



**National Assistive Technology Act Data System**  
**State Plan - Full Report**  
**West Virginia 2024**

**General Information**

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

<b>State AT Program Title</b>	West Virginia Assistive Technology System (WVATS)
<b>State AT Program URL</b>	<a href="http://wvats.cedwvu.org/">http://wvats.cedwvu.org/</a>
<b>Mailing Address</b>	959 Hartman Run Rd
<b>City</b>	Morgantown
<b>State</b>	WV
<b>Zip Code</b>	26505
<b>Program Email</b>	wvats@hsc.wvu.edu
<b>Phone</b>	304-293-4692
<b>TTY</b>	304-293-6496

**Lead Agency**

<b>Agency Name</b>	West Virginia University, Center for Excellence in Disabilities
<b>Mailing Address</b>	959 Hartman Run Rd
<b>City</b>	Morgantown
<b>State</b>	WV
<b>Zip Code</b>	26505
<b>Program URL</b>	<a href="http://cedwvu.org/">http://cedwvu.org/</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>	Cumpston, Douglas
<b>Title</b>	Principal Investigator
<b>Phone</b>	304-293-4692
<b>E-mail</b>	douglas.cumpston@hsc.wvu.edu
<b>Program Director at Lead Agency (last, first)</b>	Cumpston, Douglas
<b>Title</b>	Principal Investigator
<b>Phone</b>	304-2934692
<b>E-mail</b>	douglas.cumpston@hsc.wvu.edu
<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>	Cumpston, Douglas
<b>Title</b>	Principal Investigator
<b>Phone</b>	304-293-4692
<b>E-mail</b>	douglas.cumpston@hsc.wvu.edu

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

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

## Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 0
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 1
5. How many representatives of the State educational agency are members of the advisory council? 1
6. Do you have an alternative financing program (AFP) for assistive technology in your state/territory that is separate from the State AT Program and is operated by a non-profit entity? Yes
- 6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council? 1
7. How many representatives of the following agencies and/or organizations are members of the advisory council? 3  
(At least one is required by the AT Act.)
- |   |   |
|---|---|
| Medicaid state agency   | 0 |
| 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)      | 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? 1
- |  |   |
|--|---|
| 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) | 1 |
| 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? 10

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	10
Total number of individuals on the advisory council	19
Percentage	52.63%

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>	\$340,859.06	74.26%	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>	\$118,146.94	25.74%	
<b>c. Total Expenditures</b>	\$459,006.00		
<b>d. Total Award</b>	\$459,006.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$7,453.77</b>	6.31%	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 **\$470,491.00**

<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>	\$363,136.01	\$0.00	\$0.00	\$363,136.01
<b>All State Leadership Activities</b>	\$107,354.99	\$0.00	\$0.00	\$107,354.99
<b>Total</b>	\$470,491.00	\$0.00	\$0.00	\$470,491.00
<b>Transition Training &amp; Technical Assistance</b>	\$6,726.00	\$0.00	\$0.00	\$6,726.00



## 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 Exchange
- Device Reassignment or Open Ended Loan

### 3. Do you conduct Short-term Device Loans?

Yes

### 4. Do you conduct Device Demonstrations?

Yes







## Module H: Device Exchange

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

The Statewide AT Program (State AT)

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

One central location (Central)

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

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

## Module H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

- The Statewide AT Program is involved in the transaction

### 6. Describe the activity.

The device exchange program primarily utilizes the AT4ALL web-based platform. West Virginians can post equipment or if they have a want/need for equipment. WVATS facilitates the exchange of equipment between the individuals. This program didn't see much usage, so we put more effort in to our "Pay it Forward" program. This allows devices to be refurbished/reassigned/open-ended loan program. The exchange program added an extra step for consumers and many of them had moved to social media or other platforms to exchange items. In the event we are contacted to provide assistance in the facilitation of equipment, we will track this data, but it will not be a service we advertise.

7. The online page for this specific activity can be found at: <https://vll.cedwvu.org/item/exchangeitems>

## 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.**

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)**

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

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

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

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

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

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

- Have written agreement with this entity

## 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.

WVATS subcontracts with Livability formerly known as the Northern West Virginia Center for Independent Living (NWVCIL), Disability Action Center (DAC), and Marshall University to provide refurbished equipment to individuals in need. The organizations are paid based on each completed and documented transaction. The subcontractors must complete data collection forms provided by WVATS to ensure all necessary data is obtained. The subcontractors deal primarily in basic daily living equipment donated to them by consumers and other agencies. These pieces of equipment do not require professional fitting. The equipment is provided to consumers in need as open-ended loans. No fees are charged. Subcontractors are provided with recommended guidance for the sanitization of all equipment. WVATS also provides refurbished equipment through our in-house program. WVATS obtained a storage facility and the materials to provide minor repairs and increased sanitization materials to properly sanitize larger and sometimes more complex pieces of equipment. WVATS accepts donations of equipment from consumers and other agencies/organizations. The equipment is sanitized upon receipt and refurbished/repared as needed. The available equipment is posted in the AT4All system under the name of our reuse program, Pay It Forward. The ownership of the equipment varies. Equipment purchased by WVATS may be offered for long-term or opened loan, with WVATS remaining the owner of the equipment. The equipment is returned when the time frame ends for the long-term loan or the individual no longer needs the equipment in the case of open-ended loans. WVATS does not charge a fee for the equipment. If the equipment is donated to WVATS, the equipment is generally reassigned to the consumer. WVATS works with the consumer and outside professionals as needed to ensure equipment matches the consumer and is properly fitted.

7. The online page for this specific activity can be found at: <https://vll.cedwvu.org/>



## Module J: Device Loan

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

The Statewide AT Program (State AT)

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

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)**

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

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

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

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

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

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

- Have written agreement with this entity

## Module J: Device Loan (Continued...)

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

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

### Private Entities (select any/all)

### 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.

The short-term loan program is administered by WVATS and six subcontractors: NWVCIL, DAC Marshall University, and three outdoor recreation shops. Devices are available for a 30-day loan period. Consumers must complete a loan agreement form, acknowledging their responsibilities to borrow a device. Subcontractors are provided funding for each device loaned and documentation received. WVATS accepts requests from subcontractors for additional inventory to meet their needs. If the request is approved, WVATS provides the equipment but maintains ownership. Should the agreement between the agency and WVATS be dissolved, the equipment must be returned to WVATS. This equipment is tracked by WVATS. Any equipment purchased by the agency belongs to the agency. The subcontractors primarily loan equipment to individuals in their region of the state. Consumers are encouraged to pick the equipment up at their facilities. If the subcontractor receives a request they cannot fulfill, the request is transferred to WVATS. Subcontractors utilize the AT4All system consistently to track their inventory and process loans. Consumers can make requests to the agency through the system. WVATS also runs a short-term loan program in-house. Items can be requested through the AT4All system. Items include daily living devices, vision equipment, hearing devices, devices for learning and memory management, mobility aids, communication devices, and recreational items. Most of the equipment is shipped to the consumer via USPS. Oversized, fragile, and/or expensive equipment must be picked up and returned on-site; this is noted on the items listed in the system. High-end communication devices are only loaned to speech and language therapists and all device components will be reviewed with therapists at pick up and drop off. In the case of mobility equipment such as standers, gait trainers, and wheelchairs a physical therapist or occupational therapist must agree the equipment is a match for the consumer and be willing to provide proper fitting. Equipment is tracked and consumers are contacted if equipment is late or if they have not completed performance measures. Equipment checked to ensure it is in working order when returned and again before going back out on loan. The equipment is also sanitized when returned and again before going out. Inventory is updated as funds permit. Items with a waiting list are placed on a priority list for purchase. Additionally, staff track requests for items not currently in the inventory. Those items are also added to the priority list for purchasing. WVATS continuously seeks out additional funding to support adding items to the loan program's inventory. This includes applying for grants from non-profits and foundations. WVATS has tried to focus on adaptive outdoor recreation loans with the recent Adventure is for Everyone grant funding received from the Christopher and Dana Reeves Foundation used for adaptive hand cycles. WVATS has placed six handcycles in three outdoor recreation shops located around the state. WVATS is looking to expand the items contained in these subcontractors when usage increases.

7. The online page for this specific activity can be found at: <https://vll.cedwvu.org/>

## 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.**

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)**

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

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

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

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

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

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

- Have written agreement with this entity

## Module K: Device Demonstration (Continued...)

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

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

### Private Entities (select any/all)

### Other (select any/all)

#### 5. Describe the activity.

WVATS along with clinics housed at the center and our subcontractors provide device demonstrations to consumers. All staff, partners, and subcontractors are thoroughly trained in how to provide a proper demonstration. The clinic provides a detailed overview of the devices available to meet the child or adult's specific communication needs, providing the consumer with the opportunity to have hands-on experience with the devices in order to make an informed decision. The subcontractor is able to provide information and recommendations to the clients on the bike that is best for their needs. Staff provide resources for vendors, funding and referrals to support the consumers in acquiring the technology that best meets their needs. The UCEDD Communication and Assistive Technology (CAAT) Clinic does communication device demonstrations on behalf of WVATS. Employee accommodation device demonstrations are used with the Employment Services Clinic. WVATS participates in a multidisciplinary clinic with WVU Speech and Occupational Therapy Department on campus. This clinic allows WVATS to bring devices for demonstrations, providing options to families that they were unaware of. WVATS provides demonstrations to their consumers when requested or during an evaluation. The program strives to ensure inventory includes the necessary items to provide quality demonstrations to consumers. If no other option is available, WVATS is equipped to provide demonstrations via Zoom, call, etc. that best meets the consumers needs due to travel restrictions.

6. The online page for this specific activity can be found at: <https://wvats.cedwvu.org/wvats-services/>

## 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)**

WVATS provides ICT Accessibility Training in the form of creating accessible documents, presentations, PDFs, and social media. This training is provided in-person multiple times every year to the staff at the Center for Excellence in Disabilities at WVU. The training is also offered to outside agencies and organizations on request. These include state agencies, institutions of higher education, K-12 education institutions and private organizations. WVATS is now offering these training courses via distance technology. WVATS has provided these trainings as a recording to be split in to modules for a micro credential badge that the UCEDD offers to anyone wanting learn about disability inclusion All WVATS trainings are scheduled and promoted via the website, social media, and email list servs.

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

WVATS provides trainings on transition at annual events sponsored by the WVDE, WVDRS, West Virginia Birth to Three, and WV Office of Equal Opportunity. The training provides parents, families, caregivers and professionals with information on transitioning through life as an assistive technology user. The training provides information regarding transition planning and consumer rights.

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

WVATS provides trainings on transition at annual events sponsored by the WVDE, WVDRS, West Virginia Birth to Three, and WV Office of Equal Opportunity. The training provides parents, families, caregivers and professionals with information on transitioning through life as an assistive technology user. The training provides information regarding transition planning and consumer rights.

**3. The online page for this specific activity can be found at:** <https://wvats.cedwvu.org/wvats-services/>

**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)**

**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
- Provide financial support to this entity

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

## 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)**

WVATS partners with the Disability Employment and Transition program that is housed within the CED. Our partner set up a workplace evaluation with our lab, to demonstrate workplace accommodations available to that client. The client can trial different options during the evaluation and take them into their work environment for a loan period.

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

WVATS partners with the Mid-Atlantic ADA on their Assistive Technology Champions program. Champions are interviewed and attend an "interest" meeting to ensure they are aware of what the program entails and the structure of the program. The main goal of the program is for the Champions to develop and disseminate AT information for the general public via social media. AT Champions are learning about advocacy not only for themselves but others within their community throughout the program.



## Module N: Public Awareness

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

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

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

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

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

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

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

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

**State Vocational Rehabilitation Agencies (select any/all)**

**Aging and Disability Resource Centers (select any/all)**

**Elementary and Secondary schools (select any/all)**

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

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

- Have written agreement with this entity

**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)**

WVATS will participate in the Mountain State Disability Conference, providing an assistive technology lab. The lab will provide conference participants with the opportunity to have a hands-on experience with a wide variety of devices. The conference planners are providing WVATS with a space to set up a mobile lab at no fee.

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

WVATS participates in several classes at WVU providing students with assistive technology awareness and hands-on opportunities. WVATS is annually scheduled to speak to classes at the WVU OT Department, the WVU Country Roads program, and the WVU video game design major.

## 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

WVATS provides a variety of options to receive information and assistance in-house. These options include calls, e-mails, and social media messages. WVATS maintains a toll-free phone number, a local phone number, and TTY number. There is also a general email account, wvat@hsc.wvu.edu. All of these avenues are monitored throughout the day during regular business hours. WVATS strives to handle all inquiries within one business day. Staff have access to resource guides such as funding sources and statewide recreational information to assist in responding to inquiries. Inquiries are generally funneled to staff with expertise in the area of need when possible.

## 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 WV.
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.