**State Grants for Assistive Technology Program**

# Assistive Technology of Ohio

# 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 Assistive Technology of Ohio |
| 2. State AT Program URL www.atohio.org  |
| 3. Mailing address 1314 Kinnear Road, Area 200 | 5. State Ohio |
| 4. City Columbus | 6. Zip code 43212 |
| 7. Main email address atohio@osu.edu  |
| 8. Main phone number 800-784-3425 |
| 9. Separate TTY number 614-292-3621 |
| **Lead Agency** |
| 10. Agency name The Ohio State University College of Engineering |
| 11. Mailing address 1971 Neil Avenue | 13. State Ohio |
| 12. City Columbus | 14. Zip code 43210 |
| 15. Lead Agency URL engineering.osu.edu  |
| **Implementing Entity** |
| 16.Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? No |
| 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 Darling, William T.  |
| 24. Title Director  |
| 25. Phone 614-292-7721  |
| 26. E-mail darling.12@osu.edu  |
| 27. Primary Contact at the Lead Agency Marras, William |
| 28. Title Principal Investigator  |
| 29. Phone 614-292-6670 |
| 30. E-mail marras.1@osu.edu  |
| 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 Sampathkumar, Geetha |
| 39. Title Sponsored Program Officer |
| 40. Phone 614-247-6080 |
| 41. E-mail sampathkumar.11@osu.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.**
		2. **Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan?**

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?**

No.

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

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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.**

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**
		2. **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**
		3. **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**
		4. **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**
		5. **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**
		6. **The advisory council includes other representatives (list below).**

Mary Vail, Disability Non-Profit

Ruben Garcia, Person with a disability

Brad Whitmoyer, Person with a disability

Dawn Schertzinger, Parent

Robin Kyman, Parent

Mary Hiland, Person with a disability

* + 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 - 6

B. Enter the total number of individuals on the advisory council - 11

C. Calculate the percentage (divide A/B) - 55%

*If the ratio is less than 51% you must provide explanation of why advisory council does not include a consumer majority in Item 9 below.*

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

We have had difficulty securing the cooperation of the Ohio Workforce Development Board. Our past representative was unable to continue and we have had difficulty obtaining a replacement.

### 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** | **$ 396,401** | **65%** |
| **B. All State Leadership Activities** | **$213,447** | **35%** |
| **C. Transition Training & Technical Assistance** | **$11,000** | **5.15%** |
| **D. Total Expenditures** | **$609,848** | **100%** |
| **E. Total Award** | **$ 609,848** | **100%** |
| **F. Lapsed Amount** | **$ 0** | **609,848** |

* + 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** | **$** | **$** | **$** | **$** |
| **All State Leadership Activities** | **$** | **$** | **$** | **$** |
| **Transition Training & Technical Assistance** | **$** | **$** | **$** | **$** |
| **Total**  | **$** | **$** | **$** | Must equal total award |

### 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** | NO | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |
| **State Financing-Other that Directly Provides AT**  | no | **N/A** | **N/A** | **N/A** | **YES** | **NO** |  |  |
| **State Financing-Other that Creates Savings for AT** | yes | **yes** |  |  | **yes** |  |  |  |
| **Reuse-Device Exchange**  | YES | **YES** |  |  | **YES** |  |  | **$60** |
| **Reuse-Device Open Ended Loan or Reassign**  | NO |  |  |  |  |  |  |  |
| **Device short-term loan**  | YES | **YES** |  |  | **YES** |  |  |  |
| **Device demonstra-tion**  | YES | **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 |  |
| **Other State Financing that Directly Provides AT**  | YES | State Financing |  |
| **Other State Financing that Creates Savings for AT** | NO | State Financing |  |
| **Device Exchange**  | YES | Reuse |  |
| **Device Reassignment or Open-Ended Loan**  | NO | Reuse |  |
| **Device short-term loan**  | YES | Short-term Loan |  |
| **Device demonstration**  | YES | Demonstration |  |

**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** | **YES** | **YES** | **NO** |
| **Federal Entities/Agencies** | **YES** | **NO** | **YES** |
| **State Entities/Agencies** | **YES** | **NO** | **YES** |
| **Local/Community Entities** | **NO** | **NO** | **NO** |
| **Private Entities**  | **YES** | **NO** | **YES** |
| **Other** *(describe)* |  |  |  |

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## State Financing Activities

### 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** | **N/A** |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities**  |  |  |  |
| **Other** *(describe)* |  |  |  |

* + 1. **This activity offers the following types of assistance (identify all that apply).**
* **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.**
		2. **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.**
		3. **The lowest loan amount provided as established by the policies of the activity (leave blank if N/A). Provide dollar amount.**
		4. **The highest loan amount provided as established by the policies of the activity (leave blank if N/A). Provide dollar amount.**
		5. **Describe the activity.**
		6. **The online page for this specific activity can be found at:**

### 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 – Schools** |  |  |  |
|  |  |  |  |

* + 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 – Equipment leasing program**  |  |
|  |  |

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

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

<https://atohio.org/other-services/telepresence-robot-lease-program>

### 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** | **XXX** |
| **AT Fabrication Program** |  |
| **Other** *(describe)* |  |

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

Assistive Technology of Ohio provides an equipment lease program available for Ohio school systems. Through this program, Ohio schools have the opportunity to lease expensive assistive technology equipment throughout the school year. The types of equipment available through the program are CCTVs, augmentative and alternative communication devices, and the telepresence robots. All equipment can be leased out at $35 per month, with the exception of the robots, which are $80 per month. In many cases, local charities or foundations have covered the costs of the lease, leaving no costs to the schools or the family.

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

<https://atohio.org/other-services/telepresence-robot-lease-program>

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## 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** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities**  |  |  |  |
| **Other** *(describe)* |  |  |  |

* + 1. **Select the option that best describes what happens when a device is exchanged. Identify only one.**
		2. **Describe the activity.**
		3. **The online page for this specific activity can be found at:**

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

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

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

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

We partner with the Early Childhood Resource Network / YMCA of Central Ohio to refurbish and redistribute assistive technology and durable medical equipment. ECRN accepts donations of equipment, cleans them, makes sure they are in good working order, and then passes them on to needy families in Ohio.

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

<https://ymcacolumbus.org/locations/ecrn>

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## 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** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities**  |  |  |  |
| **Other (***describe)* |  |  |  |

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

The Assistive Technology of Ohio Device Loan Library is a statewide program of hundreds of disability technology devices can be checked out free of charge. The devices address every kind of disability and for any reason – for success in school, competing in the workforce, or just living an independent and interconnected life. The device program is open to any Ohioan with a disability, or a family member or loved on. The devices can also be checked out by any disability professional working in the field. As long as the device to be used by an Ohioan with a disability, you can access this program. The devices are loaned out free of charge and can be checked out by going to the AT Ohio website and filling out the device request form. AT Ohio will cover any costs associated with shipping the devices from and to the Ohio State University. The device loan period is 30 days, which can be extended to 60 days, if there is no one else waiting to use the equipment. At the end of the loan period, the user will be emailed (or mailed) a shipping label. The user will be responsible for safely packing the device up and dropping it off at the local UPS to be shipped.

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

<https://atohio.org/device-lending-library>

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## 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** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities**  |  |  |  |
| **Other** *(describe)* |  |  |  |

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

Device demonstrations compare the features and benefits of a particular AT device or category of devices for an individual or small group of individuals. Assistive Technology of Ohio does not contract with any third-party entities to perform Device Demonstrations. The Device Demonstration Program is conducted, in most cases, by Assistive Technology personnel.

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

Instructions: Enter the URL for the device demonstration program (not the general home page URL) or enter N/A if information about this activity is not available online.

Assistive Technology State Grant Program

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## 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.

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

* + 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)**

We partner with Cher Scholl from School point, to provide a web-based training to school IT personnel on effective strategies to make school and school-district websites accessible for people with disabilities.

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

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

AT Ohio is partnering with the Nisonger Center and the Ohio Developmental Disabilities Council to provide a statewide event called the TechSummit, where professionals and people with disabilities can receive advanced education in specific disability areas.

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

[www.athio.org](http://www.athio.org)

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.

### 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** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities**  |  |  |  |
| **Other** *(describe)* |  |  |  |

* + 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**

Eric Rathburn, our legislative liaison and public policy director, volunteers his time to the Ohio Developmental Disabilities Council. The DD Council focuses significant attention on transitioning people with developmental disabilities from institutional settings into society, and Eric consults with them on effective ways that assistive technology can be utilized in that process.

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

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** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities**  |  |  |  |
| **Other** *(describe)* |  |  |  |

* + 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)**

Assistive Technology of Ohio works with the governor’s office to promote disability technology awareness throughout state government. We are working on an initiative to have all state agency personnel who work with people with disabilities go through training to become knowledgeable about technology for people with disabilities.

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

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** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities**  |  |  |  |
| **Other** *(describe)* |  |  |  |

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

Assistive Technology of Ohio has a full-time staffer who is dedicated to, among other things, information and referral activities from general inquiries. This staffer responds to inquiries or, if appropriate, sends the inquiries on to the appropriate staffer, who then responds to the person with a disability. Our policy is to respond to all business inquiries within one business day.

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## 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 Ohio, I hereby assure the following:**
		2. **The Lead Agency prepared and submitted this State Plan on behalf of the State of Ohio.**
		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.