



National Assistive Technology Act Data System
State Plan - Full Report
Northern Mariana Islands 2024

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	670-664-7001

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.
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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
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Certifying Representative

Name (last, first)	Ulloa, Concepcion
Title	CNMI Council/ATP Chairperson
Phone	670-664-7000
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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. Do you have an alternative financing program (AFP) for assistive technology in your state/territory that is separate from the State AT Program and is operated by a non-profit entity? No
- 6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council? 0
7. How many representatives of the following agencies and/or organizations are members of the advisory council? 6
(At least one is required by the AT Act.)
- | | |
|---|---|
| Medicaid state agency | 1 |
| State agency administering Developmental Disabilities Act | 1 |
| State agency administering or organization funded under Older Americans Act | 1 |
| Organization representing veterans | 0 |
| University Center for Excellence in Developmental Disabilities (UCEDD) | 1 |
| State Protection and Advocacy System | 1 |
| State Council on Developmental Disabilities | 1 |
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 1
- | | |
|--|---|
| Early Intervention/Child Services state agency | 1 |
| State Deaf/Hard of Hearing Commission/Office | 0 |
| State Insurance agency | 0 |
| State Library/Secretary of State/Talking Books agency | 0 |
| State ADA Office/Disability Commission/Advocacy Office | 0 |
| State Legislators | 0 |
| State Parent Training Information Center (IDEA funded) | 0 |
| Other (description required in text box below) | 0 |
| Describe Other Agency | |
9. 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	26
Percentage	57.69%

10. 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
11. Procedures are in place to ensure that the Advisory Council members are geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, age, and types of disabilities, and users of types of services that an individual with a disability may receive, including home and community-based

services (as defined in section 9817 (a)(2) of the American Rescue Plan Act of 2021 (42 U.S.C. 1396d not)), vocational rehabilitation services (as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705)) and services through the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.)

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 2024, you will report the closed-out grant award for FY21. The grant began 10/1/2020 with the first year ending on 9/30/2021, the first carryover year ended on 9/30/2022 and the second carryover year ended on 9/30/2023 with the 3 month liquidation period ending 12/31/2023.

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$114,729.56	91.26%	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	\$10,986.44	8.74%	
c. Total Expenditures	\$125,716.00		
d. Total Award	\$125,716.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$1,396.00	12.71%	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 2024, you will report year to date FY22 grant award expenditures. This grant began 10/1/2021 with the initial award year ending on 9/30/2022 and the carryover year ended on 9/30/2023. Many programs received a no cost extension which extended the obligation date to 9/30/2024

The total grant award for was **\$125,790.00**

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	\$7,236.00	\$105,349.63	\$3,851.82	\$116,437.45
All State Leadership Activities	\$0.00	\$9,352.55	\$0.00	\$9,352.55
Total	\$7,236.00	\$114,702.18	\$3,851.82	\$125,790.00
Transition Training & Technical Assistance	\$5,497.00	\$0.00	\$0.00	\$5,497.00

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Other State Financing that creates AT savings (cooperative buying programs, etc.)

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 G: Other State Financing Activities that Create AT Savings

1. Which of the following activity/activities are conducted? (select all that apply)

Identify all types of other state financing programs that create AT savings that are conducted.

- AT Lease Program

2. Select the one option that best describes who conducts this activity/activities.

The Statewide AT Program (State AT)

3. Select the one option that best describes from where this activity/activities is conducted.

One central location (Central)

4. Do you charge a fee for this activity/activities? (select one)

No

5. Identify the types of collaborations you have in place to conduct this activity/activities.

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)

- Receive financial support from this entity

Module G: Other State Financing Activities that Create AT Savings (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

6. Describe the activity/activities.

The CNMI Assistive Technology Program (ATP) will continue pursuing its plans to establish a lease-to-own program. The Program has been discussing the issue with local policy-makers to introduce a draft bill tied to funds, but with the CNMI Governments ongoing eight (8) hour cut to all government agencies/programs receiving local funds, with plans to cut an additional eight (8) hours in the new fiscal year, it is becoming more challenging in obtaining commitments from policy-makers.

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

NA

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/reassignment, 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. Open-ended Loans are completed using the same process as for Device Loans for tracking and accountability, with devices or equipment selected based on its age and condition. The ATP retains the ownership of the item and is loaned for as long as the individual needs the item.

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

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 depending on the individuals need. 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 safety and use of the device prior to being loaned. 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: 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 and health service providers.

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

Module L: Training/Educational Activities

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)

State Units on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Departments of Education (select any/all)

Local School Districts (select any/all)

Institutions of Higher Education (select any/all)

Hospitals and Health Care Systems (select any/all)

Early Intervention Programs (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)
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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 ATP will continue to provide Website Accessibility Training as well as Creating and Using of Accessible Document to the CNMI Government Agencies as well the Autonomous Government Agencies.

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. The AT Program will also continue to participate in IEP meeting when requested.

Planned Statewide Conference or Other Training Activity (optional)

The ATP will continue to provide trainings for the CNMI Department of Fire and Emergency Management Services (DFEMS), the Department of Public Safety and Customs and Biosecurity Academy. Trainings will be in conjunction with the DD Network focusing on accessibility, sensitivity, communication tools and apps.

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)

State Agency on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Departments of Education (select any/all)

Local School Districts (select any/all)

Hospitals and/or Health Systems (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)
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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)

Upon request, the CNMI ATP will continue to provide technical assistance to the Public School System, the Northern Marianas College, the CNMI Center for Living Independently, the Office of Vocational Rehabilitation, the Northern Marianas Technical Institutes, as well as other federal/state agencies, non-profit organization and private/businesses in the CNMI. 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 as they relate to assistive technology.

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)

Entities in the statewide and local workforce development systems (select any/all)

State Vocational Rehabilitation Agencies (select any/all)

Aging and Disability Resource Centers (select any/all)

Elementary and Secondary schools (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 ATP has been working on the production of videos in the various languages used on the islands. Upon completion, the Program will be providing links to the Disability Network Partners (DNP) group for posting on their various websites as well as through social media and networking sites. Television and radio outreach/awareness activities will be conducted in the month of November, coinciding with the Assistive Technology Awareness Month.

Planned Other Public Awareness Activity (optional)

The ATP will continue to participate in annual events such as the National Disabilities Employment Awareness Month Conference, the Children Matter Month Symposia, Division of Youth Services Parents Summit, the University Centers for Excellence in Developmental Disabilities Family Transition Symposium and Annual Summit, the Disability Sports Fest, as well as the annual Developmental Disabilities Awareness Month/Champions Awards Conference, the Maternal, Infant, Child and Adolescent Health Parent Conference. Participation are either in the form of presentations, trainings or exhibits at the various Conferences/Symposiums. Print media is also disseminated at DNP agencies, community partners such as pharmacies/dme suppliers, centers for independent living and senior citizen centers.

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)

State Agency on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Aging and Disability Resource Center/No Wrong Door System (select any/all)

State Public Health Department (select any/all)

State Departments of Education (select any/all)

Elementary and Secondary School Systems (select any/all)

Institutions of Higher Education(select any/all)

Early Intervention Programs (select any/all)

Hospitals and/or Health Systems (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 to make referrals or recommendations.

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.
25. The Lead Agency or Implementing Entity will conduct outreach to and as appropriate, collaborate with other State agencies that receive Federal funding for assistive technology including –
 - a. The State educational agency receiving assistance under the Individuals with Disabilities Education Act (20 U.S.C.1400 et seq.);
 - b. The State vocational rehabilitation agency receiving assistance under title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.);
 - c. The agency responsible for administering the State Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.); The State agency receiving assistance under the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.); and
 - d. Any other agency in a State that funds assistive technology.