



**National Assistive Technology Act Data System**

**State Plan - Full Report**

**Vermont 2021**

**General Information**

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

<b>State AT Program Title</b>	Vermont Assistive Technology Program
<b>State AT Program URL</b>	www.atp.vt.gov
<b>Mailing Address</b>	NOB 1 North, 280 State Drive
<b>City</b>	Waterbury
<b>State</b>	Vermont
<b>Zip Code</b>	05671
<b>Program Email</b>	dail.atinfo@vermont.gov
<b>Phone</b>	802-241-0285
<b>TTY</b>	802-241-0341

**Lead Agency**

<b>Agency Name</b>	Vermont Vocational Rehabilitation
<b>Mailing Address</b>	HC 2 South 280 State Drive
<b>City</b>	Waterbury
<b>State</b>	Vermont
<b>Zip Code</b>	05671
<b>Program URL</b>	www.vocrehab.vt.gov

**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>	Phillip Seiler
<b>Title</b>	Program Director
<b>Phone</b>	802-241-0312
<b>E-mail</b>	phillip.seiler@vermont.gov
<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>	Diane Dalmasse
<b>Title</b>	DVR Director
<b>Phone</b>	802-241-0317
<b>E-mail</b>	diane.dalmasse@vermont.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? 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.  
Our Representative from State workforce development board retired in Spring and we have not yet secured a replacement. We are engaging with the entity in question and hope to have someone in place soon.
5. How many representatives of the State educational agency are members of the advisory council? 2
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.  
University of Vermont's Center on Disability and Community Inclusion
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 3

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	3
Total number of individuals on the advisory council	9
Percentage	33.33%

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. No

**9. Explanation of why the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B).**

VATP continues to use every opportunity to recruit users of AT or their family members to serve on our council. When staff meet with consumers they are encouraged to invite them to join, every Advisory Council meeting includes a request for volunteers, and we advertise our council when presenting at conferences or during public awareness events. It should be noted that almost all of our currently serving council members are users of AT in their personal lives but they fulfill other mandated roles on the council.

## 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>	\$327,577.00	77.20%	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>	\$96,738.00	22.80%	
<b>c. Total Expenditures</b>	\$424,315.00		
<b>d. Total Award</b>	\$424,315.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$3,122.00</b>	3.23%	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 **\$434,426.00**

<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>	\$0.00	\$347,676.00	\$0.00	\$347,676.00
<b>All State Leadership Activities</b>	\$0.00	\$86,750.00	\$0.00	\$86,750.00
<b>Total</b>	\$0.00	\$434,426.00	\$0.00	\$434,426.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$4,043.00	\$0.00	\$4,043.00

## Module D: State Level Activity Summary

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

- Financial Loan

### 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 E: Financial Loan

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

Other entities e.g. contractors (Others)

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? (This fee is separate from and addition to the financial loan made.)

No

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

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

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

**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 E: Financial Loan (Continued...)**

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

**5. This activity offers the following types of assistance. (select all that apply – at least one is required)**  
Identify all types of loans the Statewide AT Program offers, regardless of whether any loans of that type are currently outstanding.

- Revolving loans

- |   |         |
|---|---------|
| <b>6. The lowest interest percentage for loans as established by the policies of the activity.</b>      | 3.0000% |
| <b>7. The highest interest percentage for loans as established by the policies of the activity.</b>     | 3.0000% |
| <b>8. The lowest loan amount (in dollars) provided as established by the policies of the activity.</b>  | N/A     |
| <b>9. The highest loan amount (in dollars) provided as established by the policies of the activity.</b> | N/A     |

**10. Describe the activity.**  
Opportunities Credit Union, in partnership with the Vermont Assistive Technology Program, runs the low cost loan financing option for the state for the procurement of AT including, but not limited to, home modifications, vehicle modifications, hearing aids, high tech items, and others. The fund utilizes a variable term to ensure the monthly costs are affordable to all borrowers.

**11. The online page for this specific activity can be found at:** <https://www.oppsvt.org/independence-fund/>





## 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.**

Regional sites (Regional)

**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.

VTAP utilizes AT4ALL to conduct consumer to consumer device exchange. When a connection is made and completed, the program attempts to gather the required annual data from the receiving consumer. Consumers set the terms of the item's reuse.

7. The online page for this specific activity can be found at: <https://vt.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.**

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

**6. Describe the activity.**

The Vermont Assistive Technology Program provides long-term loan of certain items to ensure that dated, but still viable equipment serves a useful purpose in our community and for Vermonters. Devices are reutilized by being loaned for an indefinite period to the user with the expectation that the item would be returned when either its useful life is exhausted or the user no longer has need of the item.

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



## 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.**

Regional sites (Regional)

**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.

Each of VATP's 3 regional tryout centers houses an inventory that is at least partially available for loan. Consumers can either work with an AT Consultant to determine if a device might be worth trying for 30 days or request a loan from our website, <https://vt.at4all.com/>. Items are shipped by the consultants with a postage paid return label. Tryout Centers are staffed by either state employees and contractors.

**7. The online page for this specific activity can be found at:** <https://vt.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.

Regional sites (Regional)

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.

Each of VATP's 3 regional tryout centers houses an inventory that is available for demonstration. Consumers work with an AT Consultant to determine what devices might benefit them and the AT Consultant then provides a demonstration. Demonstrations can be conducted in person or via teleconferencing systems like Zoom and Teams. Tryout Centers are staffed by either state employees and contractors.

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

## 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)**

**Module L: Training (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 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 Vermont Assistive Technology Program is planning to provide training on the basics of Information and Communication Technology accessibility as part of our standard program overview in the coming two years. With a supplemental grant from Money Follows the Person, we are hiring an AT Consultant who will be providing outreach to the AAAs and direct service providers in the state and any presentation to their staff or partners will feature information and resources on how to develop ICT accessibility for their clients. We will also use this opportunity to gather information about what areas the audience would like to cover more in depth to aid us in developing future training sessions.

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

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

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

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

Vermont Assistive Technology Program participates in an inter-agency working group focused on students in transition that includes VocRehab, Education, Blind and Visually Impaired services and other interested parties. Our role is to ensure that assistive technology is being considered as these students transition to a post secondary education life and also to provide assistance on understanding how AT can be beneficial as well as what new tech may exist to aid this population. The group meets quarterly and holds an annual all-day conference as well.

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

VATP is using a Money Follow the Person Supplemental grant to fund an AT Consultant position that will provide information on AT to the AAAs and direct service providers of aging services in Vermont. The goal will be to establish relationships and knowledge of AT and our services with a special emphasis on helping older Vermonters transition to living situations that reduce the level of care required or even allow individuals to age in place. Although the position will be wholly funded by MFP, it will be supervised by VATP and the core materials they use will be developed collaboratively with the AT Act team.



## 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)**

Vermont Assistive Technology Program publishes a weekly newsletter on Assistive Technology that we intend to continue through the coming plan years with an aim to expand readership by 50%. These newsletters remain one of our most commented on activities with regular, positive feedback from the Vermont community and they cover a broad range of topics from continence issues to sensory aids to voice banking. The last was picked up for publication by AT3 for their blog. An archive of our newsletters is available on the main VATP website.

**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)**

## 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

VATP has a centralized referral system accessed via email, an accessible webform, or toll-free phone number. Intakes are handled by our program's Service Coordinator or Director and are either addressed immediately in the case of outside referrals or assigned to the AT Consultant assigned to the Tryout Center that services the consumer's area. The program guarantees that inquiries will be answered within 48 hours but usually provides timelier service than that. Staff undergo routine professional development to ensure their knowledge is current so as to provide the best service possible to consumers. Inquiries that fall outside of a consultants area of expertise or have other complicating factors are brought to the full team for resolution.

## 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 Vermont .
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.