



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

General Information

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

State AT Program Title	KY Assistive Technology Service (KATS) Network
State AT Program URL	www.katsnet.org
Mailing Address	8020 Veterans Memorial Drive, Suite 100
City	Florence
State	KY
Zip Code	41042
Program Email	info@katsnet.org
Phone	800.327.5287
TTY	KY Relay 711

Lead Agency

Agency Name	KY Office of Vocational Rehabilitation
Mailing Address	Mayo—Underwood Bldg; 500 Mero Street; 4th Floor
City	Frankfort
State	KY
Zip Code	40601
Program URL	https://kcc.ky.gov/Vocational-Rehabilitation/Pages/default.aspx

Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? N/A	
Name of Implementing Agency	
Mailing Address	

City	
State	
Zip Code	
Program URL	

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Weber, Carol
Title	Assistive Technology Branch Manager
Phone	502-764-2709
E-mail	carols.weber@ky.gov
Program Director at Lead Agency (last, first)	Weber, Carol
Title	Assistive Technology Branch Manager
Phone	502-764-2709
E-mail	carols.weber@ky.gov
Primary Contact at Implementing Agency (last, first) - If applicable	
Title	
Phone	
E-mail	

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	McNabb, Cora
Title	Executive Director, Office of Vocational Rehab.
Phone	800.372.7172
E-mail	Cora.McNabb@ky.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)? 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? 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? 1
(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 | 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 | 1 |
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 | 1 |
| 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? 8

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	8
Total number of individuals on the advisory council	15
Percentage	53.33%

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	\$364,327.60	70.19%	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	\$154,700.40	29.81%	
c. Total Expenditures	\$519,028.00		
d. Total Award	\$519,028.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$6,980.29	4.51%	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 **\$534,451.00**

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	\$402,262.30	\$0.00	\$402,262.30
All State Leadership Activities	\$0.00	\$132,188.70	\$0.00	\$132,188.70
Total	\$0.00	\$534,451.00	\$0.00	\$534,451.00
Transition Training & Technical Assistance	\$0.00	\$7,789.00	\$0.00	\$7,789.00

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan
- Other State Financing that creates AT savings (cooperative buying 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.

Other entities e.g. contractors (Others)

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? (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

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 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
- Loan guarantees

- | | |
|---|-----------|
| 6. The lowest interest percentage for loans as established by the policies of the activity. | 0.0000% |
| 7. The highest interest percentage for loans as established by the policies of the activity. | N/A |
| 8. The lowest loan amount (in dollars) provided as established by the policies of the activity. | \$100.00 |
| 9. The highest loan amount (in dollars) provided as established by the policies of the activity. | \$7000.00 |

10. Describe the activity.
The KATS Network will continue to cooperate with the Appalachian Assistive Technology Loan Fund (AATLF), a non-profit organization and subsidiary of Pennsylvania Assistive Technology Foundation, to help people with disabilities, families, and older adults finance the assistive technology devices and services they need to improve the quality of their lives through the provision of 0% interest, zero dollar fee loans up to \$7,000.00. While the Kentucky Assistive Technology Loan Corporation (KATLC) does not currently have a bank partner, KATS Network anticipates continuing a relationship with KATLC and partnering with them to provide loans above \$7000 for assistive technology purchases. The KATS Network provides referrals for the AATLF and works with KATLC to assist with applications for the loans.

11. The online page for this specific activity can be found at: <https://aatlf.org> <https://katlc.ky.gov>

Module G: Other State Financing Activities that Create AT Savings

1. Which of the following activity/activities are conducted? (select all that apply)

Identify all types of other state financing programs that create AT savings that are conducted.

- AT Fabrication Program
- Other (Describe)

Provide a description of the other activity/activities conducted.

Carpentry Program Ramp Fabrication Collaboration: the Statewide Hearing Aid Reuse Program (SHARP)

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

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

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

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

4. Do you charge a fee for this activity/activities? (select one)

No

5. Identify the types of collaborations you have in place to conduct this activity/activities.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

- 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)

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

Module G: Other State Financing Activities that Create AT Savings (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

6. Describe the activity/activities.

Our regional AT Resource Centers have 3D printers and other Makerspace equipment to fabricate assistive technology at a low or no cost. For example, one ATRC operates Toys with a Purpose to provide adapted toys and switches. The KATS Network Coordinating Center continues to collaborate with local high school carpentry programs to fabricate custom ramps and modular ramp panels to deploy to individuals with mobility impairments to increase access to their homes. In collaboration with Starkey, The Statewide Hearing Aid Reuse Program continues to accept donation of used hearing aids and use credits to assist individuals with hearing aid repairs.

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

<https://toyswithapurposeky.com>
www.katsnet.org/funding/sharp

Module H: Device Exchange

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

The Statewide AT Program (State AT)

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

One central location (Central)

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

- The transaction is direct consumer-to-consumer
- The Statewide AT Program is involved in the transaction

6. Describe the activity.

KATS Network provides an AT Locator (KATSnet.at4all.com) that allows individuals to list items for exchange. Consumers can either use the AT Locator independently or contact the KATS Network Coordinating Center to list items or obtain the listed items for consumer-to-consumer exchange. There is no fee charged by the KATS Network for this service, but individuals can list items on the AT Locator (katsnet.at4all.com) for sale or for free. When the KATS Network is involved directly in a consumer-to-consumer transaction, it is generally to assist with use of the AT Locator website, whether it be to list or find the item needed or to connect the two individuals. Once the consumers have connected with each other, the KATS Network is out of the transaction.

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

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)

State Entities/Agencies (select any/all)

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

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 KATS Network operates Project CARAT (Coordinating and Assisting the Reuse of Assistive Technology). Project CARAT is a service-learning program that accepts donations of used AT and DME, sanitizes and refurbishes the equipment and provides it to the consumer at no cost. Generally, students in local universities, high schools and vocational training programs provide the cleaning and refurbishing of equipment. Some of the primary partners include the Carl D. Perkins Vocational Training Center and the University of Kentucky Physical Therapy Program. The KATS Network continues to seek service-learning partners for all ATRCs to operate Project CARAT. AT staff at the ATRCs ensure the equipment is a good match for the consumer's needs. Project CARAT also partners with additional agencies to provide equipment throughout the state, such as independent living centers and home health workers. The KATS Network also cooperates with the Office of Vocational Rehabilitation Pre-Employment Transition Services branch to provide open-ended loans of smart home equipment. This equipment can help with planning, organization, and time management for students who are transitioning between high school and employment or post-secondary education and training programs.

7. The online page for this specific activity can be found at: <https://www.katsnet.org/services/at-reuse/>

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?

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)

- 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
- Provide financial support to this entity

Module J: Device Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option that describes how the majority of devices loaned are delivered to and returned from a borrower. (select one)

The majority of devices are delivered or picked up in-person

6. Describe the activity.

Regional AT Resource Centers have the discretion to allocate their budget towards the purchase of equipment towards their loan libraries. All equipment is tracked on an online database and is viewable by both ATRCs and the general public. Individuals may request loan items from their local ATRC or from another center. Items may be picked up at the centers or, depending on the size of the item, they may be shipped to the consumer. Loan periods are typically for 30 days and may be extended, based on need, at the discretion of the ATRC. Fees are not charged for the first 30 days, but ATRCs have the discretion to charge fees for longer term loans. The database does send reminders to return the items loaned to the recipients and also reminds the ATRC that the loan is due back. ATRCs make an effort to retrieve items that are not returned in a timely manner. Many devices are loaned through the Kentucky Early Intervention System (KEIS) to families of children from birth-3 years of age. These loans are picked up by the family or service provider or are shipped to the family. Loan fees and shipping are managed through contracts with KEIS. Items follow the same process as traditional loans as far as pickup and shipping of items. The KATS Network Coordinating Center operates a computer and tablet loan program at the Charles McDowell Center. Most loans are made to individuals with vision impairments at the center for use in training on computer access, such as the use of the NVDA (non-visual desktop access) screen reader. Items are also available to other consumers of the Office of Vocational Rehabilitation for things like short-term training programs, job searches, and while waiting for their own technology to arrive. The KATS Network, its ATRCs, Vocational Rehabilitation, and Centers for Accessible Living operate RampUp! Kentucky, which provides longer-term loans of portable ramps for individuals who need them on a temporary basis or who are waiting for a permanent ramp to be built. Ramps are available from threshold ramps to 12 feet long. Staff ensure the ramp can be used safely at the installation site. When no ramps are available that meet the site needs for length, KATS Network works with the individuals to try to find local resources to build a ramp, including the KATS Network partnership with local high school carpentry classes.

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

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)

State Entities/Agencies (select any/all)

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

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

Regional AT Resource Centers have the discretion to allocate their budget towards the purchase of equipment towards their device demonstration libraries. All equipment is tracked on an online database and is viewable by both ATRCs and the general public. Consumers are able to go to the regional Assistive Technology Resource Centers (ATRCs) to compare the features and benefits of a particular AT device or category of devices. The AT Locator website allows you to filter and view equipment available at specific locations. ATRCs can request additional equipment from other ATRCs when needed to provide a robust comparison for consumers. Renovations are underway for a demonstration apartment to showcase assistive technology for independent living at the Charles McDowell Center in Louisville, KY.

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

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)

- 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

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)

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

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)

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

Module L: Training (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

Planned ICT Accessibility Training (required)

During this plan period the KATS Network and the Office of Vocational Rehabilitation Assistive Technology Branch will partner to provide relevant regular training seminars covering topics of Electronic Document Accessibility, Accessible Web Design, Accessible Word, Excel and PDF documents, ADA and Section 508 Requirements, and other relevant topics. Training will be provided to Office of Vocational Rehabilitation staff, other state agencies and other stakeholders. Training will be provided both in-person and using a distance learning approach. Virtual training sessions will be recorded and able to be viewed at a later date as well. The KATS Network will partner with the Office of Vocational Rehabilitation to house on-demand training in an accessible learning management system operated by the Office of Vocational Rehabilitation. This will allow for a broad reach of audiences. One specific planned training is for directors of public libraries to assist them in preparing for the new accessibility requirements released by the DOJ for Title II of the ADA.

Planned Transition Training or Other Training Activity (optional)

The KATS Network and its ATRCs sponsor AT for Transition Trainings throughout the year and including during the Annual AT Conference. An example of ongoing training occurs through one of our regional ATRCs that works with KEIS (Kentucky Early Intervention System) providers on equipment and resources available when transitioning out of KEIS. KATS and the ATRCs will continue to offer training around transition topics throughout the Three Year State Plan period.

Planned Statewide Conference or Other Training Activity (optional)

The KATS Network will partner with the Office of Vocational Rehabilitation, IL Centers, UK Human Development Institute, Protection and Advocacy and others to host and conduct annual statewide AT Conferences. KATS provides RESNA CEU credits for attendees. Conferences will be an annual 2 or 3 day event. KATS has partnered with these agencies since 2012 to hold this conference. ICT Accessibility and Transition will always be topics presented during this annual conference.

3. The online page for this specific activity can be found at: <https://www.katsnet.org/services/training/>

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)

- 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

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)

- 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)

KATS will provide Transition Technical Assistance to the Office of Vocational Rehabilitation around the area of the use of Assistive Technology in Pre-Employment Transition Services and the Community Work Transition Program. KATS is beginning to explore becoming a technical assistance provider for the Department of Education.

Planned Other Technical Assistance Activity (optional)

The KATS Network provides on-going technical assistance to the KY Education and Labor Cabinet and the KY Personnel Cabinet to ensure that they are disseminating information to State Employees in an accessible format. KATS serves on a working committee to review and ensure accessibility standards are followed and met for the Kentucky Human Resources Information System software and the Kentucky MyPurpose training system. KATS staff provides technical assistance to the Kentucky Career Centers on physical and programmatic accessibility.

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)

- 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

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)

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

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

Major Annual Planned or Other Public Awareness Activity (required)

One of our ATRCs hosts an annual Special Needs Expo which highlights vendors and organizations that serve the disability population and provide assistive technology services and devices. A second ATRC is hosting their inaugural AT Expo this October and hopes to make this an annual event.

Planned Other Public Awareness Activity (optional)

The KATS Network Coordinating Center attends numerous events, expos, and conferences to promote the organizations and assistive technology.

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)

- 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

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)

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

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)

- 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 Coordinating Center provides information on the availability of assistive technology devices and services and possible funding sources for the AT via the KATS 800 number, mailings, personal contact, or e-mail to all individuals who contact the Coordinating Center. When additional information or services are needed, consumers are referred to their closest ATRC. The five ATRCs across the state provide Information and Assistance via phone, mailings, personal contact or e-mail. Each ATRC has staff who are available to answer questions and provide assistance. Additionally, the KATS Network continuously updates their AT Funding Guide as new information is available and it can be found on the KATS Network website. Consumers and ATRC staff can access the funding guide for information on AT funding at any time.

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 KY.
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.