



**National Assistive Technology Act Data System**

**State Plan - Full Report**

**Iowa 2024**

**General Information**

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

<b>State AT Program Title</b>	Easterseals Iowa Assistive Technology Program
<b>State AT Program URL</b>	<a href="http://www.iowaat.org">http://www.iowaat.org</a>
<b>Mailing Address</b>	401 NE 66th Avenue
<b>City</b>	Des Moines
<b>State</b>	IA
<b>Zip Code</b>	50313
<b>Program Email</b>	atinfo@eastersealsia.org
<b>Phone</b>	866-866-8782
<b>TTY</b>	515-289-1281

**Lead Agency**

<b>Agency Name</b>	University of Iowa Center for Disabilities and Development at University of Iowa
<b>Mailing Address</b>	2 Gilmore Hall
<b>City</b>	Iowa City
<b>State</b>	IA
<b>Zip Code</b>	52242
<b>Program URL</b>	

**Implementing Entity**

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes	
<b>Name of Implementing Agency</b>	Easterseals Iowa Assistive Technology Program
<b>Mailing Address</b>	401 NE 66th Avenue

<b>City</b>	Des Moines
<b>State</b>	IA
<b>Zip Code</b>	50313
<b>Program URL</b>	<a href="http://www.iowaat.org">www.iowaat.org</a>

## General Information (Continued...)

### Program Director and Other Contacts

<b>Program Director for State AT Program (last, first)</b>	Keninger, Tracy
<b>Title</b>	Director
<b>Phone</b>	515-309-2371
<b>E-mail</b>	tkeninger@eastersealsia.org
<b>Program Director at Lead Agency (last, first)</b>	Caitlin Owens
<b>Title</b>	Director
<b>Phone</b>	(319)356-7023
<b>E-mail</b>	caitlin-owens@uiowa.edu
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	Keninger, Tracy
<b>Title</b>	Director
<b>Phone</b>	515-309-2371
<b>E-mail</b>	tkeninger@eastersealsia.org

### Person Responsible for completing this form if other than Program Director

<b>Name (last, first)</b>	Chance, Kim
<b>Title</b>	Assistive Technology Center Team Lead
<b>Phone</b>	515-309-2394
<b>E-mail</b>	kchance@eastersealsia.org

### Certifying Representative

<b>Name (last, first)</b>	Willis, Derrick
<b>Title</b>	Director
<b>Phone</b>	319-678-8414
<b>E-mail</b>	derrick-willis@uiowa.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)? Yes

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

Easterseals Iowa Assistive Technology Program, Iowa's AT Implementing Entity, serves through an agreement and scope of work with the University of Iowa Center for Disabilities and Development at University of Iowa, Iowa's AT Lead Program. Easterseals Iowa Assistive Technology Program meets with the University of Iowa's Center for Disabilities and Development on a quarterly basis to review federal reporting data, strategic plans, and report on other topics of interest including grants, contracts, and new project research. The University of Iowa's Center for Disabilities and Development reviews and provides final approval State Plan and final approval for the Annual Progress Report.

**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. 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? Yes
- 6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council? 1
7. How many representatives of the following agencies and/or organizations are members of the advisory council? 3  
(At least one is required by the AT Act.)
- |   |   |
|---|---|
| Medicaid state agency   | 0 |
| State agency administering Developmental Disabilities Act                   | 0 |
| State agency administering or organization funded under Older Americans Act | 1 |
| Organization representing veterans  | 0 |
| University Center for Excellence in Developmental Disabilities (UCEDD)      | 1 |
| State Protection and Advocacy System  | 0 |
| State Council on Developmental Disabilities                                 | 1 |
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 0
- |  |   |
|--|---|
| 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)         | 0 |
| Describe Other Agency                                  |   |
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 10

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	10
Total number of individuals on the advisory council	19
Percentage	52.63%

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.

<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>	\$321,607.00	65.67%	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>	\$168,152.00	34.33%	
<b>c. Total Expenditures</b>	\$489,759.00		
<b>d. Total Award</b>	\$489,759.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$14,441.00</b>	8.59%	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 **\$503,360.00**

<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	\$343,958.00	\$0.00	\$343,958.00
<b>All State Leadership Activities</b>	\$0.00	\$159,402.00	\$0.00	\$159,402.00
<b>Total</b>	\$0.00	\$503,360.00	\$0.00	\$503,360.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$14,734.00	\$0.00	\$14,734.00



## 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)

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)**

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

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

Able Up Iowa provides the alternative financing program in the state of Iowa. This organization provides loans for Iowans to obtain Assistive Technology and housing modifications.

**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>      | 10.0000%   |
| <b>7. The highest interest percentage for loans as established by the policies of the activity.</b>     | 14.2500%   |
| <b>8. The lowest loan amount (in dollars) provided as established by the policies of the activity.</b>  | \$225.00   |
| <b>9. The highest loan amount (in dollars) provided as established by the policies of the activity.</b> | \$25000.00 |

**10. Describe the activity.**

Able Up Iowa provides the alternative financing program in the state of Iowa. This organization provides loans for Iowans to obtain Assistive Technology and housing modifications.

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





## 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)**

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

**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.

Easterseals Iowa Assistive Technology Program online Exchange connects families with a free online listing of used devices people are selling and looking to buy. This "classified ads" feature connects Iowans with the assistive technology they need statewide. Iowans with assistive technology equipment they no longer use can create an account and post these items for sale as a part of the Exchange Program. Iowans in need of Assistive Technology may view the listing and contact the seller directly.

7. The online page for this specific activity can be found at: [www.iowaat.org](http://www.iowaat.org); <https://myatprogram.org/home/19>

## 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?**

Yes

**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)**

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

**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.

Easterseals Iowa Assistive Technology Program hosts the Durable Medical Equipment (DME) Loan. This program accepts donated Durable Medical Equipment from across Iowa, offering the donor a receipt of the donation and requesting satisfaction feedback via a survey. Easterseals Iowa Assistive Technology Program Technician will sanitize according to state and federal standards, thoroughly inspect for safety standards, and refurbish as needed. The device is then tagged to identify specifications including when the device was donated, width, weight capacity, and any other necessary information. Requests for DME are accepted through an application that is available on the Easterseals Iowa website, which includes documentation from a healthcare provider to ensure proper fitting, seating, or positioning. Borrowers pick up the equipment onsite and receive an overview of safety standards and proper use protocols. Privacy Practices, satisfaction response, and payment are discussed during the face-to-face interaction. Devices identify payment and an overview of fees is also available on the Easterseals Iowa website. The equipment will remain with the borrower for as long as needed. The satisfaction survey is requested to be returned to Easterseals Iowa Assistive Technology Program. When equipment is no longer appropriate or needed, it can be returned via drop-off at Easterseals Iowa Camp Sunnyside. The State AT Program dollars do not fully cover the expenses related to recycling or refurbishing equipment therefore Easterseals Iowa utilizes charitable contributions to cover the gap. Easterseals Iowa Assistive Technology Program has pursued collaborations to ensure statewide coverage including supporting durable medical equipment recycling in the southeastern area of Iowa through ARK Advocates. The program has also utilized the American Rescue Plan (ARPA) funding to pilot a reusable aluminum ramp project for Iowans to enhance accessibility until they can financially install a permanent structure.

7. The online page for this specific activity can be found at: [www.iowaat.org](http://www.iowaat.org)

## 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)**

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

**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.

Easterseals Iowa Assistive Technology Program operates a Lending Library that allows individuals with disabilities to borrow and trial relevant devices before determining if they should purchase. This service provides access to over 2,000 devices for loan, with up to five pieces of equipment that can be checked out for 30 days at no cost. This offers a hands-on way to determine if the device will work for you or your loved one before purchasing from a vendor. The entire inventory can be found online at the Easterseals Iowa National Assistive Technology Act Data System (NATADS) website at <https://myatprogram.org/home/19>. For individuals who are interested in meeting in person for a demonstration prior to the loan, an appointment can be made with one of the Easterseals Iowa Assistive Technology Program team members. This meeting can include conversation and informal assessment on what devices may be supportive for various tasks. Borrowers can be of all ages, any diagnosis, and from any area of the state. It is requested that devices be picked up in person but for those that are unable to do so, mailing devices can be requested. The AT State Program funds do not fully cover all expenses related to providing this service therefore Easterseals Iowa covers the gap. Easterseals Iowa Assistive Technology Program staff do research and connect with other agencies and professionals to discuss current market trends and devices recommended by therapists and Direct Support Professionals to ensure the inventory is vast and offers varieties of task-related devices that are comparable. Devices are posted on the inventory site, through our [www.iowaat.org](http://www.iowaat.org) website to offer borrowers information on the current market value, vendor, and other specifications of the devices. The inventory includes a wide range of categories including activities of daily living, recreation sport, and leisure, communication and related devices, hearing devices, vision devices, computer and related devices, learning and cognition devices, and environmental adaptations. In addition to our general lending library services, partnering programs included educational entities that utilize an identified pool of devices via the NATADS platform to be loaned by their AT Professionals and utilized for comparison in education and independent living situations within their agency. This includes a pilot project with one Area Educational Agency in Iowa partners to demonstrate and loan Permobil Minis, with the oversight of their onsite therapists. Easter Lake, a local city park, will loan recreation, sports, and leisure devices to visitors in their newly renovated accessible North Shore project. All devices in partnering program pools are inspected on an annual basis to review for commercial availability, safety standards, and sanitation protocol reviews.

**7. The online page for this specific activity can be found at:** [www.iowaat.org](http://www.iowaat.org); <https://myatprogram.org/home/19>

## Module K: Device Demonstration

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

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

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

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

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

No

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

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

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

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

**Disability/Assistive Technology Organizations (select any/all)**

- Have written agreement with this entity

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

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

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

- Have written agreement with this entity

### Private Entities (select any/all)

### Other (select any/all)

- Have written agreement with this entity

### Provide a description of the other collaborations.

Des Moines Public Library Easter Lake Park \*\* MOV

### 5. Describe the activity.

Easterseals Iowa Assistive Technology Program hosts the Demonstration Center in Des Moines, Iowa. This center holds nearly 2,000 devices available for a hands-on demonstration free of charge. Individuals interested in a demonstration can schedule a time to meet face-to-face and discuss Assistive Technology as it relates to certain tasks. An up-to-date inventory is maintained on the inventory website, Iowa's National Assistive Technology Act Data System site, to provide Iowans with the variety of devices available.

Inspection is performed on an annual basis to ensure all devices are commercially available and in proper working condition. This allows multiple team members to access the inventory with confidence that the items are available for demonstration. The AT State Program funds do not fully cover all expenses related to providing this service therefore Easterseals Iowa covers the gap. In addition to our general demonstration services, partnering programs included educational entities and area agencies on aging that utilize an identified pool of devices via the NATADS platform to be loaned by their AT Professionals and direct support staff for demonstration. These devices and demonstration kits are then utilized for comparison in education and independent living situations within their agencies. On With Life, a local rehabilitation facility specializing in brain injury, access one-handed kits for demonstration to patients. The statewide Area Agencies on Aging each have a kit of independent living devices to enhance independence among aging Iowans. All devices in partnering program pools are inspected on an annual basis to review for commercial availability, safety standards, and sanitation protocol reviews.

**6. The online page for this specific activity can be found at:** [www.iwoaat.org](http://www.iwoaat.org)

## 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)**

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

**Disability/Assistive Technology Organizations (select any/all)**

**State Units on Aging (select any/all)**

- Have written agreement with this entity

**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)**

**State Entities/Agencies (select any/all)**

## 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)**

Easterseals Iowa Assistive Technology Program has developed free online modules of ICT content titled Digital Access for Everyone which includes five modules: Module 1 Introduction, Module 2 Alternative Text, Module 3 Color Contrast, Module 4 Accessible Headings, Module 5 Descriptive Links, and Module 6 Clear Language. The Easterseals Iowa Assistive Technology Team is offering five, two-hour hands-on and in-person workshops on including the topics covered in the six modules. Completing the six modules is a prerequisite for the in-person workshop.

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

Easterseals Iowa Assistive Technology Director is serving on the Iowa Blueprint for Change (DIF) Grant Planning Committee. Iowa was one of 14 states awarded a five-year Disability Innovation Fund (DIF) Grant to support activities with the intent to improve employment outcomes for Iowans with disabilities. An emphasis on technology first and transitional planning is contained within this effort.

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

Easterseals Iowa Assistive Technology Program is hosting an Alternative and Augmentative Communication (AAC) Workshop featuring AAC users, partners, funding sources, and collaboration/connection opportunities. This event is scheduled for November 2024 at Easterseals Iowa Camp Sunnyside. Quarterly statewide zoom meetings that have been ongoing since 2019 will continue offering updated programmatic information, workshop and training events, and featured devices will continue.

**3. The online page for this specific activity can be found at:** <https://eastersealsiowaat.training-source.org/learn/course/view.php?id=5388>; [www.iowaat.org](http://www.iowaat.org);

## Module M: Technical Assistance

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

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

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

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

**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)**

**State Entities/Agencies (select any/all)**



**Module M: Technical Assistance (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 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)**

Technical Assistance efforts are currently being provided to Iowa State University Extension, 4-H, and Cultivating Hope Farms to review their required 4-H forms to be more accessible. This included, but was not limited to providing feedback on using PEC and visuals for students who are non-readers, along with providing large font, alternative formats, and clear language at a sixth-grade level to accommodate all participants and their support networks. Leaders within 4-H can include individuals with disabilities who may benefit from accessible forms and documents. Easterseals Iowa Assistive Technology Program team members also support by providing ideas on how to use fidgets and other sensory aids during the monthly meetings and additional transitional events.

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

Technical Assistance provisions were provided for the Federal Emergency Management Agency (FEMA) after a devastating series of tornados and floods struck rural areas of Iowa. Easterseals Iowa Assistive Technology Program team members engaged with FEMA Disaster Recovery efforts of 27 Iowa counties to support the accessibility and accommodation of the Iowans with disabilities and those who are aging who were impacted. As ongoing efforts are necessary, ESI ATP team members will continue advocacy and communication to support the considerations of all abilities in recovery, stabilization, and future progress of FEMA and Iowans.

## 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)**

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

**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)**

**State Entities/Agencies (select any/all)**

**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)**

Easterseals Iowa Assistive Technology Program engages in quarterly statewide webinars that are open to the general public for attendance and recorded for future access. On average 25 participants receive the information via recorded or live format and multiple relationships have been developed. These live webinars offer attendees an awareness of new devices and featured devices relating directly to a success or anecdotal story of an assistive technology user. An overview on upcoming opportunities and events, as well as how to connect is also featured quarterly. all participants have the opportunity to engage directly with Easterseals Iowa Assistive Technology team members for any questions.

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

An Augmentative and Alternative Communication (AAC) workshop will take place in November 2024 featuring AAC users, collaborators, local non-profit funders, and professionals. This workshop will allow attendees the opportunity to learn more about the life-long impact of AAC devices and connect with the Easterseals Iowa Assistive Technology team for AAC demonstration and trial.

**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)**

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

**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)**

**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**

Easterseals Iowa Assistive Technology Program has one regional location that has one part-time staff that supports the majority of information and assistance-related calls, emails, and inquiries. The Program's remaining 7 full-time devote a portion of their time to providing information and assistance as well. An inquiry can be submitted via the toll-free phone number, TTY phone number, AT program general inquiry email, Easterseals Iowa general inquiry email, or by other individuals or entities. Our policy is to respond to all inquiries by the end of the following business day.

## 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 IA.
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.