



## National Assistive Technology Act Data System

### State Plan - Full Report

Michigan 2024

#### General Information

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

|                        |   |
|------------------------|---|
| State AT Program Title | Michigan Assistive Technology Program               |
| State AT Program URL   | <a href="https://mi-at.org/">https://mi-at.org/</a> |
| Mailing Address        | 3498 E. Lake Lansing Road Ste 100                   |
| City                   | East Lansing  |
| State                  | MI  |
| Zip Code               | 48823   |
| Program Email          | AT@mi-at.org  |
| Phone                  | 517.333.2477  |
| TTY                    | 711   |

#### Lead Agency

|                 |  |
|-----------------|--|
| Agency Name     | Michigan Department of Labor and Economic Opportunity (LEO) - Michigan Rehabilitation Services (MRS) |
| Mailing Address | P.O. Box 30010   |
| City            | Lansing  |
| State           | MI   |
| Zip Code        | 48909  |
| Program URL     | <a href="https://www.michigan.gov/mrs">https://www.michigan.gov/mrs</a>                              |

#### Implementing Entity

|   |                                      |
|---|--------------------------------------|
| Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes |                                      |
| Name of Implementing Agency   | Michigan Disability Rights Coalition |
| Mailing Address   | 3498 E. Lake Lansing Road Ste 100    |

|                    |   |
|--------------------|---|
|                    |   |
| <b>City</b>        | East Lansing  |
| <b>State</b>       | MI  |
| <b>Zip Code</b>    | 48823   |
| <b>Program URL</b> | <a href="https://mi-at.org/">https://mi-at.org/</a> |

## General Information (Continued...)

### Program Director and Other Contacts

|   |  |
|---|--|
| <b>Program Director for State AT Program (last, first)</b>                  | Metzmaker, Theresa                       |
| <b>Title</b>  | Executive Director, MDRC                 |
| <b>Phone</b>  | 517.333.2477                             |
| <b>E-mail</b>   | Theresa@mi-at.org                        |
| <b>Program Director at Lead Agency (last, first)</b>                        | Piatt, Jenny                             |
| <b>Title</b>  | Director, Business Network Division, MRS |
| <b>Phone</b>  | 248-763-6491                             |
| <b>E-mail</b>   | PiattJ@michigan.gov                      |
| <b>Primary Contact at Implementing Agency (last, first) - If applicable</b> | Sterk, Aimee                             |
| <b>Title</b>  | Program Director                         |
| <b>Phone</b>  | 517.333.2477                             |
| <b>E-mail</b>   | aimee@mi-at.org                          |

### Person Responsible for completing this form if other than Program Director

|                           |                  |
|---------------------------|------------------|
| <b>Name (last, first)</b> | Sterk, Aimee     |
| <b>Title</b>              | Program Director |
| <b>Phone</b>              | 517.333.2477     |
| <b>E-mail</b>             | aimee@mi-at.org  |

### Certifying Representative

|                           |                       |
|---------------------------|-----------------------|
| <b>Name (last, first)</b> | Adams, Sigrid         |
| <b>Title</b>              | State Bureau Director |
| <b>Phone</b>              | 517-243-3342          |
| <b>E-mail</b>             | AdamsS1@michigan.gov  |

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

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

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

Michigan Rehabilitation Services (MRS), the lead agency, and Michigan Disability Rights Coalition (MDRC), the implementing entity, meet on a regular basis to discuss the Michigan Assistive Technology Program (MATP). MRS is also represented on the MATP's Advisory Committee. As a part of this contract, MATP submits quarterly reports on objectives to MRS. MRS also receives and reviews MDRC's annual audit reports and this state plan. MDRC and MRS staff have also partnered for MRS to provide actual service delivery of state level activities including device demonstrations and referrals for open ended loans.

**2. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan?** No

**3. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in the previous State Plan?** No

## Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 1
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 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? 1  
(At least one is required by the AT Act.)
 

|   |   |
|---|---|
| Medicaid state agency   | 0 |
| State agency administering Developmental Disabilities Act                   | 0 |
| State agency administering or organization funded under Older Americans Act | 0 |
| Organization representing veterans  | 0 |
| University Center for Excellence in Developmental Disabilities (UCEDD)      | 0 |
| State Protection and Advocacy System  | 1 |
| State Council on Developmental Disabilities                                 | 0 |
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 0
 

|  |   |
|--|---|
| Early Intervention/Child Services state agency         | 0 |
| State Deaf/Hard of Hearing Commission/Office           | 0 |
| State Insurance agency                                 | 0 |
| State Library/Secretary of State/Talking Books agency  | 0 |
| State ADA Office/Disability Commission/Advocacy Office | 0 |
| State Legislators                                      | 0 |
| State Parent Training Information Center (IDEA funded) | 0 |
| Other (description required in text box below)         | 0 |
| Describe Other Agency                                  |   |
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 8

### Advisory Council Calculation

| Description  | Number |
|--|--------|
| Individuals with disabilities that use AT or their family members or guardians on the advisory council | 8      |
| Total number of individuals on the advisory council  | 15     |
| Percentage   | 53.33% |

10. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, and types of disabilities across the age span, and users of types of services that an individual with a disability may receive. Yes
11. Procedures are in place to ensure that the Advisory Council members are geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, age, and types of disabilities, and users of types of services that an individual with a disability may receive, including home and community-based

services (as defined in section 9817 (a)(2) of the American Rescue Plan Act of 2021 (42 U.S.C. 1396d not)), vocational rehabilitation services (as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705)) and services through the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.)

Yes

## Module C: Actual Expenditures and Budgeted Allocations

### 1. Actual Expenditures Carryover Year Close-out

In the following table provide the actual expenditure data for the closed-out carryover fiscal year AT grant award (liquidated the previous December 31). Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over more than that initial 12 month period.

For the State Plan submitted in 2024, you will report the closed-out grant award for FY21. The grant began 10/1/2020 with the first year ending on 9/30/2021, the first carryover year ended on 9/30/2022 and the second carryover year ended on 9/30/2023 with the 3 month liquidation period ending 12/31/2023.

| Actual Expenditures for Closed-out Carryover Year Award | Final Expenditures | Percentage | Requirements  |
|---|--------------------|------------|---|
| a. All State Level Activities                           | \$584,503.31       | 79.91%     | The AT Act required state level expenditures to be at least 60% of grant award.<br>If flexibility is claimed, at least 70% is required. |
| b. All State Leadership Activities                      | \$146,971.69       | 20.09%     |   |
| c. Total Expenditures                                   | \$731,475.00       |            |   |
| d. Total Award  | \$731,475.00       |            |   |
| e. Lapsed Amount  | \$0.00             | 0.00%      |   |
| f. Transition Training & Technical Assistance Set Aside | \$44,091.50        | 30.00%     | The AT Act requires at least 5% of state leadership expenditures to be spent on transition activities.                                  |

## Module C: Actual Expenditures and Budgeted Allocations (Continued...)

### 2. Actual YTD Expenditures and Budgeted Allocations for Preceding Year Award

In the following table provide year-to-date (YTD) obligated and liquidated expenditure data for the preceding fiscal year AT grant award along with planned budget allocations for the unobligated remainder of that award. Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over a 24 month period.

For the State Plan submitted in 2024, you will report year to date FY22 grant award expenditures. This grant began 10/1/2021 with the initial award year ending on 9/30/2022 and the carryover year ended on 9/30/2023. Many programs received a no cost extension which extended the obligation date to 9/30/2024

The total grant award for was **\$754,035.00**

| <b>Actual &amp; Planned Immediate<br/>Preceding Year Award<br/>Expenditures</b> | <b>YTD Obligated not<br/>Liquidated Expenditures</b> | <b>YTD Liquidated<br/>Expenditures</b> | <b>Planned not yet<br/>Obligated<br/>Expenditures</b> | <b>Total</b> |
|---|--|--|---|--------------|
| <b>All State Level Activities</b>   | \$0.00   | \$560,837.23                           | \$0.00  | \$560,837.23 |
| <b>All State Leadership Activities</b>  | \$0.00   | \$193,197.77                           | \$0.00  | \$193,197.77 |
| <b>Total</b>  | \$0.00   | \$754,035.00                           | \$0.00  | \$754,035.00 |
| <b>Transition Training &amp; Technical<br/>Assistance</b>                       | \$0.00   | \$40,571.53                            | \$0.00  | \$40,571.53  |



## Module D: State Level Activity Summary

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

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

### 2. Which Reutilization Activities do you conduct?

- Device Reassignment or Open Ended Loan

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

Yes

### 4. Do you conduct Device Demonstrations?

Yes



## Module F: Other State Financing Activities that Directly Provides AT

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

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

- Last Resort Fund

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

The Statewide AT Program (State AT)

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

One central location (Central)

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

No

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

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

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

- 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

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

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

- Have written agreement with this entity

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

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

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

### Private Entities (select any/all)

### Other (select any/all)

### 6. Describe the activity/activities.

Together with partners including Centers for Independent Living, Area Agencies on Aging, Waiver Agencies, Michigan Elder Justice Initiative, Michigan Community Based Long Term Care Ombudsman Program, Community Action Agencies, and local senior center and disability services/assistive technology agencies, Michigan Assistive Technology Program provides access to assistive technology devices to people with disabilities and older adults living in the following rural counties: Alpena, Arenac, Cheboygan, Clare, Gladwin, Gratiot, Huron, Iosco, Isabella, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, Sanilac, Tuscola, Alcona, Antrim, Benzie, Charlevoix, Crawford, Emmet, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford. The devices are funded through a grant from the Michigan Health Endowment Fund. Partner organizations refer people with disabilities and older adults to the program by email, web form, or phone and MATP staff provide demonstrations of devices and help people choose devices that are then provided through grant funds.

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

<https://docs.google.com/forms/d/e/1FAIpQLSfhaz5KhWktmrWE5Vn>





## 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)

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 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 is loaned for as long as the recipient needs it with no ownership transfer

### 6. Describe the activity.

Open-ended device loans provide new or previously used equipment to Michiganders who otherwise would not have access to assistive technology. These are long-term loans, which do not have a set return date and are helpful when the borrower needs a device for a longer term. Once the borrower no longer needs the device, it is returned to the loan program.

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



## Module J: Device Loan

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

The Statewide AT Program (State AT)

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

One central location (Central)

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

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

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

- Have written agreement with 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 delivered or picked up in-person

### 6. Describe the activity.

Michigan Assistive Technology Program's (MATP) short term loan program allows a person to borrow equipment, free of charge, from MATP's inventory. Device loans assist in decision making, serve as a loaner while waiting for funding for a device or for a device repair, or as an accommodation for a short period, or for professional development or to conduct a training for a professional. The MATP device loan library has hundreds of items available to borrow. MATP specializes in various AT including daily living, outdoor recreation, gaming, crafting, vision, mental health, parenting, youth, and aging. MATP serves across the lifespan and in all areas of life, focusing on community living.

**7. The online page for this specific activity can be found at:** <https://mi-at.org/lending-library/>

## Module K: Device Demonstration

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

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

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

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

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

No

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

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

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

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

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

- Have written agreement with this entity

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

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

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

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

- Have written agreement with this entity

### Private Entities (select any/all)

### Other (select any/all)

#### 5. Describe the activity.

The purpose of a device demonstration is to compare and contrast the features and benefits of a variety of devices in order to make an informed decision about whether the AT device(s) will help a person with disabilities do what they want to do. Device demonstrations are provided free of charge. Device demonstrations can include one device or multiple devices. Sometimes the person may want to compare and contrast devices with something they already own. Demonstrations may include the person with a disability along with family members, and professionals including employers/businesses. People with disabilities attending demonstrations will also be given information about how to contact funding sources, vendors, repair services or other services. Device demonstrations are completed by MATP staff, lead agency staff, and partner organization staff when Memorandums of Understanding are in place. Device demonstrations may take place at the person's home or work, in the community, or virtually. The MATP device demonstration library has hundreds of items available to try. MATP specializes in various AT including daily living, outdoor recreation, gaming, crafting, vision, mental health, parenting, youth, and aging. MATP serves across the lifespan and in all areas of life, focusing on community living. People with disabilities, family members, service providers, and community members can learn about device demonstrations through MATP directly through newsletters, trainings, social media, and blogs or through service and partner organizations that make referrals.

**6. The online page for this specific activity can be found at:** <https://mi-at.org/try-at/>

## 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)**

- Have written agreement with this entity

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

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

- Have written agreement with this entity

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

- Have written agreement with this entity

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

- Have written agreement with this entity

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

- Have written agreement with this entity

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

- Have written agreement with this entity

**Institutions of Higher Education (select any/all)**

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

- Have written agreement with this entity

**Early Intervention Programs (select any/all)**

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

- Have written agreement with this entity

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

- Have written agreement with this entity

## Module L: Training (Continued...)

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

- Have written agreement with this entity

### Private Entities (select any/all)

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

### 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)**

MATP develops and presents on creating accessible documents, how to create an accessible and engaging virtual meeting space, along with web accessibility and accessible apps.

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

MATP provides trainings on AT for community living for people at risk of entering a nursing facility and for people transitioning out of nursing facilities as well as the professionals who serve them. Outreach occurs through programs such as the MiChoice Waiver program, Programs for All-inclusive Care of the Elderly (PACE) programs, and integrated care programs for people who are dually eligible for Medicare and Medicaid. MATP also provides services on AT for Youth providing additional AT for transition trainings to youth, families, and the professionals that serve them. MATP partners with organizations including Michigan Developmental Disabilities Council, MiHealth Link program for people who are dually eligible for Medicare and Medicaid, Michigan Alliance for Families, University of Michigan, Michigan State University, Wayne State University, Centers for Independent Living, Area Agencies on Aging, community gardens, MI Sea Grant, Michigan Department of Health and Human Services, Michigan Aging and Adult Services Administration, camps and local parks organizations to provide trainings.

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

MATP offers training to audiences identified through its strategic priority areas. These areas are identified together with the Advisory Committee and other stakeholders to meet needs in areas where there are gaps in information and to leverage opportunities to increase both access to and acquisition of AT. Annual conference presentations include the statewide community mental health conference, substance use prevention conference, and the rehabilitation conference. MATP offers training webinars through an accessible platform and has a number of recorded sessions available for review. MATP's trainings are fully accessible including ASL interpretation and CART as well as visual descriptions of slides and materials and fully accessible handouts. Strategic topic areas include AT to reduce social isolation; AT for parenting; AT for low vision and blindness; AT for gaming; AT for outdoor recreation including gardening, camping, e-bikes, and fishing; AT for crafting; AT for digital accessibility; and AT for daily living/transition to the community. MATP also partners with lead agency, Michigan Rehabilitation Services, to provide training on AT for employment.

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

## 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)**

- Have written agreement with this entity

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

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

- Have written agreement with this entity

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

- Have written agreement with this entity

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

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

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

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

- Have written agreement with this entity

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

- Have written agreement with this entity

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

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

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

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

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

- Have written agreement with this entity

### Private Entities (select any/all)

- Receive financial support from this entity

### Other (select any/all)

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

MATP has been working with a coalition of organizations and state agencies around long-term care in community settings for people with disabilities and older adults. As a part of this area, MATP has supported Area Agencies on Aging, Centers for Independent Living, and nursing facilities to provide AT to reduce social isolation to people in transition. Additionally, MATP provides technical assistance to programs and services working to support people at risk of entering nursing facilities in groups like adult day programs, senior centers, and other community-based collaboratives to increase access to AT for people with disabilities and older adults. Finally, MATP is working to develop a partnership for on-going support and technical assistance for youth with disabilities transitioning in the foster care system.

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

Technical assistance is provided to improve practices and policies affecting the access to and acquisition of assistive technology with agencies and organizations consistent with MATP's strategic priority areas. MATP provides technical assistance to state and national organizations on web accessibility, accessibility of webinars, accessibility of online/computer-based tests, and accessibility of web forms as well as to increase access to accessible voting. MATP works with the state vocational rehabilitation agencies to improve access to AT through their agencies to increase AT for competitive employment. MATP is developing relationships to provide technical assistance to increase access to AT for youth in foster care and youth served by local intermediate school districts. MATP provides technical assistance to local and regional education and healthcare systems to increase accessibility, suggest environmental modifications, and increase access to AT. MATP partners with organizations including Michigan Developmental Disabilities Council, MiHealth Link program for people who are dually eligible for Medicare and Medicaid, Michigan Alliance for Families, University of Michigan, Michigan State University, Wayne State University, Centers for Independent Living, Area Agencies on Aging, community gardens, MI Sea Grant, Michigan Department of Health and Human Services, Michigan Aging and Adult Services Administration, adult foster care providers, camps and local parks organizations to provide technical assistance.



## 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

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

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

- Have written agreement with this entity

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

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

- Have written agreement with this entity

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

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

- Have written agreement with this entity

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

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

- Have written agreement with this entity

## Module N: Public Awareness (Continued...)

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

- Have written agreement with this entity

### Private Entities (select any/all)

- Have written agreement with this entity

### Other (select any/all)

**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)

MATP participates in conferences, fairs, and exhibits at various locations throughout the state. These are selected to fill in gaps where assistive technology information may not otherwise be present. MATP provides information on AT on social media and other platforms that reach thousands of people. Topics include information on transportation access, AT for education, AT for recreation, AT for community living, text access, web access, housing, employment, AT innovations, and dozens more topics important to people with disabilities and AT.

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

MATP partners with Michigan's quality improvement organization, Superior Health Quality Alliance, to promote AT awareness at health fairs. MATP partners with local organization to host Art & Play, inclusive art and recreation days featuring AT for recreation.

## 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

MATP provides a toll-free phone information and assistance service and has options for contacting for support on our website through webform and email. Calls, emails, and other assistance requests are either answered directly or forwarded to the appropriate MATP staff member who is familiar with a region of the state or the specific requested information.

## Assurances and Measurable Goals

Section 4(d) of the AT Act prescribes the duties of the Lead Agency receiving a grant under section 4 of the AT Act and requires the State to provide a number of assurances in its application for funds. 34 CFR part 76 also requires that any State Plan include certain assurances. The Statewide AT Program certifying representative will attest to these assurances and other requirements below and by submitting the State Plan, will affirm that to the best of his or her knowledge and belief all information provided in the State Plan is true and correct and the State Plan fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the information.

### Assurances

As the Certifying Representative of the Lead Agency for the State of , I hereby assure the following:

1. The Lead Agency prepared and submitted this State Plan on behalf of the State of MI.
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.