



**National Assistive Technology Act Data System**  
**State Plan - Full Report**  
**California 2021**

**General Information**

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

<b>State AT Program Title</b>	Ability Tools
<b>State AT Program URL</b>	<a href="http://www.abilitytools.org/">http://www.abilitytools.org/</a>
<b>Mailing Address</b>	1000 G Street, Suite #100
<b>City</b>	Sacramento
<b>State</b>	CA
<b>Zip Code</b>	95814
<b>Program Email</b>	info@abilitytools.org
<b>Phone</b>	916-390-2690
<b>TTY</b>	800-900-0706 (TTY)

**Lead Agency**

<b>Agency Name</b>	Department of Rehabilitation
<b>Mailing Address</b>	721 Capitol Mall
<b>City</b>	Sacramento
<b>State</b>	CA
<b>Zip Code</b>	95814
<b>Program URL</b>	<a href="https://dor.ca.gov/Home/AssistiveTechnology">https://dor.ca.gov/Home/AssistiveTechnology</a>

**Implementing Entity**

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes	
<b>Name of Implementing Agency</b>	California Foundation for Independent Living Centers
<b>Mailing Address</b>	1000 G Street, Suite 100

<b>City</b>	Sacramento
<b>State</b>	CA
<b>Zip Code</b>	95814
<b>Program URL</b>	<a href="http://www.abilitytools.org">www.abilitytools.org</a>

## General Information (Continued...)

### Program Director and Other Contacts

<b>Program Director for State AT Program (last, first)</b>	Hand, Robert
<b>Title</b>	Interim Executive Director
<b>Phone</b>	(916) 390-2690
<b>E-mail</b>	robert@cfilc.org
<b>Program Director at Lead Agency (last, first)</b>	Sampson, Megan
<b>Title</b>	IL/AT/TBI Programs Chief
<b>Phone</b>	(916) 558-5866
<b>E-mail</b>	megan.sampson@dor.ca.gov
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	Cowdell, Megan
<b>Title</b>	Deputy Director
<b>Phone</b>	(916) 737-5348
<b>E-mail</b>	Megan@cfilc.org

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

<b>Name (last, first)</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	

### Certifying Representative

<b>Name (last, first)</b>	Xavier, Joe
<b>Title</b>	Director of CA Dept. of Rehabilitation
<b>Phone</b>	(916) 558-5800
<b>E-mail</b>	Joe.Xavier@dor.ca.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)? Yes

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

The Department of Rehabilitation (DOR) contracts with the Ability Tools Program through the California Foundation for Independent Living Centers (CFILC), a statewide nonprofit to serve as the agency responsible for carrying out the required activities of the Assistive Technology (AT) Act of 2004. To ensure agency accountability, the DOR monitors and provides guidance to CFILC through several mechanisms including monthly reviews of narrative invoices and quarterly reports that ensure CFILC carries out the required continuum of specified state level and state leadership activities as defined by the AT Act and California's State Plan for Assistive Technology (SPAT). At each quarterly Assistive Technology Advisory Committee (ATAC) meeting, CFILC provides a review of Ability Tools program activities and highlights specific portions of its report. Following the presentation, the ATAC, CFILC, and DOR leadership discuss areas for improvements, points for further clarification, and make recommendations, as needed. DOR has additional close collaboration with CFILC through DOR's Independent Living Program. DOR provides grant administration and oversight to 28 Independent Living Centers in California for core services, including AT, which further supports CFILC's state level and state leadership AT activities. In addition to monthly narrative invoices, quarterly reports, and quarterly collaborative meetings with the ATAC, DOR leadership meets with CFILC leadership regularly regarding agency wide updates, areas for collaboration, and any additional ways to provide support. Whenever possible, DOR and CFILC collaborate on initiatives for training, future areas of expansion, and ways in which improvements can be made to the program to better promote the ability of people with disabilities to know about, have access to, and be better able to obtain AT. DOR has additional contracts with CFILC that further support grant accountability and close collaboration between DOR and CFILC. DOR provides grant administration and oversight to CFILC with the state AT Grant, known as the AB204 fund, which further supports state level and state leadership AT activities.

**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? 1
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? 0
- 5.1 Please provide the reason(s) the Advisory Council does not have this required agency representative member and describe the actions that will be taken to become in compliance for Question 5.**
- The California Department of Education representative who served on the advisory council recently took another state job. The DOR is currently working with the Department of Education Executive Team to identify a new representative who will serve on the advisory council. This new appointment will require DOR Directorate approval before appointment is granted to the advisory council.
6. How many additional representatives of other agencies and/or organizations are members of the advisory council? 0
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 6

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	6
Total number of individuals on the advisory council	9
Percentage	66.67%

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>	\$725,378.55	60.32%	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>	\$477,127.45	39.68%	
<b>c. Total Expenditures</b>	\$1,202,506.00		
<b>d. Total Award</b>	\$1,202,506.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$23,584.36</b>	4.94%	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 **\$1,267,323.00**

<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	\$819,919.45	\$0.00	\$819,919.45
<b>All State Leadership Activities</b>	\$0.00	\$447,403.55	\$0.00	\$447,403.55
<b>Total</b>	\$0.00	\$1,267,323.00	\$0.00	\$1,267,323.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$27,871.00	\$0.00	\$27,871.00

## Module D: State Level Activity Summary

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

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

### 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.)**

Yes

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

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

- Have written agreement with this entity

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

**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

- |   |            |
|---|------------|
| <b>6. The lowest interest percentage for loans as established by the policies of the activity.</b>      | 5.7500%    |
| <b>7. The highest interest percentage for loans as established by the policies of the activity.</b>     | 6.0000%    |
| <b>8. The lowest loan amount (in dollars) provided as established by the policies of the activity.</b>  | \$500.00   |
| <b>9. The highest loan amount (in dollars) provided as established by the policies of the activity.</b> | \$15000.00 |

**10. Describe the activity.**

The Statewide AT Program provides loans to California residents with disabilities through the Freedom Tech Loan (FTL) program. The FTL program is designed to assist individuals with any disability to acquire AT to improve daily living through financial loans at either 5.75 percent or 6 percent interest with a 0.25 percent discount for Automated Clearing House (ACH) payments. The duration of the loans range depending on the amount and type of device purchased, with repayments structured between six months and five years. The FTL program charges a 1 percent origination fee based on the amount of the loan. This loan program is intended to serve all individuals with disabilities to help them acquire AT.

- 11. The online page for this specific activity can be found at:** <https://freedomtech.org/>

## Module F: Other State Financing Activities that Directly Provides AT

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

Identify all types of other state financing programs that directly provide AT that are conducted.

- Telecommunications Equipment Distribution Program (EDP)-State

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

Other entities e.g. contractors (Others)

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

Regional sites (Regional)

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

No

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

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

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

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

### Easter Seals (select any/all)

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

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

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

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

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

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

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

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

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

### Private Entities (select any/all)

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

### Other (select any/all)

#### 6. Describe the activity/activities.

Through an interagency agreement with the California Public Utilities Commission, the Department of Rehabilitation administers the Voice Options Program, which provides an iPad with a speech-generating application to Californians with speech-related disabilities and disorders through open-ended loans. Community-based organizations provide demonstrations of six speech-generating applications to consumers and then facilitate a short-term loan period between two to 14 days. Following that period, the consumer identifies their preferred application and then enters a long-term loan through which they receive an iPad with their chosen application. The purpose of this program is to ensure equitable telecommunications access for all Californians regardless of age, disability type, or primary language.

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

<https://dor.ca.gov/Home/VoiceOptions>



## 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.**

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

**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)**

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

**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.

Ability Tools offers a direct device exchange that is consumer-to-consumer based. AT devices can be posted on the Ability Tools NATADS webpage. The listings are open to the public and do not have any fees associated with listing the item(s). After a consumer lists the AT device or item, the item can be free of charge, or the item may be listed for a nominal cost to the interested party. To protect privacy of the listing individual, the contact information for the local Independent Living Center (ILC) will be listed for the new consumer to follow-up. This activity provides a pathway for people with disabilities to locate assistive technology equipment and accessories.

7. The online page for this specific activity can be found at: <https://abilitytools.org/services/natads-public-access.php>

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

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

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

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

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

**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)**

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

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

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

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

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

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

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



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

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

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

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

**Other (select any/all)**

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

- Device 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.**

Ability Tools provides opportunities for California residents to participate in device ownership transfer and open-ended loans. These services are contracted through Device Lending and Demonstration Centers (DLDCs) located throughout California. The DLDCs collect, inspect, select, sanitize, and repair donated equipment in good working condition from the public. These devices are posted into the NATADS online database where consumers can view the devices over the internet. Many consumers will arrange to pick-up the equipment at their local DLDC or in some cases, the DLDC may offer delivery of the equipment. Finally, the DLDCs will transfer ownership of the device or equipment to the consumer. Ability Tools also provides an opportunity for consumers with disabilities to apply for a short-term loan through their local DLDC. This program is for consumers that may need equipment for an extended amount of time but cannot afford to purchase the equipment outright. In these cases, the short-term loan may be converted to an open-ended loan where the consumer is allowed to keep the device until the device is no longer needed. Ability Tools also offers direct open-ended loans for consumers with disabilities for as long as the consumer needs the equipment. The consumer is informed that once the equipment is no longer needed, the equipment must be returned to the DLDC where the equipment was borrowed. Additionally, as described in Module F, the Voice Options Program provides iPads with speech-generating applications for long-term loan to Californians who cannot speak or who have difficulty speaking.

**7. The online page for this specific activity can be found at:** <http://abilitytools.org/services/reuse-programs.php>; <https://dor.ca.gov/Home/VoiceOptions>

## Module J: Device Loan

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

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

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

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

**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)**

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

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

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

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

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

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

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

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

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

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

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

**Other (select any/all)**

**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.

The short-term loan program is operated by the State AT Program, Ability Tools, and is available to any person with a disability, agencies, entity or school districts in the state. Equipment is available for loan that meets the needs of adults and children of all ages with all types of disabilities. The person or entity borrowing the device must complete a short-term loan agreement form prior to the equipment being shipped or picked up by the consumer or entity. The program includes a wide range of equipment including switches and mounts, computer access devices, environmental controls, hearing devices, home modifications, vision devices and augmentative communication devices and the entire inventory is viewable online. Each loan period is up to thirty days and an entity/individual with a disability can borrow up to six devices. In instances of making a tablet device loan, multiple applications can also be borrowed. If the item is not available through the closest DLDC the item can be requested from another DLDC in the state and shipped to the requesting consumer. Items are shipped and returned by commercial delivery service except for a few exceptionally heavy devices that must be delivered and picked up in person. All loans are tracked in a database with routine follow-up to ensure timely return of devices. All devices are sanitized and checked for functionality before being loaned out again. All device loans include manufacturer's instructions and/or a "cheat sheet" developed by the program with basic instructions about set-up and use to support the borrower(s). As resources allow, high demand items may be purchased to reduce waiting lists. No fees are charged to borrow devices.

**7. The online page for this specific activity can be found at:** <http://myatprogram.org/DeviceLoan/Search> <https://dor.ca.gov/Home/VoiceOptions>

## Module K: Device Demonstration

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

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

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

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

**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)**

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

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

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

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

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

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

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

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

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

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

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

**Other (select any/all)**

### 5. Describe the activity.

Ability Tools and their Device Lending and Demonstration Centers (DLDCs) provide demonstrations to consumer throughout the state. Demonstrations are usually performed in-person at one of our centers. The consumer will have an opportunity to compare similar types of AT, receive information on where to purchase the item, or funding options to get assistance with funding. In some cases, it is necessary to provide remote demonstrations. In these cases, the AT center will mail the devices to the consumer as a short-term loan and then schedule a webinar type meeting where instruction can be given remotely. The Voice Options Program provides demonstrations on six speech-generating applications in-person or remotely, and provides services to consumers in-person, through the mail, or, in some instances, in home.

**6. The online page for this specific activity can be found at:** <http://abilitytools.org/services/device-lending-library.php>;  
<https://dor.ca.gov/Home/VoiceOptions>

## 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)**

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

**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)

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)**

AT Advocates across the state will attend accessible social media series with the intention of making core service resources available in an accessible format on the most popular communication platforms. The purpose of these trainings is to ensure equitable access for all individuals. We intend to make ourselves readily available in spaces that are meaningful to our community by meeting people where they are. There is also a train-the-trainer component, where Advocates develop skills that they can utilize to provide one-on-one social media accessibility education to consumers.

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

One example of a planned training activity is Ability Tools' "Smart AT Home" series which educates community members on how smart home devices can serve as assistive technology and empower disabled community members to live more independently in their homes. This technology assists the disabled community and members in the aging community who are transitioning from assisted living back to their homes and enables young people to transition into independence more securely. The Smart AT Home Series topics include financing smart home devices, setting up routines, scenes and customized automations, programming your smart home hub to interact properly with your AAC devices, and setting up environmental controls. Note: For FY19, DOR staff completed transition training and other technical assistance activities but these activities were not captured for this report and are not reflected in Module C. For FY 20 this issue was resolved and moving forward DOR will be capturing training and technical assistance activities in NATADS.

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

Ability Tools will continue to do an annual Assistive Technology Earth Day Conference focused on AT, environmental conservatorship, the disability community, and actionable resources. Presentations may include issues related to climate change, Smart AT, accessible farming, and AT recycle and reuse to keep devices out of landfills. This conference will be made available statewide to AT/disability professionals and community members alike, with free registration available to any community member who cannot afford to attend.

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

## 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)**

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

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

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



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

<b>Local/Community Entities (select any/all)</b>
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<b>Private Entities (select any/all)</b>
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<b>Other (select any/all)</b>
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**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)**

Ability Tools will continue its initiatives to have AT included as a covered device in Home and Community-Based waiver programs to ensure successful transitions for individuals moving from institutions into less restrictive settings or for youth transitions. The inclusion of AT in HCBS waivers develops a creative alternative for individuals to receive services under Medi-Cal who would otherwise require care in a nursing facility or hospital. Note: For FY19, DOR staff completed transition training and other technical assistance activities but these activities were not captured for this report and are not reflected in Module C. For FY 20 this issue was resolved and moving forward DOR will be capturing training and technical assistance activities in NATADS.

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

Ability Tools will provide technical assistance related to transition to support families moving from the temporary emergency shelters back into their community and/or their new community. This activity provides insight for all the community partners to review and build better systems of support and communication to people with disabilities during disaster response and recovery.

## 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)**

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

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

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

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

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

Each year Ability Tools will do AT Awareness Day advocacy, including creating AT Awareness Day videos and promoting AT Awareness Day on social media accounts. DOR has partnered with the California Public Utilities Commission to create AT awareness through videos to be shared on social media about AT that is available through the AT Program.

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

The Los Angeles Abilities Expo is the largest annual AT public awareness event opportunity in the state, and Ability Tools not only participates, but supports the participation of local Independent Living Centers and Device Lending and Demonstration Centers. This Expo allows Ability Tools to interact with consumers, provide resources, demonstrate AT devices, and survey consumers about their ability to utilize their assistive technology devices.

## 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)**

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

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

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

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

<b>Local/Community Entities (select any/all)</b>
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<b>Private Entities (select any/all)</b>
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<b>Other (select any/all)</b>
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**2. Describe the activity**

Ability Tools assists consumers who call for a broad range of resources and directs them across the state to the services they need. One resource they directly provide is assistance in accessing low-cost internet service through the Digital Access Project. Ability Tools supports consumers in filling out applications for the Digital Access Project and the Affordable Connectivity Program (ACP) for an additional discount off the consumer's internet bill. Ability Tools will also communicate with internet service providers on the consumer's behalf, and in instances where internet is not available due to rural communities, Ability Tools will assist in providing mobile hotspots. Additionally, through all levels of the AT Program, consumers about provided information and referral to other resources, such as AT Advocates housed at Independent Living Centers, reuse programs, Voice Options Program, Area Agencies on Aging, Aging and Disability Resource Connections (ADRC), Device Lending and Demonstration Centers (DLDC), disability organizing groups, loan programs, and a variety of device acquisition resources that relate to the specific circumstances of the consumer. Lastly, the AT Program is involved with the Disability Disaster Access and Resources (DDAR) program, which provides resources to help consumers be prepared for emergencies, including assistance creating an emergency preparedness plan, battery acquisition, hotel vouchers, transportation vouchers and food vouchers.

## 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 CA.
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.