



**National Assistive Technology Act Data System**

**State Plan - Full Report**

**Arkansas 2021**

**General Information**

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

<b>State AT Program Title</b>	Increasing Capabilities Access Network (ICAN)
<b>State AT Program URL</b>	ar-ican.org
<b>Mailing Address</b>	900 W 7th Street
<b>City</b>	Little Rock
<b>State</b>	Arkansas
<b>Zip Code</b>	72201
<b>Program Email</b>	ican@arkansas.gov
<b>Phone</b>	5016668868
<b>TTY</b>	5016668868

**Lead Agency**

<b>Agency Name</b>	Arkansas Rehabilitation Services
<b>Mailing Address</b>	1 Commerce Way
<b>City</b>	Little Rock
<b>State</b>	Arkansas
<b>Zip Code</b>	72202
<b>Program URL</b>	

**Implementing Entity**

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? N/A	
<b>Name of Implementing Agency</b>	
<b>Mailing Address</b>	

<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Program URL</b>	

## General Information (Continued...)

### Program Director and Other Contacts

<b>Program Director for State AT Program (last, first)</b>	Anderson, Rick
<b>Title</b>	Director of Community Service Programs
<b>Phone</b>	5016833005
<b>E-mail</b>	Rick.Anderson@Arkansas.gov
<b>Program Director at Lead Agency (last, first)</b>	Winter, Nathan
<b>Title</b>	Associate Commissioner
<b>Phone</b>	683-6052
<b>E-mail</b>	Nathan.Winter@Arkansas.gov
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	

### Person Responsible for completing this form if other than Program Director

<b>Name (last, first)</b>	Anderson, Rick
<b>Title</b>	Director of Community Service Programs
<b>Phone</b>	5016833005
<b>E-mail</b>	Rick.Anderson@Arkansas.gov

### Certifying Representative

<b>Name (last, first)</b>	Anderson, Rick
<b>Title</b>	Director of Community Service Programs
<b>Phone</b>	5016833005
<b>E-mail</b>	rick.anderson@arkansas.gov

**Module A: Change in Lead Agency or Implementing Entity**

- Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf (From General Information)?** No
- 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
- 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

## Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 2
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 0
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 1
5. How many representatives of the State educational agency are members of the advisory council? 1
6. How many additional representatives of other agencies and/or organizations are members of the advisory council? 2
  - 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council.  
1 member is an OT I member is the Program Manager for the Arkansas Telacomunication Program
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 8

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	8
Total number of individuals on the advisory council	15
Percentage	53.33%

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

## Module C: Actual Expenditures and Budgeted Allocations

### 1. Actual Expenditures Carryover Year Close-out

In the following table provide the actual expenditure data for the 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 more than that initial 12 month period.

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

<b>Actual Expenditures for Closed-out Carryover Year Award</b>	<b>Final Expenditures</b>	<b>Percentage</b>	<b>Requirements</b>
<b>a. All State Level Activities</b>	\$426,263.65	85.92%	The AT Act required state level expenditures to be at least 60% of grant award. If flexibility is claimed, at least 70% is required.
<b>b. All State Leadership Activities</b>	\$69,881.35	14.08%	
<b>c. Total Expenditures</b>	\$496,145.00		
<b>d. Total Award</b>	\$496,145.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$9,129.50</b>	13.06%	The AT Act requires at least 5% of state leadership expenditures to be spent on transition activities.

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

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

In the following table provide year-to-date (YTD) obligated and liquidated expenditure data for the 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 the State Plan submitted in the spring of 2022, you will report the closed-out grant award for FY20. The grant began 10/1/2019 with the first year ending on 9/30/2020, the first carryover year ended on 9/30/2021 and the second carryover year ended on 9/30/2022 with the 3 month liquidation period ending 12/31/2022.

The total grant award for was **\$509,681.00**

<b>Actual &amp; Planned Immediate Preceding Year Award Expenditures</b>	<b>YTD Obligated not Liquidated Expenditures</b>	<b>YTD Liquidated Expenditures</b>	<b>Planned not yet Obligated Expenditures</b>	<b>Total</b>
<b>All State Level Activities</b>	\$0.00	\$445,637.48	\$0.00	\$445,637.48
<b>All State Leadership Activities</b>	\$0.00	\$64,043.52	\$0.00	\$64,043.52
<b>Total</b>	\$0.00	\$509,681.00	\$0.00	\$509,681.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$9,129.58	\$0.00	\$9,129.58

## Module D: State Level Activity Summary

### 1. Which State Financing Activities do you conduct?

- Financial Loan

### 2. Which Reutilization Activities do you conduct?

- Device Exchange
- Device Reassignment or Open Ended Loan

### 3. Do you conduct Short-term Device Loans?

Yes

### 4. Do you conduct Device Demonstrations?

Yes



## Module E: Financial Loan

**1. Select the one option that best describes who conducts this activity.**

The Statewide AT Program (State AT)

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

One central location (Central)

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

No

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

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

## Module E: Financial Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

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

- Revolving loans

6. The lowest interest percentage for loans as established by the policies of the activity. 3.5000%
7. The highest interest percentage for loans as established by the policies of the activity. N/A
8. The lowest loan amount (in dollars) provided as established by the policies of the activity. N/A
9. The highest loan amount (in dollars) provided as established by the policies of the activity. \$50000.00

### 10. Describe the activity.

An interested individual seeking assistive technology assistance will request information concerning AFP services. Following an introductory discussion regarding AFP's assistive technology funding and the individual's specific needs, an AFP application will be forwarded to the individual via electronic mail or regular mail. Confirmation of the loan requirement that the individual is an Arkansas resident with a disability and in need of assistive technology is pursued. An emphasis is placed on AFP's provisions being for a loan program and not a grant program. The applicant is informed they must meet program eligibility requirements and demonstrate the ability to repay the loan. The AFP applicant will receive a detailed informational packet which lists the various program requirements necessary for loan consideration. Once the applicant's application packet has been received and viewed as eligible, then program essentials such as credit score and debt-to-income ratio are evaluated. Once the individual has met all of the program assistance guidelines, the applicant's informational packet is forwarded to the AFP board for their loan assessment. Once the AFP board has reviewed the application packet in its entirety, a board meeting is scheduled to discuss and vote on loan approval. If the loan is approved, then AFP completes the individual's loan closing documents and submits them to the applicant for their respective signatures. Once the closing documents have been signed and returned, the financial loan papers are completed and submitted to the agency's finance department for a vendor warrant in the amount of the assistive technology equipment. There are no fees associated with this service, nor is a down payment or deposit required for the loan itself. This warrant is then submitted directly to the applicant's selected vendor of choice for their assistive technology device. Following this transaction, an amortization schedule and loan payment book is given to the loan borrower with specific information regarding their monthly loan installment amount and monthly payment due dates. Potential loan concerns are discussed and addressed to help the loan borrower adjust to the upcoming loan payment timetable.

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

<https://arcareeducation.org/services/arkansas-re>





## Module H: Device Exchange

**1. Select the one option that best describes who conducts this activity.**

The Statewide AT Program (State AT)

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

One central location (Central)

**3. Do you charge a fee for this activity?**

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

## Module H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option that best describes what happens when a device is exchanged. (select all that apply)

- The transaction is direct consumer-to-consumer

### 6. Describe the activity.

We allow clients to place "AT" on our AT4ALL database. They provide their own contact information and are contacted by other interested parties. They will then mark it as sold or in some cases, the program staff will contact the client to see if the exchange has accrued.

7. The online page for this specific activity can be found at: <https://equipment.ar-ican.org/>

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

**1. Select the one option that best describes who conducts this activity.**

The Statewide AT Program (State AT)

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

One central location (Central)

**3. Do you charge a fee for this activity?**

No

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

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

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

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

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

### Local/Community Entities (select any/all)

- Have written agreement with this entity

### Private Entities (select any/all)

### Other (select any/all)

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

- Device ownership is transferred to the recipient
- Device is loaned for as long as the recipient needs it with no ownership transfer

### 6. Describe the activity.

1. Request an Item a. Make a request for items online through <https://equipment.ar-ican.org/> b. Or Walk in and request items c. Referral source requests an item on the behalf of an individual 2. ICAN holds the item for the client for three working days (first come first serve) a. ICAN staff gives the client information about the item to help with proper AT assignment b. Request a Doctors or Therapist permission for a wheelchair or walk aide 3. Client or client representative comes into office to get item or the item can be mailed a. Donation agreement is generated and signed i. Client demographics and transactional information are captured in ICAN's AT4ALL database which is required for the federal grant 4. ICAN staff trains the client on proper use and helps to load item in vehicle if necessary

7. The online page for this specific activity [equipment.ar-ican.org](https://equipment.ar-ican.org/)  
can be found at:



## Module J: Device Loan

**1. Select the one option that best describes who conducts this activity.**

The Statewide AT Program (State AT)

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

One central location (Central)

**3. Do you charge a fee for this activity?**

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

## Module J: Device Loan (Continued...)

### Local/Community Entities (select any/all)

- Have written agreement with this entity

### Private Entities (select any/all)

### Other (select any/all)

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

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

### 6. Describe the activity.

1. Request an Item a. Make a request for items online through <https://equipment.ar-ican.org/> b. Walk in and request items c. Referral source requests an item on the behalf of an individual 2. ICAN holds the item for the client for three working days (first come first serve) a. ICAN staff gives the client information about the item to help with proper AT assignment b. Request a Doctors or Therapist permission for wheelchair or walk aide 3. Client or client representative comes in to office to get item a. Loan agreement is generated and signed i. If the client is a first time client then a State ID is required ii. Client demographics and transactional information are captured in ICAN's AT4ALL database which is required for the federal grant iii. Each client has 6 weeks to borrow the item (2 week extensions are available at request) 4. ICAN staff trains the client on proper use and helps to load item in vehicle if necessary 5. The item is returned after 6 to 8 weeks and is cleaned and stocked for next use a. If the item is late then we contact client three times for reminder b. After three reminders then a formal letter is sent

7. The online page for this specific activity can be found at: <https://equipment.ar-ican.org/>

## Module K: Device Demonstration

**1. Select the one option that best describes who conducts this activity.**

The Statewide AT Program (State AT)

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

One central location (Central)

**3. Do you charge a fee for this activity?**

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

## Module K: Device Demonstration (Continued...)

### Local/Community Entities (select any/all)

- Have written agreement with this entity

### Private Entities (select any/all)

### Other (select any/all)

#### 5. Describe the activity.

1. Receive request for demonstration a. ICAN will provide demonstrations to groups on request i. Demonstrations are scheduled and performed b. ICAN staff will demonstrate two or more AT item for a comparison in a particular area of disability i. ICAN will provide Demonstrations in the lab and out in the field ii. The demographic information of the people served and the item shown are logged into AT4ALL database according to the federal grant guidelines

6. The online page for this specific activity can be found at: <https://ar-ican.org/>

## Module L: Training

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

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

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

## Module L: Training (Continued...)

### Local/Community Entities (select any/all)

- Have written agreement with this entity

### Private Entities (select any/all)

### Other (select any/all)

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

#### **Planned ICT Accessibility Training (required)**

The overall goal of this project is to increase the capacity of stakeholders in Arkansas to design more accessible digital environments which result in access for people who use assistive technology and other people with disabilities. This will be accomplished through the provision of training, technical assistance and resource development by UA Partners personnel.

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

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

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

## Module M: Technical Assistance

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

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

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

**Module M: Technical Assistance (Continued...)**

**Local/Community Entities (select any/all)**

**Private Entities (select any/all)**

**Other (select any/all)**

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

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

Melanie Thornton, Coordinator of Access and Equity Outreach with University of Arkansas Partners, will provide training, technical assistance, project coordination and reporting. She will provide technical assistance to a total of 12 stakeholders, with at least 3 being extensive technical assistance such as website accessibility testing.

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



## Module N: Public Awareness

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

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

**Module N: Public Awareness (Continued...)**

**Local/Community Entities (select any/all)**

**Private Entities (select any/all)**

**Other (select any/all)**

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

**Major Annual Planned or Other Public Awareness Activity (required)**

ICAN has collaborated with Arkansas Rehabilitation Association to provide an annual conference that has an AT track. This annual conference is an opportunity for the AT program to reach individuals who may not have regular contact with an AT program.

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

We are now using personal networking platforms to get information to people we might not have reached in the past. Examples are, Tiktok, Facebook, Instagram, and Youtube.

**Module O: Information and Assistance**

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

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

### 2. Describe the activity

Our policy is to respond to all inquiries within one business day. When contacting a consumer, the staff has a routine of questions to ask to ensure that we have all of the information necessary to connect the consumer with appropriate resources. The expertise of the staff about AT-related resources in the state is backed up by several three-ring binders full of topical information for quick reference. If staff is not able to respond to a request for assistance alone, the request is brought to the weekly staff meeting to problem-solve. We will also use the resources from the AT3Center to help answer any questions we might not be able to answer.

## Assurances and Measurable Goals

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

### Assurances

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

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