



**National Assistive Technology Act Data System**

**State Plan - Full Report**

**Tennessee 2024**

**General Information**

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

<b>State AT Program Title</b>	Tennessee Technology Access Program
<b>State AT Program URL</b>	<a href="https://www.tn.gov/humanservices/ds/ttap.html">https://www.tn.gov/humanservices/ds/ttap.html</a>
<b>Mailing Address</b>	505 Deaderick St., James K. Polk Building, 15th Floor
<b>City</b>	Nashville
<b>State</b>	TN
<b>Zip Code</b>	37243
<b>Program Email</b>	TN.TTAP@tn.gov
<b>Phone</b>	615-313-5183
<b>TTY</b>	

**Lead Agency**

<b>Agency Name</b>	Tennessee Department of Human Services
<b>Mailing Address</b>	505 Deaderick St., James K. Polk Building
<b>City</b>	Nashville
<b>State</b>	TN
<b>Zip Code</b>	37243
<b>Program URL</b>	<a href="http://tn.gov/humanservices">http://tn.gov/humanservices</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>	Kimberly Lilley
<b>Title</b>	Executive Director
<b>Phone</b>	615-532-4103
<b>E-mail</b>	kim.lilley@tn.gov
<b>Program Director at Lead Agency (last, first)</b>	Kevin Wright
<b>Title</b>	Assistant Commissioner, Div of Rehab Services
<b>Phone</b>	615-741-3599
<b>E-mail</b>	kevin.r.wright@tn.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>	Kimberly Lilley
<b>Title</b>	Executive Director
<b>Phone</b>	615-532-4103
<b>E-mail</b>	kim.lilley@tn.gov

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

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

## Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 0
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 1
5. How many representatives of the State educational agency are members of the advisory council? 1
6. Do you have an alternative financing program (AFP) for assistive technology in your state/territory that is separate from the State AT Program and is operated by a non-profit entity? 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   | 0 |
| State agency administering Developmental Disabilities Act                   | 0 |
| State agency administering or organization funded under Older Americans Act | 0 |
| Organization representing veterans  | 1 |
| University Center for Excellence in Developmental Disabilities (UCEDD)      | 0 |
| State Protection and Advocacy System  | 1 |
| State Council on Developmental Disabilities                                 | 1 |
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           | 0 |
| State Insurance agency                                 | 0 |
| 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)         | 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? 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	21
Percentage	57.14%

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>	\$352,401.14	69.33%	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>	\$155,857.46	30.66%	
<b>c. Total Expenditures</b>	\$508,258.60		
<b>d. Total Award</b>	\$508,259.00		
<b>e. Lapsed Amount</b>	\$0.40	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$10,052.19</b>	6.45%	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 **\$527,662.00**

<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	\$383,216.22	\$0.00	\$383,216.22
<b>All State Leadership Activities</b>	\$0.00	\$144,445.78	\$0.00	\$144,445.78
<b>Total</b>	\$0.00	\$527,662.00	\$0.00	\$527,662.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$12,835.94	\$0.00	\$12,835.94



## Module D: State Level Activity Summary

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

None

Please indicate if flexibility or comparability is claimed for State Financing activities.

Flexibility

### 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 I: Device Refurbish and Reassignment and/or Open-ended Loan

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

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

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

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

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

No

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

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

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

**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.**

The TTAP main office helps directly facilitate the acquisition and reutilization in equipment within the vicinity while contracting with two non-profit assistive technology centers across the state to provide direct services within their respective regions. The device reutilization inventory is comprised of a full range of the of assistive technology, including DME. Individuals, family members, professionals and other organizations serving individuals with disabilities can contact TTAP or partnering AT centers to make a device request. Professionals may directly provide specific information about the type of device needed for an individual. When specific information is not made available by a professional, qualified AT center staff help ensure appropriate devices are selected. Any necessary instruction on the basic operation of AT is provided when devices are distributed through open-ended loan or device refurbish / repair services. No fees are incurred by individuals for these services.

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

## Module J: Device Loan

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

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

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

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

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

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
- 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.

TTAP provides funding, oversight and serves as one intake point to operate a statewide device loan program through the network of the two assistive technology centers. The TTAP main office can facilitate some loans, while most loans are facilitated through the technology centers. Each technology center maintains their respective inventories and provides loaner devices to individuals and families regardless of disability type, economic status or geographic location. A network of professionals such as therapists and educators often help facilitate the loans to individuals they are serving in their communities. Access to the loaner devices allows individuals to try different devices in their own environment to help make informed decisions. Device loans may also serve as a temporary accommodation, for training purposes or until funding is acquired for devices. A variety of loaner devices are stored at each assistive technology center enabling more convenient, local access and are obtained no cost from each center. Device loans primarily occur through pick up at the local center, but arrangements for delivery or shipping can be arranged if required. When there is a critical need but a device is not located at the nearest center, TTAP facilitates obtaining the device from another center if available. Devices are typically loaned for 30 days, with a short extension possible if necessary. Individual centers monitor the status of the loans, and make contact about the return of the loan if not returned in advance of the loan expiration.

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

## Module K: Device Demonstration

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

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

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

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

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

No

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

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

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

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

**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...)**

<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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**5. Describe the activity.**

The TTAP main office is developing an increased internal inventory to support demonstrations and subsequent activities. TTAP-funded, regional assistive technology centers are the primary locations to offer demonstrations of a wide variety of devices including aids for daily living, computer access, augmentative communication, low vision aids, educational supports, adapted toys and other technology. Individuals, family members, and professionals participating in device demonstrations are given an opportunity to learn about the benefits and differences of devices to help select the best solution for individual needs. Staff at each assistive technology center offer demonstrations in response to individual inquiries. Staff conduct demonstrations at the AT centers and in other community locations where individuals with disabilities will use the technology. Each center employs staff and consultants with expertise in a variety of types of assistive technology who have experience working with individuals with all types of disabilities and of all ages. No fees are incurred by individuals receiving demonstrations. TTAP and partnering centers will continue to foster relationships throughout their regions, with an effort to connect underserved populations and expand the access to technology.

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

## 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)**

- 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)**

## 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)**

TTAP contracted partners have provided ICT training on a smaller scale in their respective regions. In an effort to increase the reach of the ICT training across TN, collaborative meetings with contractors will begin in November 2024 to strategically plan a fresh offering of ICT trainings and approach to engage with the communities through in-person or virtual methods. Topics addressed in the training opportunities will include creation of accessible documents, websites, and multimedia along with methods to increase accessibility in virtual platforms. Options to provide information on the updated ruling for compliance for governmental agencies will also be available.

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

In 2024, a TTAP partner presented "AT for Transition" in collaboration with the organization fulfilling the TN Department of Education's assistive technology grant project known as the AT Project through the TN Technical Assistance Network (TN-TAN). This specific training was part of the Transition TN Academies being held across the state over the summer in each grand division, primarily for individuals, school systems, and agencies providing Pre-ETS services in schools. The Department of Education's AT Project shared how their project works with school systems across the state to provide information and assistance to schools to meet their AT needs. The TTAP partner center continued to provide discuss the process of the transition to post-secondary education or employment, incorporating the aspects of AT for consideration during the process and the incorporation of Vocational Rehabilitation services. The partner additionally provided information regarding AT considerations to facilitate independent living within the community. Efforts will be made to continue collaboration with the Department of Education and other community partners around to further support AT training through life transitions.

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

TTAP and partner centers have consistently provided training workshops for adapting toys and making switches through local colleges and universities. The workshops consist of education regarding the importance of toy adaptation to allow for independent play, skill development, peer interaction, and potential switch use for more advanced tasks. Participants learn essential skills to create a basic switch as well as how to modify a toy for switch use. In some situations, the competed toys are donated to TTAP for distribution while other retain the toys to utilize in their continued training. TTAP will continue to offer such workshops within universities and to other individuals in the community with interest to expand the access to adapted toys across the state.

**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)**

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

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

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

**Area Agencies on Aging (select any/all)**

**State Departments of Education (select any/all)**

**Local School Districts (select any/all)**

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

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

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

**Module M: Technical Assistance (Continued...)**

<b>Local/Community Entities (select any/all)</b>
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<b>Private Entities (select any/all)</b>
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<b>Other (select any/all)</b>
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**2. Provide a short description of at least one and no more than two planned technical assistance activities. If the Statewide AT Program is meeting the transition requirements of the AT Act through technical assistance, please describe that planned activity.**

**Planned Transition Technical Assistance or Other Technical Assistance Activity (required)**

TTAP staff are working as part of the Employment First Task Force to re-evaluate the current Technology & Innovation workgroup goals. As co-leads for the workgroup alongside the TN Department of Disability & Aging representative, the new oval goals and 3-5 action items / objectives / strategies will be developed for implementation in the revised plan effective in 2025. Attendance in meetings throughout the development and implementation of strategies will occur to further guide the outcomes in the tech space.

**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)**

**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)**

TTAP conducts an annual event, the Resource Ability Assistive Technology Access Fair, each October. This event features a keynote speaker, words from Department of Human Services leadership, and customer stories highlighting the importance of assistive technology. The program is followed by the opportunity for attendees to interact with an extensive variety of assistive technology and other relevant exhibitors. Average attendance at the events is approximately 300. Attendees include users of AT, Vocational Rehabilitation staff, K-12 and college staff, employers, and other interested in assistive technology. The event continues to expand the number of attendees and variety of exhibitors.

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

TTAP and contracted partners participate annually at the TN Association for Assistive Technology (TAAT) conference. TTAP and partners participate as exhibitors at the event. TTAP partners typically submit and are approved for a variety of presentations at the conference, with 6 sessions conducted during FFY 24. TTAP and partners will continue participation at this conference in future years as well as other technology conferences and community events to share about TTAP 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)**

- 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

TTAP is equipped to provide information and assistance from the main office as well as through the two regional assistive technology centers. The TTAP Funding Specialist located at the state office is responsible for providing in-depth information to those inquiring via phone, email or at events about local, state and national funding resources. A comprehensive compilation of resources sorted by funding need is maintained for reference and reviewed annually for updates. Staff at the AT centers directly respond to email and phone inquiries about assistive technology questions, provide referrals to necessary resources, offer troubleshooting when appropriate, and share information related to funding.

## 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 TN .
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.