



**National Assistive Technology Act Data System**

**State Plan - Full Report**

**Minnesota 2021**

**General Information**

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

<b>State AT Program Title</b>	Minnesota STAR Program
<b>State AT Program URL</b>	mn.gov/star
<b>Mailing Address</b>	658 Cedar Street, Suite 358 Centennial Office Building
<b>City</b>	Saint Paul
<b>State</b>	MN
<b>Zip Code</b>	55155
<b>Program Email</b>	Star.Program@state.mn.us
<b>Phone</b>	651-201-2640
<b>TTY</b>	800-627-3529

**Lead Agency**

<b>Agency Name</b>	Minnesota Department of Administration
<b>Mailing Address</b>	50 Sherburne Avenue
<b>City</b>	Saint Paul
<b>State</b>	MN
<b>Zip Code</b>	55155
<b>Program URL</b>	mn.gov/admin

**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>	Perron, Amy
<b>Title</b>	Program Director
<b>Phone</b>	651-201-2295
<b>E-mail</b>	amy.perron@state.mn.us
<b>Program Director at Lead Agency (last, first)</b>	Perron, Amy
<b>Title</b>	Program Director
<b>Phone</b>	651-201-2295
<b>E-mail</b>	amy.perron@state.mn.us
<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>	Christensen, Stacie
<b>Title</b>	Assistant Commissioner and General Counsel
<b>Phone</b>	651-201-2500
<b>E-mail</b>	stacie.christensen@state.mn.us

**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)? 1
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? 0
  - 4.1 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 4.  
We are working with the Governor's office to get an appointment Workforce member.
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? 0
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 5

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	5
Total number of individuals on the advisory council	9
Percentage	55.56%

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>	\$363,660.08	69.96%	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>	\$156,171.92	30.04%	
<b>c. Total Expenditures</b>	\$519,832.00		
<b>d. Total Award</b>	\$519,832.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$19,530.45</b>	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 **\$537,301.00**

<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>	\$65,076.23	\$266,653.24	\$75,827.64	\$407,557.11
<b>All State Leadership Activities</b>	\$15,028.30	\$112,269.35	\$2,446.24	\$129,743.89
<b>Total</b>	\$80,104.53	\$378,922.59	\$78,273.88	\$537,301.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$0.00	\$26,865.05	\$26,865.05

## Module D: State Level Activity Summary

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

- 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 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.

- Other (Describe)

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

Centralized Accommodation Fund for State of Minnesota Executive Branch Agencies

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

The Statewide AT Program (State AT)

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

One central location (Central)

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

Yes

**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)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Receive financial support from this entity

**Module F: Other State Financing Activities that Directly Provides AT (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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**6. Describe the activity/activities.**

The MN STAR Program was designated by the State Legislature to oversee the day-to-day operation of the Centralized Accommodation Fund for State of Minnesota Executive Branch Agencies. STAR staff does informational training, device demonstrations, and short-term loans for employees and job applicants. The demonstrations and training assist employees, supervisors, and ADA Coordinators in determining the best equipment to purchase for the employee. Additionally, STAR processes all applications for financial reimbursement from agencies that have incurred expenses for reasonable accommodations. STAR tracks and reports all activities to the state legislature at the end of each state fiscal year. STAR employees are paid by the accommodation fund for the time they spend on the project.

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

<https://mn.gov/admin/government/disability-services/accommodation-fund/>





## 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)**

**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
- Provide financial support to 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)

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

### 6. Describe the activity.

STAR has a number of devices that we have re-classified from “Short-Term” loans as “Open-Ended” loans due to their age or because the devices are no longer sold. Consumers are able to see this equipment in our online database on our website. Additionally, we will let consumers know about the equipment if they are looking for something that we know is available as an Open-Ended loan. The ALS Association of Minnesota is one of our partners. ALS has a number of devices in its inventory that are available to individuals in the state living with ALS. As partners, The ALS Association enters all loan activity into NATADS. Once borrowers no longer need the equipment they can return it to us. We inspect, sanitize, and re-list if we determine the equipment is still viable. If the equipment is not usable any longer we will dispose of the technology. There is no fee charged for an Open-Ended loan through the MN STAR Program.

7. The online page for this specific activity can be found at: <https://mn.at4all.com/>

## 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)

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 loan program is operated by the State AT Program and its contracted partners. Items are available to all Minnesota residents. Borrowers must sign a short-term loan agreement 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, home modifications, vision devices, and augmentative communication devices and the entire inventory is viewable online. Each loan period is up to 45 days. Items are shipped and returned by FedEx, UPS, or USPS. Borrowers do have the option to pick up or return the equipment in person. All loans are tracked in the AT4All database. Devices are sanitized and tested 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.

**7. The online page for this specific activity can be found at:** <https://mn.at4all.com/>

## 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)

Private Entities (select any/all)

Other (select any/all)

### 5. Describe the activity.

The MN STAR Program offered virtual interactive demonstrations to consumers during COVID. Demonstrations allow consumers to compare the features and benefits of a particular device or category of devices. This is an opportunity for consumers to learn more about the equipment and ask questions as they arise during the demonstration. After the demonstration, some consumers may decide to borrow the equipment through our short-term loan program. Some of STAR's regional partners also offer device demonstrations. Most demonstrations for partners were also virtual due to COVID, although there were a limited number of in-person meetings. STAR has an agreement with the MN Department of Employment and Economic Development Vocational Rehab division. Voc Rehab houses some of our workplace equipment and offers device demonstrations for their clients. In exchange for the equipment, Voc Rehab reports all of the demonstrations to us for NATAD.

**6. The online page for this specific activity can be found at:** <https://mn.gov/admin/star/program-services/device-demonstration/>

## Module L: Training

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

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

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

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

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

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

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

- Have written agreement with this entity

## 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)**

The MN STAR Program has a contract with Minnesota IT Services (MNIT). STAR helped MNIT through funding, to create an online Accessible Word Document Training. After individuals complete the online training, they complete a survey, which is entered into NATADS.

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

STAR does a quarterly training at the State of Minnesota Supervisor Core training. "Triple-A Training: Assistive Technology, Accommodations, and Accessible Documents". STAR is preparing to do training on accessible meetings (in-person, virtual, and hybrid) for the Minnesota Department of Administration.

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

**3. The online page for this specific activity can be found at:** <https://mn.gov/admin/star/program-services/training/>

## Module M: Technical Assistance

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

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

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

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

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

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

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

**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)**

STAR is participating bi-monthly in a cross-agency collaboration work group comprised of members from Department of Employment Economic Development (Pre-ETS Services, Vocations Rehab Services, and State Services for the Blind), Department of Education (State AT Services, State Transition State Deaf Hard of Hearing Services and State Blind Low Vision Services), Department of Human Services ( Waiver Services and Deaf Hard of Hearing Services), and STAR with the Department of Administration. The group is currently process-mapping the IEP process for transition-aged youth. We are also creating a resource list of assistive technology tools and services available to the target population. Our goal is it identify gaps and create needed resources.

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

## Module N: Public Awareness

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

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

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

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

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

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

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



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

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

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

**Other (select any/all)**

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

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

The MN STAR Program received a Governor's Proclamation declaring April 6th AT Awareness Day in Minnesota. Additionally, STAR created and produced a video creating awareness of and sharing examples of AT in action which was shared on our social media channels, with partners, advisory council members, and listserves.

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

STAR will be presenting at the St. Louis County annual Health and Human Services Conference. This event attracts over 3,000 attendees. We will be co-presenting with one of our partners highlighting the importance of assistive technology and will show case various types of 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)**

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

**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**

The Minnesota STAR Program offers Information and Assistance through telephone calls, emails, exhibits, presentations, and Facebook. Additionally, STAR manages the MN Guide to Assistive Technology. This website was a collaborative effort of the MN Departments of Education, Employment and Economic Development, Health and Human Services. This website is a tool intended to increase awareness of assistive technology and provide information to help with, consideration, selection and use of assistive technology whenever and wherever it will be used. STAR presents to the Independent Living Centers, Area Agencies on Aging, school district regional members, various counties agencies that focus on disabilities and statewide ADA Coordinators. The purpose of these presentations is to increase awareness of assistive technology and the availability of MN AT Act Program and our partners services. Individuals can reach out to STAR for information and assistance via telephone, email, or social media. STAR staff responds within one business day. Team members take time with each person to learn about their unique situation. If our team is not able to answer a question or provide a resource, we have a compressive support group that we can consult with. The group includes but is not limited to: Assistive Technology partner programs, Disability specialists from various state agencies including State Services for the Blind, DHS Deaf Hard of Hearing, the TED Program, DHS Waiver services, Dept of Education (AT specialist, Pre-ETS specialist, DHH and Blind Low Vision), Vocational Rehabilitation Services and various AT Specialist groups.

## 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 MN.
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.