



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

General Information

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

State AT Program Title	Project START
State AT Program URL	www.msprojectstart.org
Mailing Address	1281 Highway 51 North
City	Madison
State	MS
Zip Code	39110
Program Email	jtucker@mdrs.ms.gov
Phone	601-853-5248
TTY	

Lead Agency

Agency Name	Mississippi Department of Rehabilitation Services
Mailing Address	PO Box 1698
City	Jackson
State	MS
Zip Code	39215
Program URL	www.mdrs.ms.gov

Implementing Entity

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

City	
State	
Zip Code	
Program URL	

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Tucker, Jamie
Title	Director
Phone	601-853-5248
E-mail	jtucker@mdrs.ms.gov
Program Director at Lead Agency (last, first)	Howard, Chris
Title	Executive Director
Phone	601-853-5200
E-mail	choward@mdrs.ms.gov
Primary Contact at Implementing Agency (last, first) - If applicable	Tucker, Jamie
Title	Project START Director
Phone	601-853-5248
E-mail	jtucker@mdrs.ms.gov

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	Howard, Chris
Title	Executive Director
Phone	601-853-5200
E-mail	choward@mdrs.ms.gov

Module A: Change in Lead Agency or Implementing Entity

- Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf (From General Information)?** No
- 2. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan?** No
- 3. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in the previous State Plan?** No

Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 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? 1
5. How many representatives of the State educational agency are members of the advisory council? 1
6. How many additional representatives of other agencies and/or organizations are members of the advisory council? 2
 - 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council.
Speech and Language Pathologist from University Mississippi Medical Center Mississippi Sickle Cell Foundation
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 8

Advisory Council Calculation

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

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

Module C: Actual Expenditures and Budgeted Allocations

1. Actual Expenditures Carryover Year Close-out

In the following table provide the actual expenditure data for the closed-out carryover fiscal year AT grant award (liquidated the previous December 31). Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over more than that initial 12 month period.

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

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$249,077.40	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	\$145,295.15	35.00%	
c. Total Expenditures	\$394,372.55		
d. Total Award	\$415,129.00		
e. Lapsed Amount	\$20,756.45	5.00%	
f. Transition Training & Technical Assistance Set Aside	\$7,264.76	5.00%	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 **\$428,542.00**

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	\$0.00	\$267,838.75	\$0.00	\$267,838.75
All State Leadership Activities	\$0.00	\$160,703.25	\$0.00	\$160,703.25
Total	\$0.00	\$428,542.00	\$0.00	\$428,542.00
Transition Training & Technical Assistance	\$0.00	\$7,499.49	\$0.00	\$7,499.49

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

None

Please indicate if flexibility or comparability is claimed for State Financing activities.

Flexibility

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

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

The Statewide AT Program (State AT)

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

One central location (Central)

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

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)

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.

Device reutilization includes donated like new or gently used durable medical equipment that is refurbished and sanitized in order to loan out to another individual with a disability. Our DME technician on staff retrieves the equipment after careful consideration on whether or not it will be useful to another client. The computer recycling program operates in the following manner: consumers with disabilities apply for a computer. Project START staff notifies approved applicants of the availability of a computer that matches the needs of the applicant and makes necessary arrangements for the applicant to receive the computer. If a computer is not available, Project START staff maintains a waiting list and notifies approved applicants on a first come first served basis.

7. The online page for this specific activity can be found at: www.msprojectstart.org/device-reutilization

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)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

Module 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.

The short-term loan program is operated by the State AT Program and is available to any agencies, entity or school districts in the state. Equipment is available for loan that meets the needs of adults and children of all ages with all types of disabilities. Mississippians have an opportunity to try a device before they buy, allow clinicians a chance to use a device to assess clients and meeting interim needs when devices go in for repair. Project START accepts applications for equipment loans from a person with a disability, family members, advocates or service providers (e.g. therapist, teacher, rehabilitation counselor). 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, vision devices and augmentative communication devices and the entire inventory is viewable online. Each loan period is up to 45 days with possible extension. Items are shipped and returned by commercial delivery service except for a few exceptionally heavy devices that must be delivered and picked up in person. Consumers are also able to pick up the device at our loan library/lab. All loans are tracked in a database with routine follow-up to ensure timely return of devices. All devices are sanitized and checked for functionality before being loaned out again. 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. If needed, staff provides telephone technical assistance to borrowers and support personnel. For continued support, staff also provides a follow-up call to the borrower before the loan period is up to check to see how the device is working

7. The online page for this specific activity can be found at: www.msprojectstart.org

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)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

Project START has incorporated a statewide demonstration program that works closely with communities in showcasing assistive technology in areas where there are few resources. START has 3 resource sites, not including centrally, that host demonstrations that move to areas where individuals have no resources for educating them on the needed technology for independence. Vendors such as Dynavox, Prentke Romich, Emerald Coast Vision Aids, OrCam and others travel to these sites to demonstrate their products. If devices are identified that will meet individual needs, referrals and resources are provided to support acquisition. Demos provide Mississippians with disabilities assistive technology for the purpose of allowing consumers and agencies to have individual and small group exploration, individual implementation of one or more device explorations designed to support informed decision-making and guided experiences for individuals and small groups to support effective usage. START partners with T.K. Martin Center for Technology and Disability, Institute for Disability Studies and the Technology Assistive Device (TAD) Center at North Mississippi Regional Center. The goal of START and its sub contractors is to provide device demonstrations that will enhance informed choice to both individuals and professionals.

6. The online page for this specific activity can be found at: www.msprojectstart.org/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
- Provide financial support to this entity

Module L: Training (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

Planned ICT Accessibility Training (required)

Project START provides a training about AT to all new vocational rehabilitation and office of special disabilities counselors in the state and to train one stop centers. This training includes providing a basic understanding of AT and using AT in the workplace. The training is developed to include information for a broad array of disabilities and devices. Training is conducted at regional Dept. Rehab Services.

Planned Transition Training or Other Training Activity (optional)

Planned Statewide Conference or Other Training Activity (optional)

2022 Statewide Annual AT Conference: Assistive Technology for Everyone: Technology Tools for Today (T3)- June 27-28 2022
www.assistivetechms.org

3. The online page for this specific activity can be found at: www.msprojectstart.org and www.assistivetechms.org

Module M: Technical Assistance

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

Module M: Technical Assistance (Continued...)

Local/Community Entities (select any/all)

- 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)

Project START consistently provides support designed as a direct problem solving service to different organizations on an as needed basis on improving assistive technology services to people with disabilities in Mississippi. Through a contract, Project START collaborates with the T.K. Martin Center who provides technical assistance to educators, VR clients, employers on the types of AT that may be needed for a particular individual in a specific setting such as school, work, and/or the home. Project START also provides technical assistance to state agencies on creating accessible websites.

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)

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

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

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

Other (select any/all)

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)

Mississippi Disability MegaConference 2022

Planned Other Public Awareness Activity (optional)

Rehabilitation Association of Mississippi Conference Partnership

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)

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

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

2. Describe the activity

Our Statewide AT Program has four regional sites. Each site has a program director devoted to answering information and assistance calls and e-mails, and this person receives extensive and ongoing training. A consumer can contact any of the four sites (usually he or she is directed to the one closest to where he or she lives) and either speak to the staff or leave a message via voicemail. E-mail inquiries are handled similarly, except that they all go to a general account and then are forwarded to the appropriate staff member. Our policy is to respond to all inquiries within three business days, but an initial contact is made once the email or phone call has been received to alert the client that someone is working on their request. When contacting a consumer, the staff has a routine of questions to ask to ensure that we have all of the information necessary to connect the consumer with appropriate resources.

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 MS.
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.