



National Assistive Technology Act Data System

State Plan - Full Report

North Dakota 2024

General Information

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

State AT Program Title	ND Assistive
State AT Program URL	https://ndassistive.org/
Mailing Address	3240 15th St. S., Suite B
City	Fargo
State	ND
Zip Code	58104
Program Email	info@ndassistive.org
Phone	800-895-4728
TTY	800-895-4728

Lead Agency

Agency Name	North Dakota Health and Human Services, Vocational Rehabilitation
Mailing Address	1000 E Divide Avenue
City	Bismarck
State	ND
Zip Code	58501
Program URL	https://www.hhs.nd.gov/vr

Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes	
Name of Implementing Agency	ND Assistive
Mailing Address	3240 15th St S, Suite B

City	Fargo
State	ND
Zip Code	58104
Program URL	https://ndassistive.org/

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Chaussee, Mike
Title	Executive Director
Phone	701-551-7079
E-mail	mchaussee@ndassistive.org
Program Director at Lead Agency (last, first)	James C Fleming
Title	Interim Vocational Rehabilitation Director
Phone	701-328-7501
E-mail	jfleming@nd.gov
Primary Contact at Implementing Agency (last, first) - If applicable	Mike Chaussee
Title	Executive Director
Phone	701-551-7079
E-mail	mchaussee@ndassistive.org

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	James C Fleming
Title	Interim Vocational Rehabilitation Director
Phone	701-328-7501
E-mail	jfleming@nd.gov

Module A: Change in Lead Agency or Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf (From General Information)? Yes

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

North Dakota Health and Human Services (HHS) will control and administer the funds made available through the grant awarded to the State by contracting with the Governor designated implementing entity, ND Assistive, to carry out its responsibilities. As Lead Agency, HHS enters into a subcontract with ND Assistive, the Implementing Entity. After the contract is signed, each monthly reimbursement request is reviewed to ensure the claim is appropriate and accurate. Programmatic oversight is through verbal and written communication as well as site visits. ND Assistive also shares program-specific information with HHS-VR relative to outcomes, accomplishments, etc. HHS will submit the application described in subsection (d) of the AT Act of 1998, as amended on behalf of the State, to ensure conformance with Federal and State accounting requirements.

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? 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? 2
(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) | 1 |
| 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? 0
- | | |
|--|---|
| Early Intervention/Child Services state agency | 0 |
| State Deaf/Hard of Hearing Commission/Office | 0 |
| State Insurance agency | 0 |
| State Library/Secretary of State/Talking Books agency | 0 |
| State ADA Office/Disability Commission/Advocacy Office | 0 |
| State Legislators | 0 |
| State Parent Training Information Center (IDEA funded) | 0 |
| Other (description required in text box below) | 0 |
| Describe Other Agency | |
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 7

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	7
Total number of individuals on the advisory council	13
Percentage	53.85%

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	\$245,985.00	61.00%	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	\$157,269.00	39.00%	
c. Total Expenditures	\$403,254.00		
d. Total Award	\$403,254.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$7,863.00	5.00%	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 **\$413,484.00**

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	\$252,225.00	\$0.00	\$252,225.00
All State Leadership Activities	\$0.00	\$161,259.00	\$0.00	\$161,259.00
Total	\$0.00	\$413,484.00	\$0.00	\$413,484.00
Transition Training & Technical Assistance	\$0.00	\$8,062.00	\$0.00	\$8,062.00

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.)

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.

Regional sites (Regional)

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)

- Have written agreement with this entity

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. 2.0000%

7. The highest interest percentage for loans as established by the policies of the activity. 2.0000%

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.

North Dakota Assistive offers approved applicants a 2% fixed interest rate and guaranteed loans of up to \$50,000. The approval process considers and works to approve loans for individuals with poor credit histories. It also works with applicants on payment plans that fit their budget. Loans will be provided for devices that assist an individual with a disability, a family member, or a representative of the person with a disability, however, the end user must be the person with the disability. Applicants may live anywhere in the country, as long as the end user lives in North Dakota. The loan approval process includes an internal administrator, executive director, and board of directors. People with disabilities are represented on the Board of Directors. Applicants are informed of the status of the loan in a timely manner.

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

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.

- Last Resort Fund

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.

Regional sites (Regional)

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

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

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 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.

Possibilities Grant: The Possibilities fund is actualized through various fundraising events and donations for the sole purpose of purchasing assistive technology (AT) devices and services for eligible individuals who apply to the Fund. The funds can be accessed by any ND or Moorhead, MN resident of any age with any disability based on financial eligibility. However, only individuals with disabilities with a clear established functional need can receive AT paid for through the Fund. In addition, this is a last resort Fund thus recipients must not be able to either purchase the AT themselves or be able to obtain it through other systems such as Medicaid, Vocational Rehabilitation, Special Education, etc. Accessible applications for the program can be obtained on the ND Assistive website or by contacting the offices by email or phone. Once an application is received, the application is reviewed for completeness and the individual is contacted if there is missing information. Suggestions are made at that time if the requested equipment can be obtained from other funding sources. The requested equipment may be reviewed by a ND Assistive AT Consultant to verify that it is an equipment match for that individual. This verification may include phone calls, emails, home visits, equipment demonstrations, short-term equipment loans, etc. The applications are reviewed on a rolling basis by the Possibilities Committee made up of individuals with disabilities from the ND Assistive Consumer Advisory Committee. The Possibilities disbursement committee may purchase new or used equipment depending on availability. Coordination with other funding programs may also occur when the amount requested exceeds the \$2000 cap. Once the AT has been selected, ND Assistive works with the vendor of that AT, and the funds are paid directly to that vendor, who then provides the device to the individual. While no AT Act funds are used to purchase AT devices and services, the Statewide AT Program incurs the costs of administering the Fund. Staff time is dedicated to reviewing applications, working with the vendors who provide the AT, processing all the funds, organizing fundraisers, and following up with the recipient once a device or services are obtained. Additional resources are used to make and disseminate promotional materials specific to the Possibilities Grant.

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

<https://ndassistive.org/funding/>

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.

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)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity

Module H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

- Have written agreement with this entity

Private Entities (select any/all)

- Have written agreement with this entity

Other (select any/all)

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

- The transaction is direct consumer-to-consumer

6. Describe the activity.

We administer the AT4All website which is open to other organizations to list devices as well. The database is open to all North Dakotans and is often utilized by professionals across the spectrum including occupational therapists, schools, case managers, discharge planners, social workers, audiologists, voc rehab counselors, and others. There are several organizations that include devices on the site including private businesses, other non-profits, and several state agencies.

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

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)

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
- Receive financial support from this entity

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

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.

North Dakota Assistive receives donated devices from individuals, including many devices returned through the TEDS and ASDDS programs, that we clean, repair, and make available to individuals and families who may not qualify for other programs. We also find that people who need devices in an emergency utilize this program - often they cannot afford to wait for the application process of another program. The extent of devices cycling through this program is broad. Items returned through TEDS are technically still the property of the state so these devices would be considered on long-term loan. Items people receive through ASDDS (Senior Safety) become the property of the individual. While we do not require or even ask people to return the items, often they do. When we provide those devices, then ownership is transferred. Many times these exchanges happen during demonstrations or other appointments with our consultants who determine the need and availability of items.

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

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)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

- Have written agreement with this entity

State Entities/Agencies (select any/all)

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

Module J: Device Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

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.

North Dakota Assistive has two large demonstration centers located in the two largest cities in the state, 200 miles apart. The vast majority of the device loans take place at those demonstration centers primarily due to awareness and geography. Professionals and individuals from across the state access the device loan program which also utilizes the AT4All database for device identification and tracking. The device loan program is open to all North Dakotans, and even some Minnesotans through a partnership we have with the Minnesota AT Act Program, MN Star. Devices are available for up to six weeks. While the majority of devices are picked-up and returned in person, we do also ship devices to people who cannot get to one of your centers. When we ship a device, we do ask that the person or organization borrowing the device use their own means to return it. We can extend the loan past six weeks upon request and often do so when we learn an individual is waiting on a permanent device. When devices are returned, we clean, test, and check them back in quickly so they are available for others as soon as possible. We've developed a process internally to continue to invest in and build the library finding a balance between new innovative devices and common devices we have experienced many successes with.

7. The online page for this specific activity can be found at: <https://ndassistive.org/short-term-equipment-trial-program/>

Module K: Device Demonstration

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)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

- Have written agreement with this entity

State Entities/Agencies (select any/all)

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

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

North Dakota Assistive has two demonstration centers located in the two largest cities in the state, which geographically are intended to cover as much of the state as possible. Both are set up like homes, offering device demonstrations to be visualized in the living room, bedroom, kitchen, bathroom, and office. We also have invested in technology to provide virtual demonstrations when it is the best or only option. Demonstrations are free, typically last about an hour, often end in either a device loan and/or an application to one of our device acquisition programs. Similar to the loan library, we invest in technologies that are tried-and-true as well as new and innovative. We have an annual budget designated to enhancing our demonstration and loan devices. The additional programs we run, including the Telecommunications Equipment Distribution Service, Assistive Safety Device Distribution Service, iCanConnect-Deaf/Blind Equipment Distribution Program, CAPABLE, and other fee-for-service jobs, all lead to additional demonstrations.

6. The online page for this specific activity can be found at: <https://ndassistive.org/short-term-equipment-trial-program/> <https://ndassistive.org>

Module L: Training/Educational Activities

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

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)

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

Local School Districts (select any/all)

Institutions of Higher Education (select any/all)

Hospitals and Health Care Systems (select any/all)

Early Intervention Programs (select any/all)

Federal Entities/Agencies (select any/all)

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

State Entities/Agencies (select any/all)

- Have written agreement with this entity
- 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)

We have two planned trainings for the upcoming year - We have collaborated with the Minnesota AT Act Program, MN Star to conduct a series of webinars/trainings for professionals and individuals on digital accessibility. We hosted events on website accessibility and on digital programs like Word and PowerPoint. We plan to continue this series with at least one or two more events in the upcoming year. In addition, we are building a relationship with the ND Information Technology Department through their digital equity state plan which will hopefully lead to additional ICT training opportunities.

Planned Transition Training or Other Training Activity (optional)

North Dakota Assistive has just recently partnered with the State Education Agency on a program to recruit liaisons from special education units across the state to build capacity in assistive technology. This will be the first of its kind in North Dakota. The goal will be to recruit at least one liaison in each of the 31 units, targeting 24 in the first year. ND Assistive, in conjunction with the North Dakota Department of Public Instruction, will provide technical assistance, education, and training to the liaisons and others who are interested, host periodic collaborative discussions, and develop on-demand digital resources (including training) to be provided through ND Assistive and the ND Educational Hub. We were thrilled when we found assistive technology mentioned more than 50 times in the plan. We were also invited to participate in the state broadband conference last month where we learned that future conferences will focus on closing the digital divide, so there will be opportunities to present there and in other partnerships with ITD on this broadband project. We offer many training opportunities to professionals and students across the state. Annually, classes of OT students from universities visit our centers (and we go to their classes as well) for tours, presentations, and to work through case studies with our AT Consultants. We also train new employees in the state Vocational Rehabilitation Department and case managers in the Department of Health and Human Services.

Planned Statewide Conference or Other Training Activity (optional)

3. The online page for this specific activity can be found at: <https://ndassistive.org/services-for-professionals/assessments-consultations/>

Module M: Technical Assistance

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

State Agency on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Departments of Education (select any/all)

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

Local School Districts (select any/all)

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

Federal Entities/Agencies (select any/all)

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

State Entities/Agencies (select any/all)

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

Module M: Technical Assistance (Continued...)

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

Other (select any/all)

2. Provide a short description of at least one and no more than two planned 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)

ND Assistive will continue to assist the state as it considers and delivers initiatives to comply with a settlement agreement with the Department of Justice. Meetings are held quarterly with stakeholders, and ND Assistive is an active participant in those meetings and in providing solutions to the demands of the settlement. More on this agreement can be found at <https://www.nd.gov/dhs/info/pubs/doj-settlement.html> ND Assistive provided technical assistance regarding the benefits of assistive technology for home and community-based care. The state is currently in year four of an eight-year plan to improve its services to help people choose where they live, directing them away from institutional placement when appropriate and desirable for the individual. ND Assistive also has a staff member who sits on the state's governor-appointed Committee on Aging where discussions and decisions about meeting the requirements of the settlement take place. One program, CAPABLE, and a legislative proposal that will be coming from the Department of Health and Human Services directly connect ND Assistive to solutions regarding the settlement, which are direct outcomes of our technical assistance and presence in this area.

Planned Other Technical Assistance Activity (optional)

Upcoming activities will continue around capacity building through a partnership entered into in 2021 with the Money Follows the Person agency. This partnership targeted training and technical assistance to reach rural North Dakotas who have less access to assistive technology and severely lack awareness. The money in the original grant expires in the summer of 2025, but we are committed to continuing the service and have already landed at least one grant to ensure its continuation.

Module N: Public Awareness

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

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

State Vocational Rehabilitation Agencies (select any/all)

Aging and Disability Resource Centers (select any/all)

Elementary and Secondary schools (select any/all)

Federal Entities/Agencies (select any/all)

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

State Entities/Agencies (select any/all)

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

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

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

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)

Our marketing director has a new saying, "Awareness is Accessibility." We're committed to creating awareness of assistive technology, the AT Act, and our non-profit's services. In coordination with other team, board, and advisory committee members we will put together a marketing plan this year that targets increasing our awareness across the state. With demonstration centers in the two largest cities, we conduct many presentations and exhibits in those areas, but it's harder to get to the rural parts of the state. We will also continue to grow our digital and social media presence. It has been a point of emphasis and we've seen marked growth in our likes, follows, and comments. We are also focused on our Google business presence. By encouraging people to leave comments, we can increase our visibility in searches and the more five stars we get, the more people will trust our services. We also plan to highlight our demonstration centers - even investing money into improvements to enhance the client experience and our visibility. We also hope to encourage more of our rural ambassadors to host local and regional events to promote AT, the AT Act, and ND Assistive.

Planned Other Public Awareness Activity (optional)

We've invested time and energy into building a video library of device demonstrations and other useful information surrounding AT. We have a goal (might be two years) to build a resource page on our website to make it easier to search and find the videos. Presently, they are available on our YouTube channel, but there's value in having that information available directly on our website.

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)

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

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

People can reach us in several ways and we continue to look for new ways in this digital world. We have a toll-free number and an information email address and publicly list direct lines to each demonstration center. This past year we enhanced the "About Us" section on the website - research shows this is the second most visited page on business websites - and we've added easy-to-navigate "Contact Us" buttons. Those contact buttons have increased our inquiries dramatically, so we'll continue researching and experimenting with ways to make those more visible and usable. We also have team members who are experienced and experts in certain areas. Two of our OTs have experience in aging-in-place and have worked with people in homes, for example. One of the more formal info and assistance partnerships we have is with the Alzheimer's Association. We have a written agreement to promote and refer to each others' programs. In fact, four Alzheimer's Association team members are volunteer rural ambassadors for ND Assistive. Our staff is trained and well-equipped to provide info and assistance on all of our programs, including devices, funding, and services; and we're increasingly better at helping people find resources outside of our non-profit scope. The longevity of our team, and hiring people with diverse backgrounds is important as well.

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 ND.
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.