes** | **No** |
| **Device short-term loan** | **Yes** | **No** | **No** | **Yes** | **No** |  | **Yes** | **Yes** |
| **Device demonstra-tion** | **Yes** | **No** | **No** | **Yes** | **No** |  | **Yes** | **Yes** |

* + 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** | **No** | State Financing | **Comparability** |
| **Other State Financing that Directly Provides AT** | **No** | State Financing | **Comparability** |
| **Other State Financing that Creates Savings for AT** | **No** | State Financing | **Comparability** |
| **Device Exchange** | **Yes** | Reuse | **NA** |
| **Device Reassignment or Open-Ended Loan** | **Yes** | Reuse | **NA** |
| **Device short-term loan** | **Yes** | Short-term Loan | **NA** |
| **Device demonstration** | **Yes** | Demonstration | **NA** |

**Multiple Activity Item Instructions**

**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** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **Yes** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **No** | **No** | **No** |
| **Local/Community Entities** | **No** | **Yes** | **No** |
| **Private Entities** | **No** | **Yes** | **No** |
| **Other** *(describe)* | **No** | **No** | **No** |

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## Device Reutilization Activities

### 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** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **Yes** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **No** | **No** | **No** |
| **Local/Community Entities** | **No** | **Yes** | **No** |
| **Private Entities** | **No** | **Yes** | **No** |
| **Other** *(describe)* | **No** | **No** | **No** |

* + 1. **Select the option that best describes what happens when a device is exchanged. Identify only one.**
* **The transaction is direct consumer-to-consumer**
* **The Statewide AT Program is involved in the transaction**
  + 1. **Describe the activity.**

**During this Three Year State Plan, the KATS Network will be utilizing the AT4All online tool developed by the Nebraska AT Act Program to host our online device exchange program. Kentucky one of 17 statewide AT Act Programs to partner with Nebraska on the AT4All tool. In KY, the online tool is branded as "The Kentucky Assistive Technology Locator".**

**Using the AT Locator, conumers are able to register for an account to list AT/DME Items that they have to sell or give away. Individuals seeking items are able to use the system to contact the person selling/ giving away the item. Exchanges are direct consumer to consumer.**

**In our previous Three Year State Plan, it was determined that this system would provide the greatest benefit to the program, its contracted AT Centers and consumers statewide.**

**During the 3 year plan period, KATS will work to increase the number of partnering entities throughout the state by reaching out to independent living centers, centers for accessible living, schools, non-profits, etc. who provide AT reuse, demo and loan programs to become unfunded partners listing their equipment on the KY AT Locator website in order to maximize the benefit to the consumers and to provide a one-stop resource for AT statewide.**

**KATS will continue to market the service and re-evaluate the effectiveness of the system and make changes/improvements as needed.**

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

**www.katsnet.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** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **Yes** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **No** | **No** | **No** |
| **Local/Community Entities** | **No** | **Yes** | **No** |
| **Private Entities** | **No** | **Yes** | **No** |
| **Other** *(describe)* | **No** | **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**
* **Device is loaned for as long as the recipient needs it with no ownership transfer.** 
  + 1. **Describe the activity.**

**The KATS Network’s five (5) Regional AT Resource Centers (ATRCs) conduct AT Reuse activities. The ATRCs can accept donations of used equipment and provide the equipment to consumers in need as space permits such activities. The ATRCs wiill also reutilize old inventory as it is phased out of use by the ATRC by hosting AT Reuse events throughout the year which are open to the public. The amount of equipment available at one time is limited by storage space. Consumers can visit the Kentucky AT Locator website (http://www.katsnet.at4all.com) or contact the KATS Network or ATRCs by phone, e-mail, or in person to inquire about the availability of equipment that is needed. Consumers are trained on use of the equipment and provided with instruction manuals (if available) upon receipt of the equipment. Most equipment is reassigned on an as-is basis.**

**During the state plan period, AT Reuse inventories will be made available to the public through the KY AT Locator (AT4All) online database to allow consumers statewide access to reused equipment available through our AT Regional Centers and Project CARAT Partners.**

**The KATS Network collaborates with the Office of Vocational Rehabilitation (Lead Agency), Human Development Institute at the University of KY, The Carl D. Perkins Vocational Training Center, University of KY Division of Physical Therapy, the KY Appalachian Rural Rehabilitation Network, Lourdes Hospital, Spalding University and other partners to implement Project CARAT (Coordinating and Assisting the Re-Use of Assistive Technology - http://www.projectcarat.org). Project CARAT enables underserved individuals with disabilities in Kentucky by collecting, refurbishing and redistributing assistive technology (AT) and durable medical equipment (DME) through a collaborative network of partners. Project CARAT will be utilizing the KY AT Locator website as a means of listing and tracking the distribution of items through the project.**

**During the program period, the KATS Network will be continuing to implement it's Statewide Hearing Aid Assistance and Reuse Program (SHARP). As part of its core activities, SHARP will be working with the Starkey All Make Hearing Aid Repair program to provide reconditioned hearing aids to Kentuckians with hearing impairments. Through SHARP, the KATS Network will collect used hearing aids statewide which will be reconditioned by the Starkey All Make Repair Program. Starkey is a Hearing aid manufacturer which also operated a hearing aid reconditioning program that recycles all makes and models of hearing aids.**

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

**www.katsnet.at4all.com**

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## Device Short-term Loan Activity

### 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** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **Yes** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **No** | **No** | **No** |
| **Local/Community Entities** | **No** | **Yes** | **No** |
| **Private Entities** | **No** | **Yes** | **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.**
* **The majority of devices are delivered or picked up in-person.** 
  + 1. **Describe the activity.**

**In order to access the device loan program, a device loan request is made to the AT Resource Center geographically closest to the individual in need. This request is completed through the online AT Locator system. If the item is not available from that AT Resource Center, the center will inform the individual of other Center options. If the item is available for loan, the individual will sign a loan form and return policy. Utilizing the KY AT Locator website allows the KATS Network and its participating ATRCs to expand its reach throughout the state. The website also allows the KATS Network the capacity to partner with programs throughout the state who operate smaller loan "closets", providing a central (online) location for locating Assistive Technology and adapted devices throughout the state.**

**A nominal fee for the loan of equipment will be charged by the ATRCs to the individual, or to the appropriate agency, school, or private rehabilitation professional. Fees will be collected to defray the costs of maintaining the depository of assistive technologies in good working condition. Consumers are also responsible for covering the cost of shipping and handling for items being returned to the ATRCs at the completion of the loan.**

**A component of the current device loan program is operated as part of the Kentucky Early Intervention System called "First Steps". A First Steps device loan catalog offers a listing of all assistive devices and adapted toys appropriate for children ages 0-3 which are available at ATRCs that participate in the First Steps program. The listings describes the items, highlights their intended use, provides vendor information and other information to help determine if appropriate. Information about the devices is available at each of the First Steps Point of Entry sites as well as participating ATRC locations. With the establishment of the KY AT Locator website, much of this information will be made available online, providing a more comprehensive listing of all device loan resources available to consumers of all ages.**

**In FY 2018, KATS ended its contract with Bluegrass Technology Center (BTC) in Lexington. A new contract was awarded to the University of KY Human Development Institute in Lexington to replace BTC. The new ATRC will be named UK-HDI Center for Assistive Technology Services (CATS). CATS will work with First Steps to establish as agreement to serve as the Central KY First Steps provider for AT Loans and Demonstration.**

**During this three year state plan, KATS will continue its partnership with AT4All (in KY - The Kentucky Assistive Technology Locator), an online AT exchange, reuse, demo and loan tool. For short-term equipment loans, this will allow KATS to reach a far wider audience throughout the state that may otherwise be typically out of reach for the Regional AT Centers.**

**Device Loans of assistive technology provided through the regional AT Resource Centers lending libraries have the potential to affect an increase in the percent of appropriate targeted individuals and entities who access device loan programs and make a decision about an AT device or service for purposes in the domains of education, employment, community living, and information technology and telecommunications by providing the consumer with an opportunity to personally assess the effectiveness of the device before initiating a purchase. Assistive technology can thus be used for a trial period to determine, prior to a purchase commitment, if it is the most appropriate device to meet the needs of the individual, to provide an interim period of practice, training and use of the device while awaiting delivery of a device that has been ordered, or for limited use in therapy with a qualified professional who believes the individual’s needs will change too quickly to warrant purchase of the device.**

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

**katsnet.at4all.com**

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## Device Demonstration Activity

### 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** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **Yes** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **No** | **No** | **No** |
| **Local/Community Entities** | **No** | **Yes** | **No** |
| **Private Entities** | **No** | **Yes** | **No** |
| **Other** *(describe)* | **No** | **No** | **No** |

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

**As with the Reuse and Short Term Loan programs, the Device Demonstration program will also be making use of the Kentucky Assistive Technology Locator online tool for listing available equipment statewide as well as for reporting outcomes of the demonstrations for federal reporting purposes.**

**Consumers are able to visit the ATRC nearest them to sit down with an AT professional to compare and contrast various AT items within a given category. Demonstrations are typically conducted in 30 minute sessions. A written report is not provided, but referrals can be made to vendors, service providers, etc as apprpopriate. ATRCs are able to perform a full AT evaluation, if needed, for a fee.**

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

**https://www.katsnet.at4all.com**

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## State Leadership Activities

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** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **Yes** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **No** | **No** | **No** |
| **Local/Community Entities** | **No** | **Yes** | **No** |
| **Private Entities** | **No** | **Yes** | **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)**

**During the plan period, the KATS Network and Office of Vocational Rehabilitation Rehab Tech Branch will partner to provide relevant regular training seminars covering topics of Electronic Document Accessibility, Accessible Web Design, Accessible Word, Excel and PDF Documents, ADA and Section 508 Requirements, and other relevant topics. Trainings will be provided to other state agencies and other stakeholders. KATS will utilize a distance learning approach using accessible webinar platforms to have the widest audience reach. Trainings will be recorded and able to be viewed at a later date as well.**

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

**The regional ATRCs provide ongoing transition related training to service providers providing First Steps (Early Intervention) services throughout the state.**

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

**The KATS Network will partner with Office of Vocational Rehabilitation, KY AgrAbility, IL Centers, UK Human Development Institute, Protection and Advocacy and others to host and conduct an annual statewide AT Conference. KATS will provide RESNA CEU credits for attendees. Conference will be an annual 2-day event. KATS has partnered with these agencies since 2012 to hold this conference. Potential upcoming topics will be 3-D Printing, Google Chrome and Windows Accessibility, Building AT using Arduino Micro Controller Kits, AgrAbility, and others.**

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

**N/A**

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** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **Yes** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **No** | **No** | **No** |
| **Local/Community Entities** | **No** | **Yes** | **No** |
| **Private Entities** | **No** | **Yes** | **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 Other Technical Assistance Activity (required)**

**KATS Network provides on going technical assistance to the KY personell Cabinet to ensure that they are disseminating information to State Employees in an accessible format. KATS serves on a working committee to review and ensure accessibility standards are followed and met.**

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** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **Yes** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **No** | **No** | **No** |
| **Local/Community Entities** | **No** | **Yes** | **No** |
| **Private Entities** | **No** | **Yes** | **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)**

**The KATS Network publishes 16 Assistive Technology Fact Sheets/ Resource Guides, available online in an accessible PDF Format. Topics covered include "Choosing Appropriate Technology", "Assistive Technology in the IEP", "Assistive Technology and Older Kentuckians", "Ramps and Home Modifications", "Adaptive Recreation", "Resources for Vehicle Modifications", among others.**

**The KATS Network will also partner with its regional ATRCs to host Transition Fairs throughout the state within their service areas.**

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** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **Yes** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **No** | **No** | **No** |
| **Local/Community Entities** | **No** | **Yes** | **No** |
| **Private Entities** | **No** | **Yes** | **No** |
| **Other** *(describe)* | **No** | **No** | **No** |

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

**The Coordinating Center provides information on the availability of assistive technology devices and services and possible funding sources for AT via the KATS 800 number, mailings, personal contact or the Internet to all individuals who contact the Coordinating Center.**

**The KATS Network will also provide funding for toll-free 800 numbers to regional AT Resource Centers, as needed, in order to provide maximum availability information and assistance throughout the State.**

**KATS Network Coordinating Center staff will provide direct information and referral assistance by email, and by responding to assistive technology, accessibility, and other disability related requests for assistance.**

**KATS Network Coordinating Center and ATRC staffs are available to provide information and assistance to consumers through phone, e-mail, or in-person inquiries. We assist consumers with questions about accessing AT services and devices, funding for AT devices, and other AT related disability topics. We also provide information and assistance by working with individual consumers on how to use a particular AT device or troubleshooting problems with devices.**

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 [state name], I hereby assure the following:**
    2. **The Lead Agency prepared and submitted this State Plan on behalf of the State of [Kentucky].**
    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.**

**Yes**

* + 1. **The State agency has authority under State law to perform the functions of the State under this program.**

**Yes**

* + 1. **The State legally may carry out each provision of this plan.**

**Yes**

* + 1. **All provisions of this plan are consistent with State law.**

**Yes**

* + 1. **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.**

**Yes**

* + 1. **The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.**

**Yes**

* + 1. **The agency that submits this plan has adopted or otherwise formally approved this plan.**

**Yes**

* + 1. **The plan is the basis for State operation and administration of the program.**

**Yes**

* + 1. **The Lead Agency will maintain and evaluate the program under this State Plan.**

**Yes**

* + 1. **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.**

**Yes**

* + 1. **The Lead Agency will submit the annual progress report on behalf of the State.**

**Yes**

* + 1. **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.**

**Yes**

* + 1. **The Lead Agency will control and administer the funds received through the grant.**

**Yes**

* + 1. **The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.**

**Yes**

* + 1. **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.**

**Yes**

* + 1. **The Lead Agency will ensure conformance with all applicable Federal and State accounting requirements.**

**Yes**

* + 1. **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.**

**Yes**

* + 1. **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.**
    2. **Yes**
    3. **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.**
    4. **Yes**
    5. **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)**
    6. **Yes**
    7. **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)**
    8. **Yes**
    9. **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.**
    10. **Yes**
    11. **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.**
    12. **Yes**

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.