**State Grants for Assistive Technology Program**

# Maine

# 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; Change in Lead Agency or Implementing Entity

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

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

### Identification & Description of Lead Agency and Implementing Entity

|  |  |
| --- | --- |
| **Statewide AT Program (Information to be listed in national State AT Program Directory)** | |
| 1. State Program Title Maine CITE Program: Maine Consumer Information Technology Exchange | |
| 2. State AT Program URL (home page for State AT Program) [www.mainecite.org](http://www.mainecite.org) | |
| 3. Mailing address UMA, 46 University Drive | 5. State Maine |
| 4. City Augusta | 6. Zip code 04330 |
| 7. Main email address (for general public to use to contact State AT Program) [iweb@mainecite.org](mailto:iweb@mainecite.org) | |
| 8. Main phone number (for general public to use to contact State AT Program) 207-621-3195 | |
| 9. Separate TTY number (for general public to use to contact State AT Program) Maine Relay 711 | |
| **Lead Agency** | |
| 10. Agency name Maine Department of Education- MDOE | |
| 11. Mailing address State House Station 23 | 13. State Maine |
| 12. City Augusta | 14. Zip code 04333 |
| 15. Lead Agency URL [www.maine.gov/doe/specialed](http://www.maine.gov/doe/specialed) | |
| **Implementing Entity** | |
| 16.Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes X No  *If yes, complete Items 17–22.* | |
| 17. Name of Implementing Entity University of Maine System, Maine CITE Coordinating Center | |
| 18. Mailing address UMA, 46 University Drive | 20. State Maine |
| 19. City Augusta | 21. Zip code 04330 |
| 22. Implementing Entity URL [www.mainecite.org](http://www.mainecite.org) | |
| **Program director and other contacts** | |
| 23. Program Director for State AT Program (last, first) Adams, Kathryn | |
| 24. Title Maine CITE Program Director | |
| 25. Phone 207-621-3195 | |
| 26. E-mail kadams@mainecite.org | |
| 27. Primary Contact at the Lead Agency (last, first) Frazier, Erin | |
| 28. Title Maine DOE - State Director of Special Services Birth to 20 | |
| 29. Phone 207-624-6676 | |
| 30. E-mail erin.frazier@maine.gov | |
| 31. Primary Contact at Implementing Entity (last, first) – If applicable Adams, Kathryn | |
| 32. Title Maine CITE Program Director | |
| 33. Phone 207-621-3195 | |
| 34. E-mail kadams@mainecite.org | |
| **Person Responsible for completing this form if other than State AT Program Director** | |
| 34. Name (last, first) | |
| 35. Title | |
| 36. Phone | |
| 37. E-mail | |
| **Certifying Representative** | |
| 38. Name (last, first) Frazier, Erin | |
| 39. Title MDOE State Special Services Director Birth to 20 | |
| 40. Phone 207-624-6676 | |
| 41. E-mail erin.frazier@maine.gov | |

### Change in Lead Agency or Implementing Entity

* + 1. **Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state if you have a designated Implementing Entity identified above.**

*The Maine State Department of Education has a Memo of Agreement with the University of Maine System/UMaine Augusta for the Maine CITE Coordinating Center to administer, implement and coordinate all statewide Assistive Technology services and activities in accordance with the federal AT Act as amended in 2004.*

* + 1. **Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan?**

**NO**

* + 1. **Explain why the Lead Agency previously designated by the Governor should not serve as the Lead Agency. Answer only if Question 2 above is yes.**

**NA**

* + 1. **Explain why the Lead Agency newly designated by the Governor should serve as the Lead Agency. Answer only if Question 2 above is yes.**

**NA**

* + 1. **Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in the previous State Plan?**

**NO**

* + 1. **Explain why the Implementing Entity previously designated by the Governor should not serve as the Implementing Entity. Answer only if Question 5 above is yes.**

**NA**

* + 1. **Explain why the Implementing Entity newly designated by the Governor should serve as the Implementing Entity. Answer only if Question 5 above is yes.**

**NA**

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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.**

**YES**

* + 1. **The advisory council includes a representative of the designated State agency, as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705).**

**YES**

* + 1. **The advisory council includes a representative of the State agency for individuals who are blind (within the meaning of section 101 of that Act (29 U.S.C. 721)).**

**YES**

* + 1. **The advisory council includes a representative of a State center for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.).**

**YES**

* + 1. **The advisory council includes a representative of the State workforce development board established under section 101 of the Workforce Innovation and Opportunity Act).**

**YES**

* + 1. **The advisory council includes a representative of the State educational agency, as defined in section 9101 of the Elementary and Secondary Education Act of 1965 as reauthorized.**

**YES**

* + 1. **The advisory council includes other representatives (list below).**

**Maine Parent Federation representative State Independent Living Council representative**

* + 1. **The advisory council includes a majority of individuals with disabilities that use assistive technology or their family members or guardians:**

A. Enter the number of individuals with disabilities that use AT or their family members or guardians on the advisory council -  **9**

B. Enter the total number of individuals on the advisory council - **13**

C. Calculate the percentage (divide A/B) - **69%**

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

### Actual Expenditures and Budgeted Allocations

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

In the following table provide the actual expenditure data for the closed-out carryover fiscal year AT grant award (liquidated the previous December 31). Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12- month period of time as funds from a grant award can be obligated over a 24-month period. (For a State Plan submitted in the spring of 2018, the most recent closed-out carryover year grant award will be the FY16 grant award that began 10/1/2015 with the first year ending on 9/30/2016 and the second carryover year ending on 9/30/2017 with 3-month liquidation period ending 12/31/2017).

| **Actual Expenditures for Closed-out Carryover Year Award** | **Final Expenditures** | **Percentage** |
| --- | --- | --- |
| **A. All State Level Activities** | **$ 289,667.00** | **A/E calculate** |
| **B. All State Leadership Activities** | **$ 182,681.00** | **B/E calculate –less than 40/30% required** |
| **C. Transition Training & Technical Assistance** | **$ 9,000.00** | **C/B calculate -**  **at least 5% required** |
| **D. Total Expenditures** | **$ 481,348.00** | **D/E calculate** |
| **E. Total Award** | **$ 481,348.00** | **100%** |
| **F. Lapsed Amount** | **$ 0** | **F/E calculate** |

Note: The final expenditure amount on line D must equal the amount drawn down in the ACL Payment Management System.

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

In the following table provide year-to-date (YTD) obligated and liquidated expenditure data for the immediately preceding fiscal year AT grant award along with planned budget allocations for the unobligated remainder of that award. Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12-month period of time as funds from a grant award can be obligated over a 24-month period. (For a State Plan submitted in the spring of 2018, the immediately preceding fiscal year award will be the FY17 grant award that began 10/1/2016 with the first year ending 9/30/2017 and the second carryover year ending 9/30/18).

| **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** | **$ 103,450.00** | **$ 103,450.00** | **$ 0** | **$ 206,900.00** |
| **All State Leadership Activities** | **$ 121,448.00** | **$ 141,000.00** | **$ 0** | **$ 262,448.00** |
| **Transition Training & Technical Assistance** | **$ 6,000.00** | **$ 6,000.00** | **$ 0** | **$ 12,000.00** |
| **Total** | **$ 230,898.00** | **$250,450.00** | **$ 0** | **$481,348.00** |

### Activities Conducted

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

Using the table below, identify all types of state level activities that will be conducted by the Statewide AT Program, who is conducting the activity, from where it is conducted and if a fee is charged. Please remember that annual progress report data is required for any activity identified as conducted in this State Plan.

Instructions: Enter “yes” or “no” to indicate each of the activities conducted in the table below.

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

* + 1. **Comparability and Flexibility**

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

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

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

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

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

*In 1989, The Maine Adaptive Equipment Loan Program was approved by a citizen’s referendum that dedicated a state bond of $5,000,000 dollars to create a cash loan program for people with disabilities who need/want to buy adaptive devices, AT and home modifications. This was the first alternative financing/cash loan program in the country. Over the years more than 2000 consumers have borrowed millions of dollars and paid it back with interest. Since it is revolving loan program the loan fund has been sustained for 31 years. The program is administered by the state’s CIL, Alpha One and serves applicants of all ages and all disabilities from the sixteen counties across Maine.*

**Multiple Activity Item Instructions**

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. For the purposes of the following portions of the State Plan, there is no distinction between a Lead Agency or Implementing Entity in terms of implementation. If an Implementing Entity is used, the State Plan reports on how that entity is implementing the Act.

Section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities.

Sections C-G of this State Plan contains items intended to meet these requirements for each AT Act authorized activity. While Sections do request unique information about specific activities, each begins with the same request for information regarding collaboration. Use the instructions below as a reference for this question throughout the State Plan, as the instructions will not be repeated in each section.

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **Yes** | **Yes** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **Yes** | **Yes** | **No** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **No** | **No** | **No** |
| **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. Do not confuse these options with the use of an Implementing Entity (for purpose of these questions, the Implementing Entity is the Statewide AT Program).

*Have written agreement with this entity* – Answer “yes” in this column if the Statewide AT Program has a formal agreement of some sort with an entity to conduct all or part of a state level or state leadership activity. If an entity is providing the State AT Program with data for activities they are conducting and that data is reported in the Annual Progress Report, the Statewide AT Program should have an agreement with that entity and should report it in this column. The Statewide AT Program should also have a written agreement with a funding source for an activity and similarly would have such agreement with an entity to whom the Statewide AT Program is providing funding for an activity. Both of these would be reported in this column and one of the two other columns asking about direct financial support. It is possible to have a formal agreement with an entity to support conducting an activity without associated direct financial support provided (e.g. The Statewide AT Program provides a device demonstration provider with all the AT devices for their inventory instead of direct dollars). In-kind support with a written agreement will be reported in this category. It is likely that if one of the financial support columns is checked “yes” that this column would also be checked “yes”. However, this column could be checked “yes” without the associated direct financial support (only in-kind or non-monetary). If no formal, written agreement is in place this column should NOT be checked.

*Provide financial support to this entity*- Select this category “yes” if the Statewide AT Program provides dollars directly to an entity to conduct all or part of a state level or state leadership activity. This entity will be providing the State AT Program with data to submit for the activity in the Annual Progress Report. In-kind support is NOT included here.

*Receive financial support from this entity*- Select this category “yes” if the Statewide AT Program receives dollars directly from an entity to conduct all or part of a state level or state leadership activity. Details of this financial support will be reported in the Leveraged Funding section of the Annual Progress Report. In-kind support is NOT included here.

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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), including—

1. support for the development of systems for the purchase, lease, or other acquisition of, or payment for, assistive technology devices and assistive technology services; or
2. support for the development of State-financed or privately financed alternative financing systems of subsidies (which may include conducting an initial 1-year feasibility study of, improving, administering, operating, providing capital for, or collaborating with an entity with respect to, such a system) for the provision of assistive technology devices, such as—
3. a low-interest loan fund;
4. an interest buy-down program;
5. a revolving loan fund;
6. a loan guarantee or insurance program;
7. a program providing for the purchase, lease, or other acquisition of assistive technology devices or assistive technology services; or
8. another mechanism that is approved by the Secretary.”

For the purposes of this State Plan, state financing activities include financial loan programs, programs that directly provide AT such as home modification programs, telecommunications distribution programs, and last resort funds, and programs that create savings for AT acquisition such as cooperative buying programs and AT leasing programs. Each of these activities is defined in the corresponding section of this State Plan.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are intended to meet these requirements for State Financing Activities. Respond only to the items that correspond with the State Financing Activities selected in Section B of this Plan.

### Financial Loan Program -

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

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

**NA**

| **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. **This activity offers the following types of assistance (identify all that apply).**
* **Revolving loans**
* **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.**
    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.**
    3. **The lowest loan amount provided as established by the policies of the activity (leave blank if N/A). Provide dollar amount.**
    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.**
    6. **The online page for this specific activity can be found at:**

### 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.**

**NA**

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

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

### Other State Financing Activities Create AT Savings

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

**NA**

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

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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.”

For the purposes of this State Plan, device reutilization activities are categorized as either device exchange activities, device refurbish and reassign activities or open-ended loan activities. Device exchange activities are those in which the Statewide AT Program facilitates the transfer of a device from a consumer who does not need the device to a consumer who could use the device without the organization taking possession of the device at any time. Devices are listed in a “want ad” or other type of posting and consumers can contact and arrange to obtain the device (either by purchasing it or obtaining it for free) from the current owner. Exchange activities do not involve warehousing inventory and do not include repair, sanitization or refurbishing of used devices. In some cases, a Statewide AT Program serves as an intermediary directly involved in making this exchange; in others the consumer and current owner make this exchange without the involvement of the Statewide AT Program.

Section 4(d)(5) of the AT Act requires the State Plan include a description of how the Statewide AT Program will implement State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities.

### Device Exchange

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

**NA**

| **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** | **Yes** | **Yes** | **No** |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **Other** *(describe)* |  |  |  |

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

**X 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.**

*Spurwink ALLTECH subcontracts and receives financial support to operate an AT ReUse/Reassignment store. It is in one central location and they accommodate customers from other areas of the state by arranging for pick up or shuttling devices to them. ALLTECH receives donated used AT and DME, cleans and refurbishs the devices and resells them at discount prices. The ALLTECH staff has knowledge about AT, DME and disabilities to support the process of matching the devices/equipment to the people who need them - while still respecting consumer choice and self determination.*

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

[**https://spurwinkalltech.org/alltech-services/recycle-reuse-program/**](https://spurwinkalltech.org/alltech-services/recycle-reuse-program/)

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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.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for device loan activities.

### Short-term Device Loan

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** | **Yes** | **Yes** | **No** |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **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.**

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

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

*There are four AT provider organizations that subcontract and receive financial support to provide AT device short term Loan activities across Maine to consumers with disabilities of all ages (children, adults, seniors), families, caregivers, educators, therapists and others. These 4 AT providers contribute to, manage and share the online AT device inventory for promoting and tracking AT devices:* [*www.at4maine.org*](http://www.at4maine.org)*. Hundreds of devices are listed on the site for loan. The loan period is twenty one days with renewal as available. All devices are cleaned and checked for usability before being lent out again. Devices can be shipped, picked up or shuttled to the user. The AT providers and MaineCITE staff collaborate regularly as new AT devices that need to be added to the AT4Maine.org inventory to keep it up to date.*

*The four organizations are: Spurwink ALLTECH, Pine Tree Society, CARES Inc and UMaine Farmington*

* + 1. **The online page for this specific activity can be found at:** [**www.at4maine.org**](http://www.at4maine.org)

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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 demonstrations compare the features and benefits of AT devices to enable informed decision-making. In a device demonstration, guided experience with the device(s) is provided to the participant with the assistance of someone who has technical expertise related to the device(s). This expert may be in the same location as the participant or may assist the participant through Internet or distance learning mechanism that provides real-time, effective communication to deliver the necessary device exploration.

A demonstration is characterized by its interactive nature whereby the participant can interact with the device and an expert to increase their knowledge and understanding about the details and functions of a device; the participant drives the demonstration and has the ability to interact and have their individual questions about the device addressed. If the demonstration is conducted via the internet or distance learning mechanism it must be a real-time, interactive demonstration that provides one-on-one assistance to the participant. A web-based demonstration that is archived or is a static presentation without interaction is considered an awareness activity, not a demonstration.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for device demonstration activities.

### Device Demonstration

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** | **Yes** | **Yes** | **No** |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** |  |  |  |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **Other** *(describe)* |  |  |  |

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

*The four AT Provider organizations that subcontract to provide AT device loans also receive financial support to provide AT device demonstrations. The AT staff at each agency meets with the consumer, family and/or professionals to show them the AT device(s) and provide information on how to use the device. In the demo session all effort is made for the consumer to have hands on use the device. The goal is to give the consumer the experience needed to make an informed decision about moving forward and getting a device of their own. Referral info and funding resources are shared as needed for acquisition.*

*These organizations are: Spurwink ALLTECH, Pine Tree Society, CARES Inc, and UMaine Farmington*

**3. The online page for this specific activity can be found at:** [**www.at4maine.org**](http://www.at4maine.org)

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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.

(II) AUTHORIZED ACTIVITIES. —In carrying out activities under sub clause (I), the State shall carry out activities that enhance the knowledge, skills, and competencies of individuals from local settings described in sub clause (I), which may include—

(aa) general awareness training on the benefits of assistive technology and the Federal, State, and private funding sources available to assist targeted individuals and entities in acquiring assistive technology;

(bb) skills-development training in assessing the need for assistive technology devices and assistive technology services;

(cc) training to ensure the appropriate application and use of assistive technology devices, assistive technology services, and accessible technology for e-government functions;

(dd) training in the importance of multiple approaches to assessment and implementation necessary to meet the individualized needs of individuals with disabilities; and

(ee) technical training on integrating assistive technology into the development and implementation of service plans, including any education, health, discharge, Olmstead, employment, or other plan required under Federal or State law.”

Training activities are instructional events, usually planned in advance for a specific purpose or audience, and are designed to increase participants’ knowledge, skills, and competencies regarding AT. Such events can be delivered to large or small groups, in-person, or via telecommunications or other distance education mechanisms. In general, participants in training can be individually identified and could complete an evaluation of the training. Examples of training include classes, workshops, and presentations that have a goal of increasing skills, knowledge, and competency, as opposed to training intended only to increase general awareness of AT. Training activities have more depth and breadth than public awareness activities and are focused on skill building and competency development.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for training activities.

### Training

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** | **Yes** | **Yes** | **No** |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **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)**

*Maine CITE offers ongoing ICT Accessibility webinars as well as on site workshops and presentations: Annual UMaine System Faculty Institute, Maine State Office of Information Technology, Annual Maine State Digital Summit, Maine Department of Education staff.*

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

*Maine CITE works collaboratively with the State Bureau of Rehabilitation Transition Counselors to provide annual webinars and workshops with an emphasis on AT for Transitioning Students, AT for Independent Living, AT for Employment and AT for College Students.*

*Maine CITE staff also serves a leadership role on the Southern Maine Transition Council and coordinates training events at each of the monthly meetings of this parent & professional group.*

*Maine CITE also routinely provides onsite training to staff of the five regional Agencies on Aging/ADRCs with a focus on AT used by adults and seniors to stay living longer in their homes or return to their home using AT after being in a long term nursing facility.*

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

* + 1. **The online page for this specific activity can be found at:** [**www.mainecite.org/training**](http://www.mainecite.org/training)

Technical Assistance Activities

The AT Act describes training as follows:

“(i) TRAINING AND TECHNICAL ASSISTANCE. —

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

(II) AUTHORIZED ACTIVITIES. —In carrying out activities under sub clause (I), the State shall carry out activities that enhance the knowledge, skills, and competencies of individuals from local settings described in sub clause (I), which may include—

(aa) general awareness training on the benefits of assistive technology and the Federal, State, and private funding sources available to assist targeted individuals and entities in acquiring assistive technology;

(bb) skills-development training in assessing the need for assistive technology devices and assistive technology services;

(cc) training to ensure the appropriate application and use of assistive technology devices, assistive technology services, and accessible technology for e-government functions;

(dd) training in the importance of multiple approaches to assessment and implementation necessary to meet the individualized needs of individuals with disabilities; and

(ee) technical training on integrating assistive technology into the development and implementation of service plans, including any education, health, discharge, Olmstead, employment, or other plan required under Federal or State law.”

Technical Assistance (TA) is direct problem-solving services provided by Statewide AT Program staff to assist programs and agencies in improving their services, management, policies and/or outcomes. TA may be provided in person, by electronic media such as telephone, video or e-mail and by other means. The following are examples of technical assistance: needs assessment, program planning or development, curriculum or materials development, administrative or management consultation, program evaluation and site reviews of external organizations, and policy development.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for technical assistance activities.

### Technical Assistance

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** | **Yes** | **Yes** | **No** |
| **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)**

*The Maine CITE staff is an advisory stakeholder providing technical assistance to the Maine DHHS “Homeward Bound Program”- a federal Money Follows the Person project that assists adults and seniors who are in long term nursing homes to transition back to the community. More than 120 people across Maine have moved back to the community through this program and it’s funding resources. An informal audit showed that the majority of them use adaptive devices and AT for greater independence and safety at home.*

*Maine CITE staff attends the monthly state DHHS Medicaid Advisory meetings. This engagement enables Medicaid policy makers to have ongoing technical advise from the State AT Act program, gain knowlege about AT and emerging technologies and the impact of AT with children, aduts and elderly in the essential areas of education, health and wellness, and community living.*

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

Public Awareness Activities

The AT Act says the following about Public Awareness:

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

(aa) the development of procedures for providing direct communication between providers of assistive technology and targeted individuals and entities, which may include partnerships with entities in the statewide and local workforce investment systems established under the Workforce Innovation and Opportunities Act (29 U.S.C. 3101 et seq.), State vocational rehabilitation centers, public and private employers, or elementary and secondary public schools;

(bb) the development and dissemination, to targeted individuals and entities, of information about State efforts related to assistive technology; and

(cc) the distribution of materials to appropriate public and private agencies that provide social, medical, educational, employment, and transportation services to individuals with disabilities.”

Public awareness activities are designed to reach large numbers of people, including activities such as public service announcements, radio talk shows and news reports, newspaper stories and columns, newsletters, brochures, and public forums.

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for public awareness activities.

### Public Awareness

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

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

*Annually, The Maine CITE staff attends the statewide “Senior Wisdom Summit” which is attended by more that 450 people - agency on aging/ADRC service providers, policy makers, homecare agency nurses and therapists, seniors, families and caregivers. The Maine CITE exhibit shows an extensive array of AT devices to support seniors living at home safety and independently. This large event, sponsored by the 5 state Agencies on Aging and their state association, is a prime opportunity to showcase AT and network with people from across the state.*

*Maine CITE also supports quarterly meetings of the state AT Consortia – for AT providers across the state. This meeting is held in person and via distance to keep the AT provider network connected, to learn about new and emerging AT, vendors, services, policy and funding changes that impact Maine citizens who use AT.*

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

Information and Assistance Activities

The AT Act says the following about information and referral activities, which for the purpose of this State Plan are called information and assistance activities:

“(aa) IN GENERAL. — The State shall directly, or in collaboration with public or private (such as nonprofit) entities, provide for the continuation and enhancement of a statewide information and referral system designed to meet the needs of targeted individuals and entities.

(bb) CONTENT. — The system shall deliver information on assistive technology devices, assistive technology services (with specific data regarding provider availability within the State), and the availability of resources, including funding through public and private sources, to obtain assistive technology devices and assistive technology services. The system shall also deliver information on the benefits of assistive technology devices and assistive technology services with respect to enhancing the capacity of individuals with disabilities of all ages to perform activities of daily living.”

Section 4(d)(5) of the AT Act requires that the State Plan include a description of how the Statewide AT Program will implement its State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) also requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities. The following items are items intended to meet these requirements for information and assistance activities.

### Information & Assistance

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

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** |  |  |  |
| **Independent Living Center** |  |  |  |
| **Easter Seals** |  |  |  |
| **Disability/AT Organizations** |  |  |  |
| **Federal Entities/Agencies** |  |  |  |
| **State Entities/Agencies** | **Yes** | **Yes** | **No** |
| **Local/Community Entities** |  |  |  |
| **Private Entities** |  |  |  |
| **Other** *(describe)* |  |  |  |

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

*The Maine CITE Coordinating Center is Maine’s statewide information source about AT. www.mainecite.org provides a comprehensive array of information on AT services, resources, providers, vendors, AT organizations, training and funding in the areas of Education, Employment, Community Living and IT/Telecommuntations. Annually, the staff answers hundreds of I&A inquiries received through the office, phone and online. All contacts are documented. If staff is unable to respond to an inquiry, it is brought to our weekly staff meeting to problem-solve. Staff also use social media to promote and disseminate up to date information on AT services, products, training events and AT news.*

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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 Maine , I hereby assure the following:**
    2. **The Lead Agency prepared and submitted this State Plan on behalf of the State of Maine. Yes**
    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. Yes**
    4. **The State agency has authority under State law to perform the functions of the State under this program. Yes**
    5. **The State legally may carry out each provision of this plan. Yes**
    6. **All provisions of this plan are consistent with State law. Yes**
    7. **A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan. Yes**
    8. **The State officer who submits this plan, specified by title in this certification, has authority to submit this plan. Yes**
    9. **The agency that submits this plan has adopted or otherwise formally approved this plan. Yes**
    10. **The plan is the basis for State operation and administration of the program. Yes**
    11. **The Lead Agency will maintain and evaluate the program under this State Plan. Yes**
    12. **The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act. Yes**
    13. **The Lead Agency will submit the annual progress report on behalf of the State. Yes**
    14. **The State will prepare reports to the Secretary in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this Act and keep such records and allow access to such records as the Secretary may require to ensure the correctness and verification of information provided to the Secretary. Yes**
    15. **The Lead Agency will control and administer the funds received through the grant. Yes**
    16. **The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan. Yes**
    17. **Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services. Yes**
    18. **The Lead Agency will ensure conformance with all applicable Federal and State accounting requirements. Yes**
    19. **The State will adopt such fiscal control and accounting procedures as may be necessary to ensure proper disbursement of and accounting for the funds received through the grant. Yes**
    20. **Funds made available through a grant to a State under this Act will not be used for direct payment for an assistive technology device for an individual with a disability.**

**Yes**

* + 1. **A public agency or an individual with a disability holds title to any property purchased with funds received under the grant and administers that property. Yes**
    2. **The physical facility of the Lead Agency and Implementing Entity, if any, meets the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) regarding accessibility for individuals with disabilities. Section 4(d)(6)(E) Yes**
    3. **Activities carried out in the State that are authorized under this Act, and supported by Federal funds received under this Act, will comply with the standards established by the Architectural and Transportation Barriers Compliance Board under section 508 of the Rehabilitation Act of 1973 (20 U.S.C. 794d). Section 4(d)(6)(G) Yes**
    4. **The Lead Agency will coordinate the activities of the State Plan among public and private entities, including coordinating efforts related to entering into interagency agreements. Yes**
    5. **The Lead Agency will coordinate efforts related to the active, timely, and meaningful participation by individuals with disabilities and their family members, guardians, advocates, or authorized representatives, and other appropriate individuals, with respect to activities carried out through the grant. Yes**

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.