



National Assistive Technology Act Data System

State Plan - Full Report

Nebraska 2021

General Information

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

State AT Program Title	Nebraska Assistive Technology Partnership
State AT Program URL	https://atp.nebraska.gov
Mailing Address	3901 N. 27th Street, Suite 5
City	Lincoln
State	Nebraska
Zip Code	68521
Program Email	atp@nebraska.gov
Phone	402-471-0734
TTY	402-471-0652

Lead Agency

Agency Name	Nebraska Department of Education - Assistive Technology Partnership
Mailing Address	3901 N. 27th Street, Suite 5
City	Lincoln
State	Nebraska
Zip Code	68521
Program URL	https://atp.nebraska.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)	Orr, Tobias
Title	Director
Phone	402-853-1582
E-mail	tobias.orr@nebraska.gov
Program Director at Lead Agency (last, first)	Orr, Tobias
Title	Director
Phone	402-853-1582
E-mail	tobias.orr@nebraska.gov
Primary Contact at Implementing Agency (last, first) - If applicable	
Title	
Phone	
E-mail	

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	Orr, Tobias
Title	Director
Phone	402-853-1582
E-mail	tobias.orr@nebraska.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.
Nebraska Council on Developmental Disabilities - Director Nebraska Commission for the Deaf and Hard of Hearing - Director
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	18
Percentage	61.11%

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	\$286,595.46	60.17%	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	\$189,697.54	39.83%	
c. Total Expenditures	\$476,293.00		
d. Total Award	\$476,293.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$10,134.38	5.34%	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 **\$488,306.00**

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	\$294,295.52	\$0.00	\$294,295.52
All State Leadership Activities	\$0.00	\$194,010.48	\$0.00	\$194,010.48
Total	\$0.00	\$488,306.00	\$0.00	\$488,306.00
Transition Training & Technical Assistance	\$0.00	\$10,484.25	\$0.00	\$10,484.25

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 Exchange
- 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.

- Deaf/Blind Telecommunications EDP-Federal
- Last Resort Fund

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.

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)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

- Have written agreement with this entity

State Entities/Agencies (select any/all)

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

Local/Community Entities (select any/all)
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Private Entities (select any/all) <ul style="list-style-type: none">• Have written agreement with this entity
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Other (select any/all)

6. Describe the activity/activities.

Nebraska ATP is the state provider of the I Can Connect program, part of the National Deaf-Blind Equipment Distribution Program funded through the FCC. This program provides telecommunications equipment to deaf-blind individuals in Nebraska. Nebraska ATP each year receives a grant from the Enrichment Foundation, which is a private fund set up to assist individuals with disabilities in the Omaha metro region. This program assist individuals with obtaining assistive technology, and home/vehicle modifications that live in the Omaha metro region. There is an \$8,000 cap per individual per year with this program.

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

I Can Connect -
<https://atp.nebraska.gov/services/equipment>
Enrichment Foundation Grant - N/A

Module H: Device Exchange

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

The Statewide AT Program (State AT)

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

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

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

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 H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option that best describes what happens when a device is exchanged. (select all that apply)

- The transaction is direct consumer-to-consumer

6. Describe the activity.

Nebraska ATP has the website AT4ALL.com where individuals can list their own equipment for sale or free, and search for needed equipment. Items listed by individuals are often times a direct consumer-to-consumer transaction.

7. The online page for this specific activity can be found at: AT4ALL - <https://www.at4all.com/>

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.

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)

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

6. Describe the activity.

Nebraska ATP uses their website AT4ALL.com to list items for free so that consumers can search and find the equipment they need. Items are donated to the agency and then listed and given back out to someone that can benefit from the equipment. There is no charge for the item or service. ATP works with numerous partners (Reuse Network) to locate needed equipment and match it up to someone that needs it. Partners also assist with the cleaning and fixing of specialized equipment that is out of ATP's area of expertise. Examples of these partners are the CIL's, Catholic Social Services, and the Lincoln ED Program (assists people leaving the hospital). No written agreements are in place, nor is any funding exchanged between ATP and the partners. For all reuse equipment ownership is transferred to the individuals. ATP also does open ended loans where the individual can keep the item as long as they need it, but the agency still maintains ownership of the item.

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

AT4ALL - <https://www.at4all.com/> Reuse Network - <https://atp.nebraska.gov/services/reuse-network>

Module J: Device Loan

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

The Statewide AT Program (State AT)

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

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
- 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 delivered or picked up in-person

6. Describe the activity.

Nebraska ATP operates a assistive technology loan program that allows people to borrow needed equipment on a short term basis for the purposes of decision making, training, and short term need because of their own equipment being repaired or waiting on a permanent solution. Individuals request a loan through our website AT4ALL.com or Education.AT4ALL.com and either an ATP staff member reaches out to the requestor to set up a time for them to pick up the item, or an ATP staff member ships the item to the requestor. Whether an item is shipped or picked up depends on whether or not it is a member of an IEP/IFSP team making the request. ATP receives a grant from the Nebraska Office of Special Education that provides funding for shipping items to school personnel working with children/students on an IFSP/IEP. ATP receives funding from Nebraska VR to help pay for equipment that benefits their consumers, and ATP also receives funding from Nebraska Department of Health and Human Services (DHHS) to help purchase items such as temporary ramps for consumers the are going through ATP's home modification program (funded by DHHS) and needing an entrance modification.

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

AT4ALL -<https://www.at4all.com/> AT4ALL Education -<https://education.at4all.com/>
Equipment Program -<https://atp.nebraska.gov/services/equipment>

Module K: Device Demonstration

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

The Statewide AT Program (State AT)

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

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)

- 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.

Nebraska ATP offers assistive technology demonstrations to anyone that would benefit. These demonstrations can be done at any of our offices across the state. Individuals that are interested in learning about AT can call for an appointment, or drop into one of our offices and a staff member will help them compare the features and benefits of various pieces of equipment. Other ways that ATP provides demonstrations are through an agreement with Nebraska VR where equipment is demonstrated to VR clients to help them decide which will work best for them in a work or education setting. Also, demonstrations are done by ATP staff when working with IEP/IFSP teams to assist the team and the individual with deciding on which piece of assistive technology will work for them in an educational setting.

6. The online page for this specific activity can be found at: <https://atp.nebraska.gov/services/equipment> <https://atp.nebraska.gov/services/services-school-birth-3-3-21>

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
- Receive financial support from this entity

Module L: Training (Continued...)

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

Nebraska ATP in partnership with the Nebraska Dept. of Education is providing training to educators on how to build accessible materials and presentations using the program Canvas.

Planned Transition Training or Other Training Activity (optional)

Nebraska ATP along with Nebraska VR is sponsoring regional Job Expos for transition aged students with disabilities. Each of these Job Expos has a assistive technology training included where the students will learn about AT that can benefit them as they transition out of the Pre-K through 12 school system.

Planned Statewide Conference or Other Training Activity (optional)

Nebraska ATP in partnership with the Nebraska Commission for the Blind and Visually Impaired will be putting on a training for the American Job Center employees to assist them with learning how to better operate the assistive technology they have at their sites for consumers to access their computers and services.

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

Module M: Technical Assistance

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

Banks/Financial Institution (select any/all)

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
- Receive financial support from this entity

Module M: Technical Assistance (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 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)

Nebraska ATP on a regular basis provides feedback and material for TA documents issues by the Nebraska Dept. of Education Office of Special Education (OSE). Currently ATP is working on incorporating information about AT into the Transition TA document that is being written by OSE.

Planned Other Technical Assistance Activity (optional)

Nebraska ATP through an agreement with Nebraska Dept. of Education Office of Special Education provides technical assistance to schools that are modifying or upgrading their facilities using IDEA funds. ATP staff ensure that what the school is doing is in line with the ADA and also best practices. ATP also provides technical assistance to schools operating Career and Technical Ed (CTE) programs to ensure that their facility meets all ADA standards.

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
- Receive financial support from this entity

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

Major Annual Planned or Other Public Awareness Activity (required)

Nebraska ATP provides quarterly newsletters each targeted at a specific audience. ATP provides newsletter to DHHS Services Coordinators highlighting AT that benefits independent living, newsletter for Nebraska VR staff highlighting various apps and AT that benefit individuals at work, and a general newsletter that talks about upcoming events, new AT, and how to access ATP's services.

Planned Other Public Awareness Activity (optional)

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
- Receive financial support from 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

Nebraska ATP maintains partnerships with numerous disability agencies within the state. Through these partnerships referrals are received and given. Examples of partnerships that exchange referrals are the CIL's, ADRC's, DHHS, Nebraska VR, and MS Society of Nebraska. ATP also organizes a multi-agency application for services that can be filled out once by a consumer and is accepted by 20 agencies. ATP hosts a quarterly meeting with these partners to make changes to the application and to make sure everyone is up to date on each other's programs and services. ATP uses this application to help consumers locate programs and funding to obtain assistive technology and accessibility modifications.

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 Nebraska.
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.