



National Assistive Technology Act Data System

State Plan - Full Report

Northern Mariana Islands 2021

General Information

Statewide AT Program (Information to be listed in national State AT Program Directory)

State AT Program Title	CNMI Assistive Technology Program
State AT Program URL	cnmicdd.gov.mp
Mailing Address	P.O. Box 502565
City	Saipan
State	MP
Zip Code	96950
Program Email	
Phone	670-664-7003
TTY	670-664-7030

Lead Agency

Agency Name	CNMI Council on Developmental Disabilities
Mailing Address	P.O.Box 502565
City	Saipan
State	MP
Zip Code	96950
Program URL	cnmicdd.gov.mp

Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? N/A	
Name of Implementing Agency	
Mailing Address	

City	
State	
Zip Code	
Program URL	

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Sablan, Pamela C.
Title	CNMI Assistive Technology Program Director
Phone	670-664-7000
E-mail	psablan@cnmicdd.gov.mp
Program Director at Lead Agency (last, first)	
Title	
Phone	
E-mail	
Primary Contact at Implementing Agency (last, first) - If applicable	
Title	
Phone	
E-mail	

Person Responsible for completing this form if other than Program Director

Name (last, first)	Tudela, Josephine
Title	CNMI Assistive Technology Program Manager
Phone	670-664-7003
E-mail	jtudela@cnmicdd.gov.mp

Certifying Representative

Name (last, first)	Mendiola, Robert
Title	CNMI Council Chairman
Phone	670-664-7000
E-mail	robert.mendiola@marianas.edu

Module A: Change in Lead Agency or Implementing Entity

- Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf (From General Information)?** No
- 2. 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
- 3. 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

Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 0
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 1
5. How many representatives of the State educational agency are members of the advisory council? 1
6. How many additional representatives of other agencies and/or organizations are members of the advisory council? 6
- 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council.**
 VOICES of the CNMI (Self-Advocacy Organization led by people with developmental and other disabilities) CNMI-University Centers of Excellence in Developmental Disabilities Northern Marianas Protection and Advocacy Systems, Inc. (P&A) Medicaid (Title XIX of the Social Security Act) Office on Aging (The Older Americans Act of 1965) Maternal, Infant, Child & Adolescent Health (Department of Public Health)
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 15

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	15
Total number of individuals on the advisory council	25
Percentage	60%

8. 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

Module C: Actual Expenditures and Budgeted Allocations

1. Actual Expenditures Carryover Year Close-out

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 more than that initial 12 month period.

For the State Plan submitted in the spring of 2022, you will report the closed-out grant award for FY19. The grant began 10/1/2018 with the first year ending on 9/30/2019, the first carryover year ended on 9/30/2020 and the second carryover year ended on 9/30/2021 with the 3 month liquidation period ending 12/31/2021.

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$94,467.47	75.20%	The AT Act required state level expenditures to be at least 60% of grant award. If flexibility is claimed, at least 70% is required.
b. All State Leadership Activities	\$31,149.53	24.80%	
c. Total Expenditures	\$125,617.00		
d. Total Award	\$125,617.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$2,595.77	8.33%	The AT Act requires at least 5% of state leadership expenditures to be spent on transition activities.

Module C: Actual Expenditures and Budgeted Allocations (Continued...)

2. Actual YTD Expenditures and Budgeted Allocations for Preceding Year Award

In the following table provide year-to-date (YTD) obligated and liquidated expenditure data for the 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 the State Plan submitted in the spring of 2022, you will report the closed-out grant award for FY20. The grant began 10/1/2019 with the first year ending on 9/30/2020, the first carryover year ended on 9/30/2021 and the second carryover year ended on 9/30/2022 with the 3 month liquidation period ending 12/31/2022.

The total grant award for was **\$125,692.00**

Actual & Planned Immediate Preceding Year Award Expenditures	YTD Obligated not Liquidated Expenditures	YTD Liquidated Expenditures	Planned not yet Obligated Expenditures	Total
All State Level Activities	\$9,819.00	\$100,515.65	\$7,159.90	\$117,494.55
All State Leadership Activities	\$80.00	\$5,086.45	\$3,031.00	\$8,197.45
Total	\$9,899.00	\$105,602.10	\$10,190.90	\$125,692.00
Transition Training & Technical Assistance	\$0.00	\$0.00	\$0.00	\$0.00

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

None

Please indicate if flexibility or comparability is claimed for State Financing activities.

Flexibility

2. Which Reutilization Activities do you conduct?

- Device Reassignment or Open Ended Loan

3. Do you conduct Short-term Device Loans?

Yes

4. Do you conduct Device Demonstrations?

Yes

Module I: Device Refurbish and Reassignment and/or Open-ended Loan

1. Select the one option that best describes who conducts this activity.

The Statewide AT Program (State AT)

2. Select the one option that best describes from where this activity is conducted.

One central location (Central)

3. Do you charge a fee for this activity?

No

4. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module I: Device Refurbish and Reassignment and/or Open-ended Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option(s) that describe how a reutilized device is provided to a recipient. (select all that apply)

- Device is loaned for as long as the recipient needs it with no ownership transfer

6. Describe the activity.

This program is a person-to-person exchange, which functions like a free classified marketplace. The statewide AT Program is only involved in the transaction by connecting individuals and providing information. No fees are assessed by the Statewide AT Program.

7. The online page for this specific activity can be found at: <https://cnmicdd.gov.mp/assistive-tech/>

Module J: Device Loan

1. Select the one option that best describes who conducts this activity.

The Statewide AT Program (State AT)

2. Select the one option that best describes from where this activity is conducted.

One central location (Central)

3. Do you charge a fee for this activity?

No

4. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module J: Device Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option that describes how the majority of devices loaned are delivered to and returned from a borrower. (select one)

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

6. Describe the activity.

The CNMI AT Program is available to any borrower, agencies, entity and or school district in the Commonwealth. Equipment is available for loan that meets the needs of adults and children of all ages with all types of disabilities. The borrower must have an approved short-term loan program agreement on file with the program assuring acceptance of specific responsibilities to be able to borrow devices. The program includes a wide range of equipment including switches and mounts, computer access devices, environmental controls, hearing devices, home modifications, vision devices and augmentative communication devices. Each loan period is for forty-two (42) days and an entity can borrow up to 2 devices. Items are either picked up in person or delivered by the Statewide AT Program staff. All items that are loaned out are tracked on an in-house database with routine follow-up to ensure timely return of devices. Devices that are loaned on the two outer islands are handled via email and telephone, and upon approval shipped out through the small commercial airlines. All devices are sanitized and checked for functionality before being loaned out again. All device loans include demonstration on the use of the device prior to being loaned out. In addition, basic instructions are provided to the borrower(s). The device loan program inventory is updated as resources will allow and priority is given to purchasing devices to reduce waiting lists and provide current high demand items. No fees are charged to borrow devices.

7. The online page for this specific activity can be found at: <https://cnmicdd.gov.mp/assistive-tech/>

Module K: Device Demonstration

1. Select the one option that best describes who conducts this activity.

The Statewide AT Program (State AT)

2. Select the one option that best describes from where this activity is conducted.

One central location (Central)

3. Do you charge a fee for this activity?

No

4. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

The CNMI AT Program conducts device demonstrations throughout the year at our AT center as well as various sites throughout the CNMI. In most cases, demonstrations are conducted upon requests from consumers, family members, authorized representatives, private and public disability/health-related agencies, and organizations. Staff provides an overview of the basic devices in the inventory and in addition, one-to-one guided explanations for the individual's matching AT. The CNMI AT Program conducts device demonstrations on an array of assistive technology devices during disability partners sponsored events or conferences. If devices are identified that will meet individual needs, referrals and resources are provided to support the acquisition. Larger group presentations are provided upon request from agencies or in partnership with training activities with the Council on Developmental Disabilities, such as the use of communication apps for first responders.

6. The online page for this specific activity can be found at: N/A

Module L: Training

1. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module L: Training (Continued...)

Local/Community Entities (select any/all)
--

Private Entities (select any/all)
--

Other (select any/all)

2. 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)

The CNMI AT Program, in collaboration with the CNMI Tri-Agency (CNMI Council on Developmental Disabilities, CNMI University Center for Excellence in Developmental Disabilities and the Northern Marianas Protection and Advocacy Systems Inc.) provided numerous training on accessibility, sensitivity and communication tools and apps available for individuals with varied disabilities to a number of agencies. The Program recently completed trainings for first responders on Tinian and Rota. Training are ongoing on Saipan, with trainings completed for the Department of Fire and Emergency Services (DFEMS), DFEMS cadets as well as cadets from the CNMI Customs and Biosecurity Academy.

Planned Transition Training or Other Training Activity (optional)

The CNMI AT Program continues to collaborate with the CNMI Transition Coalition to provide training and support during planned training events such as the Annual Transition to Success Symposium. The Program also works with the CNMI Office of Vocational Rehabilitation to provide training upon request during their Pre-Employment Transition Services Trainings.

Planned Statewide Conference or Other Training Activity (optional)

3. The online page for this specific activity can be found at: NA

Module M: Technical Assistance

1. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module M: Technical Assistance (Continued...)

Local/Community Entities (select any/all)
--

Private Entities (select any/all)
--

Other (select any/all)

2. 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 CNMI Assistive Technology Program provides ongoing technical assistance to the CNMI Disability Network Partners (DNP). The DNP included the CNMI Public School System-Special Education Program as well as the Northern Marianas College-Disability Support Services. The Technical Assistance (TA) provided are direct problem-solving services provided 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.

Planned Other Technical Assistance Activity (optional)

Module N: Public Awareness

1. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)
--

Private Entities (select any/all)
--

Other (select any/all)

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

Major Annual Planned or Other Public Awareness Activity (required)

The CNMI AT Program conducts public awareness activities throughout the year at our AT Center and various sites around the CNMI. We use a comprehensive approach to increase awareness about the availability, benefits of assistive technology devices and services, funding options for the procurement of AT, and policies related to AT. We promote our AT Program by the following methods: dissemination of printed material by mail, exhibits, and media such as radio, newspaper advertisements, and social media. In addition, the CNMI AT Program actively promotes our programs during the CNMI’s Annual Developmental Disabilities and Employment Awareness Month, which is celebrated in partnership with the Office of Vocational Rehabilitation.

Planned Other Public Awareness Activity (optional)

The CNMI AT Program, as part of, and in partnership with the CNMI Council on Developmental Disabilities is a member of the CNMI Disability Network Partners (DNP). The DNP’s membership includes’ the CNMI Council on Developmental Disabilities, CNMI AT Program, Center for Living Independently, Commonwealth Healthcare Corporation-Maternal, Infant, Children & Adolescent Health, Commonwealth Office of Transit Authority, Northern Marianas College, Department of Community & Cultural Affairs-Division of Youth Services, Northern Marianas Protection & Advocacy Systems, Inc., CNMI Public School System-Special Education Program, University Center for Excellence in Developmental Disabilities, Office of Vocational Rehabilitation and the VOICES of the CNMI (Self Advocacy Group). This membership affords the AT Program the ability to participate in numerous activities throughout the year sponsored by various members.

Module O: Information and Assistance

1. Identify the types of collaborations you have in place to conduct this activity.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module O: Information and Assistance (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

2. Describe the activity

The CNMI AT Program has one central location located on the island of Saipan. All CNMI residents and visitors may inquire or obtain information by physically visiting or calling our AT Center from 7:30 a.m. to 4:30 p.m., Monday through Friday. A consumer may also call our AT Center's main telephone line at (670) 664-7003/0 during non-operational hours or holidays to leave a message. In addition, special arrangements can be made to accommodate individuals after working hours, weekends, and holidays. A consumer can request assistance by visiting www.cnmicdd.org and clicking the email tab to contact our AT Program for assistance. CNMI AT Program staff can address all consumer inquiries by their preference whether it be via email, telephone, or mail. Consumers are welcome to access any resources, vendor catalogs, and publications that are available in our AT Library or via the internet. AT Program staff is ready to assist all inquiries and will conduct research if needed.

Assurances and 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

As the Certifying Representative of the Lead Agency for the State of , I hereby assure the following:

1. The Lead Agency prepared and submitted this State Plan on behalf of the State of MP.
2. 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.
3. The State agency has authority under State law to perform the functions of the State under this program.
4. The State legally may carry out each provision of this plan.
5. All provisions of this plan are consistent with State law.
6. 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.
7. The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.
8. The agency that submits this plan has adopted or otherwise formally approved this plan.
9. The plan is the basis for State operation and administration of the program.
10. The Lead Agency will maintain and evaluate the program under this State Plan.
11. 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.
12. The Lead Agency will submit the annual progress report on behalf of the State.
13. 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.
14. The Lead Agency will control and administer the funds received through the grant.
15. The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.
16. 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.
17. The Lead Agency will ensure conformance with all applicable Federal and State accounting requirements.
18. 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.
19. 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.
20. 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.
21. 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)
22. 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)
23. 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.
24. 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.