



National Assistive Technology Act Data System
State Plan - Full Report
California 2024

General Information

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

State AT Program Title	Ability Tools
State AT Program URL	http://www.abilitytools.org/
Mailing Address	3900 Lennane Drive, Suite 100
City	Sacramento
State	CA
Zip Code	95834
Program Email	info@abilitytools.org
Phone	916-390-2690
TTY	800-900-0706 (TTY)

Lead Agency

Agency Name	Department of Rehabilitation
Mailing Address	721 Capitol Mall
City	Sacramento
State	CA
Zip Code	95814
Program URL	https://dor.ca.gov/Home/AssistiveTechnology

Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes	
Name of Implementing Agency	California Foundation for Independent Living Centers
Mailing Address	3900 Lennane Drive, Suite 100

City	Sacramento
State	CA
Zip Code	95834
Program URL	www.abilitytools.org

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Eisenberg, Brett
Title	Executive Director
Phone	(916) 232-1984
E-mail	brett@cfilc.org
Program Director at Lead Agency (last, first)	Cademarti, Regina
Title	ILATS Chief
Phone	(916) 558-5866
E-mail	regina.cademarti@dor.ca.gov
Primary Contact at Implementing Agency (last, first) - If applicable	Crowley, Kathrine
Title	Deputy Director
Phone	(661) 703-6292
E-mail	kathrine@cfilc.org

Person Responsible for completing this form if other than Program Director

Name (last, first)	Acton, Ana
Title	ILCAD Deputy Director
Phone	(916) 558-5820
E-mail	ana.acton@dor.ca.gov

Certifying Representative

Name (last, first)	Xavier, Joe
Title	Director of CA Dept. of Rehabilitation
Phone	(916) 558-5800
E-mail	Joe.Xavier@dor.ca.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)? Yes

1. Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state.

The Department of Rehabilitation (DOR) contracts with the Ability Tools Program through the California Foundation for Independent Living Centers (CFILC), a statewide nonprofit to serve as the agency responsible for carrying out the required activities of the 21st Century Assistive Technology (AT) Act. To ensure agency accountability, the DOR monitors and provides guidance to CFILC through several mechanisms including monthly reviews of narrative invoices and quarterly reports that ensure CFILC carries out the required continuum of specified state level and state leadership activities as defined by the AT Act and California's State Plan for Assistive Technology (SPAT). At each quarterly Assistive Technology Advisory Committee (ATAC) meeting, CFILC provides a review of Ability Tools program activities and highlights specific portions of its report. Following the presentation, the ATAC, CFILC, and DOR leadership discuss areas for improvements, points for further clarification, and make recommendations, as needed. DOR has additional close collaboration with CFILC through DOR's Independent Living Program. DOR provides grant administration and oversight to 28 Independent Living Centers in California for core services, including AT, which further supports CFILC's state level and state leadership AT activities. In addition to monthly narrative invoices, quarterly reports, and quarterly collaborative meetings with the ATAC, DOR leadership meets with CFILC leadership regularly regarding agency wide updates, areas for collaboration, and any additional ways to provide support. Whenever possible, DOR and CFILC collaborate on initiatives for training, future areas of expansion, and ways in which improvements can be made to the program to better promote the ability of people with disabilities to know about, have access to, and be better able to obtain AT. DOR has additional contracts with CFILC that further support grant accountability and close collaboration between DOR and CFILC. DOR provides grant administration and oversight to CFILC with the state AT Grant, known as the AB204 fund, which further supports state level and state leadership AT activities.

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)?		0
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?		0
5.1 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 5.		
Member turnover has been an ongoing issue, as California Department of Education representative who served on the advisory council took another state job. The DOR continues to work with the Department of Education Executive Team to identify a new representative who will serve on the advisory council. This new appointment will require DOR Directorate approval before appointment is granted to the advisory council.		
6. Do you have an alternative financing program (AFP) for assistive technology in your state/territory that is separate from the State AT Program and is operated by a non-profit entity?		No
6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council?		0
7. How many representatives of the following agencies and/or organizations are members of the advisory council?		0
(At least one is required by the AT Act.)		
7.1 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 7		
DOR is actively recruiting representatives from Medicaid state agency, University Center for Excellence in Developmental Disabilities, State Protection and Advocacy Systems, and the State Council on Developmental Disabilities. DOR continues to develop and distribute a variety of materials to improve awareness of and participation in the committee. Through concerted efforts of collaboration with other DOR committees, partners, and external entities, DOR has gathered interest of individuals who qualify to become committee members. DOR will continue to foster and develop these relationships until full membership, and thereby compliance, is achieved.		
Medicaid state agency	0	
State agency administering Developmental Disabilities Act	0	
State agency administering or organization funded under Older Americans Act	0	
Organization representing veterans	0	
University Center for Excellence in Developmental Disabilities (UCEDD)	0	
State Protection and Advocacy System	0	
State Council on Developmental Disabilities	0	
8. How many additional representatives of other agencies and/or organizations are members of the advisory council?		1
Early Intervention/Child Services state agency	0	
State Deaf/Hard of Hearing Commission/Office	0	
State Insurance agency	0	
State Library/Secretary of State/Talking Books agency	0	
State ADA Office/Disability Commission/Advocacy Office	0	
State Legislators	0	
State Parent Training Information Center (IDEA funded)	0	
Other (description required in text box below)	1	
Describe Other Agency		Implementing Entity (Ex-Officio Member)
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council?		6

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	6
Total number of individuals on the advisory council	10
Percentage	60%

10. 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

11. Procedures are in place to ensure that the Advisory Council members are geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, age, and types of disabilities, and users of types of services that an individual with a disability may receive, including home and community-based services (as defined in section 9817 (a)(2) of the American Rescue Plan Act of 2021 (42 U.S.C. 1396d not)), vocational rehabilitation services (as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705)) and services through the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.)

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 2024, you will report the closed-out grant award for FY21. The grant began 10/1/2020 with the first year ending on 9/30/2021, the first carryover year ended on 9/30/2022 and the second carryover year ended on 9/30/2023 with the 3 month liquidation period ending 12/31/2023.

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$825,610.00	63.90%	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	\$466,467.00	36.10%	
c. Total Expenditures	\$1,292,077.00		
d. Total Award	\$1,292,077.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$25,375.00	5.44%	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 2024, you will report year to date FY22 grant award expenditures. This grant began 10/1/2021 with the initial award year ending on 9/30/2022 and the carryover year ended on 9/30/2023. Many programs received a no cost extension which extended the obligation date to 9/30/2024

The total grant award for was **\$1,353,366.00**

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	\$812,394.50	\$0.00	\$812,394.50
All State Leadership Activities	\$0.00	\$540,971.50	\$0.00	\$540,971.50
Total	\$0.00	\$1,353,366.00	\$0.00	\$1,353,366.00
Transition Training & Technical Assistance	\$0.00	\$36,187.41	\$0.00	\$36,187.41

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan
- 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 E: Financial 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? (This fee is separate from and addition to the financial loan made.)

Yes

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

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

- | | |
|---|------------|
| 6. The lowest interest percentage for loans as established by the policies of the activity. | 5.7500% |
| 7. The highest interest percentage for loans as established by the policies of the activity. | 6.0000% |
| 8. The lowest loan amount (in dollars) provided as established by the policies of the activity. | \$500.00 |
| 9. The highest loan amount (in dollars) provided as established by the policies of the activity. | \$15000.00 |

10. Describe the activity.

The Statewide AT Program provides loans to California residents with disabilities through CFILC's Freedom Tech Loan (FTL) program. The FTL program is designed to assist individuals with any disability to acquire AT to improve daily living through financial loans at either 5.75 percent or 6 percent interest with a 0.25 percent discount for Automated Clearing House (ACH) payments. The duration of the loans range depending on the amount and type of device purchased, with repayments structured between six months and five years. The FTL program charges a 1 percent origination fee based on the amount of the loan. This loan program is intended to serve all individuals with disabilities to help them acquire AT.

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

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.

- Telecommunications Equipment Distribution Program (EDP)-State

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

Other entities e.g. contractors (Others)

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

Regional sites (Regional)

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)

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

Easter Seals (select any/all)

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

Disability/Assistive Technology Organizations (select any/all)

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

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

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

Local/Community Entities (select any/all)

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

Private Entities (select any/all)

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

Other (select any/all)

6. Describe the activity/activities.

In SFY23, the California Public Utilities Commission (CPUC) Voice Options Program became a permanent program, and in SFY24 DOR continued partnership with the CPUC to administer the Voice Options Program, which provides an iPad with a speech-generating application to Californians with speech-related disabilities and disorders through acquisition activities. Community-based organizations provide demonstrations of six speech-generating applications to consumers and then facilitate a short-term loan period between two to 14 days. Following that period, the consumer identifies their preferred application and then receives a long-term device of an iPad with their chosen application and ancillary equipment to improve accessibility. The purpose of this program is to ensure equitable telecommunications access for all Californians regardless of age, disability type, or primary language.

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

<https://dor.ca.gov/Home/VoiceOptions>

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)

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

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

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

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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 AT Program offers a direct device exchange that is consumer-to-consumer based. AT devices can be posted on the AT Program NATADS webpage, where listings are open to the public and do not have any fees associated with listing the item(s). After a consumer lists the AT device or item, the item can be free of charge, or the item may be listed for a nominal cost to the interested party. California ILCs also directly support consumer-to-consumer exchange by connecting consumers with donated AT and DME (such as hospital beds and Hoyer lifts). ILCs also serve to protect consumer's privacy by providing a safe location for device exchange and act as an intermediary contact. These activities provide pathways for people with disabilities to locate assistive technology equipment and accessories at low or no cost to themselves.

7. The online page for this specific activity can be found at: <https://abilitytools.org/services/natads-public-access.php>

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

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

Both the Statewide AT Program and other entities/contractors (Both)

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

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

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

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

Easter Seals (select any/all)

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

Disability/Assistive Technology Organizations (select any/all)

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

Federal Entities/Agencies (select any/all)

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

State Entities/Agencies (select any/all)

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

Module I: Device Refurbish and Reassignment and/or Open-ended Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

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

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.

The AT Program provides multiple opportunities for California residents to participate in device ownership transfer and open-ended loans. These services include devices to assist individuals during disasters (Disability Disaster Access and Resource Program [DDAR]), Independent Living Center partner programs, and AT Program device reassignment opportunities. The DDAR Program assists individuals with disabilities and older adults in disaster readiness and recovery. This program provides individuals with information & assistance, disaster readiness training, backup electricity support, personal preparedness planning assistance, public awareness, and Assistive Technology (AT) and Durable Medical Equipment (DME) reuse and loan closet referrals before, during, and after a disaster or Public Safety Power Shutoff. Some California Independent Living Centers have robust reutilization and refurbishment programs where they can receive donations of AT and DME, sanitize and/or refurbish the items, and facilitate connecting consumers with the AT and DME that they need. The AT Program also offers direct open-ended loans for consumers with disabilities for as long as the consumer needs the equipment. The consumer is informed that once the equipment is no longer needed, the equipment must be returned so another individual may utilize it. The California State AT Program is developing a Reutilization Program to improve access to reuse devices and services.

7. The online page for this specific activity can be found at: <https://abilitytools.org/services/repair-fund.php> <https://disabilitydisasteraccess.org/>
<https://abilitytools.org/services/reuse-programs.php>

Module J: Device Loan

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

Both the Statewide AT Program and other entities/contractors (Both)

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

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

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

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

Easter Seals (select any/all)

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

Disability/Assistive Technology Organizations (select any/all)

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

Federal Entities/Agencies (select any/all)

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

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)

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

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 AT Program, in partnership with Device Lending and Demonstration Centers, and is available to any person with a disability, 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, including switches and mounts, computer access devices, environmental controls, hearing devices, home modifications, vision devices and augmentative communication devices and the entire inventory is viewable online. Each loan period is up to thirty days and an entity/individual with a disability can borrow up to six devices. If the item is not available through the closest DLDC, the item can be requested from another DLDC in the state and shipped to the requesting consumer. Devices are sanitized and checked for functionality before being loaned out again. All device loans include manufacturer's instructions and/or a "cheat sheet" developed by the program with basic instructions about setup and use to support the borrower(s). As resources allow, high demand items may be purchased to reduce waiting lists. No fees are charged to borrow devices. Device Loan activities also include the Voice Options Program's short-term loans, which allows consumers to borrow an iPad with six-speech generating applications for 2 to 14 days prior to obtaining a long-term device.

7. The online page for this specific activity can be found at: <https://myatprogram.org/DeviceLoan/Search> <https://dor.ca.gov/Home/VoiceOptions>

Module K: Device Demonstration

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

Both the Statewide AT Program and other entities/contractors (Both)

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

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

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

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

Easter Seals (select any/all)

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

Disability/Assistive Technology Organizations (select any/all)

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

Federal Entities/Agencies (select any/all)

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

State Entities/Agencies (select any/all)

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

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

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

Other (select any/all)

5. Describe the activity.

The AT Program and its Device Lending and Demonstration Centers (DLDCs) provide demonstrations to consumer throughout the state. Demonstrations are usually performed in-person at one of our centers. The consumer will have an opportunity to compare similar types of AT, receive information on where to purchase the item, or funding options to get assistance with funding. In some cases, it is necessary to provide remote demonstrations. In these cases, the AT center will mail the devices to the consumer as a short-term loan and then schedule a webinar type meeting where instruction can be given remotely. The Voice Options Program provides demonstrations on six speech-generating applications in-person or remotely, and provides services to consumers in-person, through the mail, and, in some instances, in home.

6. The online page for this specific activity can be found at: <https://abilitytools.org/services/device-lending-library.php>
<https://dor.ca.gov/Home/VoiceOptions>

Module L: Training/Educational Activities

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)

State Units on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Departments of Education (select any/all)

Local School Districts (select any/all)

Institutions of Higher Education (select any/all)

Hospitals and Health Care Systems (select any/all)

Early Intervention Programs (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
- Provide financial support to this entity

Module L: Training (Continued...)

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

Other (select any/all)

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

Planned ICT Accessibility Training (required)

The AT Program will provide training on virtual interfacing of medical and telehealth applications with the intention of improving access to vital health care services and resources. The purpose of these trainings is to ensure equitable access to health and medical resources for all individuals. Trainings may be a series and may be provided in multiple locations across California. Additional and follow-up resources will be made available to participants and upon request by individuals with disabilities and the individuals and entities who support them.

Planned Transition Training or Other Training Activity (optional)

The AT Program will conduct at least two trainings for Transition per year, including one for institution to community living, and one training for post-secondary education, employment, or independent living.

Planned Statewide Conference or Other Training Activity (optional)

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)

State Agency on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Departments of Education (select any/all)

Local School Districts (select any/all)

Hospitals and/or Health Systems (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
- Provide financial support to 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 AT Program will provide technical assistance to facilitate access to AT for students with disabilities as outlined in the Individuals with Disabilities Education Act, and to persons with disabilities of any age transitioning to community living including transitioning from nursing homes and other institutions.

Planned Other Technical Assistance Activity (optional)

The AT Program will provide technical assistance to Independent Living Centers and other eligible partners on improving and implementing Assistive Technology programs. This can include support and assistance regarding AT Act requirements, AT definitions, AT services, processes and procedures, and best practices. This activity provides the opportunity to improve AT awareness and access across California, bolstering the capacity of AT systems and networks statewide.

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)

Entities in the statewide and local workforce development systems (select any/all)

State Vocational Rehabilitation Agencies (select any/all)

Aging and Disability Resource Centers (select any/all)

Elementary and Secondary schools (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
- Receive financial support from this entity

Module N: Public Awareness (Continued...)

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

Other (select any/all)

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

Major Annual Planned or Other Public Awareness Activity (required)

The Los Angeles Abilities Expo is the largest annual AT public awareness event opportunity in the state, and the AT Program not only participates, but supports the participation of local Independent Living Centers and Device Lending and Demonstration Centers. This Expo allows the AT Program to interact with consumers, provide resources, demonstrate AT devices, and survey consumers about their ability to utilize their assistive technology devices. The AT Program will host a booth at this Expo showcasing interactive AT exhibits where individuals can practice the more practical applications of a variety of AT. This may include adaptive AT and 3D printed AT, and information such as material costs, material/resource types, and vendors will be provided.

Planned Other Public Awareness Activity (optional)

Each year the AT Program will promote public awareness of AT and CA resources through outreach events, presentations, distribution of materials, the Internet, social media, broadcast, and printed media, particularly targeting underrepresented populations.

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)

State Agency on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Aging and Disability Resource Center/No Wrong Door System (select any/all)

State Public Health Department (select any/all)

State Departments of Education (select any/all)

Elementary and Secondary School Systems (select any/all)

Institutions of Higher Education(select any/all)

Early Intervention Programs (select any/all)

Hospitals and/or Health Systems (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
- 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

The AT Program manages the Statewide Information and Referral (I&R) system to meet targeted individuals and entities' needs, including maintaining staffing, a website, and a toll-free information and referral line. This system delivers information on AT devices and services, specific data regarding providers, the availability of resources to obtain AT, funding information, and information on the actual benefits of AT devices and services. The I&R system assists consumers through all levels of the AT Program, and consumers are provided information and referral to other resources, such as AT Advocates housed at Independent Living Centers, reuse programs, Voice Options Program, Area Agencies on Aging, Aging and Disability Resource Connections (ADRC), Device Lending and Demonstration Centers (DLDC), disability organizing groups, loan programs, and a variety of device acquisition resources that relate to the specific circumstances of the consumer.

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 CA.
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.
25. The Lead Agency or Implementing Entity will conduct outreach to and as appropriate, collaborate with other State agencies that receive Federal funding for assistive technology including –
 - a. The State educational agency receiving assistance under the Individuals with Disabilities Education Act (20 U.S.C.1400 et seq.);
 - b. The State vocational rehabilitation agency receiving assistance under title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.);
 - c. The agency responsible for administering the State Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.); The State agency receiving assistance under the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.); and
 - d. Any other agency in a State that funds assistive technology.