



**National Assistive Technology Act Data System**  
**State Plan - Full Report**  
**South Carolina 2021**

**General Information**

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

<b>State AT Program Title</b>	South Carolina Assistive Technology Program
<b>State AT Program URL</b>	<a href="https://sc.edu/medicine/scatp">https://sc.edu/medicine/scatp</a>
<b>Mailing Address</b>	USC School of Medicine, CDR
<b>City</b>	Columbia
<b>State</b>	SC
<b>Zip Code</b>	29208
<b>Program Email</b>	David.Rotholz@uscmed.sc.edu
<b>Phone</b>	803-935-5263
<b>TTY</b>	

**Lead Agency**

<b>Agency Name</b>	University of South Carolina School of Medicine
<b>Mailing Address</b>	6311 Garners Ferry Rd.
<b>City</b>	Columbia
<b>State</b>	SC
<b>Zip Code</b>	29209
<b>Program URL</b>	<a href="https://www.sc.edu/study/colleges_schools/medicine/index.php">https://www.sc.edu/study/colleges_schools/medicine/index.php</a>

**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>	Rotholz, David
<b>Title</b>	Interim Program Manager, UCEDD Director
<b>Phone</b>	8039357819
<b>E-mail</b>	David.Rotholz@uscmed.sc.edu
<b>Program Director at Lead Agency (last, first)</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	
<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>	Boniface, Brandi
<b>Title</b>	Associate Director, Sponsored Awards Management
<b>Phone</b>	803-777-8749
<b>E-mail</b>	BONIFACB@mailbox.sc.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)? 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? 1
  - 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council.  
HASCI Program SC Office on Aging SC Office of Regulatory Staff
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	14
Percentage	57.14%

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>	\$397,130.00	72.40%	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>	\$148,093.00	27.00%	
<b>c. Total Expenditures</b>	\$545,223.00		
<b>d. Total Award</b>	\$548,491.00		
<b>e. Lapsed Amount</b>	\$3,268.00	0.60%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$10,680.00</b>	7.21%	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 **\$565,523.00**

<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>	\$404,762.00	\$0.00	\$0.00	\$404,762.00
<b>All State Leadership Activities</b>	\$160,761.00	\$0.00	\$0.00	\$160,761.00
<b>Total</b>	\$565,523.00	\$0.00	\$0.00	\$565,523.00
<b>Transition Training &amp; Technical Assistance</b>	\$10,680.00	\$0.00	\$0.00	\$10,680.00

## 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.

Comperability

### Provide a description of the comparable activity and comparable financial support.

The SC AT Financial Loan Program at the Foundation for Independence through Employment, was created through a Grant funded loan from RSA. This grant from the RSA was awarded to South Carolina Vocational Rehabilitation Department and The Foundation for Independence through Employment (FITE). The balance in the FITE AT Financial Loan account as of February 28, 2022 is \$429,929.50. SCVRD initially hired two people to oversee and carry out the activities of the loan program.

### 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 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.**

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 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.

The South Carolina Assistive Technology Exchange is a free online database that connects a consumer with another consumer. Consumers can find, give away or sell new or used equipment. The database allows consumers to list items they need or those the consumer would like to sell or give away. Any individual, agency representative or family member can participate in the exchange. If the consumer needs help transporting the device(s), they can call SCATP for assistance.

7. The online page for this specific activity can be found at: <https://bit.ly/ATEExchange>

## 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)**

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

### **Provide a description of the other collaborations.**

SCATP has an MOU with FODAC.

**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.**

**REUSE** The SCATP Equipment Reuse Service can help an individual acquire free used assistive technology, including durable medical equipment. SCATP collects donations of gently used medical equipment, cleans and sanitizes it, and gives it to individuals who need it. To request equipment, the individual completes the equipment reuse request form that is on our website or can be emailed. SCATP staff contact the individual when the processed the form is received. If we don't have the device or equipment the individual is looking for, we can add them to a waiting list and contact them when the desired item becomes available. SCATP delivers equipment when the individual cannot drive or if there are many pieces. Not everyone who needs assistive technology will be able to get funding from private insurance, federal, state or local sources. Others may not want to invest in a new device if they will only need it for a short time. When individuals donate, they are helping others who might not be able to get the equipment they need any other way. If the individual is unable to come to the SCATP facility, we can pick up the equipment. **LONG-TERM LOANS** SCATP also provides free long-term loans of assistive technology. The assistive technology is typically those devices that are no longer available for purchase, but still are in good condition and functioning optimally. The individual can borrow the devices as long as they need them. Many of the devices go to people who have a degenerative disease and the equipment is returned to us within a season or two. Other equipment may be loaned for a year or more.

**7. The online page for this specific activity can be found at:** <https://bit.ly/devicereuse>

## Module J: Device Loan

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

The Statewide AT Program (State AT)

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

One central location (Central)

**3. Do you charge a fee for this activity?**

No

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

Banks/Financial Institution (select any/all)

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 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 SC Assistive Technology Program provides free assistive technology device loans across the state of SC. SCATP provides an online device loan agreement form or emails a loan agreement to the individual. Device loans are made for two to four weeks. If the device is not available at the time of the request, we put the individual's name on a waiting list. We ship devices and their manuals anywhere in the state outside of the two counties where the SCATP Resource Center is located. The borrower is required to pay return shipping insurance which is based on the value of the device(s). SCATP provides the individual with vendor information.

**7. The online page for this specific activity can be found at:** <https://bit.ly/deviceloans>

## 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)

## Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

### 5. Describe the activity.

We provide demonstrations of assistive technology devices, apps and software to individuals with disabilities, family members, caregivers, and assistive technology teams. An assistive technology team includes an individual with a disability and any of the following: speech-language pathologist, occupational therapist, physical therapist, vision itinerant specialist, teacher, service coordinator, parents, and spouse. Our Assistive Technology professionals guide the consumer and support providers through demonstrations of various adaptive devices to help consumers compare, contrast and make informed AT choices and purchases. SCATP does not charge for demonstrations and we do not sell products so our demonstrations are impartial. The demonstration can be virtual or in-person. There is no charge for a demonstration. We do not conduct formal assessments or write reports. A demonstration is provided by appointment.

**6. The online page for this specific activity can be found at:** <https://bit.ly./devicedemonstrations>

## 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)**

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

**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)**

Provide Information and Communication Technology (ICT) accessibility training to SC Department on Aging staff focused on making accessible documents. We have a fee-for-service contract with SCDOA for 2022 to assist with their vaccination campaign for seniors.

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

Provide assistive technology training on devices people with disabilities use for success at college or at work at the yearly Transition Alliance of SC conference. We have an MOU to provide support with this agency.

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

SCATP staff and assistive technology professionals provide free or low-cost live and archived webinars and hands-on trainings on functional strategies and the latest devices, along with information on accessible web and information technology throughout each year.

**3. The online page for this specific activity can be found at:** <https://bit.ly/trainingsandworkshops>

## 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

## 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)**

The Transition Alliance of SC (TASC) helps young adults with intellectual and developmental disabilities make a successful transition from high school to adult life. SCATP is on the TASC Board of Directors and collaborates on transition activities. SCATP staff attend committee meetings and present during the TASC annual conference. SCATP also demonstrates, loans, and trains on assistive technology to young adult students and their support staff and parents throughout the year to promote successful transitions.

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

SCATP collaborates with AbleSC's SC Youth Leadership Forum committee. AbleSC is one of South Carolina's Centers for Independent Living (CIL). SCATP staff attend committee meetings and provides a training directed to young adults during the annual Forum.

## 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)**

- Receive financial support from this entity



**Module N: Public Awareness (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 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 SC Assistive Technology Expo is a yearly event that can be virtual or in person. The free expo is the go-to event for people with disabilities, their families, seniors, veterans, healthcare professionals and educators to learn about the latest assistive technology products and services. Experts in the assistive technology field present at one of the 12 sessions offered during this one-day event. In-person Expos also offer over 60 exhibitors to give participants hands-on experience with the latest assistive technology. We have received a proclamation from the governor's office in some years.

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

SCATP staff exhibit and present at a wide variety of conferences geared toward people with disabilities across the state of SC throughout the year.

**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...)**

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

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

**Other (select any/all)**

**2. Describe the activity**

SCATP staff provides information and assistance to individuals who ask for information on assistive technology devices and assistive technology services. SCATP staff also provide information about funding for assistive technology through public and private sources for the purpose of obtaining assistive technology devices and services. Individuals may contact SCATP staff through the SCATP website, email, telephone or telepresence via Techie Tuesday drop-ins for questions about assistive technology devices, resources and funding.

## 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 SC.
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.