



**National Assistive Technology Act Data System**

**State Plan - Full Report**

**Louisiana 2024**

**General Information**

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

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

**Lead Agency**

<b>Agency Name</b>	Louisiana Department of Health
<b>Mailing Address</b>	628 North 4th Street
<b>City</b>	Baton Rouge
<b>State</b>	LOUISIANA
<b>Zip Code</b>	70802
<b>Program URL</b>	www.ldh.la.gov

**Implementing Entity**

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

<b>City</b>	Baton Rouge
<b>State</b>	Louisiana
<b>Zip Code</b>	70816
<b>Program URL</b>	<a href="http://www.latan.org">www.latan.org</a>

## General Information (Continued...)

### Program Director and Other Contacts

<b>Program Director for State AT Program (last, first)</b>	Black, Yakima
<b>Title</b>	President & CEO
<b>Phone</b>	2259259500
<b>E-mail</b>	yblack@latan.org
<b>Program Director at Lead Agency (last, first)</b>	Pete Croughan
<b>Title</b>	Deputy Secretary
<b>Phone</b>	2253420283
<b>E-mail</b>	Pete.Croughan@la.gov
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	Black, Yakima
<b>Title</b>	President & CEO
<b>Phone</b>	2259259500
<b>E-mail</b>	yblack@latan.org

### Person Responsible for completing this form if other than Program Director

<b>Name (last, first)</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	

### Certifying Representative

<b>Name (last, first)</b>	Black, Yakima K.
<b>Title</b>	President & CEO
<b>Phone</b>	2259259500
<b>E-mail</b>	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 the offices of the Lead Agency, Louisiana Department of Health (LDH). Collaborative efforts include partnership in technology related initiatives with LDH's Office of Citizens with Developmental Disabilities (OCDD). LATAN's partnership and collaboration with OCDD fosters extensive technical assistance and training to advance remote technology and assistive devices within the Medicaid Waiver programs. 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? 0
- 1.1 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 1.  
Since the retirement of the previous VR representative, the State VR agency has not appointed a replacement.
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.  
There has not been a consistent participation by the State workforce development board on the Advisory Council, however LATAN has partnered with Region 4 Workforce investment board as an AT satellite office supporting the AT needs of employment seekers. LATAN plans to extend an invitation to join the Advisory Council.
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.  
The State Education Agency has not appointed consistent representation to the Advisory Council. LATAN will continue to invite participation.
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? 2  
(At least one is required by the AT Act.)
- |   |   |
|---|---|
| Medicaid state agency   | 0 |
| State agency administering Developmental Disabilities Act                   | 1 |
| 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? 1
- |  |   |
|--|---|
| 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 | 1 |
| 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? 5

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	5
Total number of individuals on the advisory council	9
Percentage	55.56%

**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.

<b>Actual Expenditures for Closed-out Carryover Year Award</b>	<b>Final Expenditures</b>	<b>Percentage</b>	<b>Requirements</b>
<b>a. All State Level Activities</b>	\$382,899.00	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>b. All State Leadership Activities</b>	\$164,100.00	30.00%	
<b>c. Total Expenditures</b>	\$546,999.00		
<b>d. Total Award</b>	\$546,999.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$8,205.00</b>	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 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 **\$562,472.00**

<b>Actual &amp; Planned Immediate Preceding Year Award Expenditures</b>	<b>YTD Obligated not Liquidated Expenditures</b>	<b>YTD Liquidated Expenditures</b>	<b>Planned not yet Obligated Expenditures</b>	<b>Total</b>
<b>All State Level Activities</b>	\$0.00	\$393,730.00	\$0.00	\$393,730.00
<b>All State Leadership Activities</b>	\$0.00	\$168,742.00	\$0.00	\$168,742.00
<b>Total</b>	\$0.00	\$562,472.00	\$0.00	\$562,472.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$8,436.00	\$0.00	\$8,436.00



## Module D: State Level Activity Summary

### 1. Which State Financing Activities do you conduct?

- Financial Loan
- 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)**

- Have written agreement with this entity

**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)**

- Have written agreement with this entity

## Module E: Financial Loan (Continued...)

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

- Have written agreement with this entity

### Private Entities (select any/all)

- Have written agreement with this entity

### 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.      | 5.0000%    |
| 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.

The State AT Act Program (LATAN) implements the Alternative Financing Program (AFP). The cash loan program is typically used for large purchases such as a modified vehicle or home modification for accessibility. When interested in a cash loan, the individual contacts the banking partner, Regions Bank, who has created a dedicated phone line and banking representative to accept applications by phone. The application is processed and transmittal documents are sent to LATAN to accept the loan guarantee. Upon approval, the funds needed are paid directly to the vendor (modified car dealership or home contractor) and the individual begins making loan payments to the bank. Regions sends LATAN monthly aging report of all current loans and the payment status. If someone has missed a payment, to prevent default of the loan, LATAN contacts the individual to provide information and assistance to help bring the payment current.

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

<https://www.latan.org/financial loan>



## 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)**

- Have written agreement with this entity

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

- Have written agreement with this entity

Other (select any/all)

### 6. Describe the activity/activities.

To acquire new assistive technology, LATAN provides a demonstration of a specific device(s) and if the individual is interested in acquiring the device, the AFP Lease program is offered based on individual needs. An application, which includes individual income and monthly expenses, and other pertinent information, the cost of the device and terms of repayment is completed. Once the application is completed, LATAN purchases the technology, trains, set-up and delivers the device to the individual. Payments based on the terms of the agreement begin at set time during the following month.

### 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)**

- Have written agreement with this entity

**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 and the Louisiana ALS Foundation collaborate to provide the device exchange, specifically speech generating devices. When an AT user is no longer using the technology, the device is denoted to LATAN to be exchanged with another user. When another user is in need to the technology, the ALS Foundation refers them to LATAN to acquire the device. LATAN provides demonstration, training and set up of the device either from LATAN's AT demonstration center or in the person's home.

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



## 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's reuse program is called the AT Marketplace which is an online database that allows users to browse current inventory, and offers many gently used devices in all functional categories (i.e. mobility, vision, hearing, work/computer, etc.) available by open-ended loans free to consumers. An AT user explores the Marketplace and if interested in devices listed, they can either call or contact LATAN by phone to request the device. An application is completed and delivery, pick-up, or shipping options are discussed. When applicable, LATAN conducts a demonstration and provides training on the use of the device upon delivery or pick-up.

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

## 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.

Device loans are generally offered following a device demonstration when someone needs more time to decide if the specific AT device and its features will satisfactorily meet their needs. Devices can be loaned for 35 days which can be extended for an additional 2 months. A simple application is completed by the AT user or their representative and a fee is collected to ensure return of the device once the borrowing period has ended. Upon the ending of 30 days, LATAN contacts the AT user to inquire about their decision to either purchase the equipment, try a different device better suited, or to extend the loan of the device. If a decision has been made to acquire the borrowed device, alternative financing options for AT acquisition are explored.

**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.

Upon interest via a call or email to LATAN, an AT user is scheduled for a device demonstration provided at LATAN's demonstration center, an individual's home, job or facility. During the device demonstration, a guided walk-through of an AT device(s), providing you with a hands-on experience with the devices. With the assistance of an AT Specialist, the user can compare features of different devices, experience a device for the first time, and make informed decisions about the device(s) that are suitable to meet specific needs before making a purchase.

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

## 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)**

LATAN has partnered with the LA Department of Health's Office of Citizens with Developmental Disabilities (OCDD) to expand assistive technology, primarily communication technology, in the Medicaid Waiver programs. LATAN has provided training to agency policy makers, Local Governmental Entities, and Waiver Program Support Coordinators. The training is ongoing and is provided directly by LATAN and will become part of OCDD's video library for continuous access to training and new Support Coordinators and other professionals are hired.

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

LATAN provides training and a resource manual "Assistive Technology for Aging in Place" to train older individuals who want to remain in community settings, their caregivers and service providers, and individuals who want to transition out of institutions into the community. Hospital discharge planners also receive this transition training. In addition, LATAN developed and implemented the POMS (Post-Operative Mobility Support program aimed when one is transitioning from the hospital and into the home during recovery from surgery. POMS allows patients to use the equipment in their home for 6 to 8 weeks or as long as needed without the expense and waste of purchasing equipment when only needed for a short time.

### **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/> <https://www.latan.org/post-op-mobility-supports-poms/>



## 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)**

- Have written agreement with this entity

**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)**

- Have written agreement with this entity

**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)**

LATAN provides training and a resource manual "Assistive Technology for Aging in Place" to train older individuals who want to remain in community settings, their caregivers and service providers, and individuals who want to transition out of institutions into the community. Planned activities include engaging in a formal agreement with the Governor's Office of Elderly Affairs, leading the local Councils on Aging.

**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)**

LATAN's annual Technology for Life encompasses a range of various of public awareness activities on AT Awareness Day. The day-long public awareness activities include a series of webinars discuss AT devices directly related to Emergency Preparedness, Adults Living with ADHD Navigating the Workforce, devices for Adaptive for Fitness, Combating Social Isolation and Supporting Home Safety.

**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

Our Statewide AT Program provides information and assistance via direct calls, emails via [info@latan.org](mailto:info@latan.org), or in person. Our policy is to respond to immediately to all inquires and provide real-time research of availability of community-based services in the state when those inquires are not directly related to assistive technology. For instance, there are times when someone calls about home rental assistance because of the Alternative Financing Program. Our policy is also to respond to the immediate needs as best as possible and while offering brief education as to who LATAN is and the services available. All LATAN staff is cross-trained to provide information about general services prior to being referred to the appropriate AT-related staff. A part of our quality assurance and improvement is to discuss consumer-related issues/topics that may arise from Information and Assistance services during the month and require either policy revisions and in many instances, support strategic program development.

## 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.
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.