



National Assistive Technology Act Data System

State Plan - Full Report

Louisiana 2021

General Information

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

State AT Program Title	Louisiana Assistive Technology Access Network (LATAN)
State AT Program URL	www.latan.org
Mailing Address	10988 N. Harrells Ferry Rd., Ste. 5
City	Baton Rouge
State	Louisiana
Zip Code	70816
Program Email	info@latan.org
Phone	8002706185
TTY	2259259500

Lead Agency

Agency Name	Louisiana Department of Health and Hospitals
Mailing Address	628 North 4th Street
City	Baton Rouge
State	LOUISIANA
Zip Code	70802
Program URL	

Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes	
Name of Implementing Agency	Louisiana Assistive Technology Access Network (LATAN)
Mailing Address	10988 N. Harrells Ferry Rd., Ste. 5

City	Baton Rouge
State	Louisiana
Zip Code	70816
Program URL	www.latan.org

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Black, Yakima
Title	President & CEO
Phone	2259259500
E-mail	yblack@latan.org
Program Director at Lead Agency (last, first)	Thomas, Mark A.
Title	Deputy Secretary
Phone	2253427095
E-mail	mark.thomas@la.gov
Primary Contact at Implementing Agency (last, first) - If applicable	Black, Yakima
Title	President & CEO
Phone	2259259500
E-mail	yblack@latan.org

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	Black, Yakima K.
Title	President & CEO
Phone	2259259500
E-mail	yblack@latan.org

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)? Yes

1. Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state.

LATAN has a solid, collaborative relationship with Lead Agency, Louisiana Department of Health (LDH) and it's executive leadership. LATAN's AT Director has a direct line of communication with Mark Thomas, Deputy Secretary of LDH via office, cell phone, and emails. To further collaborative efforts, representatives from LDH's Office of Citizens with Developmental Disabilities (OCDD) and Office of Aging and Adults Services (OAAS) are members of the Advisory Council. These representatives contribute to plans for the expansion and/or modification of AT services provided by LATAN to their constituents. In addition, LATAN's accounting office works closely with LDH's fiscal and budget department to ensure accuracy in Annual Reporting, as well as efficient management of the grant funds each fiscal year.

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? 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.
LATAN is currently working with members of the Advisory Council to identify a representative to serve.
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.
Representative of DOE on the Advisory Council has been challenging due to staff changes within the agency.
LATAN is currently working with members of the Advisory Council to identify a representative to serve.
6. How many additional representatives of other agencies and/or organizations are members of the advisory council? 5
- 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council.
Office of Citizens with Developmental Disabilities Office Aging and Adult Services ADA Coordinator- Louisiana Governor's Office Independent Living Council Lighthouse for the Blind
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 8

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	8
Total number of individuals on the advisory council	15
Percentage	53.33%

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	\$367,788.40	70.00%	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	\$157,623.60	30.00%	
c. Total Expenditures	\$525,412.00		
d. Total Award	\$525,412.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$7,881.18	5.00%	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 **\$540,848.00**

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	\$378,593.60	\$0.00	\$378,593.60
All State Leadership Activities	\$0.00	\$162,254.40	\$0.00	\$162,254.40
Total	\$0.00	\$540,848.00	\$0.00	\$540,848.00
Transition Training & Technical Assistance	\$0.00	\$8,112.72	\$0.00	\$8,112.72

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan
- Other State Financing that directly provides AT (telecommunications programs, etc.)
- Other State Financing that creates AT savings (cooperative buying programs, etc.)

2. Which Reutilization Activities do you conduct?

- Device Exchange
- 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.

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? (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)

- Have written agreement with this entity

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 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.

- Revolving loans
- Loan guarantees

6. The lowest interest percentage for loans as established by the policies of the activity. 2.0000%

7. The highest interest percentage for loans as established by the policies of the activity. 5.0000%

8. The lowest loan amount (in dollars) provided as established by the policies of the activity. \$500.00

9. The highest loan amount (in dollars) provided as established by the policies of the activity. \$50000.00

10. Describe the activity.

If someone needs to purchase AT, Alternative Financing Program (AFP) staff discusses options for purchasing with the AT user/caregiver, family member, etc. Typically, when someone needs to purchase a modified vehicle or have modifications to their home made to ensure accessibility, the Cash Loan option is discussed because this program offers loans up to \$50,000. When less expensive AT is needed, the Revolving Loan Fund option is explored. For AT needed for a short period of time or the cost of the AT is low (\$500), the Lease/Lease to Own option is discussed. Once the appropriate program is decided, AFP staff assists with completing required loan documents and submitting them for processing. Once Cash Loans are processed and approved, the bank pays the vendor/contractor directly. For AT purchased through the Lease or Revolving Loan Fund, LATAN purchases the AT on behalf of the borrower and the borrower pays LATAN back according to the agreed payment terms.

11. The online page for this specific activity can be found at: <https://www.latan.org/at-financial-loans-leasing/>

Module F: Other State Financing Activities that Directly Provides AT

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

Identify all types of other state financing programs that directly provide AT that are conducted.

- Last Resort Fund

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.

A combination of a central location and regional sites (Combination)

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)

Module F: Other State Financing Activities that Directly Provides AT (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

6. Describe the activity/activities.

Emergency Preparedness & Disaster Equipment Distribution: The Disaster AT Equipment Distribution program offers replacement AT devices to people with functional limitations and disabilities that lose their equipment during a disaster. Select AT/DME equipment unavailable through other programs is replaced through a last resort fund. All funding used to purchase replacement AT equipment is provided by private entities outside the AT Act. AT Act funds are used to support the administration of the program. There are no fees associated with this program, but there are eligibility criteria related to the disaster.

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

<https://www.latan.org/additional-services/>

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)

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.

LATAN implements an AT Lease program offering interest-free lease options to fund assistive technology devices ranging in price from \$150 up to \$20,000 for people with functional limitations and disabilities. Participants can lease equipment on a month-to-month basis for extended terms as needed, or lease equipment as a lease-to-own option with payments and terms that pay back the original purchase price of the device. Lease payment rates are based on the purchase price of the AT equipment and the length of the lease terms established by the lease agreement. Financial eligibility criteria are based on applicant's discretionary income and not their credit score. All funding used to purchase adaptive equipment for lease is provided by federal, state, and/or private sources outside the AT Act. AT Act funds are used to support the administration of the program.

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

<https://www.latan.org/at-financial-loans-leasing/>

Module H: Device Exchange

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 H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option that best describes what happens when a device is exchanged. (select all that apply)

- The Statewide AT Program is involved in the transaction

6. Describe the activity.

LATAN implements a Device Exchange Program as part of its reutilization activities for people with functional limitations and disabilities. Participants who are selling or donating AT devices contact program staff to have their items listed on LATAN's AT Marketplace website. AT consumers in the state are connected to the sellers through our state AT program to obtain the devices. Program staff follows up with the consumers on their outcome. There are no fees related to this program.

7. The online page for this specific activity can be found at: <https://www.latan.org/at-marketplace/>

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

6. Describe the activity.

LATAN implements a Device Refurbish and Reassignment and/or Open-ended Loan program as part of its reutilization activities for people with functional limitations and disabilities. The program has a pool of used AT equipment for reuse and accepts direct donations of “gently used” AT equipment when space allows. AT equipment that is current and in good working order is made available through open-ended loans. AT equipment determined to be obsolete, but otherwise remains in good working order is offered as reassignment. The equipment is tracked when it comes in and goes out and follow ups are done. Program staff collect, sanitize, and perform needed maintenance of used equipment between each client. No fees are charged for these services. LATAN implements the Standup, Louisiana Project to provide open-ended loans of standing frames to individuals with paralysis. Program staff provides delivery, setup, and pickup of the standers. The equipment is tracked when it comes in and goes out, and client follow-ups are conducted. Program staff sanitizes and performs needed maintenance on standers between each client. All funds used to purchase the standers for the project are from private funds. Eligibility is based on clinical criteria. AT Act funds are used to support the administration of the program. No fees are charged for these services. LATAN implements the Disaster AT Equipment Distribution program offering replacement of AT devices for people with functional limitations and disabilities through open-ended loans. The equipment is tracked when it comes in and goes out, and client follow-ups are conducted. Eligibility is based on disaster related criteria. All funds used to purchase replacement adaptive equipment for open-ended loan is from private entities. AT Act funds are used to support the administration of the program. No fees are charged for these services.

7. The online page for this specific activity can be found at: <https://www.latan.org/at-marketplace/> <https://www.latan.org/additional-services/>

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?

Yes

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.

LATAN operates the short-term device loan program offering AT equipment for loan to people with functional limitations and disabilities, professionals, and agencies/entities. Borrowers must have an approved loan agreement on file which assures the acceptance of the borrower's responsibilities of the established terms of 35-day device loan period agreement. An array of AT devices for all types of functional limitations is available for loan for a fee based on the replacement value of the device(s). Additional refundable fees apply when borrowing ipads, tablets, and laptops. Requests for shipping are made at the borrower's expense. The majority of short-term device loans are delivered by program staff or picked up by the borrower. The device loan program inventory is updated as resources allow.

7. The online page for this specific activity can be found at: <https://www.latan.org/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.

LATAN operates a device demonstration program providing an array of AT devices from all the different AT device categories for people of all ages with functional limitations and disabilities. Demonstrations provide a guided exploration of devices offering individuals experience to compare and contrast devices for making an informed decision. LATAN provides onsite demonstrations at one of our two demonstration centers locations, offsite demonstrations throughout the state, and remote demonstrations in real time via video conferencing systems to meet the needs of all Louisiana residents. Participants are provided with referrals and resources to support the acquisition of devices determined to meet their needs. The device demonstration program inventory is updated as resources allow. No fees are charged for these services.

6. The online page for this specific activity can be found at: <https://www.latan.org/at-device-demonstration-services/>

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)

LATAN implements Information & Communication Technology (ICT) Accessibility training activities to enhance knowledge, skills, and competencies among professionals who support people with functional limitations and disabilities. ICT Training offers best practices for developing policy, procedures, training, and technical assistance to ensure ICT accessibility and includes valuable ICT resources. Training is coordinated with state agencies, public and private entities, disability organizations, healthcare professionals, and employment professionals throughout the state. Training is hosted in an array of forums including in workshops, presentation events, virtual conferences, and recorded webinars. There are no fees associated with this service.

Planned Transition Training or Other Training Activity (optional)

LATAN implements Transition Training and Other Training activities to enhance knowledge, skills, and competencies among professionals who support people with functional limitations and disabilities. Training offered by LATAN provides audiences innovative topics related to assistive technology including products and services, funding and policy, and best practices in identifying needs. Transition topics offer AT training in relation to education transition and community living transition. No fees are associated with this service.

Planned Statewide Conference or Other Training Activity (optional)

3. The online page for this specific activity can be found at: <https://www.latan.org/additional-services/>

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)

LATAN provides transition technical assistance to regional Vocational Rehabilitation agencies and Family Support, community-based agencies relative to AT services for School to Work activities, as well as the Governor's Office of Elderly Affairs' Councils on Aging and the Ombudsman program to plan for AT services to address social isolation, telehealth and emergency response.

Planned Other Technical Assistance Activity (optional)

LATAN also provides technical assistance to Outpatient Rehabilitation Center therapists (OT/PT/SLP), as well as to local Occupational Therapy Schools and Tulane University.

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)

To celebrate National AT Awareness Day, LATAN partnered with the East Baton Rouge Parish Library System (EBRPL) to hosts the "Technology for Life" Expo. The EBRPL serves over 700 patrons per day, many of whom are AT users. During the Expo, various AT devices were demonstrated and financial literacy seminars focusing on using technology for banking was offered. In addition, LATAN hosts presentations about assistive technology and program services to a multitude of audiences throughout the state providing opportunities to gain awareness of the benefits of AT devices and services including hands-on experience with equipment. LATAN presentations are delivered onsite at their demonstration centers, at locations in communities throughout the state, through social media outlets, and through different video platforms (live and recorded).

Planned Other Public Awareness Activity (optional)

Using its social media platforms, LATAN implemented 8 weeks of "Featured Fridays" highlighting various types of AT devices and services available.

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

LATAN's program staff provides information and assistance through calls, emails, and in-person. A consumer can visit, call, and/or email our office to speak with or leave a message for the appropriate staff. Emails are received through a general account and then forwarded to the appropriate staff. Our policy is to respond to all inquiries within 24 hours or the next business day. Program staff work with other LATAN team members and network with outside agencies and professionals to respond to requests, make referrals, and provide quality solutions. In addition, LATAN partners with UniteUs, an electronic case management system used by various community-based organizations to seamlessly manage referrals and link consumers services throughout all 64 parishes.

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 Louisiana.
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.