**State Grants for Assistive Technology Program**

# Nebraska – Assistive Technology Partnership (ATP)

# State Plan for Assistive Technology

# Federal Fiscal Years 2018-2020

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is* ***0985-0048****. The time required to complete this information collection is estimated to average* ***73*** *hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.* ***If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:*** *U.S. Department of Health and Human Services, Washington, D.C. 20201.* ***If you have comments or concerns regarding the status of your individual submission of this form, write directly to:*** *Robert Groenendaal, Administration for Community Living, 330 C Street, SW, Washington, DC 20201.*

*Expiration Date: March 31, 2021*

Assistive Technology State Grant Program

State Plan for FY 2018-2020

Table of Contents

[Section A. Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity](#_Toc30492491)

[Screen 1: Identification & Description of Lead Agency and Implementing Entity](#_Toc30492492)

[Screen 2: Change in Lead Agency or Implementing Entity](#_Toc30492493)

[Section B. Advisory Council, Budget Allocations and Actual Expenditures, and Identification of Activities Conducted](#_Toc30492494)

[Screen 3: Advisory Council](#_Toc30492495)

[Screen 4: Actual Expenditures and Budgeted Allocations](#_Toc30492496)

[Screen 5: Activities Conducted](#_Toc30492497)

[Section C. State Financing Activities](#_Toc30492498)

[Screen 6: Financial Loan Program -](#_Toc30492499)

[Screen 7: Other State Financing Activities Directly Provide AT](#_Toc30492500)

[Screen 8: Other State Financing Activities Create AT Savings](#_Toc30492501)

[Section D. Device Reutilization Activities](#_Toc30492502)

[Screen 9: Device Exchange](#_Toc30492503)

[Screen 10: Device Refurbish and Reassignment and/or Open-ended Loan](#_Toc30492504)

[Section E. Device Short-term Loan Activity](#_Toc30492505)

[Screen 11: Short-term Device Loan](#_Toc30492506)

[Section F. Device Demonstration Activity](#_Toc30492507)

[Screen 12: Device Demonstration](#_Toc30492508)

[Section G. State Leadership Activities](#_Toc30492509)

[Screen 13: Training](#_Toc30492510)

[Screen 14: Technical Assistance](#_Toc30492511)

[Screen 15: Public Awareness](#_Toc30492512)

[Screen 16: Information & Assistance](#_Toc30492513)

[Section H. Assurances & Measurable Goals](#_Toc30492514)

[Screen 17: Assurances](#_Toc30492515)

Assistive Technology State Grant Program

State Plan for FY 2018-2020

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

Section 4(d)(2) of the AT Act requires that the State Plan contain information identifying and describing the Lead Agency and Implementing Entity (if applicable) designated by the state’s governor. A state either has a Lead Agency alone or has both a Lead Agency and an Implementing Entity. The Implementing Entity is a subcontractor separate from the Lead Agency who is responsible for implementing the State AT Program activities. The Lead Agency does not also name itself or a unit within the agency as the Implementing Entity.

If there is an Implementing Entity, section 4(d)(4)(B) requires that the State Plan include a description of the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the Lead Agency. If the governor chooses to re-designate the Lead Agency or Implementing Entity, section 4(c)(1)(C) requires that good cause for this change be shown in the State Plan, including why that previously designated agency or entity no longer should serve. If the Lead Agency or Implementing Entity is changing, the information provided in this State Plan should pertain to how the new agency or entity will conduct the Statewide AT Program. The following items are intended to satisfy the requirements just described.

### 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 – Nebraska Assistive Technology Partnership | |
| 2. State AT Program URL (home page for State AT Program) – https://atp.nebraska.gov | |
| 3. Mailing address – 3901 N. 27th St. Suite 5 | 5. State - NE |
| 4. City - Lincoln | 6. Zip code - 68521 |
| 7. Main email address (for general public to use to contact State AT Program) – atp@nebraska.gov | |
| 8. Main phone number (for general public to use to contact State AT Program) – 402-471-0734 | |
| 9. Separate TTY number (for general public to use to contact State AT Program) – 402-471-0734 | |
| **Lead Agency** | |
| 10. Agency name – Nebraska Department of Education – Assistive Technology Partnership | |
| 11. Mailing address – 3901 N. 27th St. Suite 5 | 13. State - NE |
| 12. City - Lincoln | 14. Zip code - 68521 |
| 15. Lead Agency URL - https://atp.nebraska.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) – Orr, Tobias J. | |
| 24. Title - Director | |
| 25. Phone – 402-853-1582 | |
| 26. E-mail – tobias.orr@nebraska.gov | |
| 27. Primary Contact at the Lead Agency (last, first) – Orr, Tobias J. | |
| 28. Title - Director | |
| 29. Phone – 402-853-1582 | |
| 30. E-mail – tobias.orr@nebraska.gov | |
| 31. Primary Contact at Implementing Entity (last, first) – If applicable – N/A | |
| 32. Title – N/A | |
| 33. Phone – N/A | |
| 34. E-mail – N/A | |
| **Person Responsible for completing this form if other than State AT Program Director** | |
| 34. Name (last, first) | |
| 35. Title | |
| 36. Phone | |
| 37. E-mail | |
| **Certifying Representative** | |
| 38. Name (last, first) – Orr, Tobias J. | |
| 39. Title - Director | |
| 40. Phone – 402-853-1582 | |
| 41. E-mail – tobias.orr@nebraska.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.**

N/A

* + 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

* + 1. **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

* + 1. **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

**If you answered no to this question, you may skip ahead to the next section. Otherwise, you must respond to Items 6 and 7 below.**

* + 1. **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.**

N/A

* + 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.**

N/A

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## 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 or no.**

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).**

**-Nebraska Dept. of Economic Development**

**-Nebraska Council of Developmental Disabilities**

**-Nebraska Commission for the Deaf and Hard of Hearing**

* + 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**

B. Enter the total number of individuals on the advisory council - **16**

C. Calculate the percentage (divide A/B) – **56%**

*If the ratio is less than 51% you must provide explanation of why advisory council does not include a consumer majority in Item 9 below.*

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

The Nebraska Assisitve Technology is in the process of replacing our previous representative from the Nebraska Department of Labor. The previous representative retired from the Department.

### Actual Expenditures and Budgeted Allocations

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

| **Actual Expenditures for Closed-out Carryover Year Award** | **Final Expenditures** | **Percentage** |
| --- | --- | --- |
| **A. All State Level Activities** | **$323,724.64** | **67.9%** |
| **B. All State Leadership Activities** | **$152,987.36** | **32.1%** |
| **C. Transition Training & Technical Assistance** | **$8,657.16** | **5.7%** |
| **D. Total Expenditures** | **$476,712.00** | **100%** |
| **E. Total Award** | **$476,712.00** | **100%** |
| **F. Lapsed Amount** | **$0** | **0%** |

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

| **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** | **$3,403.73** | **$232,055.00** | **$64,605.86** | **$300,064.59** |
| **All State Leadership Activities** | **$3,937.34** | **$134,829.01** | **$21,628.73** | **$160,395.08** |
| **Transition Training & Technical Assistance** | **$791.67** | **$11,875.00** | **$3,166.66** | **$15,833.33** |
| **Total** | **$8,132.74** | **$378,759.01** | **$89,401.25** | **$476,293.00** |

### 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 | Yes | No | No | No |
| **State Financing-Other that Directly Provides AT** | Yes | Yes | No | No | No | No | Yes | No |
| **State Financing-Other that Creates Savings for AT** | No | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **Reuse-Device Exchange** | Yes | Yes | No | No | No | No | Yes | No |
| **Reuse-Device Open Ended Loan or Reassign** | Yes | Yes | No | No | No | No | Yes | No |
| **Device short-term loan** | Yes | Yes | No | No | No | No | Yes | No |
| **Device demonstra-tion** | Yes | Yes | No | No | No | No | Yes | No |

* + 1. **Comparability and Flexibility**

For any of the four State Level Activities that are not conducted, the Statewide AT Program must claim comparability or flexibility in the table below. The table below repeats the yes/no from the previous table identifying the activities the state is conducting and requires identification of flexibility or comparability for those activities the Statewide AT Program is not conducting.

| **Comparability & Flexibility** | **Yes/No** | **State Level Activities** | **Not Performed Claiming --** |
| --- | --- | --- | --- |
| **Financial Loan** | Yes | State Financing | N/A |
| **Other State Financing that Directly Provides AT** | Yes | State Financing | N/A |
| **Other State Financing that Creates Savings for AT** | No | State Financing | N/A |
| **Device Exchange** | Yes | Reuse | N/A |
| **Device Reassignment or Open-Ended Loan** | Yes | Reuse | N/A |
| **Device short-term loan** | Yes | Short-term Loan | N/A |
| **Device demonstration** | Yes | Demonstration | N/A |

*Flexibility* - Section 4(e)(6) of the AT Act allows a state to carry out any two or more of the required state-level activities, meaning a state can choose not to conduct up to two activities. If the state claims flexibility in a given fiscal year, do not report data for that activity during that fiscal year and the grant award for that fiscal year will be subject to a maximum 30% of total expenditures for state leadership activities.

*Comparability* - Section 4 (e)(1)(B) of the AT Act provides that a state shall not be required to carry out a required state-level activity if the amount of financial support provided from the state or other nonfederal resources or entities for that activity is comparable or greater than the amount that the state would have expended for the activity. When a Statewide AT Program claims comparability; the state will not report data for any state-level activities for which the state claimed comparability.

For any activity for which the Statewide AT Program is claiming comparability, describe the comparable activity and comparable financial support. In the text box, explain in the simplest terms possible what the comparable activity is, who conducts the activity, who supports the activity, and what makes it comparable both in terms of resources supporting the activity and how the activity is related to the purposes of the AT Act.

**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** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **Yes** | **Yes** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **Yes** | **No** | **Yes** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **Yes** | **No** | **Yes** |
| **Other** *(describe)* | **N/A** | **N/A** | **N/A** |

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## 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 -

A financial loan program provides financial loans for purchase of AT devices and services. A financial loan program may make loans directly (revolving loans) or may make partnership loans using dollars from another source, usually a financial institution.

* + 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** | **No** | **N/A** | **N/A** |
| **Independent Living Center** | **No** | **N/A** | **N/A** |
| **Easter Seals** | **Yes** | **Yes** | **No** |
| **Disability/AT Organizations** | **No** | **N/A** | **N/A** |
| **Federal Entities/Agencies** | **No** | **N/A** | **N/A** |
| **State Entities/Agencies** | **No** | **N/A** | **N/A** |
| **Local/Community Entities** | **No** | **N/A** | **N/A** |
| **Private Entities** | **No** | **N/A** | **N/A** |
| **Other** *(describe)* | **No** | **N/A** | **N/A** |

* + 1. **This activity offers the following types of assistance (identify all that apply).**
* **Revolving loans**
* **Loan guarantees**
* **Interest buy-downs**

**X Combined loan guarantee and interest buy-down**

* + 1. **The lowest interest amount for loans as established by the policies of the activity (leave blank if NA). 3.25%**
    2. **The highest interest amount for loans as established by the policies of the activity (leave blank if NA). 4%**
    3. **The lowest loan amount provided as established by the policies of the activity (leave blank if N/A). Provide dollar amount. $2,000.00**
    4. **The highest loan amount provided as established by the policies of the activity (leave blank if N/A). Provide dollar amount. $35,000.00**
    5. **Describe the activity.**

**In Nebraska the Alternative Finance Program is operated by Easterseals of Nebraska who partners with First National Bank. The program provides low interest loans for the purchase of assistive technology devices and services. The State AT program refers consumers to the Alternative Finance Program as a part of resource coordination.**

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

**https://www.easterseals.com/ne/our-programs/alternative-financing/**

### 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** | **N/A** | **N/A** |
| **Independent Living Center** | **No** | **N/A** | **N/A** |
| **Easter Seals** | **No** | **N/A** | **N/A** |
| **Disability/AT Organizations** | **No** | **N/A** | **N/A** |
| **Federal Entities/Agencies** | **Yes** | **No** | **Yes** |
| **State Entities/Agencies** | **No** | **N/A** | **N/A** |
| **Local/Community Entities** | **No** | **N/A** | **N/A** |
| **Private Entities** | **Yes** | **No** | **Yes** |
| **Other** *(describe)* | **No** | **N/A** | **N/A** |

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

| **Activities** | **Check if Conducted** |
| --- | --- |
| **Telecommunications Equipment Distribution Program (EDP)-State** | **No** |
| **Deaf/Blind Telecommunications EDP-Federal** | **Yes** |
| **Last Resort Fund** | **No** |
| **Home Modification Program** | **Yes** |
| **Other** *(describe)* | **No** |

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

**Nebraska’s AT Program operates the Nebraska I Can Connect program which is part of the National Deaf-Blind Equipment Distribution Program funded by the FCC. This program provides telecommunication equipment to individuals who have a significant vision and hearing loss, and meet the income guidelines so that they can stay connected and remain independent. The AT Program provides an assessment to the consumer and trials various types of AT to ensure that the equipment being provided will meet the individual’s needs. The AT Program then orders the equipment for the individual, and provides training on the equipment if needed. All of these services are at no cost to the consumer.**

**Another State Financing activity performed by Nebraska’s AT program is it’s Enrichment Foundation Grant Program. With a grant from a private foundation in Omaha NE, the AT Program is able to fund home/vehicle modifications and purchases of assistive technology to individuals with disabilities that reside in the Omaha NE metro. These funds are often combined with other funding sources obtained through resource coordination provided by the State AT Program. The State AT Program also provides an assessment of the individual’s needs, design of the modification (if a home modification is needed), obtainment of a contractor/vendor, and oversite of the project until completion.**

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

[**https://atp.nebraska.gov/services/equipment**](https://atp.nebraska.gov/services/equipment)

**N/A – Info about program is provided by staff after receiving a Service and Device application.**

### 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** | **N/A** | **N/A** |
| **Independent Living Center** | **No** | **N/A** | **N/A** |
| **Easter Seals** | **No** | **N/A** | **N/A** |
| **Disability/AT Organizations** | **No** | **N/A** | **N/A** |
| **Federal Entities/Agencies** | **No** | **N/A** | **N/A** |
| **State Entities/Agencies** | **No** | **N/A** | **N/A** |
| **Local/Community Entities** | **No** | **N/A** | **N/A** |
| **Private Entities** | **No** | **N/A** | **N/A** |
| **Other** *(describe)* | **No** | **N/A** | **N/A** |

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

| **Activities** | **Check if Conducted** |
| --- | --- |
| **Cooperative Buying Program** | **No** |
| **AT Lease Program** | **No** |
| **AT Fabrication Program** | **No** |
| **Other** *(describe)* | **No** |

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

**N/A**

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

**N/A**

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## 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** | **N/A** | **N/A** |
| **Independent Living Center** | **No** | **N/A** | **N/A** |
| **Easter Seals** | **No** | **N/A** | **N/A** |
| **Disability/AT Organizations** | **No** | **N/A** | **N/A** |
| **Federal Entities/Agencies** | **No** | **N/A** | **N/A** |
| **State Entities/Agencies** | **No** | **N/A** | **N/A** |
| **Local/Community Entities** | **No** | **N/A** | **N/A** |
| **Private Entities** | **No** | **N/A** | **N/A** |
| **Other** *(describe)* | **No** | **N/A** | **N/A** |

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

**In Nebraska the State AT program operates a website (AT4ALL.com) where consumers can post equipment for sale or for free along with their contact information. Once a person has found the equipment they need, they can contact the owner and complete the transaction. For this type of Exchange activity the State AT Program does not take possession of the equipment. The entire transaction is between the two individuals. This website/service is available to everyone and there is no fee charged by the State AT program.**

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

**www.AT4ALL.com**

### 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** | **N/A** | **N/A** |
| **Independent Living Center** | **No** | **N/A** | **N/A** |
| **Easter Seals** | **No** | **N/A** | **N/A** |
| **Disability/AT Organizations** | **No** | **N/A** | **N/A** |
| **Federal Entities/Agencies** | **No** | **N/A** | **N/A** |
| **State Entities/Agencies** | **No** | **N/A** | **N/A** |
| **Local/Community Entities** | **No** | **N/A** | **N/A** |
| **Private Entities** | **No** | **N/A** | **N/A** |
| **Other** *(describe)* | **No** | **N/A** | **N/A** |

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

**The Assistive Technology Partnership (ATP) operates an Equipment Reuse program. This is done through their website AT4ALL.com where items are posted for free to anyone that can use them. ATP accepts donations of assistive technology/durable medical equipment that is in good working condition at all 5 offices across the state. ATP also facilitates Nebraska’s Reuse Network which is made up of a number of private entities and individuals interested in helping people obtain used equipment. This group meets quarterly, and stays in contact on a regular basis to update the group on equipment needs and/or equipment opportunities. If a person contacts ATP or one of the Reuse Partners with a need for an item that isn’t listed on AT4ALL, the group member would reach out to the rest of the Partners to see if they have come across or know of the location of the item. All equipment that is donated is sanitized and maintained by ATP staff before listing it on AT4ALL. This service is free to everyone and there are no fees associated with ATP’s Reuse program.**

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

[**https://atp.nebraska.gov/services/equipment**](https://atp.nebraska.gov/services/equipment)

[**https://atp.nebraska.gov/services/reuse-network**](https://atp.nebraska.gov/services/reuse-network)

[**https://www.at4all.com/**](https://www.at4all.com/)

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## 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** | **N/A** | **N/A** |
| **Independent Living Center** | **No** | **N/A** | **N/A** |
| **Easter Seals** | **No** | **N/A** | **N/A** |
| **Disability/AT Organizations** | **No** | **N/A** | **N/A** |
| **Federal Entities/Agencies** | **No** | **N/A** | **N/A** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **N/A** | **N/A** |
| **Private Entities** | **No** | **N/A** | **N/A** |
| **Other (***describe)* | **No** | **N/A** | **N/A** |

* + 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.
* **The majority of devices are delivered or picked up in-person.** 
  + 1. **Describe the activity.**

**ATP operates a short term device loan program that is available to everyone at no charge. Equipment to be borrowed includes mobility devices, communication devices, switches, portable entrance ramps, iPads/tablets including various applications, etc. All equipment is listed and tracked on AT4ALL.com. Borrowers go to the website to request an item. A staff member then processes the loan and contacts the borrower to arrange a time to pick up the item. The only exclusion to this process are loans to educators and professionals working with students on IEP’s and IFSP’s. After being requested, these items are shipped to them along with a return label using IDEA funds provided by the Nebraska Dept. of Education-Special Education. Loans are given for a period of 30 days for the general public, and 60 for educators to account for additional shipping time. All loans to educators are followed up on twice during the loan to see if any technical assistance is needed. A reminder email is sent to the borrower reminding them of the upcoming due date for their loan. Once an item is returned, ATP staff ensure that the item is clean, maintained and ready to be loaned out again.**

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

**www.AT4ALL.com**

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## 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** | **N/A** | **N/A** |
| **Independent Living Center** | **No** | **N/A** | **N/A** |
| **Easter Seals** | **No** | **N/A** | **N/A** |
| **Disability/AT Organizations** | **No** | **N/A** | **N/A** |
| **Federal Entities/Agencies** | **No** | **N/A** | **N/A** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **N/A** | **N/A** |
| **Private Entities** | **No** | **N/A** | **N/A** |
| **Other** *(describe)* | **No** | **N/A** | **N/A** |

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

**Nebraska’s State AT program ATP provides device demonstrations to the general public, Vocational Rehabilitation consumers, and educators/professionals working with children age birth to 21 who have IEP/IFSP’s. The general public can either walk in, or call to set up a time to learn about and try out different pieces of equipment in one of our demonstration centers. Vocational Rehabilitation consumers are referred to ATP to assess their assistive technology needs for the workplace. Oftentimes during the assessment various pieces of assistive technology are demonstrated with the consumer so that the consumer can make an informed choice about what type of equipment is right for them. Educators and professionals that are part of IEP/IFSP teams can request technical assistance surrounding assistive technology and students on IEP/IFSP’s. When intensive technical assistance is needed, an ATP staff member will work with the IEP/IFSP team, often providing demonstrations of AT, so that the team can determine which piece of equipment is most appropriate for the student. All demonstrations provided by ATP are at no cost to the individual or professionals working with individuals. Demonstrations are tracked in ATP’s equipment database AT4ALL.com.**

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

[**https://www.at4all.com/**](https://www.at4all.com/)

[**https://atp.nebraska.gov/services/services-school-birth-3-3-21**](https://atp.nebraska.gov/services/services-school-birth-3-3-21)

[**https://atp.nebraska.gov/services/equipment**](https://atp.nebraska.gov/services/equipment)

Assistive Technology State Grant Program

State Plan for FY 2018-2020

## State Leadership Activities

Training 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.”

Training activities are instructional events, usually planned in advance for a specific purpose or audience, and are designed to increase participants’ knowledge, skills, and competencies regarding AT. Such events can be delivered to large or small groups, in-person, or via telecommunications or other distance education mechanisms. In general, participants in training can be individually identified and could complete an evaluation of the training. Examples of training include classes, workshops, and presentations that have a goal of increasing skills, knowledge, and competency, as opposed to training intended only to increase general awareness of AT. Training activities have more depth and breadth than public awareness activities and are focused on skill building and competency 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 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** | **N/A** | **N/A** |
| **Independent Living Center** | **No** | **N/A** | **N/A** |
| **Easter Seals** | **No** | **N/A** | **N/A** |
| **Disability/AT Organizations** | **No** | **N/A** | **N/A** |
| **Federal Entities/Agencies** | **No** | **N/A** | **N/A** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **N/A** | **N/A** |
| **Private Entities** | **No** | **N/A** | **N/A** |
| **Other** *(describe)* | **No** | **N/A** | **N/A** |

* + 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)**

**ATP will be offering a Webinar on the development of accessible Power Point presentations. This will be made available to Vocational Rehabilitation staff, and educators working with children with disabiltiies. The webinar will be recorded and posted on ATP’s website.**

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

**ATP will be offering numerous trainings (in person, webinar, self paced courses) on incorporating AT into IEP/IFSP’s. These trainings will cover AT consideration, AT assessments, how to acquire and provide AT tools/systems, AT implementation, and how to evaluate the effectiveness of AT for a child or student.**

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

**N/A**

* + 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** | **N/A** | **N/A** |
| **Independent Living Center** | **No** | **N/A** | **N/A** |
| **Easter Seals** | **No** | **N/A** | **N/A** |
| **Disability/AT Organizations** | **No** | **N/A** | **N/A** |
| **Federal Entities/Agencies** | **No** | **N/A** | **N/A** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **N/A** | **N/A** |
| **Private Entities** | **No** | **N/A** | **N/A** |
| **Other** *(describe)* | **No** | **N/A** | **N/A** |

* + 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)**

**The Assistive Technology Partnership Education program provides intensive Technical Assistance to IEP/IFSP teams to help them decide on, and implement appropriate assistive technology solutions and supports for students with disabilities. For transistion aged students ATP works with Nebraska VR as well as the IEP teams to ensure that transition aged students have assistive technology to assist them with their post-secondary goals.**

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

**The Assistive Technology Partnership works with Nebraska Dept. of Education -Special Education by providing technical assistastance to school districts across the state that are undergoing building improvements/modifications using IDEA funds. ATP provides guidance on ADA rules and regulations that pertain to accessibility, and suggestions on best practices in facility design to benefit students with disabilities.**

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** | **N/A** | **N/A** |
| **Independent Living Center** | **No** | **N/A** | **N/A** |
| **Easter Seals** | **No** | **N/A** | **N/A** |
| **Disability/AT Organizations** | **No** | **N/A** | **N/A** |
| **Federal Entities/Agencies** | **No** | **N/A** | **N/A** |
| **State Entities/Agencies** | **No** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **N/A** | **N/A** |
| **Private Entities** | **No** | **N/A** | **N/A** |
| **Other** *(describe)* | **No** | **N/A** | **N/A** |

* + 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)**

**The Assistive Technology Partnership annually hosts a booth, and an AT Playground at the Nebraska Education Technology Associations Spring Conference. This conference is attended by well over 1000 educators from across the state. At ATP’s AT Playground educators get a chance to try out numerous types of AT and ask staff questions about the equipment and services provided by ATP.**

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

**The Assistive Technology Partnership sends out quarterly newletters to all Nebraska VR staff. Each newletter highlights a different piece of assistive technology. This newletter reaches approximately 200 Nebraska VR staff.**

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** | **N/A** | **N/A** |
| **Independent Living Center** | **No** | **N/A** | **N/A** |
| **Easter Seals** | **Yes** | **Yes** | **No** |
| **Disability/AT Organizations** | **No** | **N/A** | **N/A** |
| **Federal Entities/Agencies** | **No** | **N/A** | **N/A** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **N/A** | **N/A** |
| **Private Entities** | **No** | **N/A** | **N/A** |
| **Other** *(describe)* | **No** | **N/A** | **N/A** |

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

**Nebraska’s State AT Program the Assistive Technology Partnership (ATP) has an application for services called a “Service and Device” application. This was developed through a multi-agency collaborative, and allows for ATP to pass along the consumer’s information to apply for services outside of ATP. An example of this would be if someone in need of funding for a power wheelchair filled out the Service and Device application, and ATP’s Resource Specialist concluded that they did not qualify for any programs that ATP oversees, she would then with the consumer’s permission forward their information onto Easterseals of Nebraska to apply for an Alternative Finance Program loan. The Service and Device application is available on ATP’s website, in person and any ATP office, or by calling the toll free number and asking ATP to mail an application along with a postage paid return envelope.**

Assistive Technology State Grant Program

State Plan for FY 2018-2020

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

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.