**State Grants for Assistive Technology Program**

# New Mexico

# State Plan for Assistive Technology

# Federal Fiscal Years 2018-2020

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*Expiration Date: March 31, 2021*

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## Identification and Description of Lead Agency and Implementing Entity

|  |  |
| --- | --- |
| **Statewide AT Program (Information to be listed in national State AT Program Directory)** | |
| * + 1. State Program Title **NewMexico Technology Assistance Program (NMTAP)** | |
| 2. State AT Program URL (home page for State AT Program) **www.tap.gcd.state.nm.us** | |
| 3. Mailing address **625 Silver Ave. SW, Ste 100 B** | 5. State **NM** |
| 4. City **Albuquerque** | 6. Zip code **87102** |
| 7. Main email address (for general public to use to contact State AT Program) **tracy.agiovlasitis@state.nm.us** | |
| 8. Main phone number (for general public to use to contact State AT Program) **505-841-4464** | |
| 9. Separate TTY number (for general public to use to contact State AT Program) | |
| **Lead Agency** | |
| 10. Agency name **NM Governor’s Commission on Disability** | |
| 11. Mailing address **491 Old Santa Fe Trail, Lamy Building** | 13. State **NM** |
| 12. City **Santa Fe** | 14. Zip code **87501** |
| 15. Lead Agency URL **www.gcd.state.nm.us** | |
| **Implementing Entity** | |
| 16.Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes  **No X** *If yes, complete Items 17–22.* | |
| 17. Name of Implementing Entity | |
| 18. Mailing address | 20. State |
| 19. City | 21. Zip code |
| 22. Implementing Entity URL | |
| **Program director and other contacts** | |
| 23. Program Director for State AT Program (last, first) **Agiovlasitis, Tracy** | |
| 24. Title **Program Manager for NMTAP** | |
| 25. Phone **505-841-4451** | |
| 26. E-mail **tracy.agiovlasitis@state.nm.us** | |
| 27. Primary Contact at the Lead Agency (last, first) **Alarid, Anthony** | |
| 28. Title **Interim Director of Governor’s Commission on Disability** | |
| 29. Phone **505-476-0414** | |
| 30. E-mail **anthony.alarid@state.nm.us** | |
| 31. Primary Contact at Implementing Entity (last, first) – If applicable | |
| 32. Title | |
| 33. Phone | |
| 34. E-mail | |
| **Person Responsible for completing this form if other than State AT Program Director** | |
| 34. Name (last, first) **Agiovlasitis, Tracy** | |
| 35. Title **NMTAP Program Manager** | |
| 36. Phone **505-469-1489** | |
| 37. E-mail **tracy.agiovlasitis@state.nm.us** | |
| **Certifying Representative** | |
| 38. Name (last, first) **Alarid, Anthony** | |
| 39. Title **Interim Director** | |
| 40. Phone **505-476-0414** | |
| 41. E-mail **anthony.alarid@state.nm.us** | |

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

Section 4(c)(2) of the AT Act requires the Statewide AT Program to establish a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals*.* Exceptions to these requirements are allowed under section 4(c)(2)(E) if the requirements will affect existing state statutes, rules, or official policies relating to advisory bodies or require changes to existing governing bodies of incorporated agencies. The following items provide assurances related to and identify compliance with the requirements of section 4(c)(2).

### Advisory Council

* + 1. **In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, and types of disabilities across the age span, and users of types of services that an individual with a disability may receive. Answer NO.**
    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). Answer 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)). Answer 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.). Answer YES.**
    5. **The advisory council includes a representative of the State workforce development board established under section 101 of the Workforce Innovation and Opportunity Act). Answer YES.**
    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 as reauthorized. Answer YES.**
    7. **The advisory council includes other representatives (list below). Disability Rights New Mexico or Protection and Advocacy agency. Answer YES.**
    8. **The advisory council includes a majority of individuals with disabilities that use assistive technology or their family members or guardians:**

A. Enter the number of individuals with disabilities that use AT or their family members or guardians on the advisory council – **4 (four)**

B. Enter the total number of individuals on the advisory council – **10 (ten)**

C. Calculate the percentage (divide A/B) – **40%**

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

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

**Our Statewide AT Program recently lost two consumer representatives due to health situations. We are currently actively recruiting individuals with disabilities that use assistive technology, their guardians or family members that will include diversity statewide in accordance with the AT Act.**

### Actual Expenditures and Budgeted Allocations

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

**For FY 2018 Expeditures for our Statewide AT Program**

| **Actual Expenditures for Closed-out Carryover Year Award** | **Final Expenditures** | **Percentage** |
| --- | --- | --- |
| **A. All State Level Activities** | **$296,879.04** | **A/E calculate** |
| **B. All State Leadership Activities** | **$168534.96** | **B/E calculate –less than 40/30% required** |
| **C. Transition Training & Technical Assistance** | **$33,408.76** | **C/B calculate -**  **at least 5% required** |
| **D. Total Expenditures** | **$465,408** | **D/E calculate** |
| **E. Total Award** | **$465,408** | **100%** |
| **F. Lapsed Amount** | **$ 0** | **F/E calculate** |

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

**For FY 2019 Expeditures for our Statewide AT Program**

| **Actual & Planned Immediately Preceding Year Award Expenditures** | **YTD Obligated not Liquidated Expenditures** | **YTD Liquidated Expenditures** | **Planned not yet Obligated Expenditures** | **Total** |
| --- | --- | --- | --- | --- |
| **All State Level Activities** | **$ 135,215.83** | **$138,082.57** | **$21939.70** | **$295,238.10** |
| **All State Leadership Activities** | **$79,777.70** | **$74,374.74** | **$14,626.46** | **$168,778.90** |
| **Transition Training & Technical Assistance** | **$10,993.53** | **$9,772.28** | **$731.32** | **$21,253.74** |
| **Total** | **$214,993.53** | **$212,457.31** | **$36,566.16** | Must equal total award  **$464,017.00** |

### Activities Conducted

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

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

* + 1. **Comparability and Flexibility**

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

**Multiple Activity Item Instructions**

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities.

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** | **YES** | **YES** |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** | **YES** | **YES** |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** | **YES** | **YES** |  |
| **Other** *(describe)* |  |  |  |

Instructions: Identify all types of formal/written agreements and financial support provided and received for this activity by answering “yes” as appropriate for each type of entity identified.

Select all organization types that apply for each column.

*Banks/financial institution* – Self-explanatory, typically only used with financial loan programs.

*Independent Living Center –* Entity identified in the state as a recognized Independent Living Centers funded with federal and/or state independent living funding.

*Easter Seals –* Entity recognized as an affiliate of the Easter Seals organization.

*Disability/AT Organizations –* Any entity that primarily serves individuals with disabilities or provides AT services that is not more definitively identified in another category.

*Federal Entities/Agencies –* Any public federal entity (usually reported as an agency providing funding) such as Department of Education, Rehabilitation Services Administration or Administration on Community Living, National Institute on Disability, Independent Living, and Rehabilitation Research, etc.

*State Entities/Agencies –* Any public state entity such as Vocational Rehabilitation, State Medicaid Agencies, Special Education, State Colleges and Universities, etc.

*Local/Community Entities –* Any public local or community entities, such as local school districts, city government, county election offices, etc.

*Private Entities –* Private entities of any type, non-profits, foundations, etc. at any level, national, state, or local.

*Other –* This category should only be used when the entity cannot reasonably be categorized in any of the previous categories provided. (Should be used rarely and a description must be provided.)

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## State Financing Activities

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

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

### Financial Loan Program -

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

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** | **YES** | **YES** |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **Other** *(describe)* |  |  |  |

* + 1. **This activity offers the following types of assistance (identify all that apply).**
* **Revolving loans**

**XX Loan guarantees**

* **Interest buy-downs**
* **Combined loan guarantee and interest buy-down**
  + 1. **The lowest interest amount for loans as established by the policies of the activity (leave blank if NA). Provide a percentage in XX.XX% form. N/A**
    2. **The highest interest amount for loans as established by the policies of the activity (leave blank if NA). Provide a percentage in XX.XX% form. N/A**
    3. **The lowest loan amount provided as established by the policies of the activity (leave blank if N/A). Provide dollar amount. N/A, based on affordability**
    4. **The highest loan amount provided as established by the policies of the activity (leave blank if N/A). Provide dollar amount.**
    5. **Describe the activity.**

**Our Statewide AT Program offers individuals with disabilities living any where in New Mexico two different affordable loan solutions that enable the purchase of equipment needed to succeed in life or to succeed in an entrepreneurial business. San Juan Center for Independence is the partner to administer these financial loans to obtain assistive technology needed to engage in school, business or community engagement. In accordance with the AT Act, this allows access to, and funding options for, assistive technology.**

* + 1. **The online page for this specific activity can be found at:** [**http://www.tap.gcd.state.nm.us/financial-loans /**](http://www.tap.gcd.state.nm.us/financial-loans%20/)

### Other State Financing Activities Directly Provide AT

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** | **YES** | **YES** |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **Other** *(describe)* |  |  |  |

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

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

*Last Resort Fund*: These programs provide AT, or funds to purchase AT, to consumers when other options have been exhausted or are unavailable. These may be earmarked for particular types of consumers (such as children) or particular types of AT (such as home modification) or they may be for any group or type of AT. States may not use AT Act dollars to provide funds or devices directly to individuals. AT Act dollars may be used to administer a last resort fund comprised of non-AT Act dollars.

**Describe the activity or activities.**

**Our Statewide AT Program hosts an annual AT Conference in which registration fees are received by attendees and Continuing Educational Credits are offered for several professional disciplines who work with individuals with disabilities. If there are any remaining funds from these registration fees, half is provided to the San Juan Center for Independence to assist in providing Last Resort funds for consumers statewide. This is the only financial support provided by our AT program for this project. The fund is called the AT Community Fund and is administered by the San Juan Center for Independence.**

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

### Other State Financing Activities Create AT Savings N/A

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **Other** *(describe)* |  |  |  |

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

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

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

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## Device Reutilization Activities

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

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

### Device Exchange N/A

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **Other** *(describe)* |  |  |  |

* + 1. **Select the option that best describes what happens when a device is exchanged. Identify only one.**
* **The transaction is direct consumer-to-consumer**
* **The Statewide AT Program is involved in the transaction**
  + 1. **Describe the activity.**
    2. **The online page for this specific activity can be found at:**

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

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** | **YES** | **YES** |  |
| **Other** *(describe)* |  |  |  |

* + 1. **Select the option(s) that describe how a reutilized device is provided to a recipient. Identify as many as apply.**

**XX Device ownership is transferred to the recipient**

* **Device is loaned for as long as the recipient needs it with no ownership transfer.** 
  + 1. **Describe the activity.**

**Through our partner, the Adelante Development Center, we provide durable medical equipment (DME) and computers for individuals with disabilities statewide who do not have other options to obtain the equipment. Donated DME is collected, properly sanitized, and offered to those in need at no cost. A monetary donation is suggested, especially with receipt of a motorized wheelchair with new batteries, but not required by the recipient. Any monetary donations offered are used to maintain this project titled “Back in Use”. Donated computers with minimum system requirement are collected, physically and digitally sanitized, and Microsoft Suite is installed. This project is titled “DiverseIT” and utilizes indivduals with disabilities to refurnish the computers that are offered to those in need at no cost. All equipment is provided with instructions on use and DME is properly fitted to each individual.**

* + 1. **The online page (or pages) for this specific activity can be found at:** [**http://www.tap.gcd.state.nm.us/device-reutilization/**](http://www.tap.gcd.state.nm.us/device-reutilization/)

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## Device Short-term Loan Activity

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

### Short-term Device Loan

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** | **YES** | **YES** |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **Other (***describe)* |  |  |  |

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

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

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

**Our Statewide AT Program provides short-term assistive technology (AT) device loans to individuals with disabilities statewide through a main office and two satellite offices. We partner with Western New Mexico University, located in southwestern New Mexico (NM), and the Northeast Regional Educational Cooperative, located in northeastern NM, as the satellite offices. AT devices are requested in person, by telephone, by email, by fax or through an on-line database platform. When the request is not a direct result of a device demonstration, the item(s) requested are discussed with the consumer to ensure it is the best option for the desired goals. Devices are checked for functionality, including any software or applications added, and all extension parts (such as charging cords) are in place. An application is processed, providing both verbal and written guidelines regarding the loan and proper use of the device(s) to the consumer. Devices are loaned for 30 days, with options to extend that period if needed per arrangements with staff. Consumers are contacted a minimum of two times during the 30-day loan period to check on use of the device, troubleshoot issues and ensure return of the device as agreed. When devices are returned they are sanitized immediately and any digital personal identification information is removed. This service is provided free of charge, inclusive of any devices that are provided via FedEx. In an attempt to provide state of the art devices, our staff conducts research and/or consumers request new AT throughout the year. The new AT and those that are in high demand are reviewed for purchase when funds are available. The device loan library maintains devices to assist with speech, vision, hearing, learning, cognition, daily living, mobility, environmental adaptations and recreational sports.**

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

[**http://www.tap.gcd.state.nm.us/device-loans**](http://www.tap.gcd.state.nm.us/device-loans)

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## Device Demonstration Activity

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

### Device Demonstration

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** | **YES** | **YES** |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **Other** *(describe)* |  |  |  |

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

**Our Statewide AT Program provides device demonstrations to individuals with disabilities statewide through a main office and two satellite offices. We partner with Western New Mexico University, located in southwestern New Mexico (NM), and the Northeast Regional Educational Cooperative, located in northeastern NM, as the satellite offices. Several devices of the same type are compared side by side with individuals with disabilities, along with any support professionals, families or advocates. The goals of the consumer are discussed as they relate to the varied features of each device and the individual with a disability. Any support persons in attendance, have a hands-on trial use of each assistive technology (AT) device in order to choose the best option to meet those goals. These are provided most frequently in person and our program is newly offering the option for video trial in areas of our rural state. The video option will ideally have the devices in the location of the individual with a disability for their hands-on trial. However, if this is not an option due to time or location restraints, each device will be slowly demonstrated closely in view for each feature with ample time for questions and answers. Additional information, including Quick References, YouTube videos or written guidelines by our staff, will be provided to assist the individual in their decision of the best option. Device demonstrations are provided for individuals who may be connected with any other services such as vocational rehabilitation, assisted living locations, brain injury resource centers, long-term care facilities, secondary and higher education institutions, independent living centers, senior centers, intellectual developmental disability providers, disability advocacy groups and any other organization supporting individuals with disabilities of any age or any disability. Newer AT devices are added to the program as funding allows and kept separate from the items loaned as much as possible. If there is only one of any specific device that is used for demonstration and it is requested as a device loan, an individual may borrower it in order to provide the appropriate trial in their environment. If a choice is made for the best option by the individual with a disability, information on vendors, funding sources or service providers to assist in obtaining the chosen device is provided as well. This service is provided at no cost to the individual.**

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

[**http://www.tap.gcd.state.nm.us/device-demonstrations/**](http://www.tap.gcd.state.nm.us/device-demonstrations/)

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## State Leadership Activities

Training Activities

The AT Act describes training as follows:

“(i) TRAINING AND TECHNICAL ASSISTANCE. —

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

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** | **YES** | **YES** |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** | **YES** | **YES** |  |
| **Other** *(describe)* |  |  |  |

* + 1. **Provide a short description of at least one and no more than three planned training activities. One of the activities described must be planned Information and Communication Technology (ICT) accessibility training that will provide the required ICT Training performance measures. If the Statewide AT Program is meeting the transition requirements of the AT Act through training, please describe that planned activity. If the Statewide AT Program sponsors or co-sponsors a statewide conference please include that event as one you describe.**

**Planned ICT Accessibility Training (required) Our Statewide AT Program offers Information Communication Technology (ICT) training throughout the year including the importance, development and application of accessible communication technologies. The assessment and creation of accessible of websites, mulitmedia and documents is provided as requested by small and large organizations or groups. It is also routinely provided as a part of certification training annually by the The Great Plains ADA Center. This initiative is to increase Americans with Disabilities Act (ADA) Certified Coordinators throughout the state of New Mexico.**

**Planned Transition Training or Other Training Activity (optional) Our Statewide AT Program provides trainings to individuals with disabilities and professionals statewide through a main office and two satellite offices. We partner with Western New Mexico University, located in southwestern New Mexico (NM), and the Northeast Regional Educational Cooperative, located in northeastern NM, as the satellite offices to supplement our centrally located office. Training on devices is offered to schools in all areas of the state on a small scale, often connected to transitioning students. This training is provided to educators, ancillary therapists and students as requested. It may be also include training on general benefits of assistive technology (AT), AT services, practices related to AT or funding sources for AT. The main office location also provides training on speech generating devices to Speech and Language Professional students at the University of New Mexico as part of their regular curriculum.**

**Planned Statewide Conference or Other Training Activity (optional) Our Statewide AT Program sponsors an annual Assistive Technology Conference (ATC) for statewide participation by all professionals, educators, individuals with disabilities, their families and advocates. The primary target audience is for professionals, evidenced by the provision of Continued Educational Units (CEUs) for most disciplines, including Occupations Therapist, Speech Language Professionals, Physical Therapists, Social Service professionals and Vocational Rehabiltiion Counselors. Experts outside of our direct staff are secured with a request for proposals for educational sessions which may include training on specific devices, the assessment of individuals for AT, related services for transition students, general benefits of AT, options to acquire needed AT and other related topics. The ATC held in the central location of the state and a cost is involved only to cover the expenses to host the event.**

**Between two to four small half day trainings are offered as requested in rural locations of the state tailored to the request of the area. These usually include specific device training or assessment of indivdiuals for AT. There are no CEUs offered and there is no cost involved.**

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

[**http://www.tap.gcd.state.nm.us/trainings/**](http://www.tap.gcd.state.nm.us/trainings/)

Technical Assistance Activities

The AT Act describes training as follows:

“(i) TRAINING AND TECHNICAL ASSISTANCE. —

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

### Technical Assistance

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** | **YES** | **YES** |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **Other** *(describe)* |  |  |  |

* + 1. **Provide a short description of at least one and no more than two planned technical assistance activities. If the Statewide AT Program is meeting the transition requirements of the AT Act through technical assistance, please describe that planned activity.**

**Planned Transition Technical Assistance or Other Technical Assistance Activity (required) It was brought to the attention of our Statewide AT Program staff that many of the one-stop career centers were not fully assessable to individuals with disabilities. As the Workforce Innovation and Opportunity Act partnerships bring more indivdiuals with disabilities to these centers, we have offered to assess the accessibility of these sites and provide suggested AT solutions that can assist with a variety of challenges such as visual, hearing and mobility in interfacing with employment services.**

**Planned Other Technical Assistance Activity (optional) Our Statewide AT Program is in negotiations of strengthening their partnership with the NM Division of Vocational Rehabilitation agency. As a component of providing direct assistive technology assessment (AT) for individuals, we plan to provide skills-development training in assessing the need for AT devices including, but not limited to, when to request a complete AT Evaluation by a certified Assistive Technology Professional.**

Public Awareness Activities

The AT Act says the following about Public Awareness:

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

### Public Awareness

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **Other** *(describe)* |  |  |  |

* + 1. **Provide a short description of at least one and no more than two planned major public awareness activities**. **If the Statewide AT Program conducts a major ongoing public awareness activity such as an annual AT awareness day with a Governor’s Proclamation, please include that activity.**

**Major Annual Planned or Other Public Awareness Activity (required) Our Statewide AT Program will approach sectors of local hospitals and healthcare plan providers in New Mexico to increase awareness of assistive technology and our services. This will increase knowledge and availability to a wider base of individuals not associated with a specific disability group. Staff will approach possible contacts in case manager, care coordinator, direct care, consumer and other areas.**

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

Information and Assistance Activities

### Information & Assistance

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** | **YES** | **YES** |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **Other** *(describe)* |  |  |  |

* + 1. **Describe the activity. Our Statewide AT Program responds to all calls from the main office and satellite offices from consumers in need of information. These calls may include general information regarding services they want to access that may or may not be our services. Any staff member may answer the phone or receive an email inquiry and will respond within no more than one working day. If the request is outside of our services, a referral for appropriate assistance is provided including some information about the service and who to talk to with contact information for that agency or organization. Sometimes the call may be for troubleshooting with particular assistive technology devices or services and we will provide direct guidance and referral information appropriately. Both of these types of assistance are documentated as they increase the knowledge for consumers in need and strengthen our community. A resource guide is in creation in a digital and paper form located where all staff can add resources and access the information to provide to consumers.**.

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## Assurances & Measurable Goals

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

### Assurances

* + 1. **As the Certifying Representative of the Lead Agency for the State of New Mexico, I hereby assure the following:**
    2. **The Lead Agency prepared and submitted this State Plan on behalf of the State of New Mexico.**
    3. **The Lead Agency submitting this plan is the State agency that is eligible to submit this plan and if an Implementing Entity is identified it is designated to implement the required AT Act activities.**
    4. **The State agency has authority under State law to perform the functions of the State under this program.**
    5. **The State legally may carry out each provision of this plan.**
    6. **All provisions of this plan are consistent with State law.**
    7. **A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan.**
    8. **The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.**
    9. **The agency that submits this plan has adopted or otherwise formally approved this plan.**
    10. **The plan is the basis for State operation and administration of the program.**
    11. **The Lead Agency will maintain and evaluate the program under this State Plan.**
    12. **The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act.**
    13. **The Lead Agency will submit the annual progress report on behalf of the State.**
    14. **The State will prepare reports to the Secretary in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this Act and keep such records and allow access to such records as the Secretary may require to ensure the correctness and verification of information provided to the Secretary.**
    15. **The Lead Agency will control and administer the funds received through the grant.**
    16. **The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.**
    17. **Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services.**
    18. **The Lead Agency will ensure conformance with all applicable Federal and State accounting requirements.**
    19. **The State will adopt such fiscal control and accounting procedures as may be necessary to ensure proper disbursement of and accounting for the funds received through the grant.**
    20. **Funds made available through a grant to a State under this Act will not be used for direct payment for an assistive technology device for an individual with a disability.**
    21. **A public agency or an individual with a disability holds title to any property purchased with funds received under the grant and administers that property.**
    22. **The physical facility of the Lead Agency and Implementing Entity, if any, meets the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) regarding accessibility for individuals with disabilities. Section 4(d)(6)(E)**
    23. **Activities carried out in the State that are authorized under this Act, and supported by Federal funds received under this Act, will comply with the standards established by the Architectural and Transportation Barriers Compliance Board under section 508 of the Rehabilitation Act of 1973 (20 U.S.C. 794d). Section 4(d)(6)(G)**
    24. **The Lead Agency will coordinate the activities of the State Plan among public and private entities, including coordinating efforts related to entering into interagency agreements.**
    25. **The Lead Agency will coordinate efforts related to the active, timely, and meaningful participation by individuals with disabilities and their family members, guardians, advocates, or authorized representatives, and other appropriate individuals, with respect to activities carried out through the grant.**

### Certifying Representative: Anthony Alarid, Interim Director. Date: 5/14/20

General Description of Measurable Goals:

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

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

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

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