



**National Assistive Technology Act Data System**

**State Plan - Full Report**

**Kansas 2021**

**General Information**

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

|                               |   |
|-------------------------------|---|
| <b>State AT Program Title</b> | KU AT Program: Assistive Technology for Kansans |
| <b>State AT Program URL</b>   | www.atk.ku.edu                                  |
| <b>Mailing Address</b>        | 2601 Gabriel Ave.                               |
| <b>City</b>                   | Parsons   |
| <b>State</b>                  | Kansas  |
| <b>Zip Code</b>               | 67357   |
| <b>Program Email</b>          | ssack@ku.edu                                    |
| <b>Phone</b>                  | 620-421-8367                                    |
| <b>TTY</b>                    | 620-421-0954                                    |

**Lead Agency**

|                        |   |
|------------------------|---|
| <b>Agency Name</b>     | The University of Kansas Center for Research Inc. |
| <b>Mailing Address</b> | Youngberg Hall 2385 Irving Hill Road              |
| <b>City</b>            | Lawrence  |
| <b>State</b>           | Kansas  |
| <b>Zip Code</b>        | 66044   |
| <b>Program URL</b>     | http://www.atk.ku.edu                             |

**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>                  | Sack, Sara                |
| <b>Title</b>  | Senior Research Professor |
| <b>Phone</b>  | 620-421-8367              |
| <b>E-mail</b>   | ssack@ku.edu              |
| <b>Program Director at Lead Agency (last, first)</b>                        | Sack, Sara                |
| <b>Title</b>  | Senior Research Professor |
| <b>Phone</b>  | 620-421-8367              |
| <b>E-mail</b>   | ssack@ku.edu              |
| <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> |  |
| <b>Title</b>              |  |
| <b>Phone</b>              |  |
| <b>E-mail</b>             |  |

### Certifying Representative

|                           |   |
|---------------------------|---|
| <b>Name (last, first)</b> | Reed, Alicia                                  |
| <b>Title</b>              | Assistant Vice Chancellor, Office of Research |
| <b>Phone</b>              | 785-864-7231                                  |
| <b>E-mail</b>             | amreed@ku.edu                                 |

**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? 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? 4
  - 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council.  
2 members from Kansas Health and Environment (Kansas Healthcare Policy and Infant Toddler Services), 1 member representing Commission for the Deaf and Hard of Hearing, and 1 member representing Kansas Council on Developmental Disabilities
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 11

### Advisory Council Calculation

| Description  | Number |
|--|--------|
| Individuals with disabilities that use AT or their family members or guardians on the advisory council | 11     |
| Total number of individuals on the advisory council  | 19     |
| Percentage   | 57.89% |

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>                               | \$330,027.19              | 76.65%            | The AT Act required state level expenditures to be at least 60% of grant award.<br>If flexibility is claimed, at least 70% is required. |
| <b>b. All State Leadership Activities</b>                          | \$100,544.81              | 23.35%            |   |
| <b>c. Total Expenditures</b>                                       | \$430,572.00              |                   |   |
| <b>d. Total Award</b>  | \$430,572.00              |                   |   |
| <b>e. Lapsed Amount</b>  | \$0.00                    | 0.00%             |   |
| <b>f. Transition Training &amp; Technical Assistance Set Aside</b> | <b>\$17,086.72</b>        | 16.99%            | 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 **\$443,831.00**

| <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>                                       | \$13,610.23                                      | \$389,869.43                       | \$0.00  | \$403,479.66 |
| <b>All State Leadership Activities</b>                                  | \$0.00   | \$40,351.34                        | \$0.00  | \$40,351.34  |
| <b>Total</b>  | \$13,610.23                                      | \$430,220.77                       | \$0.00  | \$443,831.00 |
| <b>Transition Training &amp; Technical Assistance</b>                   | \$18,400.00                                      | \$0.00                             | \$0.00  | \$18,400.00  |

## 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 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.**

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

**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)**

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

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

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

### Private Entities (select any/all)

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

### 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.      | 5.5000%    |
| 7. The highest interest percentage for loans as established by the policies of the activity.     | 5.5000%    |
| 8. The lowest loan amount (in dollars) provided as established by the policies of the activity.  | \$100.00   |
| 9. The highest loan amount (in dollars) provided as established by the policies of the activity. | \$40000.00 |

### 10. Describe the activity.

K-Loan is an Alternative Finance Program offered through Assistive Technology for Kansans (ATK), the statewide assistive technology program, coordinated by the University of Kansas. K-Loan was established and is directed by persons with disabilities. It is a consumer-run program designed to provide persons with disabilities and their families with access to financial resources toward acquiring assistive technology through education, saving, and borrowing. The project is guided by an Executive Advisory Board composed of individuals with disabilities, family members and representatives from Kansas agencies. The low interest loans are designed to help individuals with chronic health problems or disabilities obtain a variety of equipment that can be used at home, school or on the job. Funds can be used to help with the purchase of assistive technology equipment ranging from hearing aids to mobility devices. Personnel can help identify alternate funding sources and can potentially reduce the amount of the loan that the individual has pledged to repay. K-Loan works to help individuals establish and/or improve their personal credit ratings. K-Loan reports on-time loan payments to Credit Builders Alliance thus helping to establish a positive credit rating. If the consumer anticipates having trouble making a loan payment they can arrange for a pause in payments and avoid a negative credit rating. When the pause in payment is lifted and the consumer again makes payments on time the payments are reported to the Credit Builders Alliance.

11. The online page for this specific activity can be found at: [www.k-loan.net](http://www.k-loan.net)

## 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
- Deaf/Blind Telecommunications EDP-Federal
- Last Resort Fund
- Other (Describe)

### Provide a description of the other activity/activities conducted.

Assistive Technology for Kansans staff identify potential public and private funding sources for the acquisition of technology and assist consumers in developing and submitting funding requests. The service is called Funding Eligibility Assistance.

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

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

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

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

### 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)

#### 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 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)

### Other (select any/all)

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

Telecommunications Equipment Distribution Program (State): This is a state program to distribute telecommunications and associated signaling equipment that serves the needs of people with disabilities, including safety needs during emergencies. (This is not the federally funded NDBEDP or iCanConnect Program). This program provides residents of the state who meet program eligibility guidelines and who are unable to use traditional landline or cellular telecommunication equipment with specialized equipment that meets the individual's functional barriers related to hearing, seeing, memory, walking, or holding a telephone or tablet. States may not use AT Act dollars to provide funds or devices directly to individuals. AT Act dollars may be used to administer a telecommunications distribution program comprising of non-AT Act dollars. Deaf/Blind Telecommunications Equipment Distribution Program (Federal): This is the National Deaf/Blind Equipment Distribution Program funded by the Federal Communications Commission also known as iCanConnect. This program provides telecommunications equipment for individuals who are deaf/blind. States may not use AT Act dollars to provide funds or devices directly to individuals. AT Act dollars may be used to administer a telecommunications distribution program comprising of non-AT Act dollars. Last Resort/Deinstitutionalization Fund (State): This program provides funds to purchase AT for consumers at risk for institutionalization or for individuals returning to the community from a more restricted setting when all other funding options have been exhausted or unavailable. These funds may be earmarked for children and/or emergency situation cases. States may not use AT Act dollars to provide funds or devices directly to individuals. AT Act dollars may be used to administer a last resort fund comprised of non-AT Act dollars. Other: Funding Eligibility Assistance (State): Assistive Technology for Kansans (ATK) staff have received training regarding private and public funding sources that may provide financial assistance for the acquisition of assistive technology. A statewide funding assistance manual was developed and is updated regularly. Information regarding priorities of each funding source such as eligibility guidelines, counties the funding sources covers, and priority funding areas is included. Equally important, information is also provided advising staff what will not be approved by each funding source. ATK staff work with consumers to identify potential funding sources and to develop and submit applications. In case of a denial, staff work to either appeal the decision and/or identify additional potential funders.

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

[www.atk.ku.edu](http://www.atk.ku.edu)





## 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)**

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

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

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

### Private Entities (select any/all)

- 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

### 6. Describe the activity.

Assistive Technology for Kansans (ATK) provides quality used devices through two efforts. The Kansas Reuse Program (formerly known as KEE- Kansas Equipment Exchange) is a partnership between Kansas Health and Environment- Kansas Division of Health Care Finance, DME Vendors throughout the state, and ATK. Through the Kansas Reuse Program, eligible Kansans can get quality, refurbished durable medical equipment such as manual and power wheelchairs, patient lifts, electric and semi-electric hospital beds, shower chairs, communication devices and other health devices. ATK accepts donations of durable medical equipment for the Kansas Reuse Program but other assistive technology devices not normally covered by Medicaid can be donated to the ATK Reuse Program. Items such as stair lifts, vehicle and home ramps, and adapted farm equipment would not meet the accepted items for the Kansas Reuse Program but would be accepted and reassigned to consumers through the ATK Reuse Program. ATK staff clean and sanitize donated equipment and work with local Durable Medical Equipment vendors to refurbish the equipment and return it to high quality working standards. A current list of equipment that is available for reassignment is located on the ATK program website at [http://atk-kee.org/reuse/avail\\_equipment-public.php](http://atk-kee.org/reuse/avail_equipment-public.php). To learn more about acquiring the available equipment or locating equipment that is not currently on the list consumers should contact their nearest Assistive Technology Access Site. Contact information is available at [www.atk.ku.edu](http://www.atk.ku.edu) or by calling 800-526-3648. If you have equipment you no longer need, please donate it so others may benefit. High quality, lightly used items most needed include: manual and power wheelchairs, patient lifts, electric and semi-electric hospital beds, and shower chairs. To meet the needs of Young Children 0-10 Years, the Kansas Reuse Program especially needs children's high quality, lightly used manual and power wheelchairs, tablets (iPad and Android), and gait trainers. If you need used equipment, check the available equipment at the website listed above and contact your nearest AT Access Site. Equipment is reassigned at no cost to the consumer on a first come-first serve basis. If you can't find the device you need, be sure to talk with your regional AT Access Site to see if they know about equipment that may soon be available after it returns from the DME Vendor and to get on the waiting list. The AT staff can also discuss other options for acquiring the needed technology such as borrowing equipment from the ATK Equipment Loan Program.

**7. The online page for this specific activity can be found at:** <https://atk.ku.edu/atk-core-services>



## 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)**

**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 J: Device Loan (Continued...)

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

- Have written agreement with this entity
- Provide financial support to 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 shipped via mail or other delivery service

### 6. Describe the activity.

The short-term equipment loan program is operated by the State AT Program, Assistive Technology for Kansans (ATK). Equipment is available for loan to all Kansans who have a disability or health condition, rehabilitation professionals, and to any agency, entity, or school district in the state. The purpose of the “Try Before You Buy” program is for individuals to have experience with the technology in their home, at school or at work so they can determine if the device meets their needs. ATK has a collaborative relationship with Kansas Department of Health and Environment- Kansas Infant-Toddler Program, also known as tiny K, to acquire and loan equipment for children birth to three years of age. Additional financial support for the Loan Program is provided as a core service of ATK. An ever changing inventory of equipment that meets the needs of adults and children of all ages with all types of disabilities is available for loan. Entities must have an approved short-term loan program agreement on file with the program assuring acceptance of specific responsibilities to be able to borrow devices. The program includes a wide range of equipment including switches and mounts, computer access devices, environmental controls, hearing devices, adapted recreation equipment, vision devices, and augmentative communication devices. The entire inventory is available online at [http://atk-kee.org/loan/search\\_inventory.php](http://atk-kee.org/loan/search_inventory.php). Each loan period is up to six weeks and an entity can borrow up to six devices. Items are shipped and returned by commercial delivery service (UPS, FedEx, or USPS) 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, wiped of personal information, 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). The device loan program inventory is updated as resources will allow, and priority is given to purchasing devices to reduce waiting lists and provide current high demand items. No fees are charged to borrow devices. ATK has a smaller inventory of devices available to loan at each of the regional AT Access Sites. For assistance borrowing equipment from the statewide Loan Program or from the regional AT Access Site contact your regional AT Access site at [www.atk.ku.edu](http://www.atk.ku.edu) or 800-526-3648. ATK is in the process of acquiring new inventory and reworking the online inventory system. There is limited funding available for equipment purchases or shipping. You can help the program serve more people by picking up a device whenever possible or by making a contribution toward shipping and/or acquisition of new inventory.

7. The online page for this specific activity can be found at: <https://atk.ku.edu/atk-core-services>

## 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)**

**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 K: Device Demonstration (Continued...)

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

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

### Private Entities (select any/all)

### Other (select any/all)

### 5. Describe the activity.

Kansans are invited to use the statewide toll-free phone 800-526-3648 to contact their regional AT Access Site to arrange for a product demonstration. Offices for the ATK regional sites are in Oakley, Salina, Topeka, Garden City, Wichita, and Parsons. ATK also manages the Telecommunications Access Program (TAP) which provides accessible telecommunications equipment including phones, signalers, smartphones and tablets. In addition to the six ATK sites demonstrations of TAP equipment can also be scheduled at the following sites: Prairie Independent Living (Dodge City and Hutchinson), Three Rivers Independent Living (Wamego), LINK (Hays), and Independence Inc. (Lawrence). AT Specialists are available to talk with you about your AT needs via email, phone, Skype, Zoom, or a variety of other online options. ATK contact information can be found online at <http://atk.ku.edu/contact-atk>. Each of the six regional AT Access Sites provide device demonstrations by appointment. After you identify the concerns or barriers you want to address, experienced ATK staff will Demonstrate devices that might be right for your needs. Together you will examine the various features of each device and identify the features that are most important to you. You may want to borrow one or more devices to make sure you are sure about what works best for you, that would be the Loan program. Once you make a decision, ATK staff can refer you to local or state vendors and help you identify Funding resources. Another service ATK offers is the opportunity to receive equipment through the Reuse Program. To make an appointment to talk with an AT Specialist, call 1-800-526-3648. ATK has devices to demonstrate in the areas of vision, hearing, speech communication, computer access, daily living tasks, mobility, vehicle modifications, environmental modifications, recreation and sports, and learning, organization, and memory. Regional AT Access Sites have different inventory so devices may need to be transferred to your regional AT Access Site for your demonstration. Please schedule demonstrations in advance so the right devices are available. To make an appointment to talk with an AT Specialist, call 1-800-526-3648 or email your regional AT Access Site at the address provided at <https://atk.ku.edu/regional-offices>.

**6. The online page for this specific activity can be found at:** <https://atk.ku.edu/atk-core-services>

## 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)**

- 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)**

- 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 L: Training (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
- Receive financial support from this entity

### 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)**

Kansas State Extension reached out to Assistive Technology for Kansans (ATK) staff for assistance in developing policies for accessible conferences and meetings. ATK staff provided documentation on physical accessibility of event space and meeting rooms then addressed accessible print materials, alternative formats and interpreters, and the benefits of use of captioned videos across audiences. Input was given on how to post accessible materials online and tips were provided on creating accessible social media posts. As a result of these efforts, K-State Extension staff followed up with a request on how to make accessible educational materials for children with vision loss. K-State staff report that they are requesting ongoing training on creating accessible material from their Information Technology staff. This relationship continues as new questions arise.

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

Kansas Infant Toddler Services invited Assistive Technology for Kansans (ATK) staff and ATK Device Loan System staff to provide training seminars on ATK services and loan system inventory. The primary focus of the seminar was to demonstrate new inventory acquisitions in the areas of mobility and seating for children ages birth to three with significant physical disabilities. Devices to support learning, switch access, and mobility as well as considerations for selection and how to incorporate the devices in a child's daily routines. ATK Loan System staff introduced use of text applications and team consultation using demonstration videos and virtual meetings using the team's preferred format to meet the increased demand for services as a result of the training seminar. Additional training seminars are being planned to address new needs.

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

Assistive Technology for Kansans (ATK) staff provided two virtual workshops to Kansas Pre-Employment Transition (Pre-ETS) staff serving the eastern third of the state. ATK staff demonstrated assistive technology solutions for a variety of work settings and focused on use of personal cell phones and tablets to support soft skills to obtain and retain employment. Pre-ETS staff were able to follow ATK staff demonstrations to use their cell phones to set appointments, reminders, make to-do lists, and follow walking and public transportation directions. ATK staff noted an increase in referrals from Pre-ETS staff following these workshops. Plans are being made to repeat these workshops for Pre-ETS staff in other areas of the state in the coming year.

**3. The online page for this specific activity can be found at:** [www.atk.ku.edu](http://www.atk.ku.edu)

## 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)**

- 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)**

- 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 M: Technical Assistance (Continued...)

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

- Have written agreement with this entity
- 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)**

The internet connectivity program that was launched by the FCC during the Covid 19 pandemic called Emergency Broadband Benefit (EBB) has changed and is now the Affordable Connectivity Program (ACP). Assistive Technology for Kansans (ATK) worked with internet providers and consumers to ensure timely consumer registrations for the benefits. ATK management created an accessible handout that was posted on the ATK website, circulated to partners across the state, and disseminated through the Commission on Disability Concerns statewide listserv. When the program changed from the EBB to the ACP these steps were repeated and providers and consumers reached out for assistance. Specific technical assistance was provided to Kansas Independent Living Centers, Going Home Senior Transition Program partners, Area Agencies on Aging, the KU ECEDD, Kansas Corporation Commission, Kansas Commission for the Deaf and Hard of Hearing and Families Together. This technical assistance is ongoing as ATK works to help make internet connectivity available and affordable for persons with disabilities and their families.

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

Assistive Technology for Kansans (ATK) was selected to participate in a senior transition funded through the CARES Act. The purpose of the Going Home project is to help seniors and other individuals with disabilities transition from nursing home facilities impacted by Covid 19 to self-directed care in the community. Through weekly meetings with partners from Area Agencies on Aging, Aging and Disability Resource Center, Independent Living Centers and the KS Department on Aging and Disability Services, ATK staff have documented the value of technology in the lives of seniors through use of data driven research articles, circulation of validated assessment tools, device demonstrations, and anecdotes from the Going Home project. Partners now support a) continued use of the Social Isolation Scale to determine the degree of isolation experienced by seniors; b) access to a broader range of durable medical equipment and technology to keep seniors in their homes; and c) use of technology “drop in” devices to increase interaction and to help seniors organize their lives and access services from their communities. Interaction and technical assistance between the Area Agencies on Aging, the Aging and Disability Resource Center, and ATK remain in place and continue to address ongoing issues.



## 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)**

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

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

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

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

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

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

- Have written agreement with this entity
- 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 major public awareness activities. If the Statewide AT Program conducts a major ongoing public awareness activity such as an annual AT awareness day with a Governor's Proclamation, please include that activity.**

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

Assistive Technology for Kansans sponsors and has outreach activities planned for several major sporting events held across the state—two large golf tournaments and Sporting KC soccer events. Adaptive recreation equipment will be featured at these events. ATK has sponsored the Community Theatre in Lawrence for over five years and has many community champions as a result. ATK will also present at numerous conferences that are once again being held in-person—the KU Parkinson's Conference, Kansas Speech-Language-Hearing Conference, Kansas Division of Early Childhood, Kansas Optometric Association and others.

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

Assistive Technology for Kansans will have a daily, year long radio campaign on two National Public Radio stations that cover the state.

## 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)**

- 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)**

- Have written agreement with this entity

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

- Receive financial support from this entity

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

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

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

### Private Entities (select any/all)

### Other (select any/all)

## 2. Describe the activity

ATK has six regional Assistive Technology Access Sites. The Program has a smart phone system that when the consumer calls routes the call to the nearest AT Access Site. Staff attend bi-monthly face to face training on devices and services so that they are knowledgeable about devices and services that may be available throughout the state. ATK releases flights of public service announcements targeting specific populations and AT devices and services annually. Program staff create Powerpoint presentations, print materials and vodcasts for regional AT Access Site staff to use at health fairs, sporting events, farm shows, professional conferences, and other venues. The University of Kansas, the lead agency, produces media releases highlighting program services and the benefit of AT across the lifespan. Program partners and ATK Advisory Council members are actively involved in the dissemination of public awareness materials.

## 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 Kansas.
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.