



**National Assistive Technology Act Data System**

**State Plan - Full Report**

**Massachusetts 2024**

**General Information**

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

<b>State AT Program Title</b>	MassAbility Assistive Technology Services
<b>State AT Program URL</b>	<a href="https://www.mass.gov/info-details/massability-assistive-technology-services">https://www.mass.gov/info-details/massability-assistive-technology-services</a>
<b>Mailing Address</b>	600 Washington Street
<b>City</b>	Boston
<b>State</b>	MA
<b>Zip Code</b>	02111
<b>Program Email</b>	
<b>Phone</b>	877-508-3974
<b>TTY</b>	617-204-3815

**Lead Agency**

<b>Agency Name</b>	MassAbility
<b>Mailing Address</b>	600 Washington Street
<b>City</b>	Boston
<b>State</b>	MA
<b>Zip Code</b>	02111
<b>Program URL</b>	<a href="https://www.mass.gov/info-details/massability-assistive-technology-services">https://www.mass.gov/info-details/massability-assistive-technology-services</a>

**Implementing Entity**

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

<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Program URL</b>	

**General Information (Continued...)**

**Program Director and Other Contacts**

<b>Program Director for State AT Program (last, first)</b>	Bonney, Kobena
<b>Title</b>	Assistive Technology Program Coordinator
<b>Phone</b>	617-204-3826
<b>E-mail</b>	kobena.bonney@mass.gov
<b>Program Director at Lead Agency (last, first)</b>	Bonney, Kobena
<b>Title</b>	Assistive Technology Program Coordinator
<b>Phone</b>	617-204-3826
<b>E-mail</b>	kobena.bonney@mass.gov
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	

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

<b>Name (last, first)</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	

**Certifying Representative**

<b>Name (last, first)</b>	Wolf, Toni
<b>Title</b>	Commissioner
<b>Phone</b>	617-204-3600
<b>E-mail</b>	toni.wolf@mass.gov

**Module A: Change in Lead Agency or Implementing Entity**

- Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf (From General Information)? No
2. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan? No
3. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in the previous State Plan? No

## Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 1
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 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? 4  
(At least one is required by the AT Act.)
- |   |   |
|---|---|
| Medicaid state agency   | 1 |
| State agency administering Developmental Disabilities Act                   | 1 |
| State agency administering or organization funded under Older Americans Act | 1 |
| Organization representing veterans  | 0 |
| University Center for Excellence in Developmental Disabilities (UCEDD)      | 0 |
| State Protection and Advocacy System  | 1 |
| State Council on Developmental Disabilities                                 | 0 |
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 2
- |  |   |
|--|---|
| 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 | 1 |
| 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? 13

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	13
Total number of individuals on the advisory council	25
Percentage	52%

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>	\$364,114.37	63.09%	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>	\$210,080.23	36.40%	
<b>c. Total Expenditures</b>	\$574,194.60		
<b>d. Total Award</b>	\$577,140.00		
<b>e. Lapsed Amount</b>	\$2,945.40	0.51%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$18,205.72</b>	8.67%	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 **\$595,769.00**

<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	\$401,090.75	\$0.00	\$401,090.75
<b>All State Leadership Activities</b>	\$0.00	\$194,678.25	\$0.00	\$194,678.25
<b>Total</b>	\$0.00	\$595,769.00	\$0.00	\$595,769.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$20,054.54	\$0.00	\$20,054.54



## Module D: State Level Activity Summary

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

- Financial Loan

### 2. Which Reutilization Activities do you conduct?

- 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)

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 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
- Interest buy-downs
- Combined loan guarantee and interest buy-down

- |   |          |
|---|----------|
| <b>6. The lowest interest percentage for loans as established by the policies of the activity.</b>      | 0.0000%  |
| <b>7. The highest interest percentage for loans as established by the policies of the activity.</b>     | 4.7500%  |
| <b>8. The lowest loan amount (in dollars) provided as established by the policies of the activity.</b>  | \$100.00 |
| <b>9. The highest loan amount (in dollars) provided as established by the policies of the activity.</b> | N/A      |

**10. Describe the activity.**

Massachusetts carries out its State Financing activities through the Massachusetts Alternative Finance Program (AFP), formerly the MA AT Loan Program. The original fund was established using Title III and state funds, as well as private donations, which are on deposit with our community bank partner (presently Berkshire Community Bank). In 2018, MassAbility, formerly the Massachusetts Rehabilitation Commission applied for and received additional funding from the Administration for Community Living to establish a revolving loan fund (AT Mini Loan Program), and those funds are held in a separate account with another banking partner and directly managed by the AFP Coordinating Entity. The AFP is administered on behalf of MassAbility by Easterseals of Massachusetts. Expenses for administration of the program are covered by the principal and revenue generated by the deposits. MassAbility does not anticipate using AT Act Funds for the operation of the AFP during this State Plan. Instead, MassAbility will continue to use AT Act resources to promote awareness of and access to the AFP's offerings. In addition, AT Act Program staff devote some of their time coordinating MassAbility's relationship with the AFP, including data collection and reporting, quality control and assurance, and oversight to ensure full compliance with the requirements of the AT Act. The MA-AFP offers two financial loan options to individuals with disabilities and/or their families and can be used to purchase all kinds of AT. Any item defined as assistive technology is allowed. The Mini Loan Program provides zero percent interest loans of \$100 to \$2,000 for the purchase of all kinds of assistive technology devices and/or services. The Financial Loan Program provides reduced interest-rate loans of \$2,000 or higher for individuals with disabilities and/or their families to purchase all kinds of assistive technology devices and/or services. There is no established upper limit to loan amounts.

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

Website:  
<https://www.massalternativefinance.org/>







## Module I: Device Refurbish and Reassignment and/or Open-ended 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?**

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)**

- 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)

- 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)

### 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 Massachusetts State AT Act Program operates two distinct reutilization activities: 1. the AT-DME Reuse Program which brings together previously three distinct reassignment services. The AT-DME Reuse Program is administered on behalf of MassAbility by UCP of Western Massachusetts in collaboration with REquipment Inc. The program accepts donations of AT and DME, repair/refurbish them and reassign them to consumers. The program makes available free gently-used, refurbished wheelchairs and other DME and AT devices to people who need it. The program serves individuals and families statewide. Donated AT-DME is sanitized, refurbished, and posted in a public on-line inventory. To obtain a device, consumers can browse available items online or contact DME REquipment program staff by phone to request a device from the inventory and describe the nature of their need. No documentation of need is required. Program staff interview the consumer to help them choose the most appropriate device from their available inventory. They take into consideration the consumer's past experience using that type of device. Most reassigned devices are delivered by program staff, however recipients are encouraged to pick up the device if possible. There is no charge for devices, but recipients may be asked for a donation to help cover the cost of delivery. For AT devices that can be shipped, consumers are required to pay for the shipping cost. Website: [www.requipmentma.org](http://www.requipmentma.org) The AT-DME Reuse Program is a collaborative effort between MassAbility's AT Services, the Mass. Dept. of Developmental Services, the Pappas Rehabilitation Hospital for Children as well as other informal partners. 2. Massachusetts also offers an open-ended loan program. The Long Term Device Loan program is operated by Easterseals MA on behalf of MassAbility. Devices costing less than \$500 are loaned to applicants in open-ended loans. Applicants must meet income limits, and the program maintains three priority categories, to ensure that individuals with the most significant need are served first. Program operations are funded with AT Act funds and the investment revenue generated by deposits of AT Act Title III funds. MassAbility retains ownership of devices, and individuals borrowing devices are required to return devices to the program when they are no longer needed. When applicants are approved for device(s), the device is shipped to the borrower. Consumers demonstrate their need for devices by the information they include on their application, which could be a professional recommendation, or personal knowledge of the device and its purpose. Program staff do not provide training or other support on how to use the device to consumers. Instead, consumers are informed how to obtain such support from other entities if necessary. AT Act Program staff devote some of their time coordinating MassAbility's relationship with the partner programs, including data collection and reporting, quality control and assurance, and oversight to ensure full compliance with the requirements of the AT Act. Website: <https://www.massalternativefinance.org/>

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

Regional sites (Regional)

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

No

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

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

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

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

- 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)**

## 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.

The Massachusetts short-term device loan program is operated on behalf of MassAbility by two partner agencies – Easterseals of Massachusetts and UCP of Western Massachusetts. The program is offered under the name Assistive Technology Regional Center (ATRC) and at three regional locations in Boston, Worcester, and Pittsfield, MA. The program is available to any individuals, 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. While no fees are charged to borrow devices, applicants must sign a Loan Agreement before they can borrow devices. The program includes a wide range of equipment 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 four weeks. Items are shipped and returned by commercial delivery service except for a few exceptionally heavy devices that must be delivered and picked up in person. All loans are tracked in a database with routine follow-up to ensure timely return of devices. All 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 set-up and use to support the borrower(s). The device loan program inventory is updated as resources will allow and priority is given to purchasing devices to reduce waiting lists and provide current high demand items. In an attempt to ensure that consumers are successful with the devices they borrow, we identify certain devices as requiring support from another individual to the person using it. Those devices are not loaned until the borrower has identified a support person. Borrowers use the devices for a broad range of uses such as evaluations, assessments and training. AT Act Program staff devote some of their time coordinating MassAbility's relationship with the partner programs, including data collection and reporting, quality control and assurance, and oversight to ensure full compliance with the requirements of the AT Act. In Massachusetts the telecommunication Equipment Distribution Program is operated by another agency with state funds, so there is minimal activity in the State AT Act Program's Device Loan Program in this area.

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

## Module K: Device Demonstration

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?

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)

- 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 K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

### 5. Describe the activity.

The Massachusetts device demonstration program is operated on behalf of MassAbility by two partner agencies – Easterseals of Massachusetts and UCP of Western Massachusetts. The program is offered through our three Assistive Technology Regional Centers (ATRC) in Boston, Worcester, and Pittsfield, MA. The program is available to any individual, agency, entity or school district in the state. The program has a wide range of equipment to demonstrate either in person or remotely to meet the needs of adults and children of all ages with all types of disabilities. Program staff demonstrate multiple devices and provide an overview as well as guided exploration of the main features of devices to help consumers understand which devices might be best for addressing their specific functional limitations. If devices are identified that will meet individual needs, referrals and resources are provided to support acquisition. All the services provided are free of charge. AT Act Program staff devote some of their time coordinating MassAbility's relationship with the partner programs, including data collection and reporting, quality control and assurance, and oversight to ensure full compliance with the requirements of the AT Act.

6. The online page for this specific activity    unknown.org  
can be found at:

## 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

**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)**

**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
- Receive financial support from 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)**

The Massachusetts State AT Act Program staff as well as staff from the three AT Regional Center locations provide ongoing AT trainings. These are offered either through webinars or as in-person workshops offered as standalone trainings or as part of AT expos and other conferences. In addition, State AT Act Program staff collaborate with AT professionals from other private and state agencies (particularly staff from the Massachusetts Commission for the Blind (MCB), the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH), and the Massachusetts Department of Developmental Services (DDS) on joint trainings. Our current training activities include training for staff working with individuals transitioning from institutions to the community and youth transitioning to adulthood, general training on available AT resources, and training on accessible information and communication technology (ICT). As for ICT accessibility, the State AT Act Program plans to host at least six training workshops in FY25. Discussions are underway to determine the date, location and content of the workshop. Among the major topics we intend to address are how to create accessible documents in Microsoft Word, Microsoft Excel, and Adobe PDF. Participants will be introduced to tools and techniques they can use to assess the accessibility of such documents and if they are not accessible, what to do to remediate those documents to make them accessible.

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

Regarding transition from institutional living to living in the community, the State AT Act Program will continue to provide trainings on the use of the Transition Assessment to Community Living Environment (TACLE) tool. Plans are underway to provide a new series of at least 3 TACLE Trainings to staff of the MassAbility Homecare Department and their providers as well as staff of the MassAbility Moving Forward Plan (MFP) and Acquired Brain Injury (ABI) Waiver Program and their provider partner agencies. In addition to diversifying the locations where these trainings will be held to make them more accessible to folks who live outside Greater Boston, extra efforts will be made to reach more diverse audiences such as language and racial minorities. This will be achieved by working with organizations that serve specific ethnic or language minorities and may include holding the training in those communities or providing translation into those languages. In the case of youth transitioning to adulthood, the State AT Program is in the process of partnering with local educational agencies (LEA) around the state to provide a training series to their special education staff and parents to introduce them to assistive technology resources around the state. The training will be by webinar. Participants will learn about what is AT, where to obtain AT services and/or services such as assessments or evaluations. They will also be introduced to an example of an Individual Plan for Employment (IPE) developed after consultation with the MA AT Program and how AT is featured. The primary objective of the training is to provide special ed professionals and parents enough information to guide their decision-making regarding the positive role AT can play in the transition process. The workshop will provide tips on issues to consider relative to AT and also introduce the broad range of AT resources that already exist in Massachusetts.

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

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

## Module M: Technical Assistance

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

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

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

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

- 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 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...)

**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)**

**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)**

In addition to new Technical Assistance opportunities that may arise during our interactions with other private and state agencies, the State AT Act Program will continue our ongoing TA efforts with state agencies to ensure the accessibility of their programs and services. Mr. Kobena Bonney, the Coordinator of the State AT Act Program, who is himself a blind man, continues to seek opportunities to offer his expertise to public and private organizations around the state interested in making their programs and services accessible to people with disabilities. To that end, he participates in all kinds of Accessibility Committees, webinars, conferences, focus groups, etc., that seek to solicit feedback from people with disabilities. Furthermore, the State AT Act Program has worked closely with its two primary partner organizations Easterseals MA and UCP of Western Massachusetts to ensure that they actively provide TA as a core part of their offerings.

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



## 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

**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)**

**Module N: Public Awareness (Continued...)**

<b>Local/Community Entities (select any/all)</b>
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<b>Private Entities (select any/all)</b>
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<b>Other (select any/all)</b>
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**2. Provide a short description of at least one and no more than two planned major public awareness activities. If the Statewide AT Program conducts a major ongoing public awareness activity such as an annual AT awareness day with a Governor’s Proclamation, please include that activity.**

**Major Annual Planned or Other Public Awareness Activity (required)**

The State AT Act Program carries out a wide range of public awareness activities on an ongoing basis including presentations at workshops, operation of a listserv; distribution of materials at seminars or program sites; mass mailings to human service agencies and public service announcements. Each of these activities is focused on informing individuals and agencies of the range of AT services available through the State AT Act Program and that of its partners. State AT Act Program staff will continue their public awareness activities involving Durable Medical Equipment providers working with MassHealth, Elder Service agencies, Medicaid program staff, Councils on Aging, Vocational Rehabilitation staff, job placement staff and employers. Additionally, during the 2025-2027 fiscal year, the State AT Act Program intends to carry out at least one major public awareness activity each year. The plan is to work in collaboration with our provider partners to conduct a series of radio and TV interviews to promote the State AT Act Program and the AT services and resources we offer statewide. We will seek to reach every corner of the state including urban and rural areas. We will use paid and free community radio and TV as well as the internet and social media. We will also endeavor to target audiences whose primary language is not English. In other words, audiences that prefer to communicate in other widely spoken foreign languages such as Chinese, Haitian Creole, Portuguese, Russian, Spanish and Vietnamese.

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

## Module O: Information and Assistance

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

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

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

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

- 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)**

**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

The Massachusetts State AT Act Program has five public facing sites where members of the public can obtain Information and Assistance services. Three of the sites are operated by our device demonstration and loan partners and one by our primary AT-DME Reuse Program partner. Our main site for Information and Assistance is the State AT Act Program Help Line: P: 877.508.3974; TTY: 617.204.3815. Each site has at least one staff person who can answer information and assistance calls and emails. All staff have received extensive training to be able to respond to most inquiries. Interested parties can contact any of the five sites and either speak to the staff or leave a message via voicemail. They can also reach each of the sites by email. We provide Information and Assistance services to individuals, family members, or agency representatives who are seeking answers to specific questions or problems. These often relate to how to acquire specific AT or how to find funding. If staff from the four sites funded through AT Act funds are unable to respond to an inquiry, the request is forwarded to more knowledgeable staff or to the State AT Act Program Coordinator. In some cases, the State AT Act Program Coordinator consults with Advisory Council members from other state or private agencies who are also AT experts in order to provide the most useful assistance or referral.

## 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 MA.
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.