

**State Grants for Assistive Technology Program
Annual Progress Report (AT APR)**

Instruction Manual and Definitions

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Instruction Manual and Definitions State Grants for Assistive Technology Program Annual Progress Report (AT APR)

This document contains information needed for completing the State Grants for AT Program Annual Progress Report (AT APR). The AT APR is designed to provide the Administration for Community Living (ACL) with the data necessary for program planning and reporting to Congress, the Secretary of Health and Human Services and other entities. The AT APR is organized by the state-level and state leadership activities outlined in the 21st Century Assistive Technology Act (AT Act of 1998, as Amended). Lead agencies or implementing entities will report on these state-level and state leadership activities and will provide data required by Section 4(f) of the Act and other necessary data.

Information from individual states will be available to the public once the information is complete and formally submitted. Questions regarding potential uses of the information submitted by individual states should be directed to Robert Groenendaal, Program Specialist, ACL, U.S. Department of Health and Human Services, 330 C Street SW, Switzer Building, Room 1317B, Washington, DC 20201, Robert.Groenendaal@acl.hhs.gov, 202.795.7356.

This instruction manual is organized in the following manner:

- I. General Instructions
- II. General Definitions

I. General Instructions

A. Reporting Period

The reporting period is the federal fiscal year, which begins on October 1 of each year and ends on the following September 30.

B. Reporting Data

Programs must collect and report data on activities that are supported using funds from their State Grant for AT under section 4 of the 21st Century Assistive Technology Act. Each Statewide AT Program submitted a State Plan identifying these activities. Data should not be reported for state-level activities if the Statewide AT Programs has opted for “State Flexibility” [Sec2 (B)].

States may have described state-level or state leadership activities in their State Plan that are supported or supplemented with non-21st Century Assistive Technology Act funds (e.g. the state administers a telecommunications equipment distribution program that uses non-21st Century Assistive Technology Act dollars to pay for devices and services.) Data from these activities (such as individuals served) should be reported in the appropriate section (State Financing in the example given) and the funding amount should be reported in the first table in the “Additional and Leveraged Funding” section.

C. Non-responders

The performance measures data elements and consumer satisfaction data include non-responders. Reporting and use of nonresponse information is different for the performance measure data as compared to consumer satisfaction data. A complete description of the reporting and use of nonresponse data can be found in the subsequent sections on performance measures and consumer satisfaction.

D. Anecdotes

For each of the state-level activities, you will be asked to provide anecdotal information about consumers, or others that benefited from program activities, during the reporting period. Generally, a consumer is an individual with a disability or his or her family, but in some cases it may be appropriate to provide an anecdote about a professional. Please make these entries as specific and concise as possible and include the following information:

- What AT device, service or information did the consumer need?
- How did your Statewide AT Program help the consumer obtain that device, service or information?
- What barrier(s) did your Statewide AT Program help the consumer overcome?
- How did obtaining that device or service improve that consumer's life?
- How did it improve the consumer's access to education, employment, or community living? You will be asked to check which of these outcome areas the anecdote addresses.

Other instructions to follow in providing anecdotes:

- Limit each anecdote to 1800 characters or less.
- Try to avoid using brand names for AT devices as those are not understandable to readers; describe the AT device instead. For example, use "software that enlarges screen display" instead of Zoom Text. Use language that is understandable to an uninformed audience.
- Do not repeat the same anecdote in multiple sections.
- Do not identify any consumers by name or use other details that would allow a consumer to be identified.
- Be sure that the example clearly fits within the appropriate activities supported by the 21st Century Assistive Technology Act.
- Upload a good resolution picture for the anecdote if at all possible. Maximum picture size for uploads is 5 MB.

Anecdotal information also is requested for some state leadership activities. Instructions on what to include in anecdotes for these activities are provided in the reporting system.

E. Instructions for Determining Geographic Distribution

Section 4(f) of the 21st Century Assistive Technology Act requires that Statewide AT Programs provide data on the geographic distribution of consumers served by state financing activities and individuals participating in training activities. To meet this requirement, it will be necessary for you to ascertain the county of residence of an individual receiving services or training; or, in the case of a professional receiving training, you need to ascertain the county in which the professional generally provides services.

General Instructions

In Training, there is an option for reporting participants as “Unknown” when the participant county data cannot be gathered. This should happen rarely only in situations where there are extenuating circumstances that prevent gathering county data (e.g. event registration was handled by an outside organization and was supposed to collect county data but did not.) The “Unknown” category should not be used to report international training participants as it is recommended those participants not be included in the APR for a federal formula grant program.

Once you know the county where the individual resides or serves, you must determine the Rural Urban Continuum Code (RUCC) for that county. The 2013 RUCCs form a classification scheme that distinguishes metropolitan counties by size and non-metropolitan counties by degree of urbanization and proximity to metro areas. The Office of Management and Budget (OMB) metro and non-metro categories have been subdivided into three metro and six non-metro categories, resulting in a nine-part county codification as follows:

- 1 - Counties in metro areas of one million population or more
- 2 - Counties in metro areas of 250,000 to one million population
- 3 - Counties in metro areas of fewer than 250,000 population
- 4 - Urban population of 20,000 or more, adjacent to a metro area
- 5 - Urban population of 20,000 or more, not adjacent to a metro area
- 6 - Urban population of 2,500 to 19,999, adjacent to a metro area
- 7 - Urban population of 2,500 to 19,999, not adjacent to a metro area
- 8 - Completely rural or less than 2,500 urban population, adjacent to a metro area
- 9 - Completely rural or less than 2,500 urban population, not adjacent to a metro area

For purposes of this data collection, these nine codes are combined into two levels:

- Codes 1-3 are considered “metro”
- Codes 4-9 are considered “non-metro”

When required by this instrument, you will categorize individuals into one of these two groups based on the RUCC for their county. Finding the RUCC for any county is done as follows:

1. Go to: <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/>
2. Download the 2013 Rural-Urban Continuum Codes (excel spreadsheet)
3. Scroll to your state (list is alphabetical by state) and select your counties.
4. Column E provides the RUCC code for each county.

You will be responsible for tallying how many individuals fall into each grouping of RUCC and then provide the final number in the appropriate area of the data collection instrument.

For example, through state financing activities you provide six loans during one reporting period with one loan recipient living in a county with a RUCC of 2, one in a county with a RUCC of 4, one in a county with a RUCC of 8, one in a county with a RUCC of 6, one in a county with a RUCC of 9 and the last in a county with a RUCC of 3. The total for these six loan recipients results in the following metro/non-metro data:

County of Residence	Number of Individuals
Metro (RUCC 1-3)	2
Non-Metro (RUCC 4-9)	4
Total	<i>System-generated</i>

F. Classification of Devices

Throughout the reporting system you are asked to classify the devices provided. There are ten categories for classifying devices.

- Vision
- Hearing
- Speech communication
- Learning, cognition, and developmental
- Mobility, seating, and positioning
- Daily living
- Environmental adaptations
- Vehicle modification and transportation
- Computers and related
- Recreation, sports, and leisure

You must choose one category where a device belongs. Devices must be reported in one of these categories as there is no “Other” category. Many devices can fit into more than one category depending on how they are used by a consumer. When it is not immediately obvious in which category you should classify a device, you should classify it based on the functional need that is served by the “assistive” aspect of the device. Exception: If the device is designed to assist someone who has a vision or hearing impairment, regardless of the function that is being served, classify the device under vision or hearing. In the case of an individual who is deaf/blind, you should classify the AT device in either vision or hearing. (For large amounts of deaf/blind related AT device reporting associated with the I Can Connect program, you should establish a process for making AT device type determinations so that your data is consistent over fiscal years.)

You may not count a device more than once and devices that make up a system should be reported as one device. A component of a larger system should be classified according to the function or primary use of the entire system and reported as one device in that category. For example, a switch and mounting system used to access a communication device would be reported in communication as one device. Many sets of devices in Daily Living and Mobility, Seating and Positioning should be reported as a system rather than individual devices when they are providing an overall access purpose (such as bathroom access).

Services are classified according to the AT device category associated with the service.

Each category below includes a definition, decision rules, and examples that will assist you in determining the appropriate classification.

1. Vision

Definition: Products designed to assist with vision.

Decision rules: Products intended to facilitate access and participation for people who have vision needs (i.e. blind, low-vision) are classified in this category, even if they are used for activities of daily living, computer access, reading/learning, way finding/mobility, recreation, etc. Products in this category characteristically provide output of information through large print/display, speech and/or Braille/tactile alternatives to “regular” print or text.

If the adaptation is for an individual who has vision and other disabilities, categorize according to the primary functionality of the device (e.g. if the device is addressing a daily living need due to a mobility disability in addition to the vision loss, then it would be categorized as daily living). In the case of an individual who is deaf/blind, you should classify the AT device in either vision or hearing. (For large amounts of deaf/blind related AT device reporting associated with the I Can Connect program, you should establish a process for making AT device type determinations so that your data is consistent over fiscal years).

Examples:

- Manual magnifiers
- Video magnifiers
- Health related instruments (scales, blood pressure gauge, glucometer etc.) with alternative input navigation control and output
- Household appliances with alternative input navigation control and output
- Daily living devices with alternative input navigation control and output
- Computers and mobile devices with alternate hardware and software options (e.g. text scanning, audio navigation, speech output, screen magnifiers, Braille displays, etc.)
- Navigation and mobility aids with alternative input navigation control and output

2. Hearing

Definition: Products designed to assist with hearing.

Decision rules: Products intended to facilitate access and participation for people who are deaf or hard of hearing are classified in this category, even if they are used for activities of daily living or could have another application for people with other disabilities or for other functions. Products in this category characteristically provide amplified auditory output and/or output in another format (e.g. text or sign language).

If the adaptation is for an individual who has hearing and other disabilities, categorize according to the primary functionality of the device (e.g. if the device is addressing a daily living need due to a mobility disability in addition to the hearing loss, then it would be categorized as daily living). In the case of an individual who is deaf/blind, you should classify the AT device in either vision or hearing. (For large amounts of deaf/blind related AT device reporting associated with the I Can Connect program, you should establish a process for making AT device type determinations so that your data is consistent over fiscal years).

Examples:

- Personal amplification systems including medical device hearing aids, over-the-counter (OTC) hearing aids, and personal sound amplification products (PSAP)
- Assistive Listening Systems designed to improve signal to noise ratio (FM, loop, infrared, sound-field)
- Daily living aids with enhanced auditory, visual and/or tactile output (e.g. vibrating alarm clock; smoke alarm with strobe light; etc.)
- Amplified or text telecommunication devices (including captioned telephones and associated signaling devices)
- Captioning systems and apps (including speech to text) for computers or mobile devices
- Video systems and apps that support visual communication (sign language, speech reading, etc.) for computers or mobile devices

3. Speech Communication

Definition: Products designed to assist with communication for individuals with speech limitations.

Decision rules: Products intended to facilitate face-to-face and virtual communication for people with speech disabilities are classified in this category, even if they are also used for other functions (e.g. a speech generating device that can also serve as an alternate keyboard for computer input). These products may produce speech and/or text output, or may be those that rely on interpretation by the communication partner (e.g. “low tech” symbol and/or alphabet-based communication boards). Products that amplify voice are classified here if used by an individual with a communication disability, in order for his/her speech to be audible to others. Peripherals designed to facilitate access to or otherwise support the use of a device for speech communication (e.g. mounting systems; carrying cases; switch or mouth stick used for access) are counted in this category. Software that provides symbol sets used in creating “low tech” systems or overlays for speech generating systems are counted in this category.

Examples:

- “Dedicated” or purpose-built speech generating devices
- “Talking” switches (if used for communication)
- Communication boards/books
- Software and apps that support speech communication on a computer or mobile device
- Artificial larynx
- Voice clarifiers
- Voice amplifiers
- Stuttering aids

4. Learning, Cognition, and Developmental

Definition: Products that assist with learning, development and cognitive processes for people with disabilities of all ages.

Common subcategories:

- Cognitive aids
- Early intervention aids
- Instructional materials
- Reading and writing
- Memory aids
- General personal organization tools

Decision rules: Products intended to augment, mitigate or compensate for learning or cognitive process limitations such as memory, organization, reading, writing, etc. regardless of the environment used should be classified here. This includes products that provide access to educational materials and instruction in school or other learning environments. Products designed to assist people with vision disabilities with reading, organization, learning, computer access, or other functions are classified under vision. Toys are reported under Recreation, Sports and Leisure even if used to teach cause and effect.

Examples:

- Calculators
- Clocks/timers/alarms
- Calendar/reminder systems including apps
- Memory aids including apps
- Educational/instructional software including apps
- Audio recorders
- Text-to-speech systems
- Speech-to-text systems
- Devices for enhancing signal to noise ratio or blocking extraneous noise

5. Mobility, Seating, and Positioning

Definition: Products whose main focus is addressing the functional limitations of a mobility disability and/or improving seating and positioning for health, safety and control.

Decision rules: Wheelchair components associated with seating and positioning (shoulder or safety belts) are classified in this category. Wheelchair restraints (e.g. tie downs and docking or lock systems) which allow a power chair user to drive and/or be transported safely in a car or van are classified under Vehicle Modification and Transportation. Devices that position other equipment (e.g. communication device mounts) are classified in the category of the device they are supporting.

Examples:

- Ambulatory aids such as canes (not canes used by people with vision disabilities for wayfinding), walkers or crutches
- Orthotics and prosthetics
- Non-motorized wheeled mobility products including strollers, transport chairs and manual wheelchairs
- Power mobility products including scooters and power wheelchairs
- Seating and positioning aids including foam wedges, cushions and specially designed seating systems

6. Daily Living

Definition: Devices that enhance the capacity of people with disabilities to live independently, especially AT that assists with Instrumental and other Activities of Daily Living, (ADLs, IADLs) such as dressing, personal hygiene, bathing, home maintenance, cooking, eating, sleeping, breathing, shopping and managing money.

Common Subcategories:

- Personal care and hygiene
- Medical equipment for life and safety
- Smart home hub
- Clothing and dressing aids
- Housekeeping, cleaning, maintenance
- Meal preparation and eating
- Handling, reaching, manipulating
- Alerting and signaling
- Household management, bill paying (not cognitive, vision, or hearing AT)
- Telephony equipment

Decision rules: Durable medical equipment for life and safety that do not involve home modifications are categorized here, e.g. respiratory equipment. Smart home hubs are classified according to their primary use. Those that control small appliances may be classified here; if they control semi-permanent or permanently installed home devices they are categorized as Environmental Adaptations; if they are primarily used for entertainment they should be categorized as Recreation, Sports and Leisure. Devices intended to accommodate hearing or vision, including telephony, are assigned to those categories. Devices that assist with personal organization are classified as Learning, Cognition and Developmental AT. Devices that assist persons with motor impairments not categorized elsewhere are included here. Switches controlling daily living aids or unknown devices are reported here, otherwise switches are reported with the category of devices controlled.

Examples:

- Writing guides, adapted writing implements
- Modified or large-handled tools and utensils
- Eating/feeding equipment, including dentures; spiked cutting board, jar opener
- Zipper pulls, button hooks, needle thread
- Personal pager, multi-sensing/multi-sensory alerting devices
- Wheelchair desks/trays
- Reacher
- Wheelchair/walker bag
- Switch-adapted food processor
- Large-button telephone (not for vision or cognitive accommodation)

7. Environmental Adaptations

Definition: Environmental and structural adaptations to the built environment that remove or reduce barriers and promote access to and within the built home, employment and community facilities for individuals with disabilities. Environmental adaptations usually involve building construction, engineering, and/or architecture, but also include environmental controls and switches that can control a large portion of or an entire living environment. Environmental adaptations are typically permanent or semi-permanent structures, modifications, or additions.

Decision rules: Adaptations or modifications to vehicles are classified under Vehicle Modification and Transportation. Adaptations to furniture such as chairs, couches, beds, etc., would generally be classified under Mobility, Seating, and Positioning. Items or structures that are portable or temporary, rather than permanent or semi-permanent, are generally classified in another related category to address a functional limitation. For example, shower chairs, commodes, raised toilet seats, temporary/portable ramps and similar portable items should be classified in the Daily Living category whereas a roll in shower, wall or floor mounted grab bars, installed ramps, etc. would be classified here because they become part of the building structure.

Examples:

- Accessible HVAC controls, accessible plumbing fixtures and controls
- Alarm and security systems
- Cabinetry and storage equipment
- Door/gate openers including farm and ranch gates/latches
- Environmental controls and switches that control them permanently or semi-permanently installed or non-mobile items (i.e., electronic systems that enable people to control various appliances, lights, window coverings, security systems, etc.)
- Flooring and surface materials/detectable warning surfaces
- General environmental access products
- Lifts
- Ramps
- Signage/signaling products
- Adapted farm equipment that is not reported as Vehicle Modification and Transportation such as sprayers, seeding systems, augers, etc.

8. Vehicle Modification and Transportation

Definition: Products that give people with disabilities independence and enhance safety in transportation through adaptation of vehicles.

Decision rules: Vehicle ramps are classified in this category. Versatile/portable ramps (temporary adaptation) and wheelchair lifts (permanently installed in buildings) are classified under Environmental Adaptations. Multi-purpose portable ramps would be classified under Daily Living.

Examples:

- Adaptive shoulder and seat safety belts
- Tie downs and lock downs that secure the wheelchair to the vehicle floor
- Hand controls
- Extended directional mirrors.
- Vehicles and vans modified with lifts, ramps, raised roofs, etc.
- Adapted farm vehicles such as tractors and other self-propelled vehicles modified with hand controls, GPS, lifts and ramp systems.

9. Computers and Related

Definition: Hardware and software products that enable people with disabilities to access, interact with, and use computers at home, work, or school. Includes modified or alternate keyboards, switches activated by pressure, touch screens, proprietary software, and/or operating system accessibility options.

Decision rules: Classify standard computers and computer-related devices (those that will be used without any adaptations) in this category, along with input adaptations used to mitigate, compensate or address motor limitations. Do not include computer adaptations used to address vision or learning/cognitive limitations as those will be reported in Vision or Learning/Cognition and Developmental.

Examples:

- Standard software
- Standard hardware
- Computer accessories
- Alternative keyboards and pointing devices
- Switches and scanning software used for computer access
- Touchscreens
- Voice recognition systems

10. Recreation, Sports, and Leisure Equipment

Definition: Products not already classified in other categories that help persons with disabilities to participate in sport, health, physical education, recreation, leisure, and dance events.

Common subcategories:

- Toys and games
- Sports equipment
- Fitness equipment
- Specialized wheelchairs and recreational mobility equipment
- Musical instruments and related devices
- Arts, crafts and photography equipment
- Gardening and horticultural equipment
- Hunting, fishing, shooting equipment
- Camping, hiking and other outdoor recreational equipment
- Audio and video entertainment equipment

Decision rules: Devices intended to accommodate specific disabilities, such as hearing or vision, are assigned to those categories. Specialized products designed specifically for recreational, leisure or athletic pursuits are categorized here. Devices that may have other uses, but are selected as AT for a recreational setting, should be categorized here. Devices for environmental control that also serve as entertainment system controls (e.g. television remote) are classified according to their primary use.

Examples:

- Toys, adapted toys and games (includes toys used for developmental purposes such as teaching cause and effect)
- Tennis wheelchairs; beach wheelchairs
- Skiing equipment; sled/sledge hockey equipment
- Gardening tools and equipment
- Playing card shuffler
- Adapted camera and other photography equipment
- Adaptive exercise equipment (not used in a rehabilitation setting)
- Adaptive equipment for wildlife viewing, fishing, hunting, and camping
- Adaptive musical instruments and accessories (not used in a school setting)
- Entertainment system remote control not used for lights, heat or other environmental control

G. Classification of Individuals and Entities

Throughout the reporting system you are asked to classify the individuals and entities that participate in a program or receive services based on who they represent and/or the purpose of their interaction. There are seven categories for classifying individuals and entities as follows.

Individuals with disabilities: As defined in the 21st Century Assistive Technology Act, an “individual with a disability” means any individual of any age, race or ethnicity who has a disability; and who is or would be enabled by an AT device or an AT service to minimize deterioration in functioning, to maintain a level of functioning, or to achieve a greater level of functioning in any major life activity.

Family members, guardians and authorized representatives: A person who is related to an individual with a disability, who is the legal guardian of an individual with a disability, or who is authorized by an individual with a disability to act on that individual’s behalf or who participate in an activity with an individual with a disability such as friends and advocates.

Representatives of Education: This category includes individuals and entities whose primary purpose is education and/or those who interacted with the AT program primarily for purposes related to education. This category can include any type of educational entity such as early childhood, elementary, secondary, special education, remedial education, adult basic education, continuing education, and post-secondary programs. It includes both public and private educational agencies and organizations and federal, state, and local governmental entities who primarily provide or regulate educational services (e.g. State Education Agency). This category also includes interactions focused on training of graduate students and undergraduate students.

Representatives of Employment: This category includes individuals and entities whose primary purpose is employment and/or those who interacted with the AT program primarily for purposes related to employment. This category includes seeking employment, maintaining current employment or expanding employment options. It includes participating in employment training programs, vocational rehabilitation programs and other programs related to employment. It can include employers, or firms that employ workers or assist them in becoming employed, and providers of employment and/or training services to enable individuals with disabilities to become employed, include those representing public and private agencies and organizations that provide or regulate employment services, such as state employment agencies, one-stop career centers, state vocational rehabilitation agencies, community rehabilitation programs, vocational training programs, training providers approved under the Workforce Investment Act, and apprenticeship programs.

Representatives of Health, Allied Health and Rehabilitation: This category includes individuals and entities whose primary purpose is health care, allied health and health related rehabilitation services, and/or those who interacted with the AT program primarily for purposes related to health care, allied health and rehabilitation. It includes those from hospitals, health clinics, mental health agencies and organizations, and managed care providers. This category can also include employees of such organizations, such as physicians, physicians’ assistants, nurses, nurse practitioners, psychologists, psychiatrists, occupational therapists, physical therapists, speech pathologists, audiologists, rehabilitation counselors, hospital discharge planners and other hospital employees.

Representatives of Community Living: This category includes individuals and entities whose primary purpose is to support community living and/or those who interacted with the AT program primarily for purposes related to community living. This category includes carrying out daily activities, participating in community activities (e.g., social and recreational activities), using community services (e.g., public transportation and libraries), and living independently. It can include individuals representing community living issues but who are employed by independent living centers, disability-related nonprofits, agencies that provide services for seniors, and other related social service and community organizations. This category can also include both public and private organizations and federal, state, and local government entities that primarily provide or regulate community living and related services (e.g. a State Department of Aging, Public Utilities Commission, and State Housing Authority).

Representatives of Technology: This category includes individuals and entities whose primary purpose is delivery of technology devices or services and/or those who interacted with the AT program primarily for purposes related to technology. This category includes using computers, software, Web sites, telecommunications, office equipment, and media. This category can include technology experts such as computer programmers, web and application developers, information technology professionals and procurement officials along with manufacturers and vendors of information technology, telecommunications products, and assistive technology devices.

Sometimes an individual or entity could fit into more than one category depending on the program or service utilized and who they represent via their participation. You must choose one category in which to classify each individual or entity and may not count them in multiple categories. In addition, the name or type of organization that employs the individual may or may not reflect how they should be categorized. A professional or other representative of an entity may be classified differently depending upon who they primarily represent in their interaction with the program or service. For example:

- 1) An individual with a disability might work for a technology vendor, but they are accessing the device loan program to obtain a loaner while their personal AT is being repaired. That person should be classified as an individual with a disability as he/she accessed the loan program representing himself/herself as a consumer.
- 2) An occupational therapist (OT) employed by a hospital who participates in a device demonstration as part of an IEP team would be reported under “Representative of Education.” That same OT might borrow devices to use in an evaluation as part of her work at the hospital and would be classified as “Health, Allied Health, Rehabilitation” under type of borrower.
- 3) Representatives of State Early Intervention Programs (IDEA Part C) should be reported in the category that best fits the lead agency for Part C or the agency delivering the Part C services, most typically Health or Education.

In most sections, individuals and entities must be reported in a category as “other” is not an option. In some sections “unable to categorize” or “unknown” is an option when the program contact with the participant or recipient is limited and it is acceptable for the participant or recipient to not provide such information.

H. State Improvement Outcomes

The 21st Century Assistive Technology Act requires reporting on “the outcomes of any improvement initiatives carried out by the state as a result of activities funded under this section, including a description of any written policies, practices, and procedures that the State has developed and implemented regarding access to, provision of, and funding for, assistive technology devices, and assistive technology services, in the contexts of education, health care, employment, community living, information technology and telecommunications, including e-government” (Section 4(f)(2)(B)(ix)).

You are asked to report no more than two MAJOR state improvement initiative outcomes (i.e., the results of your Statewide AT Program activities that have produced improved policies, practices, procedures or funding of AT at the state or local level) in the “State Improvement Outcomes” section of the data collection system. Such improvements may result from coordination and collaboration activities, technical assistance activities or other improvement initiatives involving the Statewide AT Program and those public and private agencies that are responsible for policies, practices and procedures that deliver or fund AT.

Only report improvement initiatives that are funded, at least in part, by AT Act funds. Types of improvements include obtaining new or expanded AT funding, protecting AT funding, reducing AT cost to consumers, increasing AT expertise in service delivery systems, expanding or protecting system eligibility to obtain AT, establishing new or expanded access requirements, protecting access requirements, and increasing cost effectiveness and cost-savings in systems.

I. Performance Measures

Instructions

For training, device demonstration, device loan, device reutilization and state financing, states must use the performance measure questions provided by ACL to collect data for the performance measures identified in their State Plan for AT.

Use of Performance Measure Questions

Four documents are provided to gather performance measure data: one for the decision-making access measure (device demonstration and one of the device loan purposes), two for acquisition measures (state financing, reuse and three of the device loan purposes) and one for IT/Telecommunications (training). Because the performance measure questions have been approved by the Office of Management and Budget (OMB), they cannot be modified. Programs should make the documents available in accessible formats and can translate them into other languages as long as the questions remain consistent with the OMB approved language.

Programs may elect to incorporate the performance measure questions into their own data collection system, so long as the language is not modified. For example, programs may include the questions in application forms or may ask the questions of program participants as part of their interaction with the program or service. Programs may also add items or questions that do not in any way change the performance measure questions.

Who Must Provide Performance Measure Data

Consumers who acquire AT through state financing activities and recipients of reutilized devices who are identified as those included in the performance measure (see Reutilization, section A table) must provide a response to the acquisition questions with one exception. Some organizations have a legal obligation to provide AT and will be unable to legitimately respond to the performance measure questions. For example, a school that has an obligation to provide an AT device identified in a child's IEP may obtain the device through a cooperative buying program (other state financing activity). The school is not able to respond affirmatively to any of the performance measure questions because the issue of affordability or availability are not allowable reasons to limit access to AT under IDEA. In these situations, the recipients can be excluded from the performance measure with appropriate justification (narrative text is entered to describe the rationale for the exclusion).

For device loan, states will collect access performance measure data only from customers who obtained device loans for decision-making purposes. Device loans made for the other three purposes will have an acquisition performance measure collected.

When device loans or device demonstrations are provided to multiple participants:

(a) If the end user is directly involved, performance measure data is collected from/on behalf of the end-user only, not the other participants. For example, if an individual's family accompanies him or her to a demonstration, performance measure data would not be collected about the family members;

(b) If an intermediary is borrowing a device or having a demonstration on behalf of multiple end-users, the performance measure data may be collected from either the intermediary or from the end-user. For example, a speech pathologist may borrow 10 different devices on behalf of 3 students. You may collect performance information related to the speech pathologist's borrowing experience alone and overall decision-making (reported as one loan event), or you may collect performance measure data on all 5 students separately which would be reported as 5 separate device loans with multiple devices each and unique device decision-making for each.

How and When to Collect Performance Measure Data

Programs may collect performance measure data in a manner that best meets their needs. The data can be collected in person, via phone, via mail, or online, including being integrated into an online exchange system. Regardless of the method of data collection, the response to the performance measure questions must be documented as provided directly by the consumer at the appropriate time for each activity. While some information can be obtained during intake, response to the performance measure questions cannot be obtained until after the service has been delivered. In the case of device loans, service delivery is considered complete when the device is returned. In the case of device demonstrations, service delivery is complete when the device demonstration has concluded. For state financing and reuse, service delivery is complete with acquisition of the AT.

If performance measure data for an individual served during the current reporting period has not been provided to you by the date on which annual reports are due, do not include that individual in the number served during the current reporting period. Instead, include that

individual in the number served during the following reporting period and report his or her performance measure data during the following reporting period.

How to Record Non-respondents

For state financing, recycling, device exchange, and device demonstration, all non-respondents (individuals who are included in the performance measure data collection but for whom you are unable to obtain data) will be included in the denominator for calculation of performance on the measure.

For device loan, non-respondents in excess of 35 percent will be included. For example, suppose that your program served 100 customers and obtained responses from 55 of them. This means that 45 percent of your customers were non-respondents. Ten percent, or 10, of the non-respondents would be included in the denominator.

Determining Primary Purpose for Which AT Devices or Services Are Needed

The performance measure data must be categorized by the primary purpose for which AT devices or services are needed. Brief descriptions of these categories are as follows:

Employment: The individual or entity requested services from the AT program primarily for purposes related to employment. This category includes seeking employment, maintaining current employment or expanding employment options. It includes participating in employment training programs, vocational rehabilitation programs and other programs related to employment.

Education: The individual or entity requested services from the AT program primarily for purposes related to education. This category includes participating in any type of educational program, including early childhood, elementary, secondary, special education, remedial education, adult basic education, continuing education, and post-secondary programs.

Community living: The individual or entity requested services from the AT program primarily for purposes related to community living. This category includes carrying out daily activities, participating in community activities (e.g., social and recreational activities), using community services (e.g., public transportation and libraries), accessing health care services including mental health and substance use disorder services in-person or via telehealth, and living independently.

This categorization may be done by the consumer, by the State AT Program based on their interaction with the consumer, or a combination of both. Since State AT Programs must categorize non-respondent data and to ensure data consistency it is advisable for the State AT Program to either at least review this data to ensure all performance measures have been appropriately categorized by area. Each performance measure must be categorized by a single primary purpose for which AT devices/services are needed.

For example, a consumer uses her computer in almost all aspects of life, including general e-mail with friends, homework for a class she is taking and in her work. Through demonstration activities, she tries out different kinds of voice recognition and makes a choice about software to purchase. The demonstration performance measure could fit into any of the areas (Employment, Education, or Community Living). In a conversation with staff the consumer notes that the class

she is taking is related to advancing in her job. A decision is made that employment is the primary purpose at this time.

J. Customer Satisfaction Surveys

Instructions

Use of Survey Instruments

States must use the survey instrument provided by ACL to collect customer satisfaction data with direct and documented responses from consumers. Because the instrument has been approved by the Office of Management and Budget (OMB), the questions cannot be modified in any way. The survey instruments should be made available in accessible formats. States can translate the survey instruments into other languages as long as the questions remain consistent with the OMB approved language.

Programs may elect to incorporate the survey questions into their own reporting system, so long as the language in the questions is not modified and direct responses from consumers are obtained (not assumed). For example, programs may include additional items in the survey that do not in any way change the items provided or programs may take the items from the survey and insert them into their own instrument.

Who to Survey

Customer satisfaction data, like performance measure data, must be associated with a particular activity. That is, you must be able to report customer satisfaction data separately for state financing, reutilization, device loans and device demonstration. For all state-level activities, states will survey all program participants and/or individuals reported as served, not just those who were identified as included in performance measure data collection.

How and When to Survey

Programs may administer the survey at any time after services are provided in a manner that best meets their needs. The survey can be administered in-person, via phone, via mail, or online, including being integrated into an online exchange system so long as the mechanism allows the respondent to remain anonymous if they so choose. To produce valid data, you should try to obtain as high a response rate as possible.

If satisfaction surveys are done anonymously, it will not be possible to align the surveys with individual service recipients. However, anonymous surveys can and should be identified as associated with a particular reporting period. Survey responses received after submission of satisfaction data for a particular reporting period should NOT be reported in the next period. Those responses should be used for program improvement purposes only.

How to Record Non-respondents

Non-respondents will not be included in the denominator for calculation of performance on the customer satisfaction measures. However, the reporting system will calculate a response rate for the consumer satisfaction data for informational purposes.

II. General Definitions

This General Definitions section contains definitions that apply throughout the reporting system. Section-specific instructions and definitions are included in the next section.

A. Comparability

As described in Section 4 (e)(1)(B) of the 21st Century Assistive Technology Act, a state shall not be required to carry out a required state-level activity if the amount of financial support provided from 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. You are required to report data for any state-level activities for which your state claimed comparability.

B. State Flexibility

As described in Section 4(e)(5)(A) of the 21st Century Assistive Technology Act, a state may carry out any two or more of the required state-level activities, meaning a state can choose not to conduct up to two activities. As reported in some State Plans, some states have chosen not to conduct all four state-level activities. You will not report data for any State-level activity for which your Statewide AT Program claimed state flexibility. At the beginning of each section, there is an opportunity to report that you are not conducting an activity for which you have claimed flexibility. Regardless of whether a state has claimed flexibility for selected state-level activities, Statewide AT Programs are required to report data on all State Leadership activities.

Paperwork Reduction Act Public Burden Statement:

According to the Paperwork Reduction Act of 1995 5 CFR § 1320.8(b)(3), no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0042). Public reporting burden for this collection of information is estimated to average 404 hours per response, including time for gathering, maintaining the data needed, completing, and reviewing the collection of information. The obligation to respond to this collection is required to maintain or retain benefits under the 21st Century Assistive Technology Act (AT Act of 1998, as Amended), applicable to Section 4 formula funded grantees for the State Grant for Assistive Technology Program. This Information Collection (IC) contains data needed for completion of the State Grants for AT Program Annual Progress Report (AT APR). The AT APR IC is designed to provide the Administration for Community Living (ACL) with information necessary for program planning and reporting data on required state-level and state leadership activities to Congress, the Secretary of Health and Human Services and additional entities. The AT APR is organized by the state-level and state leadership activities outlined in the 21st Century Assistive Technology Act (AT Act of 1998, as Amended). State Lead agencies or Implementing Entities will report on these state-level and state leadership activities and will provide data required by Section 4(f) of the Act and other necessary information. Annual data and information from individual states will be available to the public once the information is complete, formally submitted, reviewed, and published. Data will be kept private to the extent allowed by law, there are no assurances of confidentiality. The states will not report information that identifies individual consumers. States will provide anecdotes about

the effect of their programs on individual consumers, but states are instructed to write anecdotes in a manner that ensures their anonymity. All other data provided is reported in the aggregate. The web-based system used for this instrument will not allow public access to the reporting instrument for data entry, and states will have access to their data only. They will not be able to see or manipulate data of other states. Individual state reports will be kept confidential until they have been finalized by the state and accepted by ACL. Once a report has been finalized by the state and accepted by ACL, access to the aggregated state-specific and national data will be available to the public via the Internet. However, while the public will be able to view the data, they will not be able to alter the data. States will be advised that their data will be available to the public in this manner. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Robert Groenendaal, Administration for Community Living, 330 C Street, SW, Washington, DC 20201 or via E-Mail Robert.Groenendaal@acl.hhs.gov.