**State Grants for Assistive Technology Program**

# Louisiana

# State Plan for Assistive Technology

# Federal Fiscal Years 2018-2019

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*Expiration Date: March 31, 2021*

Assistive Technology State Grant Program

State Plan for FY 2018-2019

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## Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity

Section 4(d)(2) of the AT Act requires that the State Plan contain information identifying and describing the Lead Agency and Implementing Entity (if applicable) designated by the state’s governor. A state either has a Lead Agency alone or has both a Lead Agency and an Implementing Entity. The Implementing Entity is a subcontractor separate from the Lead Agency who is responsible for implementing the State AT Program activities. The Lead Agency does not also name itself or a unit within the agency as the Implementing Entity.

If there is an Implementing Entity, section 4(d)(4)(B) requires that the State Plan include a description of the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the Lead Agency. If the governor chooses to re-designate the Lead Agency or Implementing Entity, section 4(c)(1)(C) requires that good cause for this change be shown in the State Plan, including why that previously designated agency or entity no longer should serve. If the Lead Agency or Implementing Entity is changing, the information provided in this State Plan should pertain to how the new agency or entity will conduct the Statewide AT Program. The following items are intended to satisfy the requirements just described.

### Identification & Description of Lead Agency and Implementing Entity

|  |  |
| --- | --- |
| **Statewide AT Program (Information to be listed in national State AT Program Directory)** | |
| 1. State Program Title: Louisiana Assistive Technology Access Network (LATAN) | |
| 2. State AT Program URL (home page for State AT Program): [www.latan.org](http://www.latan.org) | |
| 3. Mailing address: 3042 Old Forge Drive, Suite D | 5. State: Louisiana |
| 4. City: Baton Rouge | 6. Zip code: 70808 |
| 7. Main email address (for general public to use to contact State AT Program): info@latan.org | |
| 8. Main phone number (for general public to use to contact State AT Program): 225-925-9500 | |
| 9. Separate TTY number (for general public to use to contact State AT Program) | |
| **Lead Agency** | |
| 10. Agency name: Louisiana Department of Health and Hospitals | |
| 11. Mailing address: P O Box 629 | 13. State: LA |
| 12. City: Baton Rouge | 14. Zip code: 70821 |
| 15. Lead Agency URL: www.dhh.louisiana.gov | |
| **Implementing Entity** | |
| 16.Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes  No  *If yes, complete Items 17–22.* | |
| 17. Name of Implementing Entity: Louisiana Assistive Technology Access Network (LATAN) | |
| 18. Mailing address: 3042 Old Forge Dr, Suite D | 20. State: LA |
| 19. City: Baton Rouge | 21. Zip code: 70808 |
| 22. Implementing Entity URL: www.latan.org | |
| **Program director and other contacts** | |
| 23. Program Director for State AT Program (last, first): Black, Yakima | |
| 24. Title: President & CEO | |
| 25. Phone: 225-925-9500 | |
| 26. E-mail: yblack@latan.org | |
| 27. Primary Contact at the Lead Agency (last, first): Thomas, Mark | |
| 28. Title: Deputy Secretary | |
| 29. Phone: 225-342-7092 | |
| 30. E-mail: mark.thomas@la.gov | |
| 31. Primary Contact at Implementing Entity (last, first) – If applicable: Black, Yakima | |
| 32. Title: President & CEO | |
| 33. Phone: 225-925-9500 | |
| 34. E-mail: yblack@latan.org | |
| **Person Responsible for completing this form if other than State AT Program Director** | |
| 34. Name (last, first) | |
| 35. Title | |
| 36. Phone | |
| 37. E-mail | |
| **Certifying Representative** | |
| 38. Name (last, first): Thomas, Mark | |
| 39. Title: Deputy Secretary | |
| 40. Phone: 225-342-7092 | |
| 41. E-mail: mark.thomas@la.gov | |

### Change in Lead Agency or Implementing Entity

* + 1. **Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state if you have a designated Implementing Entity identified above.**

**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. In person meetings to discuss AT program services occur at least twice a year, but happen more often during the beginning of the calendar at the start of the Legislative sesson. LDH is invited and participates in events hosted by LATAN, such as the Demo Center’s Open House and the Technology for Life public awareness events.**

**In addition, LATAN’s Chief Financial Officer works collaboratively 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.**

* + 1. **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**

**If you answered no to this question, and you do not use an Implementing Entity, you may skip ahead to the next section. Otherwise, you must answer the following questions.**

* + 1. **Explain why the Lead Agency previously designated by the Governor should not serve as the Lead Agency. Answer only if Question 2 above is yes.**
    2. **Explain why the Lead Agency newly designated by the Governor should serve as the Lead Agency. Answer only if Question 2 above is yes.**
    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**

**If you answered no to this question, you may skip ahead to the next section. Otherwise, you must respond to Items 6 and 7 below.**

* + 1. **Explain why the Implementing Entity previously designated by the Governor should not serve as the Implementing Entity. Answer only if Question 5 above is yes.**
    2. **Explain why the Implementing Entity newly designated by the Governor should serve as the Implementing Entity. Answer only if Question 5 above is yes.**

Assistive Technology State Grant Program

State Plan for FY 2018-2019

## Advisory Council, Budget Allocations and Actual Expenditures, and Identification of Activities Conducted

Section 4(c)(2) of the AT Act requires the Statewide AT Program to establish 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*.* Exceptions to these requirements are allowed under section 4(c)(2)(E) if the requirements will affect existing state statutes, rules, or official policies relating to advisory bodies or require changes to existing governing bodies of incorporated agencies. The following items provide assurances related to and identify compliance with the requirements of section 4(c)(2).

### Advisory Council

* + 1. **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. Answer yes or no.**

**YES**

* + 1. **The advisory council includes a representative of the designated State agency, as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705). Answer yes/no/NA.**

**YES**

* + 1. **The advisory council includes a representative of the State agency for individuals who are blind (within the meaning of section 101 of that Act (29 U.S.C. 721)). Answer yes/no/NA.**

**YES**

* + 1. **The advisory council includes a representative of a State center for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.). Answer yes/no/NA.**

**YES**

* + 1. **The advisory council includes a representative of the State workforce development board established under section 101 of the Workforce Innovation and Opportunity Act). Answer yes/no/NA.**

**YES**

* + 1. **The advisory council includes a representative of the State educational agency, as defined in section 9101 of the Elementary and Secondary Education Act of 1965 as reauthorized. Answer yes/no/NA.**

**YES**

* + 1. **The advisory council includes other representatives (list below).**

**Louisiana’s People’s First, Executive Director, AT User**

**Consumer/Advocate & Governor’s Outstanding Leadership in Disabilities (GOLD) Award, Patsy Barrett Memorial Award receipient- AT User**

**Student Member-At Large- Southern University Department of Rehabilitation and Disability Studies**

**Consumer/Advocate- AT User**

**Advocate- Parent of school-aged AT Users**

**Banker- Caregiver of AT User**

**Marketing Small Business Owner- Advocate- family member**

* + 1. **The advisory council includes a majority of individuals with disabilities that use assistive technology or their family members or guardians:**

A. Enter the number of individuals with disabilities that use AT or their family members or guardians on the advisory council - **8**

B. Enter the total number of individuals on the advisory council – **10 members**

C. Calculate the percentage (divide A/B) – **80%**

*If the ratio is less than 51% you must provide explanation of why advisory council does not include a consumer majority in Item 9 below.*

* + 1. **If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain here.**

**N/A- Statewide AT Program has more than 51% majority members.**

### Actual Expenditures and Budgeted Allocations

* + 1. **Actual Expenditures Carryover Year Close-out (annual update required-table reset)**

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 a 24-month period. (For a State Plan submitted in the spring of 2018, the most recent closed-out carryover year grant award will be the FY16 grant award that began 10/1/2015 with the first year ending on 9/30/2016 and the second carryover year ending on 9/30/2017 with 3-month liquidation period ending 12/31/2017).

| **Actual Expenditures for Closed-out Carryover Year Award** | **Final Expenditures** | **Percentage** |
| --- | --- | --- |
| **A. All State Level Activities** | **$ 299,557.89** | **A/E 60%** |
| **B. All State Leadership Activities** | **$ 199,698.74** | **B/E = 40%** |
| **C. Transition Training & Technical Assistance** | **$ 9,992.56** | **C/B = 5%** |
| **D. Total Expenditures** | **$ 499,256.63** | **D/E = 100%** |
| **E. Total Award** | **$ 499,264.00** | **100%** |
| **F. Lapsed Amount** | **$ 7.37** | **F/E = 0.001%** |

Note: The final expenditure amount on line D must equal the amount drawn down in the ACL Payment Management System.

* + 1. **Actual YTD Expenditures and Budgeted Allocations for Immediately Preceding Year Award (annual update required-table reset)**

In the following table provide year-to-date (YTD) obligated and liquidated expenditure data for the immediately 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 a State Plan submitted in the spring of 2018, the immediately preceding fiscal year award will be the FY17 grant award that began 10/1/2016 with the first year ending 9/30/2017 and the second carryover year ending 9/30/18).

| **Actual & Planned Immediately Preceding Year Award Expenditures** | **YTD Obligated not Liquidated Expenditures** | **YTD Liquidated Expenditures** | **Planned not yet Obligated Expenditures** | **Total** |
| --- | --- | --- | --- | --- |
| **All State Level Activities** | **$** | **$ 298,517.43** | **$** | **$ 298,517.43** |
| **All State Leadership Activities** | **$** | **$ 189,550.01** | **$** | **$ 189,550.01** |
| **Transition Training & Technical Assistance** | **$** | **$ 9,960.56** | **$** | **$ 9,960.56** |
| **Total** | **$** | **$ 498,028.00** | **$** | **$ 498,028.00** |

### Activities Conducted

* + 1. **State Level Activities Conducted and Program Structure**

Using the table below, identify all types of state level activities that will be conducted by the Statewide AT Program, who is conducting the activity, from where it is conducted and if a fee is charged. Please remember that annual progress report data is required for any activity identified as conducted in this State Plan.

Instructions: Enter “yes” or “no” to indicate each of the activities conducted in the table below.

| **AT Act State Level Activities** | **Activity Conducted?** | **Who conducts? State** | **Who conducts? Other** | **Who conducts? Both** | **Where conducted? Central** | **Where conducted? Regional** | **Where conducted? Both** | **Fee Charged** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State Financing-Financial Loan** | Yes | **Yes** | **No** | **No** | **Yes** | **No** | **No** | **No** |
| **State Financing-Other that Directly Provides AT** | Yes | **Yes** | **No** | **No** | **Yes** | **No** | **No** | **Yes** |
| **State Financing-Other that Creates Savings for AT** | No | **No** | **No** | **No** | **No** | **No** | **No** | **No** |
| **Reuse-Device Exchange** | Yes | **Yes** | **No** | **No** | **Yes** | **No** | **No** | **No** |
| **Reuse-Device Open Ended Loan or Reassign** | Yes | **Yes** | **No** | **No** | **Yes** | **No** | **No** | **NO** |
| **Device short-term loan** | Yes | **Yes** | **No** | **No** | **Yes** | **No** | **No** | **Yes** |
| **Device demonstra-tion** | Yes | **Yes** | **No** | **No** | **Yes** | **No** | **No** | **No** |

For each activity conducted, select the one option that best describes who conducts each state level activity from the choices of:

* *The Statewide AT Program (State AT)*
* *Other entities e.g. contractors (Others)*
* *Both the Statewide AT Program and other entities/contractors (Both)*

Use the following guidance to select the choice that best or most closely describes who conducts each activity.

Lead Agencies/Implementing Entities implement their activities in many ways. Some implement their activities directly using their own staff and resources, others use subcontractors, and others use combinations of both. Remember, the Implementing Entity is considered the Statewide AT Program, not an “other entity.” Indicate how your program conducts this activity using the following rules:

Answer “yes” for “The Statewide AT Program” and do not select “Other entities” if this activity is carried out exclusively by employees of the Lead Agency/Implementing Entity working directly with consumers using Lead Agency/Implementing Entity facilities and resources. Regional sites that are staffed by employees of the Lead Agency/Implementing Entity are considered part of the Statewide AT Program.

Answer “yes” for BOTH “The Statewide AT Program” and “Other entities” if the Lead Agency/Implementing Entity carries out the activity using its employees and facilities to work directly with consumers and ALSO uses some subcontracts or other agreements with external organizations whose own employees, facilities, and resources are used to work directly with consumers.

Answer ONLY “Other entities” if the Lead Agency/Implementing Entity does not work directly with consumers using Lead Agency/Implementing Entity facilities and resources and instead uses external organizations only.

For each activity conducted, select the one option that best describes from where each activity is conducted from the choices of:

* *One central location (Central)*
* *Regional sites (Regional)*
* *A combination of a central location and regional sites (Combination)*

Use the following guidance to select the choice that best or most closely describe the location from which each activity is conducted.

*One central location* – Answer “yes” if the Statewide AT Program conducts this activity from a single site that houses all employees and resources engaged in the activity. It may be the case that employees or resources travel from this site to other places, but they are based at a single site, and the other places are not established/permanent sites. Sites that simply serve as referral sources or provide minimal assistance to a central location are not considered regional sites. Remember that this is tied to the activity itself, so two different activities could take place at two different central locations. Also, if in previous items it was indicated that subcontractors are used, it does not automatically mean that regional sites are used. For example, your Statewide AT Program may have a building on a university campus that houses the staff and devices for a device loan program. The university campus is the central location for that program. The Statewide AT Program also may contract with a CBO in another part of the state to operate an AFP as your state financing activity. If the employees and resources for operating the AFP are housed at the CBO, the CBO is considered the central location for state financing and not a regional site.

*Regional sites* – Answer “yes” only if the activity is conducted from at least two sites that operate relatively independently without any of them being considered the main site or headquarters (if one of them is considered the headquarters, choose a combination of central location and regional sites instead). Regional sites can be directly managed by the Lead Agency/Implementing Entity or can be subcontractors. For example, the Lead Agency may employ three part-time staff people at three different one-stop centers in the state. Those one-stop centers have their own small inventory of devices purchased by the Lead Agency and the part-time staff uses those devices to provide device demonstrations on a regular basis. These could be considered regional sites. Sites that simply serve as referral sources or provide minimal assistance to a central location are not considered regional sites. For example, if all of the devices for the Statewide AT Program loan program are located at a central site along with those responsible for operating the program, but independent living centers provide referrals and the Statewide AT Program sends devices to those centers for pick-up by consumers, the independent living centers are not considered regional sites.

*A combination of central location and regional sites* – Answer “yes” only if you have a site that is considered the main site or headquarters that houses the majority of employees and resources and regional sites that also have their own employees and resources. For example, if the majority of the devices for your loan program are located in a central inventory along with those responsible for operating the loan program, but independent living centers under subcontract house their own, smaller inventories and have staff assigned to do loans, you would have both a central location and regional sites.

For each activity you conduct, identify if a fee is charged. Many programs support their activities by charging some kind of fee. Fees can be a set amount for participation in the activity, a prescribed amount charged for each service, set amount charged for services provided within a set time period like an annual fee, or fees can be variable based on a number of factors such as a participant/recipient’s ability to pay, the type of participant/recipient (individual with a disability, professional, or organization) or by the complexity of the devices/services provided. If any type of fee is charged answer “yes” and in the description of that activity in later sections describe the fee structure used in the simplest terms possible.

* + 1. **Comparability and Flexibility**

For any of the four State Level Activities that are not conducted, the Statewide AT Program must claim comparability or flexibility in the table below. The table below repeats the yes/no from the previous table identifying the activities the state is conducting and requires identification of flexibility or comparability for those activities the Statewide AT Program is not conducting.

| **Comparability & Flexibility** | **Yes/No** | **State Level Activities** | **Not Performed Claiming --** |
| --- | --- | --- | --- |
| **Financial Loan** | Yes | State Financing | Comparability/Flexibility (required if all 3 are No) |
| **Other State Financing that Directly Provides AT** | Yes | State Financing | Comparability/Flexibility (required if all 3 are No) |
| **Other State Financing that Creates Savings for AT** | No | State Financing | Comparability/Flexibility (required if all 3 are No) |
| **Device Exchange** | Yes | Reuse | Comparability/Flexibility (required if both are No) |
| **Device Reassignment or Open-Ended Loan** | Yes | Reuse | Comparability/Flexibility (required if both are No) |
| **Device short-term loan** | Yes | Short-term Loan | Comparability/Flexibility |
| **Device demonstration** | Yes | Demonstration | Comparability/Flexibility |

**Multiple Activity Item Instructions**

**If this activity is conducted through a formal written agreement, by providing financial support to other entities or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **Yes** | **No** | **Yes** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **Yes** | **No** | **Yes** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **Yes** | **No** | **Yes** |
| **Other** *(describe)* | **No** | **No** | **No** |

Assistive Technology State Grant Program

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## State Financing Activities

### The Financial Loan Program -

* + 1. **If you conduct this activity through a formal written agreement, by providing financial support to other entities or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **Yes** | **No** | **Yes** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **No** | **No** | **No** |
| **Other** *(describe)* | **No** | **No** | **No** |

* + 1. **This activity offers the following types of assistance (identify all that apply).**
* **Revolving loans**

**X Loan guarantees**

* **Interest buy-downs**
* **Combined loan guarantee and interest buy-down**
  + 1. **The lowest interest amount for loans as established by the policies of the activity (leave blank if NA). Provide a percentage in XX.XX% form.**

**N/A**

* + 1. **The highest interest amount for loans as established by the policies of the activity (leave blank if NA). Provide a percentage in XX.XX% form.**

**(Prime +2)**

* + 1. **The lowest loan amount provided as established by the policies of the activity (leave blank if N/A). Provide dollar amount.**

**$500.00**

* + 1. **The highest loan amount provided as established by the policies of the activity (leave blank if N/A). Provide dollar amount.**

**$50,000.00**

* + 1. **Describe the activity.**

**LATAN implements a Financial Loan Program providing guaranteed and non-guaranteed cash loans to purchase assistive technology devices and/or services for people with functional limitations and disabilities. Through an agreement with Regions Bank, LATAN offers extended terms at maximum fixed interest rates of prime plus 2% and has the option to use its funds to guaranty loans for qualified borrowers. All applicants are initially reviewed by Regions for approval of a non-guaranteed loan. Denied applicants who meet qualifying financial criteria are submitted to LATAN’s Loan Review Committee for consideration of a guaranteed loan. Regions Bank reports the status of all guaranteed and non-guaranteed loans to LATAN monthly for tracking and assistance in resolving late payment issues. There are no fees associated with this program.**

* + 1. **The online page for this specific activity can be found at:**

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

### Other State Financing Activities Directly Provide AT

* + 1. **If other state financing activities that directly provide AT are conducted through a formal written agreement, by providing financial support to other entities or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **Yes** | **No** | **Yes** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **Yes** | **No** | **Yes** |
| **Other** *(describe)* | **No** | **No** | **No** |

* + 1. **The following activities are conducted**

| **Activities** | **Check if Conducted** |
| --- | --- |
| **Telecommunications Equipment Distribution Program (EDP)-State** | **No** |
| **Deaf/Blind Telecommunications EDP-Federal** | **No** |
| **Last Resort Fund** | **Yes** |
| **Home Modification Program** | **No** |
| **Other** *(describe)* | **Yes** |

* + 1. **Describe the activity or activities.**

***AT Lease Program:***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.

***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.

***Other AT Collaborative Projects:***Through a partnership with the Louisiana Office of Aging and Adult Services (OAAS), LATAN implements the AT Nursing Facility Collaborative Pilot Project to support the assistive technology needs of nursing facility residents. OAAS refers facilities to LATAN for an AT needs assessment of their resident population and includes identification of specific residents who could benefit from AT devices. Residents identified are provided with an AT assessment, and AT devices determined appropriate are purchased for the resident. All funding used to assess and purchase adaptive equipment is provided state entity/agency. AT Act funds are used to support the administration of the program. There are no fees associated with the program.

* + 1. **The online page (or pages) for this specific activity can be found at:**

**AT Lease: https://www.latan.org/at-financial-loans-leasing/**

**Emergency Preparedness & Disaster Equipment Distribution: https://www.latan.org/additional-services/**

**Other AT Collaborative Projects: N/A**

### Other State Financing Activities Create AT Savings

* + 1. **If other state financing activities that create AT savings are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **No** | **No** | **No** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **No** | **No** | **No** |
| **Other** *(describe)* | **No** | **No** | **No** |

* + 1. **The following activities are conducted**

| **Activities** | **Check if Conducted** |
| --- | --- |
| **Cooperative Buying Program** | **No** |
| **AT Lease Program** | **No** |
| **AT Fabrication Program** | **No** |
| **Other** *(describe)* | **No** |

* + 1. **Describe the activity. N/A**
    2. **The online page (or pages) for this specific activity can be found at:**

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## Device Reutilization Activities

The AT Act describes the State-level activity of device reutilization as follows:

“DEVICE REUTILIZATION PROGRAMS. —The State shall directly, or in collaboration with public or private entities, carry out assistive technology device reutilization programs that provide for the exchange, repair, recycling, or other reutilization of assistive technology devices, which may include redistribution through device sales, loans, rentals, or donations.”

For the purposes of this State Plan, device reutilization activities are categorized as either device exchange activities, device refurbish and reassign activities or open-ended loan activities. Device exchange activities are those in which the Statewide AT Program facilitates the transfer of a device from a consumer who does not need the device to a consumer who could use the device without the organization taking possession of the device at any time. Devices are listed in a “want ad” or other type of posting and consumers can contact and arrange to obtain the device (either by purchasing it or obtaining it for free) from the current owner. Exchange activities do not involve warehousing inventory and do not include repair, sanitization or refurbishing of used devices. In some cases, a Statewide AT Program serves as an intermediary directly involved in making this exchange; in others the consumer and current owner make this exchange without the involvement of the Statewide AT Program.

Section 4(d)(5) of the AT Act requires the State Plan include a description of how the Statewide AT Program will implement State-level and State Leadership activities. Further, section 4(d)(4) requires that the State Plan describe how various public and private entities will be involved in the implementation of those activities, including a description of the nature and extent of resources that will be committed by public and private collaborators. Section 4(d)(7) requires that the State Plan include a description of the State-level and State Leadership Activities the state will support with state funds. Section 4(e)(3)(B)(iii) requires that states coordinate and collaborate their State-level and State Leadership activities among public and private entities.

### Device Exchange

* + 1. **If device exchange activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **No** | **No** | **No** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **No** | **No** | **No** |
| **Other** *(describe)* | **No** | **No** | **No** |

* + 1. **Select the option that best describes what happens when a device is exchanged. Identify only one.**
* **The transaction is direct consumer-to-consumer**

**X The Statewide AT Program is involved in the transaction**

* + 1. **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.**

* + 1. **The online page for this specific activity can be found at:**

**AT Marketplace: https://www.latan.org/at-marketplace/**

### Device Refurbish and Reassignment and/or Open-ended Loan

* + 1. **If device refurbish and reassignment and/or open-ended loan activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **Yes** | **No** | **Yes** |
| **Other** *(describe)* | **No** | **No** | **No** |

* + 1. **Select the option(s) that describe how a reutilized device is provided to a recipient. Identify as many as apply.**

**X Device ownership is transferred to the recipient**

**X Device is loaned for as long as the recipient needs it with no ownership**

**transfer.**

* + 1. **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.**

* + 1. **The online page (or pages) for this specific activity can be found at:**

**Device Refurbish/Reassign/Open-ended: AT Marketplace: https://www.latan.org/at-marketplace/**

**Emergency Preparedness & Disaster Equipment Distribution: https://www.latan.org/additional-services/**

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## Device Short-term Loan Activity

### Short-term Device Loan

* + 1. **If short-term device loan activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **No** | **No** | **No** |
| **Other (***describe)* | **No** | **No** | **No** |

* + 1. **Select the option that describes how the majority of devices loaned are delivered to and returned from a borrower. Identify only one.**
* **The majority of devices are shipped via mail or other delivery service.**

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

* + 1. **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.**

* + 1. **The online page for this specific activity can be found at:**

**Device Loans: https://www.latan.org/device-loans/**

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## Device Demonstration Activity

### Device Demonstration

* + 1. **If device demonstration activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **No** | **No** | **No** |
| **Other** *(describe)* | **No** | **No** | **No** |

* + 1. **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.**

* + 1. **The online page for this specific activity can be found at:**

**Device Demonstrations: https://www.latan.org/at-device-demonstration-services/**

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## State Leadership Activities

Training Activities

### Training

* + 1. **If training activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **Yes** | **No** | **Yes** |
| **Other** *(describe)* | **No** | **No** | **No** |

* + 1. **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, live videoing 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.**

**In addition to the general training, LATAN provides community transition training to facilities participating in the AT Nursing Facility Collaborative Pilot Project through a partnership with Louisiana Office of Aging and Adult Services (OAAS). Nursing Facilities referred by OAAS receive training on the role of AT in successful transition back to community living. Training is provided at the facility site with direct care workers and rehab therapy professionals.**

**Planned Statewide Conference or Other Training Activity (optional)**

* + 1. **The online page for this specific activity can be found at:**

**Training & Transition: https://www.latan.org/additional-services/**

Technical Assistance Activities

### Technical Assistance

* + 1. **If technical assistance activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **No** | **No** | **No** |
| **Other** *(describe)* | **No** | **No** | **No** |

* + 1. **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 Technical Assistance to agencies and organizations throughout the state. As members of the Governor’s Office of Disability Affairs (GODA), the Emergency Management Disability & Aging Coalition (EMDAC), and other collaborative efforts, LATAN coordinates assistive technology technical assistance activities with all types of agencies and organizations. Requests for technical assistance are referred to the appropriate staff and technical assistance is tailored to their specific assistive technology needs.**

**Additionally, LATAN provides technical assistance to nursing facility directors through a partnership with the Louisiana Office of Aging and Adult Services (OAAS) as part of the AT Nursing Facility Collaborative Pilot Project. Facilities referred to LATAN by OAAS receive technical assistance based on plans developed from site reviews, workforce development and facility needs assessments in implementing an effective approach to the use of AT to improve the quality of life for nursing facility residents. Plans are presented to each OAAS for participating nursing facilities and ongoing technical assistance is offered throughout the implementation of the plan.**

**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, including Louisiana State University and Delgado Allied Health programs throughout the year.**

Public Awareness Activities

### Public Awareness

* + 1. **If public awareness activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **No** | **No** | **No** |
| **Other** *(describe)* | **No** | **No** | **No** |

* + 1. **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 hosts its “Technology for Life” an annual assistive technology showcase and community awards social to generate awareness regarding the benefits of assistive technology and to showcase the latest equipment. Awards are presented to Louisianans’ creating a significant impact in improving the lives of people with functional limitations and disabilities. The event is open to the general public and is attended by community leaders from around state.**

**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)**

**Additional public awareness is provided through our LATAN website and social media outlets.**

Information and Assistance Activities

### Information & Assistance

* + 1. **If information and assistance activities are conducted through a formal written agreement, by providing financial support to other entities and/or by receiving financial support from other entities please identify that coordination and collaboration in the table below.**

| **Collaborating organizations conducting this activity** | **Have written agreement with this entity** | **Provide financial support to this entity** | **Receive financial support from this entity** |
| --- | --- | --- | --- |
| **Banks/financial institution** | **No** | **No** | **No** |
| **Independent Living Center** | **No** | **No** | **No** |
| **Easter Seals** | **No** | **No** | **No** |
| **Disability/AT Organizations** | **No** | **No** | **No** |
| **Federal Entities/Agencies** | **No** | **No** | **No** |
| **State Entities/Agencies** | **Yes** | **No** | **Yes** |
| **Local/Community Entities** | **No** | **No** | **No** |
| **Private Entities** | **No** | **No** | **No** |
| **Other** *(describe)* | **No** | **No** | **No** |

* + 1. **Describe the activity.**

**LATAN 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.**

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## Assurances & Measurable Goals

### Assurances

* + 1. **As the Certifying Representative of the Lead Agency for the State of Louisiana, I hereby assure the following:**
    2. **The Lead Agency prepared and submitted this State Plan on behalf of the State of Louisiana.**
    3. **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.**
    4. **The State agency has authority under State law to perform the functions of the State under this program.**
    5. **The State legally may carry out each provision of this plan.**
    6. **All provisions of this plan are consistent with State law.**
    7. **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.**
    8. **The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.**
    9. **The agency that submits this plan has adopted or otherwise formally approved this plan.**
    10. **The plan is the basis for State operation and administration of the program.**
    11. **The Lead Agency will maintain and evaluate the program under this State Plan.**
    12. **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.**
    13. **The Lead Agency will submit the annual progress report on behalf of the State.**
    14. **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.**
    15. **The Lead Agency will control and administer the funds received through the grant.**
    16. **The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.**
    17. **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.**
    18. **The Lead Agency will ensure conformance with all applicable Federal and State accounting requirements.**
    19. **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.**
    20. **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.**
    21. **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.**
    22. **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)**
    23. **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)**
    24. **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.**
    25. **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.**

General Description of Measurable Goals:

Section 4(d)(3) of the AT Act requires that the State include information on the measurable goals, and a timeline for meeting those goals, that the State, with the advice of the Advisory Council required in section 4(c)(2), has set for addressing the assistive technology needs of individuals with disabilities in the State related to education, employment, community living, and telecommunications and information technology ).

* Section 4(d)(3)(A)(i) of the AT Act states that education goals include goals involving the provision of assistive technology to individuals who receive services under the Individuals with Disabilities Education Improvement Act (20 U.S.C. 1400 et seq.). This includes infants and toddlers receiving early intervention services under Part C.
* Education also includes the provision of assistive technology to individuals who receive services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.) and individuals in institutions of higher education and vocational education, including community colleges.
* Section 4(d)(3)(A)(ii) of the AT Act states that employment goals include goals involving the State vocational rehabilitation program carried out under title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.).

ACL has established three types of measurable goals for Section 4 grantees:

* *Access to AT Goals* relate to the activities of device loan for a decision-making purpose and device demonstration. The State will show that it has improved access to AT by reaching or exceeding the ACL set target percentage of individuals and entities who accessed device demonstration programs or device loan programs and made a decision about an AT device or service as a result of the assistance they received. The Access Goal performance measure data is found in the Annual Progress Report (APR) for State Assistive Technology Programs.
* *Acquisition of AT Goals* relate to the activities of state financing, device reutilization, and device loan for purposes other than decision-making. The State will show that it has improved acquisition by reaching or exceeding the ACL set target percentage of individuals and entities who obtained devices or services from State financing activities or reutilization programs who would not have obtained that AT device or service. The Acquisition Goal performance measure data is found in the APR for State Assistive Technology Programs.
* *Information and Communication (ICT) Accessibility Goal* is focused on obtaining an outcome/result from information and communication technology accessibility training including improvement of policies procedures or practices in the areas of website and software development and procurement. The State will show that is has improved ICT training results by reaching or exceeding the ACL set target percentage of participants reporting a targeted outcome. The ICT Training performance measure data is found in the APR for State Assistive Technology Programs.