



National Assistive Technology Act Data System

State Plan - Full Report

New Mexico 2024

General Information

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

State AT Program Title	New Mexico Technology Assistance Program
State AT Program URL	www.tap.gcd.nm.gov
Mailing Address	625 Silver Ave SW, Suite 100 B
City	Albuquerque
State	NM
Zip Code	87102
Program Email	tracy.agiovlasitis@gcd.nm.gov
Phone	505-841-4464
TTY	

Lead Agency

Agency Name	New Mexico Governor's Commission on Disability
Mailing Address	491 Old Santa Fe Trail, Lamy Building
City	Santa Fe
State	NM
Zip Code	87501
Program URL	www.gcd.nm.gov

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)	Agiovlasitis, Tracy
Title	Program Manager
Phone	505-469-1489
E-mail	tracy.agiovlasitis@gcd.nm.gov
Program Director at Lead Agency (last, first)	Ross, Stan
Title	Agency Director
Phone	505-321-5650
E-mail	stan.ross@gcd.nm.gov
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)	McNiven, Lisa
Title	Deputy Director
Phone	505-435-9326
E-mail	Lisa.mcniven@gcd.nm.gov

Certifying Representative

Name (last, first)	Stan Ross
Title	Director
Phone	505-505-476-0418
E-mail	Stan.ross@gcd.nm.gov

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

The Technology Assistance Program within the Lead Agency (GCD) continues the same advisory role with the new Implementing Entity.

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)? 1
- 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? 0
 - 4.1 Please provide the reason(s) the Advisory Council does not have this required agency representative member and describe the actions that will be taken to become in compliance for Question 4.
 - Unable to find a representative, we are working on solving this issue.
- 5. How many representatives of the State educational agency are members of the advisory council? 0
 - 5.1 Please provide the reason(s) the Advisory Council does not have this required agency representative member and describe the actions that will be taken to become in compliance for Question 5.
 - Unable to find a representative, we are working on solving this issue.
- 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? 1
(At least one is required by the AT Act.)
 - Medicaid state agency 0
 - State agency administering Developmental Disabilities Act 0
 - State agency administering or organization funded under Older Americans Act 0
 - Organization representing veterans 0
 - University Center for Excellence in Developmental Disabilities (UCEDD) 0
 - State Protection and Advocacy System 1
 - State Council on Developmental Disabilities 0
- 8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 0
 - Early Intervention/Child Services state agency 0
 - 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? 7

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	7
Total number of individuals on the advisory council	11
Percentage	63.64%

- 10. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council Yes

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.

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	\$304,166.38	63.10%	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	\$177,874.62	36.90%	
c. Total Expenditures	\$482,041.00		
d. Total Award	\$482,041.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$28,631.52	16.10%	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 **\$494,202.00**

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	\$0.00	\$319,271.38	\$0.00	\$319,271.38
All State Leadership Activities	\$0.00	\$174,930.62	\$0.00	\$174,930.62
Total	\$0.00	\$494,202.00	\$0.00	\$494,202.00
Transition Training & Technical Assistance	\$0.00	\$21,866.33	\$0.00	\$21,866.33

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan

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 E: Financial Loan

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

Other entities e.g. contractors (Others)

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? (This fee is separate from and addition to the financial loan made.)

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)

- Have written agreement with this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module E: Financial Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. This activity offers the following types of assistance. (select all that apply – at least one is required)
Identify all types of loans the Statewide AT Program offers, regardless of whether any loans of that type are currently outstanding.

- Loan guarantees

6. The lowest interest percentage for loans as established by the policies of the activity. N/A

7. The highest interest percentage for loans as established by the policies of the activity. N/A

8. The lowest loan amount (in dollars) provided as established by the policies of the activity. N/A

9. The highest loan amount (in dollars) provided as established by the policies of the activity. N/A

10. Describe the activity.
N/A

11. The online page for this specific activity can be found at: <https://www.tap.gcd.nm.gov/financial-loans/>

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

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

Both the Statewide AT Program and other entities/contractors (Both)

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)

- Have written agreement with this entity
- Provide financial support to this entity

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 ownership is transferred to the recipient

6. Describe the activity.

Our contract partner, Adelante Development Center provides durable medical equipment (DME) and computers for individuals with disabilities statewide who do not have other options to obtain the equipment. Back In Use is for DME that has been properly sanitized, and offered to those in need. Money donations are requested, but not required, primarily for individuals requesting a motorized wheelchair. A motorized wheelchair request requires a doctor's prescription for health and safety reasons. Donations of equipment and money are accepted and used to maintain the "Back in Use" program. DiverseIT is another program of Adelante that provides free of charge, computers with minimum system requirement that are refurbished for use by individuals with disabilities. The computers are donations that are physically and digitally sanitized, and upgraded to the extent possible. This program hires individuals with disabilities to refurbish the computers that are offered to the community statewide. The equipment is provided with instructions on how to use it, and how to avoid scams. The NMTAP office also provides outdated, functional, and needed devices to individuals with disabilities when they are no longer needed for trial requiring newer AT equipment.

7. The online page for this specific activity can be found at: <https://www.tap.gcd.nm.gov/device-reutilization/>

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 shipped via mail or other delivery service

6. Describe the activity.

New Mexico Technology Program is the only program in the state of New Mexico that provides short-term assistive technology (AT) for loan to individuals with disabilities statewide through the main office located in Albuquerque. We have closed our two satellite offices end of the state fiscal year 24. The assistive technology devices are requested in person, by phone, by email, by fax or through our on-line database platform. The devices are often requested after a device demonstration for persons with disabilities. Regardless of how it is requested, we discussed the device request with the consumer to make sure it is the best fit for their needs according to their goals at work, home or other pursuits. Loaned equipment is provided to individuals with disabilities, professionals, family members, guardians, and/or service providers for trial before buying, as a short-term accommodation, or for professional activities. Devices are checked for functionality with its hardware or software such as applications, including other extended parts (charging cords). There is an application process for the individual to apply for the device(s) chosen and we provide information both verbal and written information on how it functions, device proper use, program guidelines, and deadline for return and is signed by the consumer. The devices are loaned for 42 days, with occasional extensions if needed. Upon return of the devices, it is immediately sanitized and any personal identifying information be cleaned digitally. This service is provided free of charge to the consumer, including shipping cost. In the provision of providing state of the art devices, NMTAP staff conducts research to upgrade the device loan program, including by consumer's request to be responsive to the needs of the community. New AT devices that are current and innovative are in a state of high demand, and it is a challenge to meet this demand. However, we are consistently looking for ways to alleviate the issue by adding program funding from other sources from our parent company or other contracts. The device loan library maintains devices to assist with speech, vision, hearing, learning, cognition, daily living, mobility, environmental adaptations, and recreational sports.

7. The online page for this specific activity can be found at: <https://www.tap.gcd.nm.gov/device-loans/>

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 NM Technology Assistance Program provides device demonstrations to individuals with disabilities statewide to provide a variety of devices to compare and contrast what works best, depending on consumers abilities and goals. An AT specialist clearly explain the options with several devcices for the same goal, then the individual tries each one out themselves to see which is a better fit. The he expertise and experience that the AT Speciaalists have regarding each device parameter and varied features to help support the best option for the consumer, but the actual hands-on trial of each device is best for making a decision.. This is done mostly in person, but remote video demonstration is still being offered when appropriate or upon request, since we are a vast, remote and rural state. The individual with a disability is able to make a choice for the best option and often the chosen item is borrowed for our 6 week period. Other support team members if applicable can participate in a device demonstration.

6. The online page for this specific activity can be found at: <https://www.tap.gcd.nm.gov/device-demonstrations/>

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)

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 Statewide AT Program offers information Communication Technology (ICT) training throughout the year, this includes the importance of development and application of accessible communication technologies. The assessment and creation of accessible websites, multimedia, social media, and documents is provided as requested by small and large organizations or groups. This type of training is provided routinely upon request such as the NM Department of Health (DOH) and New Mexico Roundhouse personnel.

Planned Transition Training or Other Training Activity (optional)

The Statewide AT Program provides trainings to individuals with disabilities and professionals statewide through our centralized office in Albuquerque, New Mexico. Trainings on devices are offered to schools in all areas of the state on a small scale, often connected to transitioning students. This training is provided to educators, ancillary therapist and students as requested, which may include trainings general benefits of assistive technology (AT), AT services, practices related to AT or funding sources for AT. Any group or agency team may request trainings as well any where in the state.

Planned Statewide Conference or Other Training Activity (optional)

We provide one two-day annual conference in Albuquerque as a central location for attendees throughout the state. We obtain Continuing Education Credits for many disciplines, such as Occupational Therapists, Speech Language Professionals, Physical Therapists, all types of Social Service Professionals and Vocational Rehabilitation Counselors. We secure experts outside of our office to help broaden the understanding of technology or areas of expertise around technology and practices that will assist providers and individuals with disabilities to be independent as much as possible. We also provide smaller one-day trainings around the four quadrants of our state so that professionals, or persons with disabilities, who are not able to travel to the central location have options to gain knowledge.

3. The online page for this specific activity can be found at: <https://www.tap.gcd.nm.gov/trainings/>

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)

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)

We provide technical assistance upon request to small or large agencies. We will continue to work with the state of New Mexico Legislative Council for accessible documents, similar but more challenging than their website accessibility, as many documents are quickly created, posted, and modified during any legislative session. We also are part of an on-going collaborative team of state and local governments plus non-profits to be inclusive of people with disabilities in obtaining services throughout the state..

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)
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Private Entities (select any/all)
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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 NMTAP program does outreach through a variety of sources, through its marketing campaign via brochure, website, social media and with the larger newsletter conducted by the NM Governor's Commission on Disability (our parent agency). We also provide outreach through doing booths at various conferences where warranted such as the Statewide Special Education resource fairs, transition events, the Disability Employment Awareness Month Event, and other Disability events such as the Disability Rights Awareness Day or DeafBlind Awareness Day events at the Roundhouse, our legislative state capitol building. We also provide outreach to many small groups, state and community agencies around the state.

Planned Other Public Awareness Activity (optional)

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 NM Technology Assistance program responds promptly to all calls, emails and walk in traffic our main office to address concerns or needs of consumer. Most other services are done thorough scheduled appointments for preparation and full consumer attention with our small staff and additional information may be provided during these services as well. These requests are related to AT, AT services, troubleshooting AT, or for outside our services in which AT Specialists will provide direct guidance and referral to information that is appropriate to their needs. We document our calls with consumers, with both quantitative and qualitative data where appropriate. A resource guide is maintained by all AT program staff to provide current information of resources to all consumers.

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 NM.
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.