



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

General Information

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

State AT Program Title	Missouri Assistive Technology
State AT Program URL	www.at.mo.gov
Mailing Address	1501 N.W. Jefferson
City	Blue Springs
State	Missouri
Zip Code	64015
Program Email	info@mo-at.org
Phone	816-655-6700
TTY	816-655-6710

Lead Agency

Agency Name	Missouri Assistive Technology
Mailing Address	1501 N.W. Jefferson
City	Blue Springs
State	Missouri
Zip Code	64015
Program URL	www.at.mo.gov

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)	Baker, David
Title	Director
Phone	816-655-6707
E-mail	dbaker@mo-at.org
Program Director at Lead Agency (last, first)	Baker, David
Title	Director
Phone	816-655-6707
E-mail	dbaker@mo-at.org
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)	Baker, David
Title	Director
Phone	816-655-6707
E-mail	dbaker@mo-at.org

Module A: Change in Lead Agency or Implementing Entity

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

Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 1
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 0
- 4.1 Please provide the reason(s) the Advisory Council does not have this required agency representative member and describe the actions that will be taken to become in compliance for Question 4.
 Identification of an appropriate individual from this entity has been extremely difficult to do. We have worked to identify someone for quite awhile now and will continue to work with this entity to find an individual who would be a good fit for our Council and its activities.
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? No
- 6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council? 0
7. How many representatives of the following agencies and/or organizations are members of the advisory council? 3
 (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 | 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? 4
- | | |
|--|---|
| Early Intervention/Child Services state agency | 0 |
| State Deaf/Hard of Hearing Commission/Office | 0 |
| State Insurance agency | 1 |
| State Library/Secretary of State/Talking Books agency | 0 |
| State ADA Office/Disability Commission/Advocacy Office | 0 |
| State Legislators | 2 |
| State Parent Training Information Center (IDEA funded) | 0 |
| Other (description required in text box below) | 1 |
| Describe Other Agency | Department of Health and Senior Services, Bureau of Special Health Care Needs |
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 12

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	12
Total number of individuals on the advisory council	23
Percentage	52.17%

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 Yes

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.

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	\$469,744.00	76.88%	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	\$141,251.00	23.12%	
c. Total Expenditures	\$610,995.00		
d. Total Award	\$610,995.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$8,758.00	6.20%	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 **\$628,784.00**

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	\$455,469.00	\$0.00	\$455,469.00
All State Leadership Activities	\$0.00	\$173,315.00	\$0.00	\$173,315.00
Total	\$0.00	\$628,784.00	\$0.00	\$628,784.00
Transition Training & Technical Assistance	\$0.00	\$13,172.00	\$0.00	\$13,172.00

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan
- Other State Financing that directly provides AT (telecommunications programs, etc.)
- 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.

The Statewide AT Program (State AT)

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

One central location (Central)

3. Do you charge a fee for this activity? (This fee is separate from and addition to the financial loan made.)

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)

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

- Revolving loans

6. The lowest interest percentage for loans as established by the policies of the activity. 2.0000%

7. The highest interest percentage for loans as established by the policies of the activity. 4.0000%

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. \$50000.00

10. Describe the activity.

The Show-Me Loans Program provides low-interest loans (between 2% and 4%) to enhance the independence of Missourians with disabilities or age-related changes. There are four types of Show Me Loans available: General AT Loan, Micro Loan, Accessible Vehicle Loan and WorkAbility Loan. To be eligible, a borrower must be a Missouri resident, be a person with a disability, a person with an age-related change, or a family member of an individual with a disability or age-related change, be legally old enough to enter into a contract, Loans can only be used for qualifying items (i.e. assistive technology, durable medical equipment, vehicle access modifications, homeowner access modifications, hearing aids, et al).obtain a quote from a vendor of your choice for the items to be purchased with the loan, and be financially able to afford a monthly loan payment. All aspects of the program are done by Missouri Assistive Technology staff. A loan application review committee, comprised solely of individuals with disabilities, review all applications and make the final decision on whether or not to issue a loan.

11. The online page for this specific activity can be found at: <https://at.mo.gov/show-me-loans/>

Module F: Other State Financing Activities that Directly Provides AT

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

Identify all types of other state financing programs that directly provide AT that are conducted.

- Telecommunications Equipment Distribution Program (EDP)-State
- Deaf/Blind Telecommunications EDP-Federal
- Last Resort Fund
- Other (Describe)

Provide a description of the other activity/activities conducted.

Assistive Technology Reimbursement Program (ATR) for schools Money Follows the Person (MFP) AT Demonstration Program Dementia Caregivers Program (new as of September 2024)

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

The Statewide AT Program (State AT)

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

One central location (Central)

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)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

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

State Entities/Agencies (select any/all)

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

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

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

6. Describe the activity/activities.

Missouri's Telecommunications Access Program (TAP) provides adaptive equipment that assists qualified individuals who have problems making phone calls, sending texts and/or emails or experience difficulty accessing the internet. There are three elements of the program: TAP for Telephone (TAP-T) provides access to basic voice telephone calling (both sending and receiving); TAP for Internet Program (TAP-I) provides adaptive computer devices to individuals who cannot use a traditional computer; TAP Wireless (TAP-W) provides accessible wireless devices. DeafBlind (iCanConnect) is available to individuals with combined hearing and vision. The program covers a variety of assistive devices to enhance an individual's ability to engage in distance communications.

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

Telecommunications Access Program:
<https://at.mo.gov/telecom-access-program/>
Deaf/Blind Equipment Distribution Program:
<https://at.mo.gov/deaf-blind-equipment-distribution/> KAT: <https://at.mo.gov/kids-assistive-technology/> ATR: <https://at.mo.gov/at-reimbursement-for-schools/> MFP AT Assistance: N/A

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

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

The Statewide AT Program (State AT)

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

One central location (Central)

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)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

- Receive financial support from this entity

Other (select any/all)

6. Describe the activity/activities.

Production and distribution of 3D printed simple AT devices along with providing DYI fabrication of low-tech items.

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

NA

Module H: Device Exchange

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

The Statewide AT Program (State AT)

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

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

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

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

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

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

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

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

6. Describe the activity.

Missouri collaborates with 10 community partners geographically distributed throughout the state through our device re-utilization program. Partners are selected and monitored by MoAT staff, but each has flexibility in terms of how they operate their respective programs, but all are required to adhere to a basic set of best practice guidelines. In addition, out of our main office, we offer a consumer-to-consumer program called Swap 'n Shop.

7. The online page for this specific activity can be found at: <https://at.mo.gov/device-reutilization/>

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.

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)

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

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- 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 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.

Through partnerships with 10 organizations geographically disbursed across the state, MoAT provides device reutilization services. The refurbishment partners, as well as MoAT at its central office, collect, refurbish, sanitize and put back into the community at little to no cost an array of durable medical equipment (i.e. walkers, wheelchairs, bath benches, etc.), as well as other forms of assistive technology (electronic enlarging, computers and iPads, AAC devices, switches, etc.).

7. The online page for this specific activity can be found at: <https://at.mo.gov/device-reutilization/>

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)

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.

An extensive loan library is available to school districts, state agencies, disability organizations, and, increasingly, direct to individuals. The device loan program (aka, ETC) provides borrowers with free access to over 1,000 items divided among 9 assistive technology categories. Loans are for 5 weeks at a time. Up to 10 items can be borrowed at a time, but overall borrowers are provided with an unlimited number of borrows. Devices are shipped at no cost directly to the borrower and back to the program.

7. The online page for this specific activity can be found at: <https://at.mo.gov/device-loan/>

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)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

- Have written agreement with this entity

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

The hands-on introduction to and exploration of assistive technology devices to help individuals make an informed decision is provided statewide through MoAT's 11 regional demonstration centers. Predominately housed in Centers for Independent Living, the demonstration centers emphasize computer adaptations, aids to daily living, environmental adaptations, vision and hearing assistive technology. Several are also starting to branch into 3D printing. The demonstration centers also serve as the front door for folks new to assistive technology and wishing to learn more about various other supports and services. MoAT is experimenting with shifting its demonstration centers over from a system of paying contractors to perform the service to one of providing devices in lieu of payment. This is a work in progress currently being used in two locations. MoAT staff work closely with center staff. Related activities include monthly meeting to provide AT updates, help troubleshoot issues and to improve quality of information being disseminated.

6. The online page for this specific activity can be found at: <https://at.mo.gov/device-demonstrations/>

Module L: Training/Educational Activities

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

State Units on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Departments of Education (select any/all)

Local School Districts (select any/all)

Institutions of Higher Education (select any/all)

Hospitals and Health Care Systems (select any/all)

Early Intervention Programs (select any/all)

Federal Entities/Agencies (select any/all)

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)

Website Testing with Assistive Technology, a 7-part training series, will be launched in the fall of 2024. Through this series, attendees will be introduced to a variety of assistive technologies used by individuals accessing content (i.e. screen readers, switches, voice input software, voice output, etc.). Accompanying this series will be the development of a series of tool-kits containing the devices attendees were introduced to in the training series. The testing tool-kits will be available for check out to web designers in Missouri state government with the intent that they will test their content using assistive technology.

Planned Transition Training or Other Training Activity (optional)

Planned Statewide Conference or Other Training Activity (optional)

Each year, MoAT hosts the Power Up Assistive Technology Conference. The conference recently celebrated its 26th anniversary. The conference provides attendees with low-cost access to between 45 and 50 sessions each year and exposure to over 70 vendors in the exhibit hall. The conference has become well-known for its timely sessions, quality of presenters, array of exhibitors and networking opportunities.

3. The online page for this specific activity can be found at: <https://at.mo.gov/it-access/> <https://at.mo.gov/power-up-conference/>

Module M: Technical Assistance

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

State Agency on Aging (select any/all)

- Receive financial support from this entity

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)

- Receive financial support from 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)

MoAT has begun providing technical assistance on assistive technology to the Dementia Caregiver Program operated by the state's Department of Health and Senior Services. Families selected for this program are supporting a family member with dementia or Parkinson's disease while simultaneously seeking to maintain living in the community. Activities will include providing direction to DSS on assistive technology, developing an assessment tool for selecting the most appropriate forms of assistive technology, and providing direct service to families in need of assistive technology. Lessons and outcomes learned through this program will be translated in to a larger DSS goal of incorporating assistive technology into its waiver service. It is also a launching point for greater collaboration with the state's system of Area Agencies on Aging.

Planned Other Technical Assistance Activity (optional)

MoAT continues to collaborate with school districts and the state department of education to increase focus on the importance of including assistive technology as part of the post-school transition planning process. Presentations on this topic, plus participation on the Department's multi-agency transition committee and some advocacy work are the related activities being undertaken at this time.

Module N: Public Awareness

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

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

State Vocational Rehabilitation Agencies (select any/all)

Aging and Disability Resource Centers (select any/all)

Elementary and Secondary schools (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module N: Public Awareness (Continued...)

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

Private Entities (select any/all)
--

Other (select any/all)

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

Major Annual Planned or Other Public Awareness Activity (required)

As we increasingly view assistive technology not as an add-on but as built-in and as we seek to advocate for assistive technology as part of the lifespan, MoAT is working to increase awareness outside of the traditional “target markets” of the disability and disability advocate communities. Part of this strategy is to increase exposure to assistive technology to non-traditional audiences. As example, we have begun to interact with organizations not necessarily focused on disability or assistive technology but that may be drawing and serving such individuals. Two examples of this are our involvement with KC Digital Drive and Adult Protective Services.

Planned Other Public Awareness Activity (optional)

MoAT has been conducting a series of public awareness events through public libraries in the Kansas City area. In participating libraries, MoAT has been installing displays of assistive technology, namely device that can assist individuals with reading, for a month at a time in various library branches. These displays are seen by hundreds of patrons per day and include not only assistive devices for reading, but also information about programs and services. We are currently on the 4th of roughly a dozen libraries. The awareness campaign has generated new inquires about devices and services.

Module O: Information and Assistance

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

State Agency on Aging (select any/all)

Area Agencies on Aging (select any/all)

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

State Public Health Department (select any/all)

State Departments of Education (select any/all)

Elementary and Secondary School Systems (select any/all)

Institutions of Higher Education(select any/all)

Early Intervention Programs (select any/all)

Hospitals and/or Health Systems (select any/all)

Federal Entities/Agencies (select any/all)

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

We continue our in-house work on coordinating information and assistance requests with better development of informational materials mentioned in prior state plan update. Examples include developing better and more "Getting Started" sheets to provide via our device loan program and other programs such as our Telecommunications Access Programs. We are also working to standardize information shared in-house to make sure all staff are sharing accurate, thorough and useful information when communicating with individuals. These materials will also be disseminated to our demonstration centers and other partners around the state with, again, the intent being to make sure people are "messaging" useful and relevant information.

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 Missouri .
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.