**State Grants for Assistive Technology Program**

# Wisconsin

# State Plan for Assistive Technology

# Federal Fiscal Years 2018-2020

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*Expiration Date: March 31, 2021*

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## Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity

### Identification & Description of Lead Agency and Implementing Entity

| **Statewide AT Program (Information to be listed in national State AT Program Directory)** | |
| --- | --- |
| 1. State Program Title WisTech Assistive Technology Program | |
| 2. State AT Program URL (home page for State AT Program)  <https://www.dhs.wisconsin.gov/disabilities/wistech/index.htm> | |
| 3. Mailing address 1 West Wilson, Room 551 PO Box 2569 | 5. State Wisconsin |
| 4. City Madison | 6. Zip code 53701 |
| 7. Main email address (for general public to use to contact State AT Program) DHSWistech@dhs.wisconsin.gov | |
| 8. Main phone number (for general public to use to contact State AT Program) 608-514-2513 | |
| 9. Separate TTY number (for general public to use to contact State AT Program) | |
| **Lead Agency** | |
| 10. Agency name Wisconsin Department of Health Services | |
| 11. Mailing address 1 West Wilson, Room 551 PO Box 2569 | 13. State Wisconsin |
| 12. City Madison | 14. Zip code 53701 |
| 15. Lead Agency URL www.dhs.wisconsin.gov | |
| **Implementing Entity** | |
| 16.Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes  No  *If yes, complete Items 17–22.* | |
| 17. Name of Implementing Entity | |
| 18. Mailing address | 20. State |
| 19. City | 21. Zip code |
| 22. Implementing Entity URL | |
| **Program director and other contacts** | |
| 23. Program Director for State AT Program (last, first) Plummer, Laura | |
| 24. Title Assistive Technology Program Coordinator | |
| 25. Phone 608-514-2513 | |
| 26. E-mail laura.plummer1@dhs.wisconsin.gov | |
| 27. Primary Contact at the Lead Agency (last, first) Plummer, Laura | |
| 28. Title Assistive Technology Program Cooridnator | |
| 29. Phone 608-514-2513 | |
| 30. E-mail laura.plummer1@dhs.wisconsin.gov | |
| 31. Primary Contact at Implementing Entity (last, first) – If applicable | |
| 32. Title | |
| 33. Phone | |
| 34. E-mail | |
| **Person Responsible for completing this form if other than State AT Program Director** | |
| 34. Name (last, first) Sobczyk, Lisa | |
| 35. Title Supervisor, Office for Physical Disabilities and Independent Living | |
| 36. Phone 608-266-9354 | |
| 37. E-mail lisa.sobczyk@dhs.wisconsin.gov | |
| **Certifying Representative** | |
| 38. Name (last, first) Molke, Carrie | |
| 39. Title Director, Bureau of Aging and Disability Resources | |
| 40. Phone 608.267.5267 | |
| 41. E-mail [carrie.molke@wi.gov](mailto:carrie.molke@wi.gov) | |

### *Change in Lead Agency or Implementing Entity*

* + 1. ***Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state if you have a designated Implementing Entity identified above.***

*The Lead Agency and Implementing Agency are the same.*

* + 1. ***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*

***If you answered no to this question, and you do not use an Implementing Entity, you may skip ahead to the next section. Otherwise, you must answer the following questions.***

* + 1. ***Explain why the Lead Agency previously designated by the Governor should not serve as the Lead Agency. Answer only if Question 2 above is yes.*** *N/A*
    2. ***Explain why the Lead Agency newly designated by the Governor should serve as the Lead Agency. Answer only if Question 2 above is yes.*** *N/A*
    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?** Yes.
    4. **Explain why the Implementing Entity previously designated by the Governor should not serve as the Implementing Entity. Answer only if Question 5 above is yes.**

A letter from Governor Scott Walker was sent to the Honorable Dan Bereger, Acting Assistant Director for the Administration for Community Living (ACL) on March 21, 2017 requesting a change to the implementing agency. The requested change was to designate the Wisconsin Department of Health Services, Bureau of Aging and Disability Resources (BADR) as both the Lead and Implementing Agencies. This request was approved and notification was received on June 5, 2017.

The reason for the requested change was due to a need for greater oversight of the subcontractors and coordination with other BADR agency partners including the Aging and Disability Resource Centers, Area Agencies on Aging, the Office for the Deaf and Hard of Hearing and Office for the Blind and Visually Impaired, all of which are operated within BADR.

* + 1. **Explain why the Implementing Entity newly designated by the Governor should serve as the Implementing Entity. Answer only if Question 5 above is yes.**

The Bureau of Aging and Disability Resources (BADR), serving as both Lead and Implementing Agencies can streamline the provision of AT Act programs and services through coordination of the work of the Independent Living Centers, the Department of Corrections, the Center for Deaf-Blind Persons, and the University of Wisconsin-Madison all of whom serve as subcontractors. All state and federal dollars for the Independent Living Centers would then be coordinated through one Bureau within the Wisconsin Department of Health Services.

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## Advisory Council, Budget Allocations and Actual Expenditures, and Identification of Activities Conducted

Section 4(c)(2) of the AT Act requires the Statewide AT Program to establish 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*.* Exceptions to these requirements are allowed under section 4(c)(2)(E) if the requirements will affect existing state statutes, rules, or official policies relating to advisory bodies or require changes to existing governing bodies of incorporated agencies. The following items provide assurances related to and identify compliance with the requirements of section 4(c)(2).

### Advisory Council

* + 1. **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. Answer**

Yes

* + 1. **The advisory council includes a representative of the designated State agency, as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705). Answer yes/no/NA.**

Yes.

* + 1. **The advisory council includes a representative of the State agency for individuals who are blind (within the meaning of section 101 of that Act (29 U.S.C. 721)). Answer yes/no/NA.**

Yes.

* + 1. **The advisory council includes a representative of a State center for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.). Answer yes/no/NA.**

Yes.

* + 1. **The advisory council includes a representative of the State workforce development board established under section 101 of the Workforce Innovation and Opportunity Act). Answer yes/no/NA.**

No.

* + 1. **The advisory council includes a representative of the State educational agency, as defined in section 9101 of the Elementary and Secondary Education Act of 1965 as reauthorized. Answer yes/no/NA.**

Yes.

* + 1. **The advisory council includes other representatives (list below).**

N/A

* + 1. **The advisory council includes a majority of individuals with disabilities that use assistive technology or their family members or guardians:**

A. Enter the number of individuals with disabilities that use AT or their family members or guardians on the advisory council: 9 members use assistive technology, either themselves or their family members

B. Enter the total number of individuals on the advisory council: 12

C. Calculate the percentage (divide A/B): 75%

* + 1. **If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain here.**

Efforts are continuing to be made for an appointment of a representative from Workforce Development to the Statewide Assistive Technology Advisory Council.

### Actual Expenditures and Budgeted Allocations

* + 1. **Actual Expenditures Carryover Year Close-out (annual update required-table reset) FFY18**

| **Actual Expenditures for Closed-out Carryover Year Award** | **Final Expenditures** | **Percentage** |
| --- | --- | --- |
| **A. All State Level Activities** | **$350,489.30** | **70%** |
| **B. All State Leadership Activities** | **$150,209.70** | **30%** |
| **C. Transition Training & Technical Assistance** | **$7510,49** | **5%** |
| **D. Total Expenditures** | **$500,699.00** | **100%** |
| **E. Total Award** | **$500, 699.00** | **100%** |
| **F. Lapsed Amount** | **$0** | **0%** |

* + 1. **Actual YTD Expenditures and Budgeted Allocations for Immediately Preceding Year Award (annual update required-table reset) FFY19**

| **Actual & Planned Immediately Preceding Year Award Expenditures** | **YTD Obligated not Liquidated Expenditures** | **YTD Liquidated Expenditures** | **Planned not yet Obligated Expenditures** | **Total** |
| --- | --- | --- | --- | --- |
| **All State Level Activities** | **$** | **$299,682.20** | **$** | **$299,682.20** |
| **All State Leadership Activities** | **$** | **$199,912.80** | **$** | **$199,912.80** |
| **Transition Training & Technical Assistance** | **$** | **$9,995.64** | **$** | **$9,995.64** |
| **Total** | **$499, 782** | **$0** | **$0** | **499, 782** |

### Activities Conducted

* + 1. **State Level Activities Conducted and Program Structure**

.

| **AT Act State Level Activities** | **Activity Conducted?** | **Who conducts? State** | **Who conducts? Other** | **Who conducts? Both** | **Where conducted? Central** | **Where conducted? Regional** | **Where conducted? Both** | **Fee Charged** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State Financing-Financial Loan** | Yes | No | Yes | No | No | Yes | No | No |
| **State Financing-Other that Directly Provides AT** | Yes | No | Yes | No | Yes | No | No | No |
| **State Financing-Other that Creates Savings for AT** | No | Yes | No | No | Yes | No | No | No |
| **Reuse-Device Exchange** | Yes | No | Yes | No | No | Yes | No | Yes |
| **Reuse-Device Open Ended Loan or Reassign** | Yes | No | Yes | No | No | Yes | No | No |
| **Device short-term loan** | Yes | No | Yes | No | No | Yes | No | No |
| **Device demonstra-tion** | Yes | No | Yes | No | No | No | Yes | No |

* + 1. **Comparability and Flexibility**

| **Comparability & Flexibility** | **Yes/No** | **State Level Activities** | **Not Performed Claiming --** |
| --- | --- | --- | --- |
| **Financial Loan** | Yes | State Financing | Comparability/Flexibility (required if all 3 are No) |
| **Other State Financing that Directly Provides AT** | Yes | State Financing | Comparability/Flexibility (required if all 3 are No) |
| **Other State Financing that Creates Savings for AT** | Yes | State Financing | Comparability/Flexibility (required if all 3 are No) |
| **Device Exchange** | Yes | Reuse | Comparability/Flexibility (required if both are No) |
| **Device Reassignment or Open-Ended Loan** | Yes | Reuse | Comparability/Flexibility (required if both are No) |
| **Device short-term loan** | Yes | Short-term Loan | Comparability/Flexibility |
| **Device demonstration** | Yes | Demonstration | Comparability/Flexibility |

**Multiple Activity Item Instructions**

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. For the purposes of the following portions of the State Plan, there is no distinction between a Lead Agency or Implementing Entity in terms of implementation. If an Implementing Entity is used, the State Plan reports on how that entity is implementing the Act.

Section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities.

Sections C-G of this State Plan contains items intended to meet these requirements for each AT Act authorized activity. While Sections do request unique information about specific activities, each begins with the same request for information regarding collaboration. Use the instructions below as a reference for this question throughout the State Plan, as the instructions will not be repeated in each section.

**If this activity is conducted through a formal written agreement, by providing financial support to other entities or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | Yes | No | No |
| **Independent Living Center** | Yes | Yes | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | Yes | Yes | No |
| **Federal Entities/Agencies** | Yes | No | Yes |
| **State Entities/Agencies** | Yes | Yes | Yes |
| **Local/Community Entities** | No | No | No |
| **Private Entities** | No | No | No |
| **Other** *(describe)* | No | No | No |

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## State Financing Activities

The AT Act describes state financing activities as activities that increase:

“access to, and funding for, assistive technology devices and assistive technology services (which shall not include direct payment for such a device or service for an individual with a disability but may include support and administration of a program to provide such payment), including development of systems to provide and pay for such devices and services, for targeted individuals and entities described in section 3(16)(A), including—

1. support for the development of systems for the purchase, lease, or other acquisition of, or payment for, assistive technology devices and assistive technology services; or
2. support for the development of State-financed or privately financed alternative financing systems of subsidies (which may include conducting an initial 1-year feasibility study of, improving, administering, operating, providing capital for, or collaborating with an entity with respect to, such a system) for the provision of assistive technology devices, such as—
3. a low-interest loan fund;
4. an interest buy-down program;
5. a revolving loan fund;
6. a loan guarantee or insurance program;
7. a program providing for the purchase, lease, or other acquisition of assistive technology devices or assistive technology services; or
8. another mechanism that is approved by the Secretary.”

For the purposes of this State Plan, state financing activities include financial loan programs, programs that directly provide AT such as home modification programs, telecommunications distribution programs, and last resort funds, and programs that create savings for AT acquisition such as cooperative buying programs and AT leasing programs. Each of these activities is defined in the corresponding section of this State Plan.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are intended to meet these requirements for State Financing Activities. Respond only to the items that correspond with the State Financing Activities selected in Section B of this Plan.

### Financial Loan Program -

* + 1. **If you conduct this activity through a formal written agreement, by providing financial support to other entities or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | Yes | No | No |
| **Independent Living Center** | Yes | Yes | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities** | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **This activity offers the following types of assistance (identify all that apply).**
* **X Revolving loans**
* **Loan guarantees**
* **Interest buy-downs**
* **Combined loan guarantee and interest buy-down**
  + 1. **The lowest interest amount for loans as established by the policies of the activity** 7.8%
    2. **The highest interest amount for loans as established by the policies of the activity** 8.0%
    3. **The lowest loan amount provided as established by the policies of the activity**

$250.00

* + 1. **The highest loan amount provided as established by the policies of the activity**

$50,000

* + 1. **Describe the activity.**

WisLoan and Telework, Wisconsin’s alternative financing program under the AT Act is managed through IndependenceFirst, one of Wisconsin’s Independent Living Centers (ILC). IndependenceFirst works with the other 7 ILCs where Wisconsin residents who have a disability or family members can apply for a loan to purchase assistive technology, make home modifications, or modify a vehicle. The ILCs accept the applications and provide information and resources to the applicant. Loan applications are then reviewd by the WisLoan Board which meets monthly at IndependenceFirst. The applications are reviewed by the Board, with any identifying information removed to allow for a non-biased decision by the Board. If approved, IndependenceFirst works with the bank, currently BMO Harris, and the applicant to process the loan. Loans under $2500.00 are processed internally at IndependenceFirst.

* + 1. **The online page for this specific activity can be found at:**

<https://www.independencefirst.org/services/wisloan-and-telework-microloan-programs>

### Other State Financing Activities Directly Provide AT

* + 1. **If other state financing activities that directly provide AT are conducted through a formal written agreement, by providing financial support to other entities or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | No | No | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | Yes | No | No |
| **Federal Entities/Agencies** | Yes | No | Yes |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities** | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **The following activities are conducted**

| **Activities** | **Check if Conducted** |
| --- | --- |
| **Telecommunications Equipment Distribution Program (EDP)-State** | **X** |
| **Deaf/Blind Telecommunications EDP-Federal** | **X** |
| **Last Resort Fund** |  |
| **Home Modification Program** |  |
| **Other** *(describe)* |  |

* + 1. **Describe the activity or activities.**

Wisconsin’s Department of Health Services, Bureau of Aging and Disability Resources administers the National Deafblind Equipment Distribution Program (NDBEDP), iCanConnect (ICC). The ICC program is subcontracted to the Center for Deaf-Blind Persons (CDBP). CDBP processes program applications, conducts assessments, provides implementation, and follow up services for consumers with dual sensory loss ages 18 years of age and above. CDBP contracts with the Wisconsin Deafblind Technical Assistance Project (WDBTAP). WDBTAP accepts applications, conducts assessments, provides implementation, and follow up services for consumers with dual sensory loss from birth to age 18.

Wisconsin provides consumers with two additional programs to assist with the aquistionof specialized telecommunications equipment at a cost savings. No written agreements are in place and no financial support is provided nor received for the operation of these programs. Collaboration in the form of technical assistance from the AT Act program is provided to both of these programs. The program data from these two programs will be reported beginning with fiscal year 2020.

Telecommunications Equipment Purchase Program (TEPP): TEPP is administered by the Public Service Commission for Wisconsin. TEPP is available to assist with the acquisition of basic and essential telecommunications for distance communication for people who are hard of hearing, deaf, have a combined hearing and vision loss, a speech disability, or a mobility impairment. The disability must prevent the use of regular telecommunications equipment. Copayments and specific equipment is eligible. Program specific rules apply and staff from the [Independent Living Centers](https://www.dhs.wisconsin.gov/disabilities/physical/ilcs.htm) and DHS WisTech staff are available to answer questions or assist with applications.Applications are accepted online, fax, or mail. Recipients receive a voucher that can be applied towards the purchase of equipment from an approved listing.

The Telecommunications Access Program (TAP): TAP is administered within the Bureau of Aging and Disability Services. TAP supports individuals who are deaf, hard of hearing or have combined hearing and vision loss in the acquisition of specialized telecommunications technology. This support is in the form of a voucher. Vouchers can cover the copayment for the TEPP program as well as provide an offset the costs of telecommunications technology above the TEPP voucher limits if deemed necessary. Recipients receive a voucher that can be applied towards the purchase of equipment from an approved listing. Program specific rules apply and staff from the [Independent Living Centers](https://www.dhs.wisconsin.gov/disabilities/physical/ilcs.htm) and DHS WisTech staff are available to answer questions or assist with applications.Applications are accepted online, fax, or mail.

* + 1. **The online page (or pages) for this specific activity can be found at:**

<http://www.icanconnect.org/how-to-apply/wisconsin>

[Telecommunications Equipment Purchase Program (TEPP)](https://tepp.solixinc.com/)

[Telecommunications Assistance Program (TAP).](https://www.dhs.wisconsin.gov/odhh/tap.htm)

### Other State Financing Activities Create AT Savings

* + 1. **If other state financing activities that create AT savings are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | No | No | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities** | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **The following activities are conducted**

| **Activities** | **Check if Conducted** |
| --- | --- |
| **Cooperative Buying Program** |  |
| **AT Lease Program** |  |
| **AT Fabrication Program** |  |
| **Other** *(describe)* |  |

* + 1. **Describe the activity.**
    2. **The online page (or pages) for this specific activity can be found at:**

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## Device Reutilization Activities

The AT Act describes the State-level activity of device reutilization as follows:

“DEVICE REUTILIZATION PROGRAMS. —The State shall directly, or in collaboration with public or private entities, carry out assistive technology device reutilization programs that provide for the exchange, repair, recycling, or other reutilization of assistive technology devices, which may include redistribution through device sales, loans, rentals, or donations.”

For the purposes of this State Plan, device reutilization activities are categorized as either device exchange activities, device refurbish and reassign activities or open-ended loan activities. Device exchange activities are those in which the Statewide AT Program facilitates the transfer of a device from a consumer who does not need the device to a consumer who could use the device without the organization taking possession of the device at any time. Devices are listed in a “want ad” or other type of posting and consumers can contact and arrange to obtain the device (either by purchasing it or obtaining it for free) from the current owner. Exchange activities do not involve warehousing inventory and do not include repair, sanitization or refurbishing of used devices. In some cases, a Statewide AT Program serves as an intermediary directly involved in making this exchange; in others the consumer and current owner make this exchange without the involvement of the Statewide AT Program.

Section 4(d)(5) of the AT Act requires the State Plan include a description of how the Statewide AT Program will implement State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities.

### Device Exchange

* + 1. **If device exchange activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | Yes | Yes | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities** | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **Select the option that best describes what happens when a device is exchanged. Identify only one.**
* **X The transaction is direct consumer-to-consumer**
* **The Statewide AT Program is involved in the transaction**
  + 1. **Describe the activity.**

Device exchange occurs at the local level and is primarily consumer-to-consumer. Options for device exchange include consumer’s having the ability to list their used assistive technology on a statewide web-based service called available at [www.wisconsinat4all.com](http://www.wisconsinat4all.com)

Device exchange also occurs at several Independent Living Centers where items can be listed on their websites. It may also occur when staff from the Independent Living Center bring a donated piece of equipment directly from one consumer to another.

* + 1. **The online page for this specific activity can be found at:**

[www.wisconsinat4all.com](http://www.wisconsinat4all.com) and at various Independent Living Center websites when applicable.

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

* + 1. **If device refurbish and reassignment and/or open-ended loan activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | Yes | Yes | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | Yes | Yes | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities** | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **Select the option(s) that describe how a reutilized device is provided to a recipient. Identify as many as apply.**
* **X Device ownership is transferred to the recipient**
* **X Device is loaned for as long as the recipient needs it with no ownership transfer.** 
  + 1. **Describe the activity.**

Device Reutilization occurs primarily through the Department of Corrections, a subcontractor. Durable medical equipment (DME) is collected through mechanisms such as donations and equipment collection “drives” throughout the state. The DME products are brought to the Redgranite Correctional Facility and trained inmates dissemble, sanitize, reapair, and refurbish the devices into a “like new” condition. The refurbished DME is then available for purchase at a reduced cost. The Department of Corrections is only able to sell directly to other governmental agenies or non-profit organizations unless the DME is sold through Wisconsin Surplus.

Device Reultilization also occurs through the Independent Living Center network. The ILCs collect and redistribute donated equipment at the local levels, generally at no cost to the consumer. This same type of activity also happens at various Aging and Disability Resource Centers (ADRCs) and the AT Act program has initiated conversations to begin formal collaborations at these reuse acitivies.

Several of the Independent Lliving Centers will provid open-ended loans based upon consumer need.

Wisconsin also provides a hearing aid reutilization program called Wishes. The Bureau of Aging and Disability Resources contracts with the University of Wisconsin – Madison to operate a reuse program for hearing aids for youth ages 0-18 who do not qualify for Medicaid or who do not otherwise have access to coverage for hearing aids.

* + 1. **The online page (or pages) for this specific activity can be found at:**

[www.wisconsinat4all.com](http://www.wisconsinat4all.com)

<https://csd.wisc.edu/wishes/>

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## Device Short-term Loan Activity

The AT Act indicates that Statewide AT Programs are to “directly or in collaboration with public or private entities, carry out device loan programs that provide short-term loans of assistive technology devices to individuals, employers, public agencies, or others seeking to meet the needs of targeted individuals and entities, including others seeking to comply with IDEA, ADA and Section 504.” The purpose of a device loan may be -- (1) to assist in decision making, (2) to serve as a loaner while the consumer is waiting for device repair or funding, (3) to provide an accommodation on a short-term basis for a time limited event or situation or (4) to conduct training, self-education or other professional development activity.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for device loan activities.

### Short-term Device Loan

* + 1. **If short-term device loan activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | Yes | Yes | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities** | No | No | No |
| **Other (***describe)* | No | No | No |

* + 1. **Select the option that describes how the majority of devices loaned are delivered to and returned from a borrower. Identify only one.**
* **The majority of devices are shipped via mail or other delivery service.**

**X The majority of devices are delivered or picked up in-person.**

Statewide AT Programs use one of two methods for getting devices to borrowers using their short-term loan program. Choose the option that is used for the majority of the device loans issued.

* + 1. **Describe the activity.**

The Wisconsin Department of Health Services, Burau of Aging and Disability Resources contracts with the eight Independent Living Centers (ILC) to operate device loan programs. Staff at the ILCs are trained to have a basic understanding of AT to help meet the needs of consumers. Staff are encouraged to share information and collaborate statewide within the ILC network and with certified AT Professionals within BADR, as well as with other assistive technology providers and service providers. Each of the device loan centers maintains a standard inventory of AT equipment and additional items obtained for loan purposes based upon consumer needs in their respective service areas. The inventory is maintained and available online at [www.wisconsinat4all.com](http://www.wisconsinat4all.com)..

* + 1. **The online page for this specific activity can be found at:**

Inventory is viewable at [www.wisconsinat4all.com](http://www.wisconsinat4all.com)

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## Device Demonstration Activity

The AT Act describes device demonstrations as activities to “directly, or in collaboration with public and private entities, such as one-stop partners, as defined in section 101 of the Workforce Investment Act of 1998 (29 U.S.C. 2801), demonstrate a variety of assistive technology devices and assistive technology services (including assisting individuals in making informed choices regarding, and providing experiences with, the devices and services), using personnel who are familiar with such devices and services and their applications.” Section 4(e)(2)(D)

Device demonstrations compare the features and benefits of AT devices to enable informed decision-making. In a device demonstration, guided experience with the device(s) is provided to the participant with the assistance of someone who has technical expertise related to the device(s). This expert may be in the same location as the participant or may assist the participant through Internet or distance learning mechanism that provides real-time, effective communication to deliver the necessary device exploration.

A demonstration is characterized by its interactive nature whereby the participant can interact with the device and an expert to increase their knowledge and understanding about the details and functions of a device; the participant drives the demonstration and has the ability to interact and have their individual questions about the device addressed. If the demonstration is conducted via the internet or distance learning mechanism it must be a real-time, interactive demonstration that provides one-on-one assistance to the participant. A web-based demonstration that is archived or is a static presentation without interaction is considered an awareness activity, not a demonstration.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for device demonstration activities.

### Device Demonstration

* + 1. **If device demonstration activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | Yes | Yes | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities** | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **Describe the activity.**

The Wisconsin Department of Health Services, Burau of Aging and Disability Resources contracts with the eight Independent Living Centers (ILC) to operate device demonstration programs. Staff at the ILCs are trained to have a basic understanding of AT to help meet the needs of consumers. Staff are encouraged to share information and collaborate statewide within the ILC network and with certified AT Professionals within BADR, as well as with other assistive technology providers and service providers. Each of the device demonstration centers maintains a standard inventory of AT equipment and additional items obtained for loan purposes based upon consumer needs in their respective service areas. The inventory is maintained and available online at [www.wisconsinat4all.com](http://www.wisconsinat4all.com)..

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

[www.wisconsinat4all.com](http://www.wisconsinat4all.com)

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## State Leadership Activities

Training Activities

### Training

* + 1. **If training activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | Yes | Yes | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities** | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **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)**

BADR staff and Independent Living Center staff who have been trained on ICT accessibility condut trainings upon request on a statewide basis. One example is that BADR staff are working directly with staff from the Wisconsin Technical College System to increase their knowledge to create and distribute accessible materials.

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

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

BADR hosts regional trainings each year which are available to participants from throughout the state. Hosting these in various locations throughout Wisconsin allows us to reach additional stakeholders and service providers. Training topics are identified thfough an annual survey sent out to past participants, consumers, and collaborating agencies and organizations. The topics for statewide training for FFY2020 include sessions on Ethics and Cultural Considerations in Service Provision, Transportation Acccess, and Technology for Blind and Low Vision.

* + 1. **The online page for this specific activity can be found at:**

N/A

Technical Assistance Activities

The AT Act describes training as follows:

“(i) TRAINING AND TECHNICAL ASSISTANCE. —

(I) IN GENERAL. —The State shall directly, or provide support to public or private entities with demonstrated expertise in collaborating with public or private agencies that serve individuals with disabilities, to develop and disseminate training materials, conduct training, and provide technical assistance, for individuals from local settings statewide, including representatives of State and local educational agencies, other State and local agencies, early intervention programs, adult service programs, hospitals and other health care facilities, institutions of higher education, and businesses.

(II) AUTHORIZED ACTIVITIES. —In carrying out activities under sub clause (I), the State shall carry out activities that enhance the knowledge, skills, and competencies of individuals from local settings described in sub clause (I), which may include—

(aa) general awareness training on the benefits of assistive technology and the Federal, State, and private funding sources available to assist targeted individuals and entities in acquiring assistive technology;

(bb) skills-development training in assessing the need for assistive technology devices and assistive technology services;

(cc) training to ensure the appropriate application and use of assistive technology devices, assistive technology services, and accessible technology for e-government functions;

(dd) training in the importance of multiple approaches to assessment and implementation necessary to meet the individualized needs of individuals with disabilities; and

(ee) technical training on integrating assistive technology into the development and implementation of service plans, including any education, health, discharge, Olmstead, employment, or other plan required under Federal or State law.”

Technical Assistance (TA) is direct problem-solving services provided by Statewide AT Program staff to assist programs and agencies in improving their services, management, policies and/or outcomes. TA may be provided in person, by electronic media such as telephone, video or e-mail and by other means. The following are examples of technical assistance: needs assessment, program planning or development, curriculum or materials development, administrative or management consultation, program evaluation and site reviews of external organizations, and policy development.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for technical assistance activities.

### Technical Assistance

* + 1. **If technical assistance activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | Yes | Yes | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities** | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **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)**

BADR staff works collaboratively with the Wisconsin Department of Public Instruction (DPI) with the current emphasis on creating broader awareness and services related to assistive technology for students in the K-12 system. BADR staff recently assisted with the creation of a Transition Roadmap for students who are Deaf and Hard of Hearing. The Roadmap was a collaboration between DHS, the Division of Vocational Rehabilitation, and DPI.

BADR staff serve on a Community Integrated Employment (CIE) team that consists of key personnel from the Department of Health Services, Department of Public Instruction, and the Division of Vocational Rehabilitiation. Our role is to provide technical assistance related to assistive technology for transition and employment.

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

BADR staff work closely with the Public Service Commission on the implementation of Wisconsin’s Telecommunications Equipment Purchase Program (TEPP). This involves serving as a technical expert on telecommunications technology and reviewing vendor practices and equipment requests.

Public Awareness Activities

The AT Act says the following about Public Awareness:

“The State shall conduct public-awareness activities designed to provide information to targeted individuals and entities relating to the availability, benefits, appropriateness, and costs of assistive technology devices and assistive technology services, including—

(aa) the development of procedures for providing direct communication between providers of assistive technology and targeted individuals and entities, which may include partnerships with entities in the statewide and local workforce investment systems established under the Workforce Innovation and Opportunities Act (29 U.S.C. 3101 et seq.), State vocational rehabilitation centers, public and private employers, or elementary and secondary public schools;

(bb) the development and dissemination, to targeted individuals and entities, of information about State efforts related to assistive technology; and

(cc) the distribution of materials to appropriate public and private agencies that provide social, medical, educational, employment, and transportation services to individuals with disabilities.”

Public awareness activities are designed to reach large numbers of people, including activities such as public service announcements, radio talk shows and news reports, newspaper stories and columns, newsletters, brochures, and public forums.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for public awareness activities.

### Public Awareness

* + 1. **If public awareness activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | Yes | Yes | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities** | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **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)**

BADR recently developed new marketing materials for the WisTech program. This included a new brochure, display board materials, and postcards to highlight the device loan and demonstration inventory website. These same marketing and display materials will be provided to each of the subcontracting Independent Living Centers for use at public events.

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

The Statewide Assistive Technology Advisory Council has launched a Facebook social media presence and has been utilizing this to reach a new audience of consumers and stakeholders. BADR staff are tracking and analzing the impact of this.

Information and Assistance Activities

The AT Act says the following about information and referral activities, which for the purpose of this State Plan are called information and assistance activities:

“(aa) IN GENERAL. — The State shall directly, or in collaboration with public or private (such as nonprofit) entities, provide for the continuation and enhancement of a statewide information and referral system designed to meet the needs of targeted individuals and entities.

(bb) CONTENT. — The system shall deliver information on assistive technology devices, assistive technology services (with specific data regarding provider availability within the State), and the availability of resources, including funding through public and private sources, to obtain assistive technology devices and assistive technology services. The system shall also deliver information on the benefits of assistive technology devices and assistive technology services with respect to enhancing the capacity of individuals with disabilities of all ages to perform activities of daily living.”

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for information and assistance activities.

### Information & Assistance

* + 1. **If information and assistance activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | No | No | No |
| **Independent Living Center** | Yes | Yes | No |
| **Easter Seals** | No | No | No |
| **Disability/AT Organizations** | No | No | No |
| **Federal Entities/Agencies** | No | No | No |
| **State Entities/Agencies** | No | No | No |
| **Local/Community Entities** | No | No | No |
| **Private Entities** | No | No | No |
| **Other** *(describe)* | No | No | No |

* + 1. **Describe the activity.**

The Wisconsin Department of Health Services, Burau of Aging and Disability Resources contracts with the eight Independent Living Centers (ILC) to provide information and assistance related to assistive technology devices, services, and funding. This information is tracked through the use of a database which each ILC uses.

BADR staff also respond to requests for information and assistance related to assistive technology devices, services, and funding. This is tracked at the DHS level through a survey tool.

Consumers are able to connect with both BADR staff and ILC staff in person, through mail, email, and over the phone. They learn about the services through word of mouth, websites, social media, mailings, trainings and events, display booths, referrals from other agencies, and from previous work with one of the ILCs or BADR staff.

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## Assurances & 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

* + 1. **As the Certifying Representative of the Lead Agency for the State of [state name], I hereby assure the following: Yes**
    2. **The Lead Agency prepared and submitted this State Plan on behalf of the State of Wisconsin. Yes**
    3. **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. Yes**
    4. **The State agency has authority under State law to perform the functions of the State under this program. Yes**
    5. **The State legally may carry out each provision of this plan. Yes**
    6. **All provisions of this plan are consistent with State law. Yes**
    7. **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. Yes**
    8. **The State officer who submits this plan, specified by title in this certification, has authority to submit this plan. Yes**
    9. **The agency that submits this plan has adopted or otherwise formally approved this plan. Yes**
    10. **The plan is the basis for State operation and administration of the program. Yes**
    11. **The Lead Agency will maintain and evaluate the program under this State Plan. Yes**
    12. **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. Yes**
    13. **The Lead Agency will submit the annual progress report on behalf of the State. Yes**
    14. **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. Yes**
    15. **The Lead Agency will control and administer the funds received through the grant. Yes**
    16. **The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan. Yes**
    17. **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. Yes**
    18. **The Lead Agency will ensure conformance with all applicable Federal and State accounting requirements. Yes**
    19. **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. Yes**
    20. **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. Yes**
    21. **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. Yes**
    22. **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) Yes**
    23. **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) Yes**
    24. **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. Yes**
    25. **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. Yes**

General Description of Measurable Goals:

Section 4(d)(3) of the AT Act requires that the State include information on the measurable goals, and a timeline for meeting those goals, that the State, with the advice of the Advisory Council required in section 4(c)(2), has set for addressing the assistive technology needs of individuals with disabilities in the State related to education, employment, community living, and telecommunications and information technology ).

* Section 4(d)(3)(A)(i) of the AT Act states that education goals include goals involving the provision of assistive technology to individuals who receive services under the Individuals with Disabilities Education Improvement Act (20 U.S.C. 1400 et seq.). This includes infants and toddlers receiving early intervention services under Part C.
* Education also includes the provision of assistive technology to individuals who receive services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.) and individuals in institutions of higher education and vocational education, including community colleges.
* Section 4(d)(3)(A)(ii) of the AT Act states that employment goals include goals involving the State vocational rehabilitation program carried out under title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.).

ACL has established three types of measurable goals for Section 4 grantees:

* *Access to AT Goals* relate to the activities of device loan for a decision-making purpose and device demonstration. The State will show that it has improved access to AT by reaching or exceeding the ACL set target percentage of individuals and entities who accessed device demonstration programs or device loan programs and made a decision about an AT device or service as a result of the assistance they received. The Access Goal performance measure data is found in the Annual Progress Report (APR) for State Assistive Technology Programs.
* *Acquisition of AT Goals* relate to the activities of state financing, device reutilization, and device loan for purposes other than decision-making. The State will show that it has improved acquisition by reaching or exceeding the ACL set target percentage of individuals and entities who obtained devices or services from State financing activities or reutilization programs who would not have obtained that AT device or service. The Acquisition Goal performance measure data is found in the APR for State Assistive Technology Programs.
* *Information and Communication (ICT) Accessibility Goal* is focused on obtaining an outcome/result from information and communication technology accessibility training including improvement of policies procedures or practices in the areas of website and software development and procurement. The State will show that is has improved ICT training results by reaching or exceeding the ACL set target percentage of participants reporting a targeted outcome. The ICT Training performance measure data is found in the APR for State Assistive Technology Programs.