

Self Determination and Community Inclusion Meeting
October 20, 2020

BRENTON ANDRUS: We're still waiting to see if we reach a quorum. We have seven now. Seven including yourself. Assuming all seven can be on camera. You now have eight. I seen Jen has joined us.

JEN KATZMAN: Thanks. For a second it wouldn't let me do my video.

BRENTON ANDRUS: Looks like Mitch has joined us. Including yourself, that does give you a quorum with nine people.

MIKE BILLINGS: Does everybody have their video on?

BRENTON ANDRUS: I think I see eight, nine. Who did I not see on video? I think in order to have a quorum we would need Dr. Patti's video to be on. Patti, are you on? Can you hear us?

PATTI BAROVECHIO: I am here. Just getting kicked off.

BRENTON ANDRUS: Mike, you do have a quorum now. And also, I see Bernard from OCDD has joined us. Promoted him to panelist. You do have nine members.

MIKE BILLINGS: Good morning everybody.

PATTI BAROVECHIO: My sound quality is very muffled.

MIKE BILLINGS: Since we have a quorum, let's go ahead and call the meeting to order. Hopefully, everybody had a chance to review the meeting protocols the council has adopted for virtual meetings. As a reminder for committee members to be present you must have a camera on with your name showing. Please have your phones muted unless called upon by the chairperson. Electronically raise your hand or request to speak and wait to be called on. For attendees once recognized to speak by the chair your mike will be turned on. After speaking mike will be returned to mute. Rely on staff to help us with that today. Go ahead and take a look at the minutes for the July

meeting. Has everybody had a chance to review those? If you have or if you have any comments or questions about it. Once you had a chance to review them, I will like, if possible, to make a motion to accept the summary from the July 2020 meeting.

KIM BASILE: Mike, I would make the motion to accept the minutes.

MIKE BILLINGS: Do we have a second?

MICHELLE GUILLORY: I second.

MIKE BILLINGS: Michelle seconds. Any recommended changes to the summary? Are there any public comments? Sorry, we wouldn't have any public comments. Any objections to the approval of the summary? Any abstentions? Motion passes without objection. Next, let's move onto the contractual updates. Staff members Marilee, Brenton and Ebony can present on contractual updates. Marilee, will you start us off.

MARILEE ANDREWS: Good morning everyone. The partners and policy program has not resumed since the 2020 class was canceled due to the covid 19 pandemic. At the July 2020 self-determination community inclusion committee meeting an ad hoc committee was created to make decisions regarding moving forward with partners in policy making and to bring those recommendations to the full council. And that meeting has been scheduled for October 29th. Are there any comments or questions?

KIM BASILE: Good morning. For the PIP ad hoc committee I saw people had volunteered at the last council meeting. But was the new PIP coordinator asked to be on that ad hoc also? I think that would probably be a good idea.

MARILEE ANDREWS: So the PIP coordinator, her name is Adrienne, and she is going to sit in on that committee. So James Sprinkle who is the executive director of the Families Helping Families that hold that contract.

KIM BASILE: Are they members of the committee so they can vote or are they just sitting in and observing?

MARILEE ANDREWS: They are not members of the

committee.

KIM BASILE: Okay.

MIKE BILLINGS: Jill, I see you have your hand raised. Do you have a comment?

JILL HANO: My hand was raised?

MIKE BILLINGS: Electronically.

JILL HANO: My bad.

BRENTON ANDRUS: I think Jill Egle.

MIKE BILLINGS: Sorry. Wrong Jill. You have the floor.

BRENTON ANDRUS: You have to unmute yourself Jill.

JILL EGLE: I have a quick question. Partners in Policymaking, I understand you are saying got canceled due to covid, but when is the state going to authorize it to be implemented next year, the year after? How are, what is that process?

MARILEE ANDREWS: So the council has to decide what to do with Partners in Policymaking. And the ad hoc committee that was created is meant to make recommendations to the council.

JILL EGLE: I just got appointed again to do the DD Council. As a powerful leader representing the State of Louisiana am I allowed if anybody ask me what partners is, can I send them your way? Am I allowed to do anything? I did that a few years back when I partnered.

MARILEE ANDREWS: Yes. I would encourage that. I think the council, in general, would encourage that. Word of mouth is a great way to spread information about partners to others.

JILL EGLE: Okay.

MIKE BILLINGS: Thank you Jill. Cindy Heying

CINDY HEYING: One of my students was a member of the class of 2020 and I am just wondering if it would be possible to sit in and understand what is going on going forward so I can help explain that to him. If there is anyway my program could support PIP going forward very interested how we might be able to do that.

MARILEE ANDREWS: Thank you. Yes. It's a public

meeting so you can certainly sit in. That would be welcome.

MIKE BILLINGS: I think that was all the questions. Ebony, can you give us an update on LaCAN and Families Helping Families?

EBONY HAVEN: Sure can. Can everybody hear me? If you all look, I always come from the status report on the website or included in your packet. And the LaCAN update is located on page three of the status report. So just to go over leader positions, currently there is a vacancy in region one and ten for the LaCAN leaders. We currently have two applicants that have applied and started the interview process. Right now they are in the process where they are being contacted by current LaCAN leaders and those leaders inform them of the job responsibilities. They answer any questions the applicant may have. They kind of just give them a feel of how the position is. And then after that we schedule interviews. Right now we have two applicants and continue to advertise the position until it's filled. But in the meantime, members in region one and ten can always reach out to the Families Helping Families in New Orleans for more information about LaCAN. Advocacy activities, we follow the federal fiscal year. Since October 1st there were 749 actions taken and two yellow shirt days with six participants. You all know due to covid the members were not able to go to the capitol to advocate during session this year. That is why those numbers are so low. You have a question Jill?

JILL HANO: Cause I always get confused, it says advocacy activities since October 2019. But that is a typo. Its 2020, correct?

EBONY HAVEN: But the information that is included in the status report for this time is the information that is for FY20 or fiscal year 20. That would have been October 1st, 2019 all the way to September 30th, 2020.

JILL HANO: Thank you.

EBONY HAVEN: You're welcome. Sorry that is

confusing. So due to covid 19 we have been currently hosting the LaCAN leader calls twice a month. Just to make sure up to date on current issues and concerns. And we also collaborate with them on how to develop strategies to better support, maintain and lead their LaCAN members. Currently we are collaborating on ideas on how to get members to share testimonies via video and conducting legislative visits via zoom. The LaCAN summer leader training was held in August for all LaCAN leaders. At this training we discussed ways, creative ways to continue LaCAN activities virtually and how to keep members active during the pandemic. Throughout the center leaders hosted their community input meeting for each of the regions and leaders at that meeting. They discussed outcomes of the 2020 legislative session. They discussed the legislative process. And they asked members to provide input for the council's 2020 legislative advocacy agenda. During those meetings we received over 60 concerns and issues for the council to consider for the advocacy agenda and the full list can be found in the executive committee agenda. The executive committee agenda for today at 1:00 is located on the website. If anybody wants to see the full list of issues and concerns that were brought to those meetings you can go to the agenda and see those. Our legislative kickoff was held in September and this is the annual meeting of LaCAN leaders and FHF directors. During this meeting they come up with recommendations for the council to consider for the 2021 legislative advocacy agenda. The leaders and directors created that list of over 60 concerns we received from the community input meeting. They narrowed it down to three items to officially recommend to the council for the 2021 legislative agenda. That list can be found in the executive committee meeting for today at 1:00 if anybody wants to review those. You can go to agenda. Those documents are linked in that agenda. So you all will be discussing those and voting on the items on Thursday during the full council meeting. LaCAN phone training

and legislative visits, the fall training will be held on the 12th of November. And this is the training where leaders will focus on preparing for legislative visits, understanding the council advocacy agenda you all will vote on on Thursday, and discussing what to look for in testimony. November also marks the beginning of legislative visits. And so information about legislative visit teams will be sent out after the full council meeting on Thursday. This list has the parent and self-advocate council members in each region, the LaCAN leader the region and the FHF director for that region. And everybody's contact information is listed on there as well. It also lists your regional delegation and those legislators that are on key committees. We like to have the leaders start with key legislators first whenever they are scheduling their legislative visits. So we list those individuals as well on the legislative team contact information. Just be on the lookout for your legislative team information and also be on the lookout for more LaCAN member meetings. The LaCAN leaders usually start the meeting with the region just to go over the agenda, help members know how to get involved, share their testimony. Right now via zoom. And information about their round tables. Which will probably be virtual as well. And you can look for those dates somewhere between January and February of 2021. Does anybody have any questions about LaCAN?

STEVEN NGUYEN: I have a question. Just for clarity, you said one vacancy in region one and ten and two applicants.

EBONY HAVEN: Uh-huh.

STEVEN NGUYEN: Thank you.

JILL HANO: So only one LaCAN position is vacant, correct?

EBONY HAVEN: Correct. That LaCAN leader, or he covers region one and ten. It's just one vacancy. I think there is some hands raised. Do you want me to call on them or do you want to do it?

MIKE BILLINGS: Ebony you can go ahead and call

them.

EBONY HAVEN: So I see that Jill Egle has her hand raised. You have the floor.

JILL EGLE: I am heavily active in LaCAN and LaTEACH and my question is.

EBONY HAVEN: You are muted now Jill. Can you unmute?

JILL EGLE: What is the situation about LaCAN leader in region one and ten that references Orleans, Jefferson Parish and I think Plaquemine and St. Bernard.

EBONY HAVEN: Right now we have two applicants for your region Jill. And they are in the process, they are in the interview process. The first step we have a current LaCAN leader reach out to them and to explain the job and what it entails and answer any questions the applicants may have. And then once they completed that first step then we move to the interview process with the FHF executive director over LaCAN.

JILL EGLE: Whomever the DD Council decides to hire and take on for one and ten they will reach out to me and any concerns I have or as a leader I think just go to them directly?

EBONY HAVEN: Yes. And we will make sure once someone is chosen, we send out information about that person and their contact information. You will have their email and contact phone number.

JILL EGLE: Cause it seems like past years for region one and ten when there was a LaCAN leader always a change. It was they had it and then there was a change and then they have it, the position, and there was a change. And the DD Council had to arrive from above to get someone very active or professional that knows that knowledge with the State of Louisiana and developmental disabilities. What I have been encountering ever since I have been active in LaCAN and LaTEACH. I had somebody and then boom it change. What is really going on?

EBONY HAVEN: We are hoping the person that, the next person we hire will be with us for a long time

Jill.

JILL EGLE: Thank you Ms. Ebony.

EBONY HAVEN: You are welcome. I see Liz has her hand raised. Liz, you have the floor.

LIZ GARY: Thank you Ebony. I am just checking to see what are the plans going forward for next year. Have y'all started to think about when the legislature goes back potentially what may happen? Just wondering if there is a plan how to make sure that people are being active and being involved and being able to go to the capitol. And also to be informed as to what is happening through alerts and things like that. Have y'all started to make a plan on that? I know you said the round tables and with all the others planning to go through zoom. Any plans how it is going to look possibly getting things in place for the legislature?

EBONY HAVEN: Yes. We've just been in contact with Randall. Due to the council's suspension of in person activity still being in place, I guess we are just trying to come up with the leader's ways they can keep their members active. Which is what summer LaCAN leader training totally focused on. Just focused on trying to make sure that members know how to do testimony via video where leaders can maybe compile them and send emails to legislators like that. Just trying to come up with creative ways to make sure that members remain active just in case the council has to continue to keep the in-person suspension in place. Coming up with just ideas on that LaCAN call we have twice a month. And then at the fall training probably come up with more ideas on how to keep members active. Brenton, do you have any other information you want to share.

BRENTON ANDRUS: Not really. I was going to say our executive committee meeting is today at one and I believe on their agenda they have the topic related to this. Certainly, they can make plans to either keep in person activities, suspend, or move to in person. Also going to kind of depend on what is going on at the time with covid. I will say certainly if they do resume in

person activities and want LaCAN members to come out to the capitol, certainly we will have to figure out ways we can ensure those that prefer to stay home are also going to remain engaged and those that want to come to the capitol. Feedback we have received from the majority of our LaCAN leaders are still very uncomfortable being in in person situations. Especially where there is a crowd. And most LaCAN leaders have communicated to us their members have said the same thing. Certainly regardless of what decision the council would make if there are in person activities, we do have to factor in the comfort level of people. I think one of the reasons kind of moving forward with round tables via zoom. Because they are all very uncomfortable still being in person. As you know the population we serve a lot of people that are at risk. We are trying to figure out how we factor in accommodating both sides if the council allows those who want to do things in person and those who want to do virtual. Ultimately, we've kind of been brainstorming ideas, but we don't have a solid plan yet. Kind of waiting to see what direction the council wants us to go. We can't make that decision. I don't know if that helps or not.

LIZ GARY: Thank you Brenton and Ebony. I appreciate it.

EBONY HAVEN: And I want to share another idea that the leaders discussed during the summer LaCAN leader training. Thinking to maybe have members watch committee meetings. Wear yellow shirts, they can take pictures and then do a hash tag where we come up with a hash tag and say we're still connected to the legislature, still watching. Trying to come up with really creative ideas to keep the LaCAN membership active and interested during the session. I know everybody is going through a lot and everybody is worried. Trying to come up with ways to help LaCAN members to help their members stay engaged. We will see how that goes. Does anybody else have any questions about LaCAN before I move on?

EBONY HAVEN: Corhonda put in the chat exactly who from the council will represent us if anyone is actually there?

BRENTON ANDRUS: I think that is what we are coming up with ideas to make sure that happens. Certainly, this past session activities were suspended so no one was present in the meetings. LaCAN members, LaCAN leaders constantly reaching out to legislators and trying to make sure their voices were heard. Still sent out action alerts to encourage people to watch committee meetings. Part of our education process with our leaders to educate members about the idea, even if you are not at the capitol for whatever reason if they are not comfortable. But also, I do know some members that did attend even though our council had suspended in person activities. That doesn't mean as your own individual you can't go and discuss the topics, issues that matter to you. We will just not ask people to go as long as there is in person suspension. But I do know there were some members that were able to have meetings with their legislator via zoom, via phone calls to still discuss issues that were important to them. At this time we just have to get creative if we are not allowed to call members over the capitol, how do we do that virtually. To be fair, even if the council maintains suspension of activities, doesn't mean you do not make your own decision to go to the capitol or to meet with your legislator in person. Completely your own decision.

EBONY HAVEN: Did that answer your question? I see you have your hand raised. Did you want to make another comment?

CORHONDA CORLEY: Great morning. My comfort level isn't high going into any of the buildings I have entered whether it's the state capitol, Claiborne Building. It's a school board meeting, etc. My comfort level hasn't been high. However, I owe it to this community and my child to actually speak up for what we actually mean as a collective. And right now with Hurricane Laura and Delta have impacted so many

people with disabilities. And we have national attention on the little boy that took the bus, and he is a member of our DD community. I think some people saying because of people's comfort level we are not actually able to go in under this DD act. We have an obligation to actual promote systems change. And the one thing that a lot of these legislators or representatives know, they know when those yellow shirts are in the building. It actually has a major impact. Even when we did yellow shirt day virtually, that didn't have an impact on them as if we were there and we actually had a petition signed. That is a suggestion. We can have a petition signed by everyone in the DD community towards whatever bills are actually been put in place that we are standing for or against. But just being quiet or just having private meetings with one senator here, one legislator there, that is not suffice. That is not going to get systems change. And I believe in systems change. I believe in our community getting what we are supposed to have. Which is due diligence. And right now that is not happening when it's only one person or group here or group there. Three people is actually going. No, that is not unified and not representative of the council. So if the council wanted my recommendation, my recommendation would be to have a letterhead with a full statement for whatever bill we are actually addressing what we are standing for and signatures from everybody in our DD community saying we are standing for this. That we are supporting it or opposing it. That would be a way so they see yes, we may not physically be in the building, but the DD Council, Louisiana DD Council is actually taking a stand. And then something you can actually have on the website for anyone to be able to review. And most of the time they will read it. And we can send one person, one staffer we have interim director getting paid for that. Interim director can go in the building and actually read that statement into record. But we cannot sit back and think that the suggestions we are putting forward is enough. Cause it's not. And

if I am taking that chance of going in where I can infect my child and my elderly parents, I think the people getting paid to do that should be able to do the same.

BRENTON ANDRUS: Just to clarify a few things. The position the council takes, we cannot lobby. So we are not going to push anything out that says we are for or against a bill on the letterhead. We can't do that. You as an individual can tell your legislators how you think they should vote on a bill. But as a council itself, we cannot do that. We can look at issues, which we do during all the regular sessions we have on our website the first, when you go to the home page, very first scrolling item that basically shows you all the bills the council has reviewed and looked at and the positions they take on those issues. Not necessarily the bills themselves, but the issues within the bill. The council and LaCAN stand on those particular bills and issues. Not bills, issues. And then the alerts that we send out, it's going to depend on the priority the council has set for that issue because we have three different priorities. One, two and three. Three usually neutral and watching that bill go through the process and seeing if it involved amendments. Two, staff or maybe a council member gets involved with because there might be some behind the scenes work needed to make sure education is provided. And priority one is we send alerts on. This past session, I don't know if everyone recalled whenever an alert goes out, assuming the legislature gives us enough time. There were times when we didn't have enough time to give public comment. They were reading emails that were sent in. Our alerts were intended to go out to let individuals know you can send your information to your legislator or to this particular email. And if you send things via that email it would be public comment. That is following with the legislature. I know that is not necessarily a big list of all the signatures of people, but that is also a way that everyone can get involved. Very little turnout

with their alerts this year. Any alerts we pushed out a lot of people, we did not get a whole lot of response compared to every other year. I understand that. A pandemic going on. Lots of people were worried about other matters at the time. Also just want to clarify if the council suspends in person activities that applied to staff as well. The direction when they suspended in person activities, we said we weren't going out to these things either. Also have to follow the, or I have to follow the directives of my superiors. All of that is discussed between the council and their employees and in person activities were suspended. That suspended staff from conducting in person activities as well. Will that happen this year, I don't know. But I do encourage you if you want to voice your concerns about that matter to check in on the meeting later today.

MIKE BILLINGS: Thank you Brenton. Ebony, can you go ahead and give us an update on Families Helping Families.

EBONY HAVEN: In the agenda if you want to check the update on the status report it's located on page seven. But in the agenda, we meet the year in report or the summary for FHF at the end of each fiscal year we complete site visits on all the centers. But due to covid 19, only do desk audits. Centers scheduled to have on site were Bayouland, Families Helping of Northeast Louisiana and Families Helping Families of Southwest Louisiana. Those will be scheduled at a later date. So we will be doing desk audits for this year. In the summary are the yearend reports. There is information about the centers that did not meet their deliverables. A lot of the information that the directors provided to me why they did meet deliverables was due to covid, the pandemic restrictions stay at home order. A lot of that put restrictions where the centers could go. One of the centers did not have the capability of having virtual webinars. But they do now. So a lot of the centers are on target already as you can see from the first quarter performance data.

Trying to make sure they meet all of their deliverables for this fiscal year. If you want any information or specifics on each center in that yearend report, you can look at the information that each director provided as to why they did not meet certain deliverables. And if you have any questions you can let me know. But the information from Ms. Sharon for the first performance data for FY21. The one that you received in the agenda did not have all of Southwest Louisiana information due to Hurricane Laura and Delta they were impacted. So that director didn't get the information until yesterday and then I was able to update this chart for you all today. Does anybody have any questions on FHF's?

MIKE BILLINGS: I see one hand raised. Jill Egle. Do you have anything Jill Hano?

JILL HANO: Do we currently have the update that includes Southwest FHF?

EBONY HAVEN: No. That was the one Brenton was just sharing on the screen. We will update the one on the agenda. That one currently is not updated because we received the information yesterday.

MIKE BILLINGS: Jill Egle, I see your hand is raised electronically. Do you have a question or comment? If so, you are muted.

JILL EGLE: So next year's legislative session with the state in 2021 due to the covid and all the funding the government lost what is next year's session going to be like and how it is going to be implemented with revenue funding for all the disability agencies that the council represents just in general? How is that going to play out between 2021 and 2025? Just curious cause I am a little concerned with everything and everything that has been happening.

BRENTON ANDRUS: So unfortunately, I don't have a crystal ball and I can't tell you what session is going to be like coming up. That is many months away and depending how the legislature decides is going to be dependent on where we are at as far as covid goes. I do know, so two things one later in the agenda we have

special session updates. Asked Jen with Medicaid and Julie Hagan, if she joins us, and Bernard may be able to fill in if they have any updates for special session on impacts it may have on those departments. But I do know as far as going into the upcoming session in 2021 there have been legislators that have alluded to the fact there may be cuts. Right now we just don't know. I think after the first of the year a better idea when the governor starts to release his budget. Right now I don't think we can accurately tell you what to expect in the upcoming session and how that is going to impact. There is a lot that can change.

JILL EGLE: I appreciate that Mr. Brenton. Let me tell you, it's been rough and rough and rough. And I represent, I know I represent the DD Council, I used to serve my time with the State Independent Living Council. I am on the board for the Arc of Greater New Orleans. I went through partners Special Olympic. And I just hope moving forward in the state that there is going to be a DD Council and the Office of Citizens with Developmental Disabilities, including the Louisiana Department of Health. Because I know the government lost a lot of funding. I hope those agencies it's going to be implemented and the funding will be the way it should be. Not going backward or anything like that.

BRENTON ANDRUS: And also keep in mind the session that is happening now it deals with the budget now. When we have session in the spring, going to be dealing with next year's budget start July 1 of 2020.

JILL EGLE: Who decided to have a covid special session?

BRENTON ANDRUS: My understanding legislature called a special session.

JILL EGLE: Cool. Thank you.

MIKE BILLINGS: Any other questions for Ebony? Thank you, Ebony. Next on the agenda we have the request from council member Lillian DeJean regarding some self-advocate representation in Partners in Policymaking and LaCAN. At this time I would like to

give Lillian the floor.

LILLIAN DEJEAN: Thanks. Hello everyone. At the last council meeting our public input survey, I think if I am remembering correctly, our respondents, people with disabilities only composed 8 percent of that or about 8 percent. And to me that number was pretty striking. I decided to do some further digging. I requested from our staff some numbers regarding self-advocate participation in LaCAN and Partners in Policymaking. So for this I would like to share my screen. I see you are the host; can you make me the cohost temporarily so I can share my documents. Would that be possible? Thanks. Give me two seconds. Thank you for your patience. Can everyone see this document?

BRENTON ANDRUS: You may have to go into the shared screen and highlight the document.

LILLIAN DEJEAN: I think I found it. Thank you for your patience again. These are the numbers that I received from our staff and they are pretty striking numbers. If we can briefly go through them real quick. In regards to LaCAN is total of eight LaCAN leaders across the state. A hundred percent of our LaCAN leaders are parent advocates. One that also resides as self-advocate. For our members 6,160 contacts or members. It's important to note that only 169 of these members are labeled as an individual with a disability, while we have 1,023 members labeled as a parent or family member. I did the calculations and that means people with disabilities only make up 2.47 percent of our total LaCAN members. Which is insane. Looking at Partners in Policymaking I asked for numbers from the last three years. To specify 2018, 2019 and 2020. For these participants data is based on those graduated for 2018. And 2020 based on those accepted since the class never had a chance to finish. Over the past three years a total of 61 participants. Only ten of those participants were self-advocates, while we had 51 participants who were parents. That means that only 16.39 percent of PIP participants from the past three years were individuals with disabilities. Lastly, I

asked for numbers on our presenters. Because if we are teaching policies specific to disability and kind of exploring the disability world a little more. And so it was really striking to me when I learned only four of those presenters were self-advocates. And I think it's super important that we collaborate and have prospective from parents and professionals, but I also think we also need to learn about disabilities from people with disabilities as well. I think it's safe to say if self-advocates only make up 2 percent of LaCAN members our policy endeavors may not be completely reflective of what self-advocates really want and need. We really, as a council, moving forward need to make an effort to solicit input from a more well-rounded group of stakeholders. It's apparent from these numbers we are not doing that. Really vital we make room at the table for everyone. I think we also have a responsibility as a council to model trust, inclusion and respect because these are the foundations for community. And we are not going to get self-advocates, and especially our youth involved without community. People with disabilities we already know tend to be more isolated than their able body peers. Not looking for another dysfunctional system to be a part of. We're looking for community. Moving forward, I guess the question now is what do we do about this. Because we can't just let these numbers stay the way they are. Because they are not good numbers. They are uncomfortable numbers. We really need to make our LaCAN leaders aware of these numbers. And if the council wants to prioritize soliciting more self-advocate participation. Our PIP coordinator needs to be made aware of these numbers so she can also help make a more concerted effort to include self-advocates. Everyone needs to be aware of these numbers. Because again, they are not good numbers. Another thing we can do to solicit self-advocates is increase our opportunities to learn about disability history and disability culture. A lot of people don't know the disability community has an incredibly rich history. I

didn't know we had a history until Crip Camp came out on Netflix a couple months ago. For five years I did not have my own history. Actually, for about 18 years I did not have my own history. But here is the thing, we already have these opportunities available, we just need to utilize them correctly. For instance, we had Disability Rights Day a couple months ago, right. It felt like Testimony Day which was kind of weird. Generally we utilize testimony whenever we are fighting for services, right. But we weren't really fighting for anything that day. And I support testimony and I think it's one of the most important advocacy tools that we have. But testimony is really celebration. Mostly fighting. I think our disability community is something worth celebrating. Disability Rights Day is to celebrate the rights we have. We could have talked about our history. The Section 504 students, the passage of the ADA. Celebrating 30th anniversary of that now. We really have an opportunity to make being a part of this community something positive and it is. So I don't understand why we are not reflecting that in our actions as a council, right. We have the opportunity to say hey, this is where we are at, this is where we came from, and this is where we want to go. And I am proud to be a part of this community. To sum it up we have the numbers here. They are not good numbers. But we have an opportunity right now to figure out how to not have these numbers be our numbers. We can model trust, inclusion, respect and culture. Now I want to hear from you guys. Cause I have talked for a long time. And collaboration is where that magic happens.

STEVEN NGUYEN: I would like to say something. So I feel like this conversation needs to be held at our DD Council meeting. So if we need a motion to do that, I would be willing to do that. But I agree Lillian. We can do better, and we need to do better. Let's make it happen.

JILL HANO: If there is a motion, if we are entertaining this motion I will second it because this

is a very important issue. It's just not talked about enough. It's sad because we are on this council because as a community we are not talking about this enough outside of this community. But now this is evidence that we may need to talk more about this issue inside of our community. I think this is the first step to bringing this up. And I agree this needs to be talked about with the full council on Thursday. And I would like to thank Lillian for bringing this issue up to our attention. I agree the numbers are just staggering.

LILLIAN DEJEAN: High five Jill.

MIKE BILLINGS: Lillian, thank you. You always bring enlightenment and enthusiasm. Steven, I understand you want to bring forth a motion. Can you flesh that out a little bit?

STEVEN NGUYEN: I would like to make a motion this discussion happens at the next DD Council meeting scheduled for Thursday. That this be put on the agenda and Lillian be given time to go over this and enlighten us with this again.

BRENTON ANDRUS: As some clarity, I believe since the agenda is set for Saturday, sorry, Thursday, I think you would have to have a vote by the council to actually add to the agenda. Throwing that out there. Also, Lillian, if you are willing to share this information if you send it to me, I can send it out to the committee. Also my 2 cents as far as the LaCAN member makeup, I am not saying it's not 2.47 percent, I am saying don't assume they are not a self-advocate. That information is not required to join as LaCAN. If they opted not to share that information our LaCAN leaders do list them as other or leave it blank. I do think representation is a little higher. Not saying it's a hundred percent. I totally agree with Lillian, it needs to get better. But I do caution you about that particular number. The data is just not there to give you accurate.

LILLIAN DEJEAN: I agree it probably is higher. But I think we can take this learning lesson maybe we

have, we don't have that unlabeled option so we can't have concrete data on our representation. We do know overall our self-advocate representation is generally lower than our parent advocates. I think that just makes it extra important.

MIKE BILLINGS: Thank you Lillian. So getting this on the council agenda would create difficulty, then maybe we can work it into the conversation at the meeting.

JILL HANO: Public comment. But that one did catch my eye to say work this into the committee meeting presentation Thursday, which I think is a great idea.

MIKE BILLINGS: If we are going to do that Steven, would you mind just withdrawing your motion?

STEVEN NGUYEN: I will withdraw my motion.

MIKE BILLINGS: Thank you. Lillian, try to make time for you to distribute this information to everyone on Thursday.

LILLIAN DEJEAN: I appreciate it.

MIKE BILLINGS: Yes, ma'am. Is there any comments or questions for Lillian? I lost that part of my screen right now.

EBONY HAVEN: There are a few comments in the chat. Cindy said at BPC we have been reaching out to students and encouraging participation. I would be happy to support by offering a learning platform that is able to reach through the state. Cathy said, perhaps start early in high school during the transition process to inform students about DD Council, LaCAN and Partners in Policymaking. Cindy, she left her email to provide information to students accessing preemployment transition services through BPC. And Corhonda said, Ms. Lillian I agree a hundred percent. The DD act requires that I highly recommend Louisiana Workforce Commission be brought to the table to aid LWC receive federal funding to promote and aid in self advocacy in the IEP process and beyond. Bambi said it can be part of this committee's report at the council meeting. Michelle said I concur with Bambi. Lillian can discuss during the committee report.

MIKE BILLINGS: Thank you all. That will bring us to the next part of our agenda, the noncontractual updates and activities. Do we have Jen on? Is she available?

JEN KATZMAN: Can you hear me now? I had to unmute in both places. Just making sure I am on the right part of the agenda, is this the special session update?

MIKE BILLINGS: Actually at act 421 children's Medicaid option.

JEN KATZMAN: The pop up keeps blocking it. I couldn't see which one we were on the agenda. Act 421 children's Medicaid option. The quick update there, we are actually having our next stakeholder meeting, I believe, this afternoon. And we are going to be continuing our discussion on nursing facility level of care, which is a pathway into the eligibility option. And so basically all that to say we're continuing our stakeholder meetings. About every two weeks to a month, depending on the topics we need to talk about, how far along we are in our implementation readiness. We did submit the application September 1st. I believe I had provided that update previously on our timeline. But that was completed. So CMS, our federal partner, does have the application and is reviewing it. They did send us notice that they have done their initial assessment of completeness and consider the application to meet federal requirements for completeness. Now they are doing the programmatic review to determine if they will approve us to move forward. It's in the federal public notice period. And I think that actually will end very shortly or might have ended last week. It lasts 30 days. And I believe they posted it on September 13th. I think the federal public notice period ended October 13th. Being in session I lose track of days. So right now they are in the process of doing that review that I was explaining about on the programmatic side to determine if it meets the budget neutrality standards and the demonstration standards to move forward with the waiver. And what we will do is have several meetings with CMS over the next few months

and they will talk to us about their questions and we will respond to those. We did request a January 1st implementation date, but I want to be fully transparent. As we get further and further along this year, I am not expecting we will get approval by January anymore. And I think it's just taking them a while to review what we submitted. We haven't gotten our first set of questions yet and it's already almost November. That makes me a little cautious about that start date. Makes me think it's going to actually start after January given that CMS does not have a strict timeline they have to follow. And other disaster priorities are taking attention away from doing regular projects. Since disasters and emergencies can have their own 1115 demonstrations, I think they are mostly focused on those right now. So as far as the program itself, just a quick reminder on what we did request, which is that we have three pathways to access Medicaid under this option. And that is for persons, children under the age of 19 who have a disability and who meet one of three levels of care. They have to either meet ICF level of care, nursing facility level of care, or hospital level of care in order to be eligible. Parental income is disregarded for the purpose of this option. So their eligibility is just taken into context of the child. It gives them access to all Medicaid benefits and services. The regular, what we call state plan services, not access or usual home and community-based waiver services where I think a lot of communities are more familiar. Those are extra services afforded through those home and community-based waivers that are not afforded under our regular Medicaid full benefit coverage. That is not a part of this program. Just want to be clear on that. So what we will do is continue to keep the council updated as we hear from CMS and continue to have stakeholder meetings on particular topics as promised. We are asking really, really asking for help on identification of more families to be involved in that stakeholder workgroup.

We have a really good invested stakeholder workgroup. But we find we have some shortages of invested families and members who may actually want to benefit and access these services. Even though we have sent out the invitation. If y'all know of anyone who has talked about this program or is interested in this program for their children in particular, then we would love to have their involvement. And really looking for that more member engagement prospective. And also, we are also looking to have a more diverse group. So please, if we can reach out to a more diverse audience that would also be really important to us. Please spread the word that we are looking to get more involvement in our stakeholder workgroup.

BRENTON ANDRUS: If people want to be involved how would they get involved? Who can they reach out?

JEN KATZMAN: Sure. They can email that email address in our presentation. I think it's 421-CMO@la.gov. They can request to be in the stakeholder group and include them on the invitation.

BRENTON ANDRUS: I added that email in the chat.

JEN KATZMAN: Also if in your advocacy lives if you are in any social media groups who may be interested in this, I would be so happy if you wouldn't mind posting there about our stakeholder group. We are looking for a bit of a broader audience who is really interested in these services to give us their take on how it will best help families. Any questions on that update?

MIKE BILLINGS: I received an email from one of the council members who won't be here today. Maybe you can speak to this specifically. They were asking is there any way to get numbers to the committee on the number of slots and the number of slots filled and the dollars associated to the program used by fiscal year.

JEN KATZMAN: You mean after we implement? Because that information was in the stakeholder presentation.

MIKE BILLINGS: Will that continue to be updated?

JEN KATZMAN: Yeah. Definitely we can do that. It is a great question because the demonstration is subject to appropriation. And so we do kind of have to

adjust our service offerings based on what we can afford. And that doesn't mean cut anyone off of services. But what we can offer out the gate is we are going to roll it out a little bit of a staggered approach to see that we are not over expending in that first enrollment. What we will do is we will put that on our website. A website dedicated to this program, LDH.la.gov/act421 if I remember right. We will make sure it gets put up there with updates on our appropriation and how many service offerings we are able to afford with that.

MIKE BILLINGS: Any other questions or comments on that 421 for Jennifer?

JEN KATZMAN: Nicole, I took down your name so I will reach out to you privately for your contact information.

MIKE BILLINGS: Jennifer, thank you for that update. Next on the agenda, two additional issues we have asked Julie and Jen to educate us on. Question whether Julie was going to be able to step out and join us. We do have Jen here. Any updates that impacts this session may have on services for people with developmental disabilities. We want to continue our discussion from the last meeting regarding the ending of appendix K exceptions in January. Jennifer, and Julie if you are here, you two have the floor.

JEN KATZMAN: And Julie is on. Julie if it's okay, I will lead it off and I know there are several things on your plate too you have been tracking. So special session is still fully underway, started at the beginning of October and it goes through October 27. Entering our last week. It is moving extraordinarily fast. New bills proposed every single day. And a few of the ones that we are tracking in particular that may be of interest to you are around supplemental appropriations bill HB39. It did pass last week so it is final enacted and enrolled. And it is basically allotting two additional appropriations to home and community-based service providers. One is \$6.2 million for retainer payments to adult day centers. What that

means is because adult day centers had to close due to the covid public health emergency retainer payments are an option that CMS allows for those closures. Basically to retain those services even when they have to close. And by retain services, I mean they can continue to pay for their overhead and staffing costs so that when they reopen it's seamless and they don't have to permanently close their doors. What a retainer payment is for. There are two additional retainer payments underway. As a result of that appropriation we have already made one retainer payment from Department of Health. This will allow us to make two more. They will be paid out within the next few weeks. Already in discussion with the providers. And they are submitting the documentation that we need as per federal requirements and so that is underway. The other appropriation in that legislation that is for home and community-based services is 30 million-dollars for a temporary rate reimbursement due to covid, essentially. The way we worded that was initially the way it was phrased by the legislature was for covid related expenses. So we worked with the legislature to get the language to talk about a temporary reimbursement increase so that we could effectuate that a little faster on our side. If you tie it to covid specifically with certain payment mechanisms, it's all federal requirements. But basically it would have required us to go back to CMS to get that additional approval and we thought if we tweaked the language a little bit, we could do it within our existing authority without having to go back to CMS. That's why you may see it in the posture that it is today. That was so that basically we can make those payments faster without having to go back to CMS for approval again. That is the supplemental appropriations bill. There is also some legislation underway by Representative Butler, I believe HCR29 and it is about ICF leave of absence days. We have been working with the representative to exclude federally declared public health emergency from the count of leave of absence

days for ICF. And for those who maybe are not familiar, there is a restriction on the amount of days that Medicaid will pay for a leave of absence from an ICF. Thirty consecutive days or 45 nonconsecutive days throughout the year. And that count starts over every year. And we will pay 75 percent of the ICF costs for a resident to leave the ICF for up to 30 consecutive days or 45 nonconsecutive days. So what was happening is that this covid public health emergency is lasting so much longer than everyone thought. Truly is novel and new and no one could have predicted what could have happened. That means that people are away from the ICF much longer than they ever anticipated. So they don't want those covid public health emergency absence days to count against their overall total of days Medicaid will pay. And so Representative Butler is writing legislation to exclude those public health emergency days and the department is working collaboratively on that and already preparing our rule and state plan amendment. Those are two things that come top of mind on the home and community-based services front. And then I know you had a question about appendix K. Did want to let you know that the public health emergency for covid was extended in October. Which means that a public health emergency by the federal government will last up to 90 days. So for the 90-day period it would end on January 21st now. And that is the new potential end day for the public health emergency that we will be watching very closely to see if they extend it again. As of right now the 90 days is January 21st. What that means for us a lot of our flexibilities we have put in place with CMS on our 1135 waivers, appendix Ks we are watching that determination to be sure when things might end. And so specifically in regards to appendix K we had gotten us approval from CMS to allow those authorities to last through January 27th. It's not tied to that day. I wanted to clarify that, so no one got confused. Appendix K flexibilities will last through January 27th as was always planned. And are working with CMS now on how we can extend that out

further given the public health emergency is lasting so much longer than anyone anticipated. Even though right now our appendix K authorities end January 27th there is a good chance that we may be able to extend that out. We're working with CMS to get that guidance how we can do that and how it might look going forward. We will just keep y'all informed on the progress that is being made on that front and what CMS guidance comes down on what we can do relative to those appendix K flexibilities. And in relation to all the other flexibilities that are in our state plan and 1135 those are tied to the public health emergency end date of January 21st. We will be watching that closely to see if it gets extended. I think I covered the authorities. But Julie, I wanted to turn it over to you if there is anything else on the special session front. I am sure there is.

JULIE FOSTER HAGAN: Can you hear me? I actually have a little more on that appendix K discussion. Also a couple things. On the special session update there were just two other bills for people's awareness. House bill 95 that is also by Representative Butler. And what that bill is trying to do is there is discussion about visitation in the intermediate care facilities or in our community homes and some allowances there for families who have gotten tested and we are working with Representative Butler. That one is not proved yet and still in the process and still having some amendments. But it does relate to visitation specifically in our community homes. And then senate bill 53, actually what I was just watching as I was listening here too, just went through and what senate bill 53 will do is for our adult daycare providers. Which is typically our day program providers and adult day healthcare providers. It has to do with on guarding and if they had to lay staff off due to covid to allow them to come back on, rehire them without having to go through the same background checks. It does leave some things in there like drug screens and what not. Because there were concerns

about not having any requirements. So that one is making its way through the process as well. Those were the only other two, just for folk's awareness in addition to those that Jen was talking to you about. In terms of the appendix K exception ending, we did have the stakeholder meeting and advocate and stakeholder meeting last week. We did report that. We tried to blast it out to get to everybody. It is recorded and on our OCDD website and still taking questions about that. And so Jen's point about ending on January 27th. During that meeting what we asked we typically have planning that occur on a quarterly basis. And so we have been asked, we are asking that those people that are using the exception send October, November, December planning just in case those exemptions go away. There is chance it will be extended, but there is also a chance it won't be. We don't want to wait until December to really do the planning process. So part of the discussion and what we had with the advocates was to help them understand that we need to send this last quarterly quarter in our interdisciplinary meeting for those folks using the exception to really start to think about planning and think about what needs to happen. And to start thinking about any plan of care revision. So there are some, I have heard some feedback from folks saying why can't we just do the extension. And we just, whatever the deadline CMS gives us, that is when those needs end. The biggest concern I have gotten from people is related to the family members being able to continue to be paid caregivers. And in that meeting we talk a lot about what monitored in home caregiving is. Which does allow family members to be paid through that program. And there is kind of a per diem payment instead of an IFS or hourly payment. And we do believe that is the best option because it's very difficult when it's a family member who is being a paid caregiver to think about when are they being the paid caregiver and when are they being the family member. And those lines can sometimes get blurred especially if you are having to

clock in and clock out. Some people have asked that we consider family members continue to be paid caregivers even after the public health emergency. And have stated, quoted some other states that do allow that. We have been, for several years this has come up in the council a few times over the last couple of years asking us to look into this. And there are some states who do allow it. There are some differences though. A lot of the states that allow it don't have a 24 hour one on one paid support in their waiver program. And so and they do have more of a per diem similar to what we talk about with monitored in home caregiving for folks who do live with family and want to have that option or other options of people they know coming into their homes and working with them. But we are, we do know a lot of folks have said that's important to them. We are continuing to explore that and continuing to explore what may make sense for us to do in our waiver. But I will share with folks, we would not be able to do it on an emergency basis. So what that would require for us to go in and do an amendment to our current waiver through our regular process. Which typically from when we decide that we need to start engaging stakeholders to figure out what it needs to look like to get it to implementation is typically anywhere from six to 12 months. It's not a short process. There is a lot of reasons for that. It's not a short process. We will continue to consider it. And as Jen said, also closely watching. If CMS does give us an extension on appendix K we will regroup and relook at what we would be able to then continue to do. Also heard from some of the provider groups some concerns as well related to some of those exemptions. As we continue to receive that feedback, we'll continue to take a look at options. Again, just want to make folks aware that we are really strongly encouraging folks to have those discussions. Because if it doesn't end in January it's going to end sometime in the future. And so we need to just really start thinking about planning and what things may need to change in the persons plan of care

long term. The other thing we have going on is in the last appendix K that we submitted we had gotten a lot of feedback from folks asking about indicating some need for, if not day programs, something to do during the day. And we had a provider group in New Orleans who had been doing what they call virtual day habilitation program. And it was zoom, similar to what we are looking at each other right now. And they did some of the similar activities and things that they did to keep people engaged at day program, just by zoom. And they reported a lot of success with that. I think it's been five or six weeks ago we put into our appendix K, we put virtual day habilitation as a new service in there. And we have gotten, in fact, I think Erin Campbell who works with Jen in Medicaid got a lot of comments from families that we received, and I got some just really asking the state to move forward on the virtual day hab. So I do want folks to know that we are doing all we can on our end to get ready for that. But CMS has had some questions for us in the appendix K because it's a new service and we have been responding to those questions, but we don't have CMS approval yet. Since it is something new, we have to wait until we get that formal approval before we can start that virtual day habilitation. We will start it and that will be one of the things that we will look at continuing even beyond the public health emergency. But again, just to be clear, have to do a regular waiver amendment to be able to get that as a service in our waiver. I think those are my main updates, but I am happy to take any questions about any of that information that I just shared.

STEVEN NGUYEN: I have a question. Last week I was on that call and if I remember correctly, they noted that there were a separate appendix K made for those affected by Laura and Delta and you were awaiting approval from CMS. Is that still the case? Can you give us an update on that?

JEN KATZMAN: We submitted a separate appendix K for Hurricane Laura. Not for Delta because our

appendix KK for Laura were already open. The way submissions work once you have, so sorry to get really technical here, the way those authorities work is if you have an appendix K open for a certain disaster event such as covid it's run on a separate track than your appendix K submission for a different disaster. I can submit those separately and they will be reviewed separately. However, because the same requests that we would make for Hurricane Delta would be made under the Laura appendix K we did not need to submit a third appendix K for Hurricane Delta. We were able to fall within the public health emergency period for Laura and basically what we already submitted is under review and that preempts us having to go back a third time and wait for additional approval. CMS is reviewing both our covid appendix K and Laura appendix K. The Laura has not been approved either. There have been several questions back and forth just because Laura was so devastating that we did make some requests that were pretty big. Some things around respite and other services. So they were being very careful and having some additional scrutiny on those. But we have answered all their questions as quickly as we received them. I think we are making a lot of progress. Hoping that we will get a definitive response on the Hurricane Laura one within the next couple weeks. Retroactive to the date, not the date we requested, the beginning of the public health emergency for Laura. That is good news. Retroactive back to that.

JULIE FOSTER HAGAN: I have a question here, why is the in-home caregiver payment less than companion care payment when more care is involved? That is one I will have to take back to my team. I have a team who does rate development, and I am just not sure of the answer to that. I will take that back from Kathy. Make sure to get an answer back on that. And then from Ms. Jill Egle, asking what kind of work I do. I do apologize that I didn't start by introducing myself. My name is Julie Foster Hagan and I am the assistant secretary over the Office for Citizens with Developmental

Disabilities in the Louisiana Department of Health. Basically I am the director over the development of all services across the state for persons with developmental disabilities.

JEN KATZMAN: I guess I didn't do that either. My name is Jen Katzman, the Medicaid deputy director over waivers. Julie and I work hand in hand because she develops all the services and policy under the waivers that are provided through Medicaid and I manage those authorities and relationship with CMS. We are partners in crime.

JULIE FOSTER HAGAN: And another question here in the chat, what happens after January 27th to those who are still high risk. For example, underlying health conditions can't wear masks for durations of day program or socialize as recommended by CDC. In response to that that is why we are wanting to use this last quarter to really start having conversations and planning because it will be, that will be very individualized by person in terms of what needs to change. And we do anticipate that some of the plans of care and services that were in place before covid will need to change. Now after covid. That is why we want to make sure folks are having those discussions and are having those discussions now. Because the answer to that is really going to be different for everyone. And we need to come to a plan that works for everyone or works for each individual person. And we are working closely with the support coordination agency as well to identify if there are specific concerns. But there is not going to be, even though I want to make clear, even though the exemptions are either going to go away either in January or some point in the future, no one is saying that anyone has to go back to the day programs. If they don't feel safe to do so. It may be we need to think of something else they might do during the day. Whether that be the virtual day habilitation that we can get as a service or whether that be something else that the person might want to explore doing differently. And so, of course, if they are not

going to day program that may mean we need to adjust the number of hours they are receiving supports. We might need to look at that. As I said again, that is why we are really reinforcing the need to have planning so that we are ready when those exemptions go away. We can't say at this point. CMS hasn't given us an idea. Even if they do extend it how long would they extend it. We don't know that information either. Just trying to be as prepared as we can and to think through what all those considerations are for each person.

BRENTON ANDRUS: It looks like Jill Hano and Lis Gary have their hands up as well.

JILL HANO: Liz, please go first because I am trying to charge my laptop.

LIZ GARY: Thank you Jill. Thank you, Julie. I have a quick question. The monitored in home care. Let me go back, the companion care had come in existence prior to covid. So that is not new per say in a sense, but fairly new, it just didn't happen since. But the monitored in home care is, correct?

JULIE FOSTER HAGAN: It is fairly new in the OCDD world. The monitored in home caregiving has been in place in the OAAS home and community-based waivers for a while now.

LIZ GARY: So in order to do that you didn't have to update the waiver, you just had to add it as a service. Is that correct?

JULIE FOSTER HAGAN: No. We were in the midst of doing a waiver amendment update to add monitored in home caregiving. About two year and a half two years ago we did a process. There were, I don't remember the number, there were couple hundred people who were in an OAAS waiver who had an OCDD statement of approval. In order to help those people get to really the most appropriate waiver for them we shifted them from OAAS community choices waiver to the OCDD residential options waiver. And many of those people were receiving monitored in home caregiving as a service. They weren't able to come over to our waiver because they felt strongly they wanted to be able to continue

that service and that was a service that worked for them. So we had already prior to covid started the process of amending our waivers, our new opportunities waiver and residential options waiver to include monitored in home caregiving. It had started that process even before the appendix K.

LIZ GARY: My other question is are we still planning to move forward with amendments for a tiered waiver that was originally supposed to be for 2021. Where are we with that?

JULIE FOSTER HAGAN: We are still planning on it. But we are significantly delayed in that process.

LIZ GARY: And the reason I am asking Julie I just want to give you a heads up that I still think we need to, I don't know it can be done, but I think it's very important we figure out some other options for family members to still be able to assist whether it's their children or whether it's their adults in their homes. Because I don't think the monitored in home care, or the companion care is really going to benefit a lot of families in the sense that you are still very restrictive, and you can't have some breaks in between. I think there is a lot of family members out there who could use a little bit of the income coming in because they can't get other jobs due to the fact of the severity or the needs of the individual with disabilities. As well as the fact they could still make money, but also the opportunity to have somebody come in and give them a break. My understanding, but maybe I am wrong, with the monitored in home care you are 24/7. You don't get to have anybody else to come in. Maybe I am wrong. And then the companion care a 12-hour shift or something like that. And those things are pretty restrictive when it comes to people trying to be able to have a break.

JULIE FOSTER HAGAN: Okay. I will have to find out. I am not sure about that. I will have to check with my folks on that one as well.

LIZ GARY: Thank you Julie.

JULIE FOSTER HAGAN: Another question. When

choosing monitored in home caregiver option do away with skilled nursing care. No, with monitored in home caregiving there is a component, a nurse involved who does do some level of oversight. But that doesn't mean that that would replace if there is also the need and the medical necessity for skilled nursing as well. A separate service. Jill.

JILL HANO: This goes way back. You mention, I think I wrote down the wrong numbers, HCR 29.

JULIE FOSTER HAGAN: HCR 21.

JEN KATZMAN: HCR 29 is the one about the ICF. And HCR 21 is a separate piece of legislation that I didn't talk about, but I am glad Julie brought it up. So Jill, I am glad she bid bring it up. HCR 21 is a resolution that matches HB 39. So they are companion pieces of legislation. HCR 21 is a resolution that says the legislature resolves to fund home and come community-based providers in the way that HB 39, which is the supplemental appropriations act, actually carries out. So what we call companion legislation. Julie is right, HCR 29 which is the ICF issue on leave of absence. And then HCR 21 and HB 39 which are about appropriating money to home and community-based providers due to covid. That helps?

JILL HANO: Yes, ma'am.

JEN KATZMAN: Glad you said that Julie. I forgot about 21.

KATHY DWYER: Good morning and thank you everyone for letting me speak. And thank you Julie and Jennifer for all the answers. Julie, I have a question for you. Echo what Liz said. I feel also too ridged and the reason I asked about the pay was because I understand like for assist level two the pay might be somewhere to 30, 35 a day. As opposed to companion, I believe, is around 70-dollars a day. Those with more severe disabilities, less independent and require more care. When I questioned it, I am told the cost may have to do with requiring monthly visits by a nurse. What if an individual doesn't require a monthly visit by a nurse? That they don't necessarily have any specific health

conditions that require so frequent monitoring. I think you can save costs there if you were more flexible with that depending on the individual's needs. And I think there are families out there also that who are high risk can't necessarily or not sure going to day hab or back to the regular services with a regular DSW, but might want to slowly transition into the community keeping their risks low where they might want to go to day hab or out in the community just once or twice a week so their exposure is still less and gradually transition as it gets safer and safer. That is when some can still come in handy for families. Particularly those who are older, can't work, have to still care for their child, but still have limited physical abilities themselves in caring for their adult child, in particular. So I think those are some of the things that OCDD needs to consider with either MIC or coming up with another program that would start paying the family as caregivers. Thank you.

JEN KATZMAN: Okay.

BRENTON ANDRUS: Mike, I don't see that we have anymore hands up or anymore comments. I think you are muted Mike.

MIKE BILLINGS: Sorry about that. Julie, thank you and Jennifer both for providing us with that information today. Before we adjourn, I would like to ask everybody be thinking about ideas and activities you may want the council to consider for the fiscal year 22 action plan. This will be the plan that will start next October 2021. We can discuss your ideas at the next meeting in January where we will all have the opportunity to make recommendations for council to consider sending to the planning committee. Lillian, you might want to keep this in mind as well. Does anybody have anything else before we adjourn? Do I have a motion to adjourn?

STEVEN NGUYEN: Make a motion to adjourn.

MIKE BILLINGS: Thank you Steven. Do we have a second?

PATTI BAROVECHIO: I second.

MIKE BILLINGS: Thanks Patti. Is there any discussion? Any public comment?

EBONY HAVEN: Jill Egle has her hand raised.

JILL EGLE: Because for the executive committee who do I tell about what committee I want to serve on? Who motions that?

MIKE BILLINGS: Sorry, can you repeat that question.

JILL EGLE: For the executive committee starting at 1:00 who do I tell what committee I want to serve on?

MIKE BILLINGS: I am not following your question.

JILL EGLE: For the executive committee, the next one at 1:00 today, who do I tell on what committee I want to serve on?

STEVEN NGUYEN: I believe that would be Randall Brown.

JILL EGLE: He is the chairman. Thank y'all.

MIKE BILLINGS: Do we have any objections to adjourning? All right. Hearing none, we are adjourned. Thank y'all.