



National Assistive Technology Act Data System

State Plan - Full Report

Hawaii 2021

General Information

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

State AT Program Title	Assistive Technology Resource Centers of Hawaii
State AT Program URL	http://www.atrc.org
Mailing Address	200 N Vineyard Blvd, Suite 430
City	Honolulu
State	HI
Zip Code	96817
Program Email	barbara@atrc.org
Phone	8085327112
TTY	

Lead Agency

Agency Name	Hawaii Division of Vocational Rehabilitation
Mailing Address	1010 Richard Street #217
City	Honolulu
State	HI
Zip Code	96813
Program URL	http://humanservices.hawaii.gov/vocationalrehab

Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes	
Name of Implementing Agency	Assistive Technology Resource Centers of Hawaii
Mailing Address	200 N Vineyard Blvd, Suite 430

City	Honolulu
State	HI
Zip Code	96817
Program URL	http://www.atrc.org

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Fischlowitz-Leong, Barbara
Title	Executive Director
Phone	8085327112
E-mail	barbara@atrc.org
Program Director at Lead Agency (last, first)	Bates, Maureen
Title	Vocational Rehabilitation Administrator
Phone	8085869741
E-mail	Mbates@dhs.hawaii.gov
Primary Contact at Implementing Agency (last, first) - If applicable	Fischlowitz-Leong, Barbara
Title	Executive Director
Phone	8085327112
E-mail	barbara@atrc.org

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	Cain, Iva-Starr
Title	Vocation Rehabilitation Assistant Administrator
Phone	8085869240
E-mail	icain@dhs.hawaii.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 implementing agency for the State of Hawaii is the Assistive Technology Resource Centers of Hawaii (ATRC). ATRC will enter into a contract with Hawaii's lead agency, the Department of Human Services, Division of Vocational Rehabilitation (DHS/DVR). This contract will set forth the activities that must be conducted by ATRC on behalf of DHS/DVR. The lead agency has a program specialist assigned to monitor the contract, who will meet quarterly with the implementing agency/ATRC, to discuss activities, expenditures, and the implementation of the State Plan. Additionally, the lead agency specialist will attend ATRC advisory council meetings. The Administration on Community Living (ACL) will keep both the lead and implementing agency informed of any changes that may come from the federal government. The implementing agency will submit timely quarterly and annual activity and expenditure reports to the lead agency; according to the scope of the contract and the State Plan. The lead agency will monitor and ensure that the scope of the contract is being met by the implementing agency. The implementing agency will submit monthly activity and expenditure reports to the lead agency for approval, according to the State Plan.

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? | 1 |
| 6. How many additional representatives of other agencies and/or organizations are members of the advisory council? | 1 |
| 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council.
Hawaii Disability Right | |
| 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	11
Percentage	54.55%

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.

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$281,023.80	60.00%	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. All State Leadership Activities	\$187,349.20	40.00%	
c. Total Expenditures	\$468,373.00		
d. Total Award	\$468,373.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$23,444.55	12.51%	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 **\$479,481.00**

Actual & Planned Immediate Preceding Year Award Expenditures	YTD Obligated not Liquidated Expenditures	YTD Liquidated Expenditures	Planned not yet Obligated Expenditures	Total
All State Level Activities	\$287,688.60	\$0.00	\$0.00	\$287,688.60
All State Leadership Activities	\$191,792.40	\$0.00	\$0.00	\$191,792.40
Total	\$479,481.00	\$0.00	\$0.00	\$479,481.00
Transition Training & Technical Assistance	\$23,974.05	\$0.00	\$0.00	\$23,974.05

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan

2. Which Reutilization Activities do you conduct?

- 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.

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

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)

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

Independent Living Center (select any/all)

- 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 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.

- Loan guarantees

- | | |
|---|------------|
| 6. The lowest interest percentage for loans as established by the policies of the activity. | N/A |
| 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. | \$1000.00 |
| 9. The highest loan amount (in dollars) provided as established by the policies of the activity. | \$30000.00 |

10. Describe the activity.
ATRC works with American Savings Bank (ASB) to offer the ATRC Loan Program to provide access to AT devices, services, accessible accommodations, home modifications, and technology. The ATRC Loan Program is available to all qualified individuals and can be used to purchase assistive technology and the training necessary to use the technology. A qualified individual must be a resident of the state and must have a disability established by a physician. A co-borrower can be a family member or guardian.

11. The online page for this specific activity can be found at: N/A

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)

- Provide financial support to this entity

Independent Living Center (select any/all)

- 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)

Private Entities (select any/all)

- Receive financial support from 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

6. Describe the activity.

ATRC receives donated computers from private and public entities. As a Microsoft Refurbisher, ATRC refurbishes the donated computer by: 1) security wiping the hard drive, 2) checking that the computer is operational, and 3) installing a fully licensed Windows 10 operating system. ATRC then distributes the refurbished computer to qualified individuals who have been approved through the application process.

7. The online page for this specific activity can be found at: N/A

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)

- Provide financial support to this entity

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

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 J: Device Loan (Continued...)

Local/Community Entities (select any/all)

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.

ATRC maintains a web-based repository of AT devices available for loan. ATRC has embarked on a project to create video demonstrations of various AT. These 30 to 60 second clips are fully captioned and narrated and give a visual overview of the product as well as a quick description of the features, and in most cases, device options.

7. The online page for this specific activity can be found at: N/A

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)

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

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

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 K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

ATRC staff provide one-on-one demonstrations to clients at no cost and by scheduled appointments. AT device demonstrations compare the features and benefits of a particular AT device or category of devices to meet the need of an individual. ATRC values the individual's choice of product. AT demonstrations provide an opportunity for individuals to become familiar with various types of devices and to try out devices before purchasing. ATRC, through collaboration with other agencies, will also increase the number of devices available for demonstration and persons viewing demonstrations by providing services for those agencies. These collaborative partners, currently or previously, maintained device demo libraries.

6. The online page for this specific activity can be found at: N/A

Module L: Training

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

Banks/Financial Institution (select any/all)

- Provide financial support to this entity

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)

- Receive financial support from 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)

Training activities were offered to groups of students from the University of Hawai'i—Manoa, Brigham Young University–Hawai'i, and Kapi'olani Community College. While the students majors varied, one constant lesson was the critical need for computer accessibility. We reviewed what was all ready accessible and shared methods to continuously improve accessibility.

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: N/A

Module M: Technical Assistance

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

Banks/Financial Institution (select any/all)

- Provide financial support to this entity

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 M: Technical Assistance (Continued...)

Local/Community Entities (select any/all)

- Provide financial support to this entity

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)

ATRC provides technical assistance to assist programs and agencies in the State in improving their services, management, policies, and/or outcomes via various means: in-person, electronic media, i.e. video, telephone, e-mail. Services rendered that can be found at ATRC are needs assessment, program planning or development, administrative or management consultation, and policy development.

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)

- Provide financial support to this entity

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 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)

Public awareness activities include public service announcements, internet outreach and social networking, radio and TV talk shows, news reports, newspaper stories, newsletters, brochures, and invitations to speak from various groups. ATRC has an Annual Open House that the public is invited free of charge to explore, see and try assistive technology. Informative workshops are featured with demonstrations on various AT software programs. Invitees include state representatives, congressional delegates, teachers, speech pathologists, occupational therapists, vocational rehabilitation counselors and representatives from other organizations. ATRC is also featured annually in Generations Magazine, a publication for persons over fifty. The magazine is accompanied by a radio program on which our Executive Director, Barbara Fischlowitz-Leong, is featured. Both the magazine and the radio show highlight assistive technology (AT) for older persons. The magazine reaches approximately 25,000 subscribers, while the radio program is island wide, potentially reaching 1 million individuals on the island of Oahu.

Planned Other Public Awareness Activity (optional)

Each year we participate in an average of six educational conferences and health expos. We also actively participate in Technology Day at the Capitol where promotional materials, brochures, and newsletters are available to provide information about our organization and assistive technology (AT). Our exhibits feature various AT devices and are targeted to the audience and theme of the event. ATRC's staff is experienced in delivering the services of the program and explaining the AT 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)

- Provide financial support to this entity

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 O: Information and Assistance (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

2. Describe the activity

ATRC is located on the main Hawaii's most densely populated island of Oahu, in the capitol city of Honolulu. The five full-time staff are qualified to respond to informational and referral calls and emails. Staff attends professional development courses throughout the year. Consumers can call our toll-free number to receive information and resources during normal business hours from any of our staff members or leave a voice message via voicemail. A consumer may also email their inquiries to our general account. Email inquiries are filtered into the Executive Director's inbox and are answered by the Executive Director or forwarded to another staff member. Consumer satisfaction is the key to the success of our organization. It is our policy to respond to all inquiries within one to two business days. When contacting a consumer, staff complete a contact information sheet which contains a list of questions to ask so that we can match the most appropriate AT device or resource to the individual. Staff members have a list of state resources that they can use for quick references and they also rely on the internet in order to provide quick responses to inquiries. If a staff member is unable to respond, it is brought to the Director's attention who will then problem solve with the team. The director may also discuss the conflict with the team during weekly staff meetings. Once the problem has been resolved the director will share with the team the steps involved in obtaining the resolution.

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 HI.
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.