

Louisiana Developmental Disabilities Council
Act 378 Subcommittee
January 21, 2021

BRENTON ANDRUS: This is Brenton. There was a question that came from attendees about being muted. They didn't have audio option. And I tried to respond. For those of you who are attendees and not panelists, whenever you have a question just raise your hand and we will unmute you to speak. But you won't have audio options until we unmute you. Bambi, it looks like as of right now you don't have a quorum. I think we only have four people. I think we need six.

BAMBI POLOTZOLA: Who are the people we are waiting on?

BRENTON ANDRUS: So as of right now I don't see Nicole Banks. Randall Brown is not on. I don't see Julie Foster Hagan. I don't see Dr. Hyacinth McKee. Mary Tarver or Crystal White. But I believe Crystal I know for sure will not be able to join us today. As of last I checked we should have a quorum for this time, so I am not sure where everyone is. If you are on the committee if you could turn your camera on briefly just to make sure you are here. Make sure the four of you I have are actually present. I do see Jill, Bambi. I don't know if Kim and Carmen if you can put your camera on real quick. Perfect. Kelly, I don't know if you were trying to talk to us. If you were, you are muted. Not sure.

BAMBI POLOTZOLA: I think Julie is getting on. So we will need one more person once she gets on, correct?

BRENTON ANDRUS: Correct.

JULIE FOSTER HAGAN: I am on now.

BAMBI POLOTZOLA: Just waiting on one more person to have a quorum. Brenton is reaching out to a couple of the members about getting on. We'll wait until 1:10 just to see if they can get on.

Brenton, do we have a quorum?

BRENTON ANDRUS: If everybody on the committee could turn on their cameras, please. No. I do know Mary is trying to get on. I just sent her some of the meeting information. So if we give her a second, I think she would be able to get on.

BAMBI POLOTZOLA: While we are waiting for her to get on, we could start off with the welcome and introductions.

Just who is present if that's okay. So first off, welcome everyone. Sorry for the delay. Brenton, can you name who on the committee is in attendance.

BRENTON ANDRUS: Okay. So I think, let's see, Kim Basile are you on? Yep. I see Kim. Carmen Cetnar. She was on a moment ago.

BAMBI POLOTZOLA: She said I'm here.

BRENTON ANDRUS: Okay. Jill Egle.

JILL EGLE: I am here Mr. Brenton.

BRENTON ANDRUS: Julie Hagan. I see her here. Bambi, you are here. And Mary Tarver.

MARY TARVER: I am here.

BRENTON ANDRUS: So as long as nobody leaves you have a quorum.

BAMBI POLOTZOLA: Thank you all. So we'll go ahead and get started with the next item try and catch up on our time with the approval of the January meeting summary.

BRENTON ANDRUS: October.

BAMBI POLOTZOLA: I'm sorry. It has January on there. It should be October.

MARY TARVER: This is Mary. I make a motion we accept the minutes.

BAMBI POLOTZOLA: Do we have a second?

KIM BASILE: I second it.

BAMBI POLOTZOLA: A motion by Mary Tarver, second by Kim Basile. Any opposition? Any abstentions? So moved. Next, we have on our agenda the Office of Behavioral Health report by Kristen Savicki.

KRISTEN SAVICKI: I'm here. Will someone put that on. Excellent. Perfect. I don't know how readable that is on the zoom. But I will just summarize. Again, this is the quarter two report for the funds for behavioral health. And nothing too exciting to note. We have several LGEs, sorry starting on the child tab with the consumer care resources fund we have several LGEs making good progress with expenditures. A couple LGEs with zero expended to date. And most cases those are LGEs that utilize their federal funding first. So they essentially don't report any use of the state general fund initially until they exhaust the allocated federal funding and then they catch up. Some of the uses for the funding reported by different LGEs are things sort of typical types of requests for behavioral health clients including support personal attendants, school uniforms, support for maintaining home

placement such as furniture, utility bills, rental assistance. That sort of thing. Any questions on the consumer care resources portion of the report before I move onto the other portions of the report?

BAMBI POLOTZOLA: When you said they use federal funds and then go to the state funds is that a requirement, right.

KRISTEN SAVICKI: Yes, ma'am. Several of them there is block grant funding and a requirement that be exhausted by a certain date. They do use those first and then move onto the bucket of state general funding they use. So a couple of the LGEs where you see 0-dollars that is a typical pattern over the course of the year we see 0-dollars and then start seeing them using their state general funds later on in the year.

I will move onto the flexible family fund. Again, typically pretty well expended by LGEs given that it's a popular program. Most folks are pretty close to the fifty percent expended. We had one LGE that had difficulties last year getting all their slots filled. They are back up into compliance at this point. I am happy to report they now have over 90 percent of their slots filled and continue to work on. May have one or two open slots continuing to work on filling. But good progress on that. So any questions and then I can go to the adult tab if there is no questions on that.

BAMBI POLOTZOLA: I have a question. Which one is it that spent the 34 percent?

KRISTEN SAVICKI: I think that is North Louisiana. It's low because early in the fiscal year they didn't have all the slots filled. They had trouble to kind of catch up in filling all their slots. Have been working through their wait list and having a hard time getting folks brought into the slots in a timely way. I think covid has been a bit of a barrier there as well. So they are back up to having most of their slots filled. There was some funding they could have expended earlier in the year that they didn't because they didn't have the slots filled at that time. Does that answer your question?

BAMBI POLOTZOLA: Yeah, it does. Thank you.

KRISTEN SAVICKI: So on the adult tab, similar story. Certainly one LGE went ahead and expended all of the funds. A couple of them actually. And then the LGE with the zero dollars expended, that is Capital Area which similarly does an expenditure of federal funding first and then they get

to their state general funding for this purpose. And I think I will just go ahead and respond to the question in the chat. I think the question, pop in and let me know if I am wrong. Is the question about the waiting list for the flexible family funding? I am going to assume. Okay. So for the flexible family funding, no. Would you mind going back to the flexible family fund report just to have that on screen. So the flexible family fund there a designated number of slots that each LGE has and each family signed up for a slot gets that monthly cash subsidy that supports the family to be able to maintain a child in a home. There is certainly a range of other services that families can receive at any time based on different program eligibility. But LGEs do only have a dedicated number of slots for the flexible family fund, the cash subsidy program. On the wait list really does mean on the wait list. Waiting for one of those slots to open up. Those slots do open up because they are for kids and kids grow up. So that is typically either a child drops out of eligibility or they turn 18 and then the slot opens up. Certainly, a child with behavioral health needs would be receiving a great deal more services than the cash subside. Just one supplemental program to help with families to financially be able to support a child with additional needs in the home.

BAMBI POLOTZOLA: So do we have any other questions for Dr. Savicki. Any public comments?

BRENTON ANDRUS: I don't see any hands raised or any chats.

BAMBI POLOTZOLA: Hyacinth, she says she is not signed in as a panelist.

BRENTON ANDRUS: She was moved over.

BAMBI POLOTZOLA: Thank you. So next I will move onto OCDD. Julie Foster Hagan or Tanya Murphy

JULIE FOSTER HAGAN: I am going to turn it over to Tanya.

TANYA MURPHY: Hi everybody. So I guess I will scroll over--

BRENTON ANDRUS: I think you muted yourself.

TANYA MURPHY: Sure did. I'm back. So this is the act 378 developmental disability report for the second quarter. I do see a couple of LGEs whose percentages are low. I know for Imperial Calcasieu they've expended 17 percent. They are continuing to recover from the devastation from Hurricane Laura and Delta. And in

combination with the national health emergency that has greatly impacted their ability to spend their individual and family supports funds. Many of the people that they would typically spend that money on are not there right now. They are struggling to get those funds expended, spent. Again, I think every time I mention that this does not include the December expenditures. So it's not full count of the second quarter. But we have served 2,451 people so far since July 2020. Spending \$2.4 million so far statewide. Metropolitan mentioned they continue to have some issues because of the day programs being closed. They are working to implement a virtual day program with the arc, but the implementation has gone slower than they anticipated. But Metropolitan Human Service District continues to explore other avenues to get their IFS money spent. Northeast Delta also indicated the day hab and voc programs being closed is making it difficult to get their IFS money spent as they would in other years. Any questions about IFS?

BAMBI POLOTZOLA: I have a question. You were talking about Metropolitan having trouble because of the day programs not being open. How much are they spending on state general funds for day programs? And do these people not qualify for waivers?

TANYA MURPHY: Either they don't qualify because they don't have Medicaid, or their needs haven't risen to the need to have a waiver offer sent to them. So there is a mixture of individuals that can't qualify or just haven't had a waiver offer sent to them.

BAMBI POLOTZOLA: I guess my concern if we are using direct state general funds when we could be tapping into the federal portion that our waivers pay for. Is everything being done to make sure that is happening?

TANYA MURPHY: Well, I think that is been an issue that we talked about quite a bit. Should everybody who is using IFS funds get waiver to supplement instead. And at this point we don't have a waiting list for waivers. But if we were to take every single individual that was getting IFS funds, we would not be able to provide waiver slots to individuals who are in crisis and needed a waiver slot. So we kind of have to ride the line in between. We have to use IFS funds in combination with giving out waiver slots. But we did at the very beginning starting the tiered waiver process we said shouldn't everybody using IFS to go to

vocational get a supports waiver offer. But we just have to be more diligent about how we spend that money and the waiver slots that go. And if families are satisfied with what they are getting then it's kind of saying if they have need for services that the IFS can't meet, we would obviously do another sun screening and determine if they need a waiver instead.

BAMBI POLOTZOLA: So is it like y'all have done to look at the cost effectiveness. What you are saying it cost less to use the IFS funding than it would to be the state funds to match for their waivers. We talk about, does that make sense. If it cost less to use state general funds to pay for these services, that's fine. But if it cost less to give them a waiver for what the state pays for their waiver then that would be saving money. The point of my question.

TANYA MURPHY: Julie, do you have anything. This is something we have gone around and around about deciding. We didn't want to give every single person a waiver slot because then we would have a waiting list for a waiver again.

JULIE FOSTER HAGAN: That is part of it. But we have worked to try to educate people. There is a difference in kind of the way we look at it when we are working with the person. For example, if you are using IFS the individual and family support for IFS, and it may be, like some families will call and there is a temporary need. It may be that, I don't know, trying to think of examples off the top of my head and having trouble. May just be the family grandma helps support and some natural supports in place, something happened where for a short period of time the person might need some extra help. While, I don't know, someone's recovering or just like short term need for IFS. Where it's not a long-term need. They are not going to long term and on a regular basis need that IFS. And so we try to also look at that. So sometimes, or just a brief period of respite. And maybe they only need that once or twice a year. And is it more efficient than to use IFS in that way as opposed to having a waiver offer when it's not something they are consistently needing. It's not necessarily an urgent or emergent need. It is part of what is why we have to be able to look at it in the way that we do. But also is looking at kind of what is the intensity of that need. Is it short term verses something you are

going to need throughout the year for waiver. I don't know how well I just explained that. But it's also the individual circumstances that we have to look at. What we have been educating folks on.

BAMBI POLOTZOLA: That makes sense. But has there been looking at those people who get this support to pay for these day programs all year long. Like it's something, you can say this is something continuous they are going to utilize it. And is that looked at or has that been looked at. It might be a small number. Might be talking about something that is not a big deal.

JULIE FOSTER HAGAN: I am not sure that we have that data specifically. I know we were trying to drill down to better, to get better info through participant services on what those were. We have had the full year of that to be able to really drill down and analyze that or not. I know you were working on that.

TANYA MURPHY: Actually, one of the reports we are going to go going over today that shows what services, what money is being spent on what service for all of last fiscal year.

JULIE FOSTER HAGAN: So we can look at last fiscal year and potentially drill down on the number being used in day programs to help inform us and help us look at that and make decisions Bambi, if that is what you were asking. No, we have not done that, but yes, we can do that.

TANYA MURPHY: Any other questions on the IFS?

BRENTON ANDRUS: We had a chat, a message from Corhonda Corley. It says if for any reason they are not able to create the virtual daycare service, can that money be provided to the families for their use?

TANYA MURPHY: Yeah, with individual and family support we don't just provide money to the families. We do that with a cash subside with the flexible family fund, we give money. But with individual and family support we have to do an agreement with the family for a specific service. A cost reimbursement is the way it's described. So the family pays for whatever the service is and then we reimburse them for what they spent. We can't just give them cash for no, without a specific service it's going to. But if there is something else the family needs, they can say well they are not going to day hab, but we need personal care attendant service or something else they can certainly ask for that service in exchange. I am sure they are doing that.

Flexible family fund. A little higher percentage, 49 percent. Pretty typical for second quarter. Flexible family fund is easier to project and the cash is just 258-dollars a month goes to each person that is eligible. So they are right on track for a second quarter numbers.

BAMBI POLOTZOLA: And can you explain why three is so low. Thirty-nine percent, in the comments, I think.

TANYA MURPHY: I don't see anything in the comments for South Central. It looks like they are low on the slots being filled. And I know when the pandemic began, we were saying don't fill new flexible family fund slots. Shift that money over to individual family support. So they probably got behind on the number of slots that they had filled and working on building that back up.

So we can move onto the act 73 compliance report. This report showed you the total state general fund amount awarded to each LGE. The amount that equals to 9 percent of that state general fund. How much money was budgeted by each LGE to equal that 9 percent. And then how much they are expended so far. And then the percentage of the 9 percent. So, of course, by the end of the year the goal is a hundred percent statewide we're at 44. Minus the December invoices. So that is a good percentage. Most of the LGEs are doing really well getting to that hundred percent. Any questions about the act 73 compliance?

BRENTON ANDRUS: Tanya, do you want to move to approved pending funding report for the quarter or hit IFS data from last year. Which one would you prefer to do first?

TANYA MURPHY: Do the approved pending funding. Looks like that's the next one on the agenda. This is the individual and family support approved pending funding statewide.

BRENTON ANDRUS: This is the report. I don't know how to make it show better on y'all's screen. But it might be easier if you want more of a breakdown of kind of what has been spent you can possibly just look that chart here.

TANYA MURPHY: I guess you would look at this and say Capital Area still has money in the budget so why are there some requests that are approved pending funding if they have money available. But what they do is they will fund what they can. But they don't want to spend all of their money at the beginning of the year and run out by the end. So some of these are a little lower priority. You can see all the priority levels are threes. There are some

priority twos. Fund priority twos first and then the threes. But Capital Area they have one request there for 11,000-dollars. That is a lot. 16,000. So they may not be able to fund all of those and still be able to serve as many people as possible. Got a few other LGEs reporting on this year. I think last year only region two. But we have Jefferson Parish in there this year with a couple of approved pending funding. Any questions on this one? This will be a good report to keep an eye on for next quarter and the quarter after that if it's the same requests or if they get funded. And then other ones on there so we can compare.

The next report is the IFS request by fiscal year. This was brought up for discussion at the last meeting, but there was so much information people felt like they wanted to review the report first before discussing it. And so you know I don't really have anything to report about it. But we can look at Metropolitan Human Services District and look at vocational employment support. Thirty contracts.

BRENTON ANDRUS: Are you looking at the specific breakdown page.

TANYA MURPHY: Yes. With the Metropolitan Human Services District. If you go to the fiscal year with vocational. They spent 147,000 with 37 vocational contracts for the fiscal year. Just Metropolitan. If you go to the breakdown for each LGE you can see what service.

BAMBI POLOTZOLA: Can you go back up to that. Just want to make sure. Encumbered means that's what they budgeted. And I assume based on covid they didn't spend that.

TANYA MURPHY: Right. They did an agreement with somebody for a certain amount of money and then it didn't get spent.

BAMBI POLOTZOLA: So for my question then take out covid they would have spent about 300,000-dollars on 37 people.

TANYA MURPHY: Right. And all 10 LGEs are broken down each one here. So anybody have a chance to really look at this. Did you have any specific questions about the breakdown of services that were purchased with the individual and family support last year?

BAMBI POLOTZOLA: The thing that stuck out to me was diapers, disposable garments, that seems to be a big number for the state general fund. Something to consider, we talk about Medicaid and services. I know on our long list of things we wanted to advocate for. That is a big expense.

Also the personal care assistance. PCA. That still a large number. I guess the same question for the employment supports. Are we looking at people who are using that year-round and it be more cost efficient to put them on a waiver. People are getting what they need, that's what we want, but also about using our money most effectively too.

TANYA MURPHY: Right. And I think one question to also think about to figure out from this prospective of the waiver when you are doing a screening for urgency of need and determining unmet needs, if needs are being met by individual and family support is that being met or is that something you shouldn't consider at all when you are determining if somebody needs a waiver. And then we wouldn't want to just stop giving somebody individual and family support so their need would go up so they could get a waiver. And in addition, some of the families prefer using individual and family support to getting a waiver because when you have a waiver you have to get a provider agency and perhaps have people that you don't know coming into your home. Whereas with individual and family support because it's a cost reimbursement the family chooses their own caregivers and then we just reimburse the family for the money they spent.

BAMBI POLOTZOLA: But I thought we talked about with the sun there was something to address that. Because if we spent, gave supports through state general funds then that might not be the best option. Wasn't that addressed?

JULIE FOSTER HAGAN: It should be, yes. We're in the process of doing some additional, an ongoing training for our sun screeners. Had a little bit of turnover on there. We're revisiting training to make sure that happens. But yes, something we have talked about needing to be able to carefully navigate for those folks who are getting that service. Rather that be respite PCA or vocational.

BAMBI POLOTZOLA: For Tanya you talked about that some people use IFS to pay directly their staff and then just they get reimbursed. But that reimbursement is a pretty low rate, lower than what we pay for waivers.

TANYA MURPHY: No. The rate can be whatever the family wants it to be. If they use a provider agency there is going to be a set rate. But it can be a lot lower, just depends on what the agreement says. Not everybody pays their staff the same amount of money. But generally the agreement says, like for example, here is 3,000-dollars if

you pay your staff 15-dollar an hour that means you get this much service this fiscal year. But you pay your staff 10-dollars an hour then you can get more. But we usually say in an average we try to work it out with them, how much hours do you need, how much are you going to pay per hour. Then okay, we will do an agreement for this much money. This should cover you for the fiscal year or for this timeframe in which they are requesting the service. The rate is flexible in individual and family support.

BAMBI POLOTZOLA: There has to be some component looking at what is the need for that person, right.

TANYA MURPHY: Oh, absolutely. The family says we only need three hours a day then we will do the math and just do a contract for how much money.

BAMBI POLOTZOLA: I mean like I can't just go in and say I want to pay 20-dollars an hour for my son who he doesn't have this extraordinary need where somebody needs to be paid 20-dollars an hour. They look at how complex are the needs That seems like that could be, I don't know, abused in some way.

TANYA MURPHY: Well, definitely not approve 20-dollars an hour.

BAMBI POLOTZOLA: Or even 15. Seems like that is a way it could be used if it's left up for the person to say.

TANYA MURPHY: It's in the agreement and they have to turn in the invoice. That says the person worked this much time and this is how much we pay them. It would be the agreed upon wage. It's going to be something reasonable. You are right, if the persons need is high and say we can't find anybody to do it for this amount of money there will be some negotiations there.

BAMBI POLOTZOLA: Do we have any other questions about this report or comments? If not, we can go on.

BRENTON ANDRUS: It looks like Melinda Elliot has her hand raised.

MELINDA ELLIOT: Can you hear me?

BAMBI POLOTZOLA: We can hear you.

MELINDA ELLIOT: Great. This is different. I didn't know if I was unmuted yet or not. I see I had to approve it. I'm sorry. Back to the people that need vocational employment supports, I guess I am curious why those that didn't feel like they needed a provider or wanted the traffic of providers and people in their homes couldn't do self-direction if they had waiver services. Just seems

like cost effectiveness should figure into whether we are using those precious state dollars or using those dollars to draw down federal dollars. I guess maybe I still don't understand.

TANYA MURPHY: No, you understand. And you are right, self-direction is absolutely one of the options in waiver if they want to choose their own workers.

MELINDA ELLIOT: So then why are we still having such a large amount of money in the IFS funds for that area?

JULIE FOSTER HAGAN: We will look into that. I do think when you are talking about the vocational services if that's all that a person needs sometimes it might not hit the triggers that we have in place for the sun screening. But we will take that back in OCDD and at the next council meeting with Brenton if you want to make a note to put that on the agenda, we will make sure we have a better response than what we are sort of struggling to do right here as we look at that. And to be able to respond to those questions. I want to make sure we are not saying anything incorrectly. And I want to get with my folks who do the sun screening to make sure what I am reporting out to you guys is accurate. There are some points that we ask whether that be for IFS or for vocational. And want to make sure I am reporting back to you guys accurately what they asked for in those sun screens. In my mind I've got a couple of assumptions I could make and share right now, but I don't want to inaccurately report that. So I would rather just let us take the data here and work with my sun screening folks and by all means we will be prepared next time to thoroughly explain better about the vocational services. So it would be yes, we were doing it this way and we need to do it this way. Prepared to report that to you guys as well.

BAMBI POLOTZOLA: So just looking here for the PCA contract like budgeted 441,000 for 154 contracts. And I did the math so that is like 2,864-dollars a person. That's really not a lot of PCA services. That could be the reason it's not cost effective to put somebody in a waiver if that's all they need. It could be you have somebody who is getting 20,000-dollars. I don't know. That is kind of the information we need. Just kind of looking that details of it.

MELINDA ELLIOT: Can I ask one more question Bambi?

BAMBI POLOTZOLA: Sure Melinda.

MELINDA ELLIOT: Back to the diapers, disposable

undergarments, incontinent supplies. So the diapers would be mostly for adults because children can get diapers. And then the incontinent supplies might be everybody.

TANYA MURPHY: Yeah, I would say all the diapers, disposable undergarment, and incontinent supplies are for adults. Because Medicaid covers that for kids.

MELINDA ELLIOT: That could be wipes and those blue pads. Cause I don't believe Medicaid covers those. Maybe it does and I am not aware.

TANYA MURPHY: I think it does cover the blue pads. Not a hundred percent sure about the wipes.

MELINDA ELLIOT: Yes, ma'am. In other states, if I understand, adult diapers are included in Medicaid. The reason our state doesn't, if I understand correctly, is because it wouldn't just be for people with developmental disabilities. It would have to be for everybody. Is that correct?

JULIE FOSTER HAGAN: If we put, so where it's covered for children right now is through what we call a state plan services through EPSDT. If we put it into, in Louisiana if we added adults the same way that we add children then it would be in our Medicaid state plan. If something is in our Medicaid state plan then we cannot, you have to offer it to anyone who is Medicaid eligible who would have a need for that. And so just to the intellectual developmental disabled population. We have, I believe, in the past looked at whether or not we could make it a waiver service. If it's in the waiver then it is eligible for those folks. And I do not remember that discussion right now. Still be a budget or fiscal impact if we added that as part of durable medical equipment or something like that in the waiver. Again, it's possible. But there would be a budget impact that we would have to have additional dollars I think to do that. There may be some other things. We can add that discussion in terms of vocational. I also am going to look at the usage. I know that has been discussed a lot or in the past. And want to say more or less a budget impact that have stopped us from being able to do that.

JILL EGLE: I just have something if I have the freedom to talk. What are y'all talking about now? My mind is lost.

BAMBI POLOTZOLA: We are looking at the report of like a breakdown on how the individual and family support

services through the Human Service District, like what is the dollar amount for like each kind of category they are spending each year.

JILL EGLE: For the Human District Services Authority through all nonprofits disability and the DD council.

BAMBI POLOTZOLA: The LGES, like Metropolitan Human Service District or Jefferson Parish Human Service District IN your area.

JILL EGLE: I don't know if you know this Ms. Bambi, through MHSD I get waiver state services being an asset for the arc of GNO uptown community center.

BAMBI POLOTZOLA: So that is what we are talking about. How do they provide individual and family supports. How do they use the money they get from the state on what types of services.

JILL EGLE: Well, does that come from the feds, every fiscal year they have to level it out to make sure it's compliant with the regulation.

BAMBI POLOTZOLA: This is state general funds. This is money they get from the state. Might be some federal things that come into play. This is their state money they get.

JILL EGLE: I can't return back to the arc because of the situation. Maybe April or a month before. And we don't even have the virtual funding from the state. Still trying to get that in affect.

BAMBI POLOTZOLA: Right. That is what we are talking about now.

JILL EGLE: Thank you. Keep up the hard work with the governor. I appreciate you.

BAMBI POLOTZOLA: Thank you. Do we have any other questions on this report? Okay. Brenton, you can switch us back to the agenda please.

BRENTON ANDRUS: Just for my clarity purposes, the next agenda you guys want to have something on there that talks about as it relates to vocational rehabilitation services. And did you want to add incontinent supplies as well, or just looking at everything.

JULIE FOSTER HAGAN: We are going to look at everything. You guys can decide what you want to put on the agenda. We are going to look at the diapers, the IFS, vocational specifically.

BAMBI POLOTZOLA: Any other question before we move on. Any other questions for OCDD? Well, we made up our time

that we lost at the beginning. Now we will go onto Office of Aging and Adult Services which is the Arc of Louisiana. Kelly Monroe.

KELLY MONROE: Sure. How is everybody doing? So y'all should all have the report in front of you. I see Bambi has it on the screen. This is our second quarter report where this quarter we served 42 people. There were some changes, but not too, too much so we will just go through some quickly. Of the 42 people 15 of those are African American and 27 were Caucasian. Twenty-six of them were male and 15 females being served. This time we have someone who is being served in all regions. I know before we had some issues with some of the regions where we didn't have people being served. But we do now. In region one we have five people. Region two we have seven. Region three there are four people being served. Region four there is two. Region five there is three. Region six there is two. Region seven there is nine. Region eight there is three. Region nine there is six and region ten there is one. Of the 42 people all of them are receiving support coordination. Thirty-three of those are receiving personal care assistance. Three of them are receiving rental assistance. Nine of them are receiving medical supplies or some type of medical equipment. And two vehicle or home modifications. Some of these individuals, you're probably adding up the numbers, some of them are receiving more than one service. So that is important to know. We do have the full amount budgeted the 907,528. You will notice it probably doesn't look like we are going to get there. But we will. All the money has been budgeted. In this quarter we spent 188,930.43 on personal care assistance. 1,452.64 in rental assistance. 26,132.29 in medical supplies and equipment. But that also includes vehicle and home modification. So the total spent this quarter was 216,515.36 cents. If we go down to the next section this is something that Kim requested at the last meeting. She requested that we have demographics for the waiting list as well. So you will notice that in three of the regions, region three, six and ten we no longer have anybody on the waiting list. That is because we had some one-time funds available and we served those people. That was the 26,000 of the medical supplies in stipend and home modifications. Some of the people in those regions that we did have on the waiting list are either now

receiving services or received one of those one-time funds. So the majority of the people on the waiting list reside in region nine with 16 people and region two and that is 13 people.

BAMBI POLOTZOLA: Do you have, just looking at these numbers based on population wise, or like what is driving these numbers. Is it outreach in the area or people getting other type of services that meets this need. What are your thoughts on that?

KELLY MONROE: Well, not everybody really knows about the spas program too much. We kind of reach out to other support coordination agencies to let them know about it. But right now we only have 54 people on the waiting list. So it's not very big. But also not a lot of money either. It's a very small contract compared to the other act 378 contracts. I think just people not knowing about it. But we do try to reach out to support coordination agencies to let them know. Also involved in the traumatic head and spinal cord injury conference calls and we try let them know about it as well because that is very limited. That contract for OAS is only I think 50,000-dollar lifetime limit per person. So we do try to let them know on that conference call also that hey, there are some other funds that could be available to you. So I think it's just people not knowing too much about it to be honest.

BAMBI POLOTZOLA: So the support coordination someone goes, and they get connected to the support coordination agency. Let's say they have a job, but they need the support and make too much to qualify for the waivers because the Medicaid, the limits, income limits or even asset limits. Then the support coordination agencies could, if they know about it, then they could tell, this would be how information is given.

KELLY MONROE: This could be another resource for them. But unfortunately kind of like the waivers, if someone doesn't pass away, we really don't have opportunities for people. Cause we just have such a small amount of money. So of those 54 people 19 of them are African American, 28 are Caucasian. One person identified as biracial and then eight unknown that just chose not to put it on the application. So really no way for me to find out. Unless I was to call them but didn't want to get their hopes up because we didn't have services available for them. And of those people 29 of them were males and 26 were females.

So if you scroll down to the bottom the most desired service, as usual, is the PCA services where 43 people of those were interested in PCA services. Five were interested in home modifications. Two for dental. Eight for medical equipment. Two for rental assistance. Three for homemaker services. And two for therapy. Whether that be speech, occupational, or physical therapy. If we were to serve all of these people estimating we would need a little over a million dollars. But that is not state general funds. Not sure what that would be in state general funds. I think last time we checked a little over 500,000 maybe closer to 600,000 of state general funds for the dollars to be matched to reach the little over 1 million. Then I don't have those exact numbers. That's all I got for you today. Does anybody have any questions?

BRENTON ANDRUS: Dr. McKee has her hand raised. Also as a side Bambi, you have lost your quorum.

BAMBI POLOTZOLA: Okay. Dr. McKee.

HYACINTH MCKEE: Just had a brief comment to Kelly and just say kudos to you Kelly for this report that you submitted this time. It seems as though you are really working hard to follow the recommendation of the DD Council members from the last time we met. I am excited to see that you did include a category of biracial on your application. And I think that should be pointed out as we are moving into the direction of, and should be already there, moving into a direction of acceptance. So thank you so much for putting that as a category, biracial. With that being said, I had a quick question about the second quarter expenditure that we can go back up to that page. I just wanted to know if you could just share with us about the increase in the amount of money that has to be utilized. I noticed in the first quarter under medical supplies 7,700-dollars but noticing a significant jump. Maybe I missed that. Can you share with us and explain about that jump.

KELLY MONROE: Sure. So the reason why we had the jump is we had some additional funds that were not used, and we went down the waiting list and reached out to those who had one-time funds. Some of those were home modifications and some were medical equipment so that we could serve them. And those were the ones that were missing on that waiting list in region three, six, and ten. We served the people who were in there who they were just looking for home

modifications and medical equipment. And I listed, two of them were rolling showers and one was a vehicle. And a couple of medical supplies. And we were able to get that done so those people rolled off of the waiting list.

HYACINTH MCKEE: Thank you Kelly.

KELLY MONROE: You're welcome. Anyone else?

BAMBI POLOTZOLA: I don't see any questions from the chat or the public. Brenton, do we have anyone.

BRENTON ANDRUS: I don't see any chat. And I don't see any hands raised at the moment.

BAMBI POLOTZOLA: Thank you Kelly.

KELLY MONROE: You're welcome. Thank you.

BAMBI POLOTZOLA: Do we have any announcements?

BRENTON ANDRUS: You're really quiet.

BAMBI POLOTZOLA: You can't hear me?

BRENTON ANDRUS: Now we can.

BAMBI POLOTZOLA: Sorry about that. Do we have any announcements. Staff, do we have anything? Any public comments? Tomorrow is our full council meeting. What time does that start? 8:30 or 9. 8:30. All right. So I guess that's it. We lost our quorum, but I don't think we had any motions. We will go ahead and adjourn the meeting. Thank you, guys, for being here. Thank y'all for the report.