

State Grant for Assistive Technology Program - RSA-664 Wisconsin State Plan for FY 2015-2017 (submitted FY 2015) H224A150048

Section A - Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity

1. Name Given to Statewide AT Program: WisTech

2. Website dedicated to Statewide AT Program: <http://www.wisconsinwistech.com/>

3. Name and Address of Lead Agency

Wisconsin Department of Health Services,

Office of Policy Initiatives and Budget,

1 West Wilson Street, Room 527,

PO Box 7850

Madison, WI 53707-7850

4. Name, Title, and Contact Information for Lead Agency Certifying Representative.

Kitty Rhoades

Deputy Secretary

Wisconsin Department of Health and

Services (WI DHS)

1 West Wilson, PO Box 7850

Madison, WI 53707-7850

PHONE: (608) 266-5629

EMAIL: dhsgrantreview@wisconsin.gov

5. Information about Program Director at Lead Agency:

Amy Thomson, M.S., C.R.C.

BOND/Employment Policy Analyst

SVRI supporting DHS

Employment Initiatives Section

1 W. Wilson Street, Room 418

P.O. Box 7851

Madison, WI 53703

608-266-1164 office

866-278-6440 toll-free

608-223-7755 fax

Amy.Thomson@dhs.wisconsin.gov

6. Information about Program Contact(s) at Lead Agency:

7. Telephone at Lead Agency for Public: 608-266-1164

8. E-mail at Lead Agency for Public: Amy.Thomson@dhs.wisconsin.gov

9. Descriptor of the agency: Health and Human Services Agency

10. If Other was selected for question 9, identify and describe the agency:

11. Contract with an Implementing Entity? Yes

12. Name and Address of Implementing Entity:

Stout Vocational Rehabilitation Institute

University of Wisconsin - Stout

221 10th Avenue East

Menomonie, Wisconsin 54751

www.uwstout.edu/svri

715-232-3300

13. Information about Program Director at the Implementing Entity:

Laura Plummer, MA, CRC, ATP

Wistech Director / Senior Rehabilitation Technologist

Stout Vocational Rehabilitation Institute

University of Wisconsin - Stout

221 10th Avenue East

Menomonie, Wisconsin 54751

www.uwstout.edu/svri

715-232-3300

715-232-1323 Fax

14. Information about Program Contact(s) at Implementing Entity:

15. Telephone at Implementing Entity for Public: 7152323300

16. E-mail at Implementing Entity for Public: plummerl@uwstout.edu

17. Type of organization: Institution of Higher Education

18. If Other was selected, identify and describe the entity:

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

Contractual agreement

20. Is the Lead Agency named new or different Lead Agency? No

21. Explain why the Lead Agency previously designated by your state should not serve as the Lead Agency:

22. Explain why the Lead Agency newly designated by your state should not serve as the Lead Agency:

23. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in your previous State Plan? n/a

If you answered no or not applicable to question 23, you may skip ahead to the next page. Otherwise, you must answer the following questions.

24. Explain why the Implementing Entity previously designated by your state should not serve as the Implementing Entity:

25. Explain why the Implementing Entity newly designated by your state should serve as the Implementing Entity:

Section B - Advisory Council, Budget Allocations, and Identification of Activities Conducted

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, types of disabilities across the age span, and users of types of services that an individual with a disability may receive. Yes
2. 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) Yes
3. 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)); Yes
4. 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.); Yes
5. The advisory council includes a representative of the State workforce investment board established under section 111 of the Workforce Investment Act of 1998 (29 U.S.C. 2821); No
6. 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 Yes
7. The advisory council includes other representatives

Timothy Carey, Consumer Representative

David Koch, Consumer Representative

Michelle Lampson, Parent Representative

Lisa Pingel, Educational Representative

Katherine Schneider, Consumer representative

Lee Schulz, IL Representative

Kathleen Massa, DVR Representative

Doug Martens, OBVI State Office for Blind and Low Vision

Jolene Troia, Department of Public Instruction

Karen Quick, Consumer Representative

Dustin Hane, Consumer Representative

8. The advisory council includes the following number of individuals with disabilities that use assistive technology or their family members or guardians 5

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

Awaiting appointments to be made by the selected State agency for Workforce Investment.

10. Proposed Budget Allocations

State Financing Activities Not performed due to comparability

Device Reutilization Activities \$50,001-\$60,000

Device Loan Activity Proposed more than \$100,000

Device Demonstration Activity more than \$100,000

State Leadership Activities more than \$100,000

11. For every activity for which you selected "claiming comparability" in item 10, describe the comparable activity.

Wisconsin has an AFP Program in WisLoan, that is a partnership between Independence First and the Wisconsin Department of Health Services. WisLoan is a loan guarantee program where loan applications are taken at each of the Independent Living Centers. WisLoan has a Board that meets monthly to review applications and approved loans are made in an arrangement with M&I Bank.

12. Describe your planned procedures for tracking expenditures for State-level and State Leadership activities.

State level activities are provided through contracts with the eight Independent Living Centers, the Wheelchair Recycling Program and Badger State Industries (Department of Corrections) in the state. The implementing agency, SVRI, also conducts state level activities. The contracts are monitored with the implementing agency, the University of Wisconsin Stout. In this way expenditures are tracked according to the defined program areas of Device Loan, Device Demos, and Device Reutilization. Contract agencies report their expenditures to ensure that activities are tracked appropriately.

WisTech staff time for State Level and State Leadership activities is tracked according to time spent on each project or activity. The WisTech Director monitors CARS expenditures and staff time on a quarterly basis.

13. State Financing Activities Performed

Financial loan program No

Access to telework loan fund No

Cooperative buying program No

Financing for home modifications program No

Telecommunications distribution program No

Last resort program No

Other program No

Other Activities Performed

How many device exchange programs do you support? 0

How many device reassignment programs do you support? 2

How many device loan programs do you support? 1

How many device demonstration programs do you support? 1

14. What is the baseline year for the measurable goals for this state plan? 2011

Section D - Device Reutilization Activities - Device Reassignment 1 of 2

1. Select the option that best describes the reassignment program reassigns general AT

2. Enter the year when the program began conducting this activity. 2006

3. Who conducts this activity? Check all that apply.

The Statewide AT Program No

Other entities (e.g. contractors) Yes

4. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.
Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. Yes

Receives financial support from private entities. Yes

Receives in-kind support from private entities. Yes

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

5. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	Yes
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	Yes
Easter Seals	No	No	No	No
Education-related agency	No	No	No	Yes
Employment-related agency	No	No	No	No

Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	Yes	No	No	Yes
Institution of Higher Education	No	No	No	No
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	Yes	Yes	No	Yes

6. Select the option that best describes from where this activity is conducted. Regional sites

7. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 2

8. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

9. Select the option that best describes the policy of the program for charging individuals with disabilities for a device. A fee is assigned based on the value or type of device

10. Select the option that best describes the policy of the program for charging professionals for a device. A fee is assigned based on the value or type of device

11. How do you get the device to the consumer? The consumer picks up the device at a designated site

12. In the following table, select by device type how the device is reassigned. Select the top two used by the program.

Type of device	Based on consumer choice and/or request	A professional recommendation is required	Qualified program staff match it to the consumer	Qualified consultants and/or volunteers match it to the consumer	The device is provided through a qualified third-party	Not applicable - this type of device is not made available
Vision	No	No	No	No	No	Yes
Hearing	No	No	No	No	No	Yes
Speech Communication	Yes	No	No	Yes	No	No
Learning, Cognition, and Developmental	No	No	No	No	No	Yes
Mobility, Seating, and Positioning	Yes	No	Yes	No	No	No
Daily Living	Yes	No	Yes	No	No	No
Environmental Adaptations	No	No	No	No	No	Yes
Vehicle Modification and	No	No	No	No	No	Yes

Transportation						
Recreation, Sports, and Leisure Equipment	No	No	No	No	No	Yes
Computer and Associated Equipment	No	No	No	No	No	Yes

13. If applicable, describe how consumers demonstrate the need for devices.

14. Describe any supports provided to the consumer to ensure successful use of the device.

15. Describe the activity.

Section D - Device Reutilization Activities - Device Reassignment 2 of 2

1. Select the option that best describes the reassignment program is an open-ended loan program

2. Enter the year when the program began conducting this activity. 2006

3. Who conducts this activity? Check all that apply.

The Statewide AT Program No

Other entities (e.g. contractors) Yes

4. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. Yes

Receives in-kind support from the state. Yes

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

5. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	Yes
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	Yes
Easter Seals	No	No	No	No
Education-related agency	No	No	No	No
Employment-related agency	No	No	No	No

Health, allied health, and rehabilitation-related agency	No	No	No	No
Independent Living Center	Yes	No	No	Yes
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

6. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

7. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 8

8. This activity is available (choose all that apply)

By website: Yes

By phone : No

By e-mail : Yes

By mail : Yes

In person : Yes

9. Select the option that best describes the policy of the program for charging individuals with disabilities for a device. Nothing

10. Select the option that best describes the policy of the program for charging professionals for a device. Multiple subcontractors are used and they set their own policies

11. How do you get the device to the consumer? The consumer picks up the device at a designated site

12. In the following table, select by device type how the device is reassigned. Select the top two used by the program.

Type of device	Based on consumer choice and/or request	A professional recommendation is required	Qualified program staff match it to the consumer	Qualified consultants and/or volunteers match it to the consumer	The device is provided through a qualified third-party	Not applicable - this type of device is not made available
Vision	Yes	No	Yes	No	No	No
Hearing	Yes	No	Yes	No	No	No
Speech Communication	No	No	No	No	No	Yes
Learning, Cognition, and Developmental	Yes	No	Yes	No	No	No
Mobility, Seating, and Positioning	No	No	No	No	No	Yes
Daily Living	Yes	No	Yes	No	No	No
Environmental Adaptations	Yes	No	Yes	No	No	No
Vehicle Modification and	No	No	No	No	No	Yes

Transportation						
Recreation, Sports, and Leisure Equipment	Yes	No	Yes	No	No	No
Computer and Associated Equipment	Yes	No	Yes	No	No	No

13. If applicable, describe how consumers demonstrate the need for devices.

Consumers who are working with each Independent Living Center communicate their need for a piece of assistive technology and the lack of funding to acquire it. Staff at the agencies can provide pieces of equipment that have been donated to them by former consumers who no longer need the piece of equipment. Consumer need is generally identified during the provision of device demonstrations and/or loans with the Independent Living Center.

14. Describe any supports provided to the consumer to ensure successful use of the device.

Staff with the Independent Living Center will provide information and assistance with learning to use or setting up the device if required.

15. Describe the activity.

Assistive technology is received by the Independent Living Centers and made available, at no charge, to consumers in need.

Section E - Device Loan Activity - Device Loan Activity

1. Select the option that best describes the type of program. General program

2. If you indicated that you have a device loan program for targeted consumers or devices, describe the specific types of consumers or devices for whom this device loan program is intended and why.

3. If you indicated that you have a device loan program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program.

4. If you selected other, describe

5. Enter the year when the program began conducting this activity. 2006

6. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

7. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. Yes

Receives financial support from private entities. No

Receives in-kind support from private entities. Yes

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

8. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	Yes
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	Yes
Easter Seals	No	No	No	No
Education-related agency	Yes	No	No	Yes
Employment-related agency	Yes	No	Yes	Yes

Health, allied health, and rehabilitation-related agency	Yes	No	No	Yes
Independent Living Center	Yes	No	No	Yes
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	No	No	No	Yes
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	Yes
Organization that primarily serves individuals with developmental disabilities	No	No	No	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	Yes
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

9. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

10. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 8

11. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : No

By mail : No

In person : Yes

12. Select the option that best describes the policy of the program for charging individuals with disabilities for a loan. Nothing

13. Select the option that best describes the policy of the program for charging professionals for a loan. Nothing

14. Describe any supports provided to the consumer to ensure a successful loan.

WisTech contracts with the 8 Independent Living Centers (ILC) to operate device loan programs. Staff at the ILCs are trained to have a basic understanding of AT to help meet the needs of consumers. Staff are encouraged to share information and collaborate statewide through the AT Listserv and to consult with certified AT Practitioners and consultants at the University of Wisconsin Stout SVRI when there are questions or concerns. Each of the device loan centers maintains a standard inventory of AT equipment that has been established in cooperation with the UW Stout consultants. SVRI maintains a device loan and demo inventory, viewable online, with similar items to the IL Centers but also includes higher tech or one of a kind items.

15. Devices in the loan pool also are made available for the following (choose all that apply)

Device demonstrations: Yes

Evaluations and assessments: Yes

Training: Yes

Public awareness: Yes

16. How do you get the device to the consumer? The device is delivered to the consumer by staff

17. Provide any additional information about this activity you wish to share.

Beginning with FY 2009, the Device Loan programs participate in the AT4ALL web-based inventory system. AT4ALL will allow consumers to find information regarding devices and equipment that is available for loan at any given time.

Section F - Device Demonstration Activity - Device Demonstration Activity

1. Select the option that best describes the type of program. General program

2. If you indicated that you have a device demonstration program for targeted consumers or devices, describe the specific types of consumers or devices for whom this device demonstration program is intended and why.

3. If you indicated that you have a device demonstration program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program.

4. If you selected other, describe

5. Enter the year when the program began conducting this activity. 2006

6. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

7. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.
Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. Yes

Receives financial support from private entities. No

Receives in-kind support from private entities. Yes

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

8. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	Yes
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	Yes
Easter Seals	No	No	No	No
Education-related agency	No	No	No	Yes
Employment-related agency	No	No	No	Yes

Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	Yes	No	No	No
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	Yes
Organization that primarily serves individuals with developmental disabilities	No	No	No	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	Yes
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	Yes	No	No	Yes

9. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

10. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 8

11. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

12. Select the option that best describes the primary type of demonstrations provided by the program. In-person demonstrations that move to multiple sites

Select the option that best describes the secondary type of demonstrations provided by the program. In-person demonstrations from fixed regional sites

13. Select the option that best describes the policy of the program for charging individuals with disabilities for a demonstration. Nothing

14. Select the option that best describes the policy of the program for charging professionals for a demonstration. Nothing

15. Devices in the demonstration pool also are made available for the following (choose all that apply)

Device loans: Yes

Evaluations and assessments: Yes

Training: Yes

Public awareness: Yes

16. Select the option that best describes what is shared with the device loan program. Both staff and space

17. Provide any additional information about this activity you wish to share.

Section G - State Leadership Activities - Training

1. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.
Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. Yes

Receives financial support from private entities. Yes

Receives in-kind support from private entities. Yes

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	Yes
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	Yes
Easter Seals	No	No	No	No
Education-related agency	Yes	No	No	Yes
Employment-related agency	No	No	No	Yes

Health, allied health, and rehabilitation-related agency	Yes	No	No	Yes
Independent Living Center	Yes	No	No	Yes
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	Yes	No	No	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	Yes	No	No	Yes
Organization that primarily serves individuals with developmental disabilities	Yes	No	No	Yes
Organization that primarily serves individuals with physical disabilities	Yes	No	No	Yes
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

4. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 8

6. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

7. Select the option that best describes how training is primarily provided. At fixed sites supported by the Statewide AT Program

8. Select the option that best describes the policy of the program for charging individuals with disabilities for training. Multiple subcontractors are used and they set their own policies

9. Select the option that best describes the policy of the program for charging professionals for training. Multiple subcontractors are used and they set their own policies

10. Provide any additional information about this activity you wish to share.

Training is provided in a variety of venues and formats. Whenever possible, and as a cost-saving measure, workshops are organized as special sessions at larger conferences including the Vocational Rehab Conference, the Long Term Care Conference, the FOCUS Conference (for

providers of nursing home, assisted living, home health and other services), and the statewide "AT Across the Lifespan" Conference.

In some instances, full day events are held around a specific type of technology (eg. AAC devices, vehicle modifications, home modifications) as a stand-alone event. Whenever possible, these events are repeated in more than one region of the state.

Trainers are recruited from the ranks of University Instructors and Clinicians, Independent Living providers, AT Practitioners, AT Specialists, special educators, and others. Some of the training events have been supported in kind or through cooperative relationships with other agencies, and programs.

Section G - State Leadership Activities - Technical Assistance

1. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.
Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. Yes

Receives financial support from private entities. Yes

Receives in-kind support from private entities. Yes

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	Yes	No	No	Yes
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	Yes	No	No	Yes
Easter Seals	Yes	No	No	Yes
Education-related agency	Yes	No	Yes	Yes
Employment-related agency	Yes	No	Yes	Yes

Health, allied health, and rehabilitation-related agency	Yes	No	Yes	Yes
Independent Living Center	Yes	No	Yes	Yes
Institution of Higher Education	Yes	No	Yes	Yes
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	Yes	No	Yes	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	Yes	No	Yes	Yes
Organization that primarily serves individuals with developmental disabilities	Yes	No	Yes	Yes
Organization that primarily serves individuals with physical disabilities	Yes	No	Yes	Yes
Organization focused specifically on providing AT	Yes	No	Yes	Yes
Protection and Advocacy Organization	Yes	No	Yes	Yes
Technology agency	No	No	No	No
UCP	No	No	No	Yes
Other	No	No	No	No

4. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 9

6. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

7. Select the option that best describes the policy of the program for charging for technical assistance. Nothing

8. Provide any additional information about this activity you wish to share.

WisTech provides technical assistance in a collaborative manner with a number of other disability and AT related programs in the state. The technical assistance takes the form of participation on committees, joint planning, and preparation of special events. The following projects are examples of on-going technical assistance efforts:

WisTech participates in projects related to improving employment and with long term care services. This assistance is provided through collaborations with DVR and the Aging and Disability Resources.

WisTech will continue the process of providing staff training and supplying AT Kits for each of the new Aging and Disability Resource Centers, as more Wisconsin counties participate in the development of Family Care. This is part of the state plan to re-vamp the provision of long-term-care services in the state and aid in community transition.

WisTech provides ongoing consultation to WisLoan, Wisconsin's AFP program in terms of administrative oversight, policy review, eligibility for public funding, and AT product considerations.

WisTech maintains public information on the website www.wisconsinwistech.com

WisTech is involved in planning and implementation of training activities for specific professional groups around current AT product offerings, including problem-solving regarding the repair and maintenance of devices and technology.

WisTech provides technical assistance to secondary and post-secondary educational programs and participates in a statewide UDL committee.

Section G - State Leadership Activities - Public Awareness

1. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.
Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. Yes

Receives financial support from private entities. Yes

Receives in-kind support from private entities. Yes

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	Yes
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	Yes	No	Yes	Yes
Easter Seals	No	No	No	Yes
Education-related agency	Yes	No	Yes	Yes
Employment-related agency	Yes	No	Yes	Yes

Health, allied health, and rehabilitation-related agency	Yes	No	Yes	Yes
Independent Living Center	Yes	No	Yes	Yes
Institution of Higher Education	Yes	No	Yes	Yes
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	Yes	No	Yes	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	Yes	No	Yes	Yes
Organization that primarily serves individuals with developmental disabilities	Yes	No	Yes	Yes
Organization that primarily serves individuals with physical disabilities	Yes	No	Yes	Yes
Organization focused specifically on providing AT	Yes	No	Yes	Yes
Protection and Advocacy Organization	Yes	No	Yes	Yes
Technology agency	No	No	No	No
UCP	No	No	No	Yes
Other	No	No	No	No

4. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 8

6. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

7. Describe the activity.

WisTech is involved in a number of annual public awareness activities.

1. WisTech works in cooperation with other AT partners in the planning and staging of the "Across the Lifespan Conference". This conference is planned with the participation of the k-12 school systems, the Independent Living Centers, University of Wisconsin-Stout, aging units, vocational programs, early childhood, AT vendors, and many others. The Conference is a two day event with up to 50 separate workshops, 300 attendees, and 35-40 vendors. Planning for this annual event is ongoing and the co-conference concept will continue with the collaboration with the WI-Ahead organization.

The WisTech Director works with various statewide entities, both public and non-profit to ensure that assistive technology is incorporated within their conferences and trainings.

WisTech subcontracts with Wisconsin's eight Independent Living Centers to provide Device Loan and Device Demo services as defined in the AT Act. The ILCs are also required to participate in disability related events in their geographic service areas and provide public awareness on the use of appropriate AT.

WisTech actively participates in several conferences and expos on an annual basis with an informational booth featuring informational literature, various AT devices, access software, and demonstrations. These conferences include the statewide transition conference (WSTI), the Rehabilitation Conference (RFW), the Aging/Disability Center Conference (ADRC), and others.

WisTech developed an AT Kit that features low-tech AT devices that was developed in cooperation with UW Stout. This Kit and training sessions are provided to each of the newly formed Aging and Disability Resource Centers and the ILCs. The purpose is to provide a basic understanding of AT to help in the placement and referrals for consumers entering the long term care system. Additional kit distributions occurred in 2014 and will be completed in 2015.

WisTech encourages the provision of and sponsors AT Fairs in various locations throughout the State. The Fairs also include vendor displays and instructional sessions to inform consumers on various types of AT devices and technology. The number of AT Fairs will vary based upon funding.

WisTech will be developing an AT and Ethics online course made available to services providers as a professional development tool. Estimated release of the course is the Fall of 2014.

Section G - State Leadership Activities - Information and Assistance

1. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program.
Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. Yes

Receives financial support from private entities. No

Receives in-kind support from private entities. Yes

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities	d. Collaborate with
AgrAbility Program	No	No	No	Yes
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	Yes
Easter Seals	No	No	No	Yes
Education-related agency	Yes	No	Yes	Yes
Employment-related agency	Yes	No	Yes	Yes

Health, allied health, and rehabilitation-related agency	Yes	No	Yes	Yes
Independent Living Center	Yes	No	Yes	Yes
Institution of Higher Education	Yes	No	Yes	Yes
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	Yes	No	Yes	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	Yes	No	Yes	Yes
Organization that primarily serves individuals with developmental disabilities	Yes	No	Yes	Yes
Organization that primarily serves individuals with physical disabilities	Yes	No	Yes	Yes
Organization focused specifically on providing AT	Yes	No	Yes	Yes
Protection and Advocacy Organization	Yes	No	Yes	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

4. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 8

6. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

7. Describe the activity.

WisTech contracts with the eight Independent Living Centers in Wisconsin to provide Device Loan and Device Demo services as defined in the AT Act. In addition, the ILCs are required to provide information and assistance to consumers regarding AT. Consumers call the ILC that is serves their geographical area. Staff members at the Centers are trained to provide information regarding AT resources, devices, funding, and AT services that are available in their area. If there is a question that involves more research, a call or email can be placed to AT staff at the UW Stout or to someone at the WisTech central office. WisTech and UW Stout work in collaboration with specialists at several agencies and programs that can be called upon to provide more detailed information regarding technologies and devices specific to persons with disabilities including deaf and hard of hearing, blind and low vision, developmental disabilities and learning disabilities, mobility impairments, etc.

The WisTech website www.wisconsinwistech.com has been established to provide a wide variety of information to consumers and others who need to know about various types of technology, software, devices, and home modifications. The sites include email and phone contact information so that questions in most cases can be answered within two business days.

Section H - Assurances, Measurable Goals and Signatures

1. As Certifying Representative of the Lead Agency for the State of Wisconsin, I hereby assure the following. Yes
2. The Lead Agency prepared and submitted this State Plan on behalf of the State of Wisconsin. Yes
3. The Lead Agency submitting this plan is the State agency that is eligible to submit this plan. Yes
4. The State agency has authority under State law to perform the functions of the State under this program. Yes
5. The State legally may carry out each provision of this plan. Yes
6. All provisions of this plan are consistent with State law. Yes
7. A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan. Yes
8. The State officer who submits this plan, specified by title in this certification, has authority to submit this plan. Yes
9. The agency that submits this plan has adopted or otherwise formally approved this plan. Yes
10. The plan is the basis for State operation and administration of the program. Yes
11. The Lead Agency will maintain and evaluate the program under this State Plan. Yes
12. The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act. Yes
13. The Lead Agency will submit the progress report on behalf of the State. Yes
14. The State will prepare reports to the Secretary in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this Act and keep such records and allow access to such records as the Secretary may require to ensure the correctness and verification of information provided to the Secretary. Yes
15. The Lead Agency will control and administer the funds received through the grant. Yes
16. The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan. Yes

17. Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services. Yes

18. The Lead Agency will ensure conformance with Federal and State accounting requirements. Yes

19. The State will adopt such fiscal control and accounting procedures as may be necessary to ensure proper disbursement of and accounting for the funds received through the grant. Yes

20. Funds made available through a grant to a State under this Act will not be used for direct payment for an assistive technology device for an individual with a disability. Yes

21. A public agency or an individual with a disability holds title to any property purchased with funds received under the grant and administers that property. Yes

22. The physical facility of the Lead Agency and Implementing Entity, if any, meets the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) regarding accessibility for individuals with disabilities. Section 4(d)(6)(E) Yes

23. Activities carried out in the State that are authorized under this Act, and supported by Federal funds received under this Act, will comply with the standards established by the Architectural and Transportation Barriers Compliance Board under section 508 of the Rehabilitation Act of 1973 (20 U.S.C. 794d). Section 4(d)(6)(G) Yes

24. The Lead Agency will coordinate the activities of the State Plan among public and private entities, including coordinating efforts related to entering into interagency agreements. Yes

25. The Lead Agency will coordinate efforts related to the active, timely, and meaningful participation by individuals with disabilities and their family members, guardians, advocates, or authorized representatives, and other appropriate individuals, with respect to activities carried out through the grant. Yes

26. Describe how your program will conform to section 427 of General Education Provisions Act by describing the steps you propose to take to ensure equitable access to, and participation in, your program for students, teachers, and other program beneficiaries with special needs.

WisTech will continue to conform to section 427 of the General Education Provision Act by ensuring access to and participation by all possible consumers. The barriers of gender, race, national origin, color, disability, and age, are addressed in established Administrative Directives of the Wisconsin Department of Health Services. Applicable Department Policies regarding civil rights compliance and language assistance can be accessed at the following site:

<https://www.dhs.wisconsin.gov/civil-rights/index.htm>

WisTech seeks to eliminate any barriers that may limit access to programs by specific groups of individuals who may be underserved. For example, we ensure that individuals are able to get information on a toll-free phone number as well as by email, in-person visits, and at our websites. Publications include TTY phone access and the use of translators when necessary.

27. Access Goal Table

	Education	Employment	Community Living	IT/Telecomm
a. Long-term Goal	70.00	70.00	70.00	70.00
b. Long-term Goal Status	Met [d]	Met [d]	Met [d]	Met [d]
c. FY 2011 Performance	94.19	90.24	81.25	85.13
d. FY 2012 Short-term goal	70.00	70.00	70.00	70.00
e. FY 2012 Performance	93.48	86.26	83.54	77.32
f. FY 2012 Status	Met	Met	Met	Met
g. FY 2013 Short-term goal	70.00	70.00	70.00	70.00
h. FY 2013 Performance	94.61	88.82	90.01	89.04
i. FY 2013 Status	Met	Met	Met	Met
j. FY 2014 Short-term goal	70.00	70.00	70.00	70.00

k. FY 2014 Performance	94.04	89.74	89.78	91.75
l. FY 2014 Status	Met	Met	Met	Met

28. Acquisition Goal Table

	Education	Employment	Community Living
a. Long-term Goal	75.00	75.00	75.00
b. Long-term Goal Status	Met [d]	Met [d]	Met [d]
c. FY 2011 Performance	95.05	92.19	92.63
d. FY 2012 Short-term Goal	75.00	75.00	75.00
e. FY 2012 Performance	8.32	28.81	46.44
f. FY 2012 Status	Not met	Not met	Not met
g. FY 2013 Short-term Goal	75.00	75.00	75.00
h. FY 2013 Performance	99.43	100.00	97.85
i. FY 2013 Status	Met	Met	Met

j. FY 2014 Short-term Goal	75.00	75.00	75.00
k. FY 2014 Performance	97.56	97.00	91.49
l. FY 2014 Status	Met	Met	Met

29. Name of Certifying Representative for the Lead Agency Kitty Rhoades

30. Title of Certifying Representative for the Lead Agency Deputy Secretary Department of Health Services

31. Signed? Yes

32. Date Signed 02/06/2015