

Louisiana Developmental Disabilities Council  
Quarterly Meeting  
January 22, 2021

COURTNEY RYLAND: Good morning. If we could have all the council members to start their video, please.

JILL HANO: Courtney, it says the host has stopped my video.

JILL EGLE: I can't start mine either.

ROSLYN HYMEL: Don't feel bad. Mine is not coming on. To everybody, good morning.

JILL HANO: Nicole just wrote it appears we may be in webinar, not a meeting.

ROSLYN HYMEL: I found my problem.

RANDALL BROWN: Good morning everyone. Courtney, do we have a quorum?

COURTNEY RYLAND: If we may get all council members to start their video please. And I think once that occurs then we will have a quorum, sir.

RANDALL BROWN: Okay. Courtney, is everyone's cameras activated?

COURTNEY RYLAND: We have enough that they have counted for quorum.

RANDALL BROWN: Good morning everyone. Welcome to the winter quarterly meeting. I am your chairperson, Randall Brown. We will begin introductions. I think the easiest way to do that is for us to go by region. So when I call your region just please tell us who you are, and I think that is the best way for us to get acquainted this morning. I am the chairperson. I am from region seven. Again, I am Randall Brown. Want to welcome everyone here today. So region one. Anyone from region one.

JILL EGLE: I will go first. Jill Egle from region one and ten. A self-advocate leader for all people with intellectual developmental disabilities.

RANDALL BROWN: Thank you. Good morning. Region two.

JILL HANO: Region one and ten. Jill Hano, self-advocate.

RANDALL BROWN: Thank you Jill.

STEVEN NGUYEN: Steven Nguyen, self-advocate.

RANDALL BROWN: Good morning, sir. Region three.

KIM BASILE: Kim Basile, parent advocate, region three.

RANDALL BROWN: Good morning, Kim. Region four.

CARMEN CETNAR: Carmen Cetnar, parent advocate from Lafayette.

LILLIAN DEJEAN: Lillian DeJean, self-advocate. Also from Lafayette.

RANDALL BROWN: Good morning ladies.

MATTHEW ROVIRA: Good morning. Matt Rovira, family member of the community provider association. I also run a home and community-based service organization here based out of Lafayette. We do have offices in six other regions around the state as well.

RANDALL BROWN: Thank you, sir. Region two, I called that earlier, but maybe I wasn't heard. So region two.

CORHONDA CORLEY: Great morning. My name is Corhonda Corley. I'm a parent serving as proxy today for our region two council member.

RANDALL BROWN: Good morning and welcome.

MICHEAL BILLINGS: Good morning. My name is Michael Billings, parent advocate of children with developmental disabilities and also member of the executive council.

RANDALL BROWN: Good morning, sir. Region four. Any members from region four? Nobody from region four. Region five.

TEMISHA SONNIER: Good morning. Temisha Sonnier, parent advocate, region five.

RANDALL BROWN: Good morning. Region six.

MARY TARVER: Good morning. It's Mary Tarver, parent advocate for region six.

RANDALL BROWN: And region seven. I am from region seven. I know we have two other council members as well.

MITCH IDDINS: Good morning. Can you hear me. This is Mitch from region seven, self-advocate. But also program director for independent living for the center for independent living North Louisiana New Horizons independent living center. Good to be with y'all this morning.

RANDALL BROWN: Good to see you, sir. Good morning. Any other members from region seven? Region eight. Region nine. I think we already had our region

nine and ten members to speak, but I will call again. Region nine. And region ten.

ROSLYN HYMEL: Good morning everybody. My name is Roslyn Hymel. I am a self-advocacy person from region ten.

RANDALL BROWN: Good morning. And so for our department representative members. I don't have the list of those. But would anyone like to introduce themselves from the department membership.

ROSLYN HYMEL: Can I go and get something out of the day room for a second real quick?

RANDALL BROWN: Yes. Again, our department members if someone would like to start.

MICHELLE GUILLORY: Good morning everyone. My name is Michelle Guillory with the Governor's Office of Elderly Affairs.

RANDALL BROWN: Thank you.

JULIE FOSTER HAGAN: Good morning. Julie Foster Hagan with Office for Citizens with Developmental Disabilities.

JENNIFER KATZMAN: This is Jen Katzman with Medicaid.

MELISSA BAYHAM: I am Melissa Bayham from Louisiana Rehabilitation Services.

RANDALL BROWN: Good morning.

SARAH FLETCHER: Sarah Fletcher from LDOE.

BAMBI POLOTZOLA: Bambi Polotzola, Governor's Office of Disability Affairs.

RANDALL BROWN: Good morning. Is that everyone from our department membership? All right. Now go over the mission statement and our ground rules for today. Courtney, could we post those so everyone can see them on the screen.

ROSLYN HYMEL: Every time we put stuff on the board it knocked my camera straight out, so I had to come back. Just excuse me.

RANDALL BROWN: It's okay. Thank you. This is the mission statement. To increase independence, self-determination, productivity, integration and inclusion for all Louisianians with developmental disabilities by engaging advocacy, capacity building and systems change. Our teleconference meeting protocols as you see listed before you are that the council meetings shall be accessible via zoom and live streamed on

YouTube. Council or committee members will participate via zoom and be considered present when you display a live feed video of your face with your first and last name. Have microphones muted unless called upon by the chairperson. Electronically raise their hand to request the chair recognize them to speak. Once recognized to speak by the chair, mikes shall be turned on. After speaking the microphones shall be returned to mute. Guests may participate via zoom or observe meetings live on YouTube. All public meeting shall be recorded and may be made available on the council's YouTube channel as determined appropriate by the chairperson. Public comments submitted during the meeting via any format, sorry I lost the place when the screen moved, public comment submitted during meeting via any format below shall be considered. During a zoom meeting guests may electronically raise their hand to request to comment upon being recognized to speak by the chair. The microphones should be turned on. After speaking the microphones shall be returned to mute. Post comments relevant to the item under consideration in the chat box. Post comments during the live stream of the meeting on the council's YouTube channel and the link is listed there below. Public comments of a person's character will not be heard. If the comment continues after being asked to stop by the chairperson, council staff may be instructed to end the meeting. The chairperson will notify the executive committee of the occurrence. Council chair will seek guidance to determine if it is legally appropriate to redact or share the video of the meeting on the council's social media. Those are the rules. And I would like to remind any proxy members today that when we get to issues that require a vote you will not be able to vote on any matter that is put to a vote today. But you will have a voice throughout the meeting and can participate and debate. But when we get to issues that require a vote only members appointed by the governor are allowed to cast a vote.

Having said all of that, we have our October 2020 meeting summary. We need approval for that. It was sent to you in your packets. I hope everyone had a chance to review that. Do I have a motion to approve the October 2020 meeting summary.

JILL EGLE: I approve Randall Brown.

MITCH IDDINS: I second.

RANDALL BROWN: Thank you, Mitch. I have a motion by Jill Egle and a second by Mitch Iddins. Do I have any objection? Any abstention? Hearing none, the motion carries. Thank you. And so my chairperson's report is rather light. We have a lot of business to get to today and we are already behind schedule. I did attend two meetings on the executive director search committee. Both rather lengthy last quarter. And I will give a report on exactly what transpired there in just a moment. I wanted to let you know that I did do that. And I did also have a meeting along with Courtney and Brenton with the School Board Association with regard to cameras in the classroom bill collaboration and some other issues related to it. Those were the main three meetings I participated in this past quarter. That is really all I have for you in terms of chairperson's report. Brenton, would you like to go ahead and give the stats on the executive director search committee now? If you have those.

BRENTON ANDRUS: I don't have it available. You will have to give me a minute to go find that report.

RANDALL BROWN: Okay. We can move that along. Courtney, I know you have several things to get to. Would you like to go ahead and begin your report?

COURTNEY RYLAND: Good morning. You are wanting me to go ahead and do the executive director's report and bypass the other agenda items? Just want to make sure I am understanding correctly.

RANDALL BROWN: Just trying to give Brenton time to get the report available. Do we have any executive committee recommendations. A rather lengthy discussion because we need to talk about legislative agenda, correct?

COURTNEY RYLAND: There are many things we need to discuss.

RANDALL BROWN: I would like you to give your report first if you would, please.

COURTNEY RYLAND: Sure. See if I can share my screen. Thank you everyone for joining us this morning. I am Courtney Ryland, the interim director for the council. Since October 1st there have been quite a few changes. Most notably the council we are

no longer downtown on Main Street. We are now located at 5615 Corporate Boulevard suite 500B, which is still in Baton Rouge. And they say moving on office was herculean feat. I don't know if anyone else has had to encounter that before. But that was not an easy task.

I can speak on the federal reporting. Typically our federal reporting is due by January 1st or December 31st. But because the Administration for Community Living no longer has a contract for the company who does the data collection from all councils on developmental disabilities they had to delay or extend that reporting deadline. So we were notified on November 25th that the extension has been moved from January 1st to March 31st. And again, that is provided if they have a data collection mechanism in place by that time. If they don't, I imagine we will be issued another extension.

I participated in a regional engagement call with the Office on Intellectual and Developmental Disabilities and the Administration on Community Living. This only occurred with certain executive directors from councils in two regions of the nation. And Louisiana is a part of region four. They wanted to discuss things that were going on regarding the covid 19 pandemic and emerging trends regarding, mainly regarding telehealth and how it was being implemented. And I would like to actually thank Ms. Julie Foster Hagan. I had asked her some questions before that meeting was conducted and she provided a lot of great information for me. So thank you for that.

The NACDD National Association for Councils on Developmental Disabilities conducted their executive director's leadership summit. That is typically done in person and over multiple days. However, due to our new climate it was conducted virtually on December 7th. And that was my first chance to get to speak with all the executive directors from all states, all states with councils on developmental disabilities. We ended up doing multiple breakout sessions. And I think they had encouraged some of us wanting to do this again since it was in a virtual format. So there may be another executive director summit in the near future.

Some of the collaborative efforts that I have participated in has been with disabilities network,

which includes Disability Rights Louisiana and LSU Human Development Center. We've been following LDHs response to covid 19, particularly with data on individuals with developmental disabilities and their participation in adult day programs. And LDH is providing data for us regarding that effort. But there is still some monitoring that needs to be conducted that the DD network will still continue to make recommendations. We had a meeting with Senator Franklin Foil who was very enthusiastic and motivated to his work on the cameras bill, which is on our legislative advocacy agenda. He did ask the council assist with two items. Assistance with getting testimonies regarding this aspect, which I believe our LaCAN leaders have already begun collecting and searching for that. And then the other item he requested was assistance with contacting and getting collaboration with the Louisiana school, if not to get their support on this matter, to possibly provide input that could help with getting this bill approved. And we did eventually conduct a meeting with the executive director of the School Board Association. And so they have asked for some data from us or from the public before they have committed to supporting the bill for the cameras in special education classrooms. So there is still some work on that aspect as well.

The Emergency Management Disability and Aging Coalition still continues to meet and providing resources and updates regarding FEMA assistance and covid 19 vaccination rollout. They also reported there was, they were developing a crisis counseling program for individuals affected by the many hurricanes that impacted Louisiana and by the corona virus.

And as far as I have been made aware of, there have been only three council members who participated in other meetings that were associated with the council during this past quarter. So I would like to thank Ms. Lillian DeJean Ms. Jill Egle and Mr. Steven Nguyen for participating in the National Association for Councils with Disabilities self-advocacy discussion series. Which actually they have another meeting scheduled for this afternoon. So I have encouraged them if our meeting happens to end before that meeting begins to continue to participate in that series of webinars.

Ms. Marilee Andrews on staff has also participated in some meetings representing the DD Council. And I thank her for those efforts. She is a member of the Louisiana State Interagency Coordinating Council. And she has also represented the DD Council on the office for Citizens with Developmental Disabilities Services visuals workgroup. Which kind of goes along with one of our initiatives on videos and visual materials. So that is very relevant to what we are doing. So I figured that Marilee was absolutely the most appropriate to be on that workgroup. And then she is also our representative on the ABLE account. Achieving a Better Life Experience. You can see the update that she has given there.

Brenton has been participating in the office for Citizens with Developmental Disabilities stakeholder groups. I think all of you know, hope all of you know, the appendix K we have been trying to get that information out for you guys. And I know LADDC news went out regarding that as well. Mr. Andrus has also assisted with Office for Citizens with Developmental Disabilities and Louisiana Department of Health with trying to get some information regarding our legislative advocacy agenda item on the direct support professional wage increase. That's taken multiple meetings. He also participated in the meetings with Senator Franklin Foil. And has served on the Governor's Advisory Council on Disability Affairs legislative committee.

And then you can see the actual listing of meetings that I have attending since October 1st. Towards the end there are a lot of meetings with Louisiana Department of Health budget and fiscal. When we discuss our budget report you will understand why there are so many meetings with Louisiana Department of Health budget and fiscal. So does anyone have any questions from the executive director's report? Ms. Hano, I see your hand raised.

RANDALL BROWN: You have the floor.

JILL HANO: Are there more of the self-advocacy webinars, is that ongoing? If so, how can I sign up?

COURTNEY RYLAND: So I have been sending out, this is a self-advocacy discussion series. I have been sending those invitations out to all of our self-



advocate council members every time I receive those invitations. If you have not been receiving those invitations let me know.

JILL HANO: Thank you.

JILL EGLE: I have a question. The legislative session this new year 2021, through LaCAN and LaTEACH, is it going to be virtual. Mines are Hilferty and Harris. How is that going to be processed?

COURTNEY RYLAND: Just for clarification, we no longer have LaTEACH. That kind of merged with LaCAN. Didn't know if you were aware of that. If Ms. Ebony Haven is on, she can actually speak regarding what LaCAN has planned for legislative visits.

JILL EGLE: Yeah, cause I will do anything virtual, round tables or anything just to share the message how they can implement to help people with IDD. Let me ask you, for me being on the DD Council if I had an idea of passing a law with the senate and the house side in Baton Rouge for dealing with disabilities like transportation, is that appropriate to do? Cause I know transportation is a weak department for IDD cause sometimes they can't even get around.

COURTNEY RYLAND: Correct. Transportation and housing have been both hot topic items. Unfortunately though, transportation is not on our current five-year plan or the upcoming five-year plan.

JILL EGLE: Okay.

COURTNEY RYLAND: But thank you for that, for recognizing it is a need.

JILL EGLE: Yes. Thank you, Ms. Courtney.

HANNAH JENKINS: You have three other council members with their hands raised.

RANDALL BROWN: Who are they.

HANNAH JENKINS: Ms. Corhonda Corley, and Roslyn Hymel and Matthew Rovira.

RANDALL BROWN: Ms. Corley, you have the floor.

CORHONDA CORLEY: Great morning Mr. Chairman and council. And I thank you for the opportunity to ask a question. First, I would like it if someone on the council can actually answer the question that Ms. Kathy Dwyer have in the chat, which is in regards to some people in the DD community, the data with them as it correlates to covid 19. And then I have a follow-up question after that. But I greatly appreciate if

someone can answer that question first. And I will read it into record for you. It says when the DDC, HDC and (inaudible) discuss covid, did you also discuss data collection of the DD community and how many have had covid as well as passed away from covid. There is national data that suggest the DD community has the highest death rate from covid. And I would greatly appreciate if someone can answer that question first and then I have a follow-up question after that...

RANDALL BROWN: Courtney, do we have data to answer Ms. Dwyer's question?

COURTNEY RYLAND: Actually, I was wondering if Mr. Chris Rodriguez could speak to that. We do have some data. I don't have it pulled up to be able to share right now. But Mr. Rodriguez has been instrumental in helping collect that data as well.

RANDALL BROWN: Chris, could you speak to that question?

CHRISTOPHER RODRIQUEZ: Yeah. I am sure Julie can probably chime in as well. It's been a priority of DRLA in conjunction with our DD network, which as you said, the developmental center and the DD Council to kind of monitor these things. And this has been going on for months. We actually contacted LDH and requested that information. When it wasn't being provided, we had a conversation with LDH leadership which resulted in the weekly production of a report that provided the public with several data points. Including the number of individuals within ICS and receiving HCBS waivers, the DD waivers who have tested positive, who have been hospitalized, and who have unfortunately passed away as a result of covid. And those were being placed on the LDH OCDD website. And you can go there and actually look at those numbers. And, in fact, what we were doing as a team, kind of a team project of the DD network, try and work together, is we were actually charting that data. It was difficult to do because some of the data was not in such that the numbers were super, super reliable. We actually had a follow-up conversation with LDH to try and better understand the numbers we were being provided. Unfortunately, and I think, Julie can talk to this, in the process, they have not produced that report since we actually had that conversation. So we started to chart the data and

look at it because we really wanted to present it back to LDH and ask some questions and understand what was going on and see if there is trends. If things are getting worse if they are getting better. If they mimic the general public. We received a report saying covid is especially detrimental to people with developmental disabilities. But unfortunately since October 15th, which is I guess quite a few months ago the department has not released any of those numbers. So I am not sure where things stand.

CORHONDA CORLEY: Thank you so much for your statement. So you said all this to say that as of right now LDH still don't have a breakdown according to persons with disabilities that have contacted covid and died directly from covid listed on LDH website. Is that my understanding?

CHRISTOPHER RODRIQUEZ: I would confirm that with Julie, but I am looking at the website and it says the weekly status report on corona virus and it's dated October 2020. Julie, you mentioned trying to get the report up and going before we left the holiday.

JULIE FOSTER HAGAN: I'm trying to follow up with my folks on what may be wrong with the website or if they put it somewhere else. My understanding is we had been publishing that again. I am going to follow up with my folks. What we were, we continued to track the information that Chris mentioned, number of positive cases of people who, not the entire IDD community. It is the people who receive home and community-based waiver services, and it is people who reside in intermediate care facility. So we do have the number of people broken out by ICFDD and by waiver services who have tested positive. And there is a process we have to go through to try to connect the OPH testing database with those members. And so they have to do sort of a bump. And that's what Chris was saying, some of the information, we can't use that just to say a specific positivity rating in the way that they are able to give other positivity ratings because they can do a direct match. We did this many tests, this many people became positive or negative. Because we are doing a matching and it's not able to be in the same database, we have to be careful about how we use the data. But we have been continuing to receive the

information. It looks at the number of people positive. And then we compare it in a different database, a hospitalization database. We do a bump there to find out how many people, again in waivers or in ICF or in hospitals with a diagnosis of covid or covid related. And then another database that we have to do a bump with that is the OPH the death registry. So sometimes there is a delay because we have to wait until the death is filed. So then they do a bump against that database as well so we can do reporting on those numbers. We are continuing to watch it.

We know there was a lot of concerns with the reopening of some of our adult day centers. So we have also been working with OPH to try to see if we can get numbers specific to the programs. And we think we have that worked out. I know that wasn't published yet because we wanted to make sure it was reliable. But what we do is as we see new cases for people in ICFDDs our office reaches out to that ICF to ask if they need testing because there is a certain protocol that should be followed for testing. We now have a resource through Orion Laboratories that will work directly with the providers to get testing of all the residents and staff on a regular basis regardless if they are symptomatic or A symptomatic. We continue to look at that data and analyze that data on a weekly basis. But I will definitely follow up and I apologize. Cause I know I continue to receive reports every week. I know that we were trying to modify our definition so that it was clear where the data was coming from and what the data represented. And I thought that had been published again. I will definitely follow up to get that back on our website as soon as possible.

CORHONDA CORLEY: Thank you so much Ms. Julie Foster Hagan. Because my next question is, cause I want to make sure I am clarifying for the public cause y'all both said a whole lot of stuff. Make sure I break it down in simple language terms. So basically what you just said the information is still not available for the public broken down according to this person with disabilities. In layman's terms. That information according to persons with disabilities covid 19 data is not provided on LDH website.

JULIE FOSTER HAGAN: It is, but it has not been

updated since October. So I need to get the most updated information added back on there. It is a weekly report that we distribute that shows for the disability community of people who are in IDD home and community-based waivers and ICF facilities each week. The total number of cases, the number of hospitalizations and the number of deaths. Is that clearer?

CORHONDA CORLEY: Okay. So persons that do not have waivers, but they may be part of the DD community they necessarily will not be reflected in that data?

JULIE FOSTER HAGAN: That's correct.

CORHONDA CORLEY: So how can we go about ensuring that we have a real true accurate account of all persons in the DD community being reflected in the data for covid 19. Because if we are not reflecting all of them that means our data is not accurate or reliable. So I just want to make sure we are putting out accurate and reliable information to the public as it relates to a worldwide pandemic that is affecting our DD community. Can you please tell me how can we ensure that we have real accurate and reliable information? Quite sure our healthcare professionals would like that question answered.

JULIE FOSTER HAGAN: We have worked with the Office of Public Health here in Louisiana and we've not been able to determine a way that we can reflect that. I also sit on a national workgroup with other state DD directors and I do know that nationally this is something we have not been able to have a really, as you say, reliable and effective method of ensuring, pulling out certain populations in a lot of the data. I can continue to take that back as a request, but in terms of having that the information for the entire disability community, I don't know that we have been able to, I mean, I know we have not been able to figure out a way to represent that other than those folks that are in waiver and ICF facilities. Because then we have certain identifying information that we can use to bump against the testing information and the hospital information. We don't have that for the entire disability community cause it would take then trying to match those people with those different databases.

RANDALL BROWN: I have a point of order from Ms.

Polotzola. We also have two questions that don't look like they are related to this topic. Since we've had a rather lengthy discussion at this point, and good information shared, but since we had a lengthy discussion on this question, I need to allow time for the other two people to have their questions or concerns addressed as it relates to Courtney's report. Hannah, who was our other person.

HANNAH JENKINS: Ms. Roslyn Hymel and Mr. Matthew Rovira.

RANDALL BROWN: Roslyn, you have the floor.

ROSLYN HYMEL: Thank you, Mr. Chairman. For me what I want to find out in that, to me brought to my attention in that for this week does that mean for the covid anybody that got the shots for the covid. Because I had mine Tuesday, and I can't even feel the difference. Page one and that. And you mentioned about the covid. Does the shot come into that like a covid vaccine could fall in that?

COURTNEY RYLAND: Not sure what your question is referring to. On the vaccine roll out?

ROSLYN HYMEL: For the OIDD. I don't know if I am saying it right.

COURTNEY RYLAND: With the Office on Intellectual Developmental Disabilities I participated in a phone call with other executive directors from different regions. Regions four and six within the nation. And so we were just discussing what our states were doing as far as, the main point was they wanted to know about telehealth. Which is doing virtual appointments. So we did not discuss the vaccine roll out at that time. But they had also brought up how to possibly address those who were resistant to wanting to receive the vaccine.

ROSLYN HYMEL: Because that is what's making me ask that if they ever really mention it with the vaccine or not. To me where I am at, they discussed it. Like you were saying with that, I am like okay, did y'all ever discuss that part. That's what made me ask that question if they ever spoke about.

COURTNEY RYLAND: Like I said, we did discuss it minimally, but basically about accessing telehealth and addressing those who would be resistant to wanting to receive the vaccine.

ROSLYN HYMEL: Did anybody ever brought that up to any other cities or parishes like in Lafayette or Hammond?

CHRISTOPHER RODRIQUEZ: This is Chris. So there is a group that I think several probably people on this video conference call sit on in New Orleans specifically called Equity and Equality Vaccine Distribution Group or something like that where we have conversations about making sure that different underrepresented populations are having access to the vaccine and are being provided education and information, so they feel comfortable getting the vaccine. And that group is monitoring as best they can kind of the percentages of different types of groups that are actually choosing to get the vaccine and the number that are declining. In terms of people with disabilities one of the things we are doing, and probably going to introduce the letter to the DD Council and with the Human Development Center, cause we're trying to do a lot of this covid stuff together as a DD network. But we're going to put a letter into the department probably here within the next day or two requesting all the information, and it seems like Julie already has those reports coming out, related to positivity rates of people with developmental disabilities and really going to be the folks on ICFs and waivers. Their hospitalization rates and the death rates. In addition to that, we're going to be asking the department for information on how many of those individuals residing in ICFs and on waivers have received the vaccine. Cause I think, and I think you might have been asking a little bit about that question how many people with developmental disabilities are getting the vaccine. I think in order to make policy decision like opening the day hab programs could be a benefit if we know how many of the individuals that are likely to take advantage of the programs have actually gotten the vaccine and how many have not gotten the vaccine. Hopefully, we are going to be able to get that information so ideally, we would get a report back that says a hundred percent of the ICFs have now been contacted and have the opportunity to get a hundred percent of their residents vaccinated. We know that of the 4500 people residing in ICFs, I don't know, at this

point a thousand people have been vaccinated or something like that. We are looking for that information. I don't know if LDH will be also to produce it or if they're tracking it. But we're certainly going to ask for it so we can figure out how many people with developmental disabilities in those two settings are actually have received the vaccine.

ROSLYN HYMEL: I feel like I am the first one out of everybody here on the council got the vaccine. I thought I was just the first guinea pig. That's why I was really asking.

RANDALL BROWN: Thank you for your questions. We need to move to our next question from Mr. Rovira.

MATTHEW ROVIRA: I appreciate you acknowledging me. This question is for Courtney. As I mentioned we have clients in 38 parishes and we're extremely grateful our workers, direct service workers and clients have been included in 1B. Just to give you guys awareness of what is going on on the ground, the vaccine is extremely limited, the availability. I would say our greatest success has only been in region four. In the other regions we have not had very much success getting our workers and our clients vaccinated just because of availability. Very hopeful that will roll out. There was a little confusion out there if our clients are eligible, but the department has issued a memo and that memo has proven very successful in that case. This goes to the question for Courtney. And the department sent out a survey yesterday. But you are right, of our direct service workers we are only seeing about a 21 percent willingness to take the vaccination with our workers. With our supported independent living clients it is way higher. In the eighty percent range. Our clients are willing to take it voluntarily and they are getting it. So this is my question for Courtney. Is there anything out there in discussions with national groups, maybe a video or any documentation that you can share at any time that would help us encourage our workers to take the vaccination. Obviously, this is so important keeping our clients safe. That's it. Just keep your antenna up for anything we can use to help encourage our workers to take the vaccine. So thank you.

RANDALL BROWN: Thank you, sir. Any other



questions specifically regarding Courtney's report? A lot of what we are sharing today is great information, glad we are getting this out there. A lot of this can be covered, as Bambi noted in her point of order, in our reports for each department later today. So with specific regard to Courtney's report, are there any questions of Courtney?

HANNAH JENKINS: Ms. Jill Egle, Jill Hano and Bambi Polotzola all have their hands raised.

JILL EGLE: Y'all were talking about something, but I am a worrier and a little lost and confused. Let me ask you when it's dealing with day hab services from the Office of Citizens of IDD they get Medicaid or services through Arc of GNO why do a lot of the IDD folks that return to day hab centers or virtual why do they have to get vaccine. Is it the government state law? Just a little worried right now. Can you redirect me or explain.

JULIE FOSTER HAGAN: Anyone who is in what we sometimes call congregate facilities, which just means they are going to be around a large group of people, or who live in a situation where there are people who kind of come in and out so it's hard to just be home and isolate like others might do are considered higher risk. And so because they are higher risk, we are giving them to opportunity to have vaccination in one of our early phases. It's not required or mandated for anyone. We just tried to make sure that because some of our folks that receive those services or go to those facilities are at higher risk if they wanted to get the vaccine, they had the opportunity to get it early on. It's not mandatory.

JILL EGLE: I wouldn't be classified high risk cause I can easily get it before March or April. It's a matter of when it's available through Lake View Terrace through Ochsner. My mom would have to call in next month. Or do I have to go on your website to see when I can go and call.

JULIE FOSTER HAGAN: No. If you are with Ochsner then I would encourage anyone with Ochsner to sign up through their My Chart program. And they have gotten a lot of recognition for doing a great job trying to get folks that vaccine. If you are with Ochsner I would work with your mom to go through my chart to get on the

list.

RANDALL BROWN: Great information. Good question. But I want to remind everyone the questions we're asking for now would be questions specifically related to information in Courtney's executive director report now. Questions not related to her report I would ask you to hold it until the reports for later today for each of the departments who I am sure will address a lot of these questions later in their reports to us. There will be opportunities for more questions, but as it relates to Courtney's report is what we are discussing now. Before I call on the next person to speak, I want to remind everyone we are having great discussion, and that is a good thing, but please wait on me to acknowledge you before you speak. It helps with less confusion for everyone if I give you the floor before we speak. Just to remind everyone of that. We have to be mindful of time because we have a lot to cover today. Having said all that, Hannah who would be next in line for questions?

HANNAH JENKINS: Ms. Bambi Polotzola and Ms. Jill Hano.

RANDALL BROWN: Bambi, you have the floor.

BAMBI POLOTZOLA: I think Jill was before me.

RANDALL BROWN: Jill, you have the floor.

JILL HANO: Thank you. And thank you Bambi. But actually I don't even know if this is appropriate anymore, but I had a question about Courtney's report.

RANDALL BROWN: It's time for her report. Your question, you may ask it, yes.

JILL HANO: If it's out of order and needs to be deferred. Cause this topic is confusing to me. And Julie. On November 13th Courtney met with OCDD and stakeholders regarding comments from, and if you are on here and I did your name wrong, I am sorry. But regarding concerns from Mr. Luzack. Again, for me if y'all need to, but can we have more prospective on was anything resolved about psychological testing, correct?

COURTNEY RYLAND: I believe the letter of concerns from Ms. Anthony Luzack had a lot of concerns regarding a lot of services. I don't know if Ms. Foster Hagan's report later today will contain information from that. Ms. Hagan, can you shake your head if it will contain information regarding that meeting that way we can

continue with this point on the agenda.

JULIE FOSTER HAGAN: I didn't have it in my report, but I can cover it when I speak then.

JILL HANO: Ms. Mary, is this also something from you as well?

COURTNEY RYLAND: Ms. Mary Tarver?

JILL HANO: Yeah. Wasn't it referred to education and employment committee?

COURTNEY RYLAND: I believe it actually came from the act 378 subcommittee.

JILL HANO: Oh. Okay. Well, then I will wait for Julie later today. Thank you for your time.

RANDALL BROWN: Bambi, you have the floor.

BAMBI POLOTZOLA: Just I wrote in the comment, but I want to see if we needed a motion so we can limit the time for comments. I put the three minutes total and that's for all, seems like we are having discussion and not just comments about the topic and we really need to move forward.

RANDALL BROWN: We don't need a motion but thank you for bringing that point. Be sure to keep better time on that three-minute limit. Thank you. The rule is three minutes per comment per person. One comment per person per issue. So are there any other questions on Courtney's executive director report? Anything to ask of Courtney? Hearing none, Courtney do you have anything else you would like to add?

COURTNEY RYLAND: No, sir. That was all that was in my executive director report.

RANDALL BROWN: Before we move forward, I will go back to Brenton. Do we have the information for the executive director search now?

BRENTON ANDRUS: Yes. So just a brief update, the job description was posted in November. The announcement was pushed out both locally, regionally and nationally. It closed on January 7th with a total of 80 applications. Sixty-one people were from Louisiana. Nineteen people are from out of state. We have a total of 13 other states that had, or applications from 13 other states. Twenty-five of the applications from Louisiana came from here in the Baton Rouge area. And LANO basically is looking or vetted to get to the top 15 candidates. Originally, they were going to do the top 12, but they have 15 they want the

search committee to consider. A third are going to be from out of state. A good number of applicants that have experience specific to the developmental disability population, but also other experiences there for the committee to consider. Going forward, I believe the committee is going to meet again February 4th from 1 to 3. It should be on our website. And that is going to basically, all the meetings from hence forth are going to be them discussing the applicants or actually conducting any sort of interviews. But they are going to be getting, I think at the last meeting or maybe two meetings ago they developed a rubric of how they are going to go through these top candidates. They are going to have to submit a video, sort of get to know you video that the search committee is going to be able to review along with their resume and application. And use that rubric to kind of narrow down who their top six will be. And then that is what will be discussed at the February 4th meeting. Kind of like at the results of all the work the committee is going to be doing between now and that date. And kind of run through those on the top six and then get into discussions about moving forward with interviews for those top six. Assuming everything goes as planned and the committee can still keep up with the work that needs to be done, they do anticipate by that April timeframe we should have it narrowed down to the top two or three for the council to consider. That's it.

RANDALL BROWN: Thank you, sir. Good synopsis of our work. Any questions of me or Brenton?

HANNAH JENKINS: Ms. Jill Hano has her hand raised.

RANDALL BROWN: Yes, Jill.

JILL HANO: February 4th y'all are going to pick the top 12?

RANDALL BROWN: I believe they have 15 for us to consider. I believe we initially asked for 12, but the group has asked us to consider 15, I believe Brenton just said. That will be on February 4th. Any other questions with regard to the executive director search?

HANNAH JENKINS: Ms. Corhonda Corley has her hand raised.

RANDALL BROWN: Yes, Ms. Corley, you have the floor.

COURTNEY RYLAND: Thank you, Mr. Chairman. I just

have two questions. Will the whole entire process be completely transparent for the public and have public involvement for the entire direction? And number two is will the 15 candidates' information be provided along with whether they are diverse?

RANDALL BROWN: Yes. The entire process will be as transparent as we can make it. Obviously, there are HR constraints on some of the process and so we will meet in executive session in those situations. But as much as we can make public will be made public. Absolutely, yes.

ROSLYN HYMEL: Can you fill me in because I was trying to get back and everything. I couldn't get back in the meeting because my Wi-Fi kind of kicked me out.

RANDALL BROWN: We have been discussing, Brenton gave us an update on the executive director search. Our next meeting is February 4th. We have been discussing questions related to that search.

ROSLYN HYMEL: Do you know what time on February 4th.

RANDALL BROWN: Brenton, what time is that scheduled for?

BRENTON ANDRUS: The meeting is going to be from one to three. You will have to discuss specific matters about the application so it will be in executive session. You do have Dr. McKee's hand up. She's had her hand up for quite a minute.

RANDALL BROWN: You have the floor.

HYACINTH MCKEE: Thank you, Mr. Chair, for being acknowledged. I just want the public to not leave with the impression that the interview process for the executive director search will be made public. So we need to be clear to get some guidance from HR. Because, again, these individuals are not considered public members. And therefore a lot of their information may be protected by human resources laws and all of those things. And so I don't want the public to think we will be conducting interviews publicly to that point. The second issue as it relates to diversity and inclusion the executive director search committee is working closely with LANO to ensure that candidates of all backgrounds, ethnicities will be considered for the position as well. So I just want to bring clarification to that and that's the only point I

wanted to make. Thanks for your time.

RANDALL BROWN: Thank you madam vice chair for making that clarification. As I said, and as your more eloquently stated, what information we can legally share of the process we will be sharing. Of course, we work closely with LANO and with all involved to make sure we follow the rules with respect to HR and concerns that would be related to protecting their information that should not be public because they are not public figures. But in terms of the data what we can release we are committed to release, yes. Thank you for making that point clear. And so are there any other questions with regards to the executive director search report? Hearing none.

I think the next thing that we need to do would be to discuss the executive committee recommendations. And so I will begin that process. Brenton, again you can help me speak to this. I think you have the data or need clarification on the data for what we need in terms of the, is it the direct service professional rate that we had a question about in terms of whether that should be a base rate increase of 2-dollars or for the hold, as I understand it. The executive committee was talking about this issue, I know y'all needed clarity. The executive committee unanimously thought this should be considered by the whole council today. The issue is it's a 2-dollar increase for direct service professionals. And do we want that to be to the base pay or to everyone. And do we want that to be for OCDD and Aging Adult Services, or one of the other was the question. I think you have the information or the question you can clarify better cause you know what you need. Could you speak to that please, Brenton.

BRENTON ANDRUS: So just a couple things that were mentioned yesterday in the executive committee meeting. One is that when we reached out to get data as far as the costs for the DSP wage increase there's really not a mechanism to determine how much it would cost to give every direct support professional a 2-dollar bump. The recommendation was to go at a base rate pay. When you come in as direct support worker you would get 2-dollar increase, which would essentially be above whatever the current minimum wage is. And so that would have to be, well you would have to have the funding for it, and

also work with the department to get that updated that that would be the base pay. The recommendation would be if you keep this advocacy item as it is that the clarity be added that it's for the base pay. Cause we do not have a way to make sure everybody gets 2-dollars an hour. We don't even know what that would cost. There's not a mechanism for us to figure that out.

Also we needed some clarification on if you wanted to look at just OCDD or if you wanted to look at just OAAS. OCDD would be Office for Citizens with Developmental Disabilities. OAAS is Office of Aging and Adult Services. So when we got the department to run the data for us if you want to give that base pay increase for DSPs that are through OCDD you would be looking at roughly a 75 million-dollar all in number. That would equate to about 24 million in state general funds. If you want to add in the OAAS side, you would be looking at an additional 65 million-dollars total or 21 million-dollar state general fund. For that one ask if you do the two you are looking at 45 million-dollar request for next year. And one of the things to consider, like we mentioned, the council didn't really make it clear if we were going for OCDD and OAAS or doing one or the other. There are some concerns that if you go with just OCDD the disparity there as far as not being equitable across the board, I guess is what I am trying to say. As staff that's kind of where we need guidance from the council exactly what is your intent with this advocacy agenda. We just want to make sure you had the numbers so you can clarify to us what exactly it is that you want LaCAN and the members to go out and push as your advocacy agenda item and how much funding we need to request.

RANDALL BROWN: Thank you, sir.

BRENTON ANDRUS: But I will say it is a big price tag. The few legislators that members have been able to meet with have expressed grave concern for the amount of money we would need to ask for. So keep that in mind. Also keep in mind some of the budget cuts that are anticipated next year due to the covid 19 impact. And one other thing I forgot to mention was you guys had placed a caveat in October, basically you wanted to work up to a living wage, but you identify what a living wage is or what you would consider to be

a living wage. So that is something that we get questions on as well, if this is being presented to legislators and we don't have an answer of what your intent is for a living wage.

RANDALL BROWN: So these are the issues we have to iron out today. The recommendation as it were relates to the question Brenton is needing answered. What do we consider a living wage. Do we want to ask for this particular item. One, do we want to ask for it at all in light of the budget cut situation we now know we will face. And two, if we do keep it, do we want to avoid disparity and ask for both which would be the 45 million. Or would we ask for just one. If so, which one would we be asking for. So those are really the questions before us today to try to iron out. The executive committee honestly felt this was just too important a topic that we were so close to the council meeting that we should all discuss it today. Really what's on the table now before us. Do we keep this agenda item of the DSP wage increase in light of this data we did get for the cost and in light of knowing we will face potential budget cuts this year due to covid.

MITCH IDDINS: Randall, I have a question. This is Mitch.

RANDALL BROWN: You have the floor.

MITCH IDDINS: Thank you. Can someone brief me on what those anticipated budget cuts are specifically.

RANDALL BROWN: Do we have that answer yet Courtney or Brenton?

COURTNEY RYLAND: I believe the revenue estimating committee actually released something yesterday or the day before. I can't remember off the top of my head. That amount was looking at a state general fund short fall or budget cut of 228 million-dollars.

RANDALL BROWN: Right. So let's keep in mind the funds we would be asking for would be state general funds and we already know it appears there will be a cut that amounts to around 228 million-dollars.

MITCH IDDINS: Is it realistic to even move forward to ask for 45 million-dollars if this money is coming out of state general funds and you are anticipating over a 200 million-dollar budget cut. Are we wasting our time doing that? I just want some opinions here. I'm not sure.



BAMBI POLOTZOLA: This is Bambi. I had my hand raised. If I can speak. That is the revenue estimating committee's projection. But not including anything we will get from the new administration in DC. And so I think our job, and this is something we have always said for the years I have been on the DD Council, our job is to advocate on what the developmental disability community needs. It is the legislatures job to identify their priorities. And so we have to say what our priorities are, and they have to make those budget decisions. Our primary focus is to advocate so we need to say what the developmental disability community needs.

MICHEAL BILLINGS: I agree with you there. I just was wondering if there was any specific areas targeted for those general fund cuts. Like they were going to target home and community-based services cause we are always on the chopping block.

RANDALL BROWN: I don't believe we know the answer to that yet, that I know of. Don't know how those cuts will be distributed.

HANNAH JENKINS: You have seven hands raised.

RANDALL BROWN: Let's try to go in order.

HANNAH JENKINS: I believe Ms. Roslyn Hymel is first.

ROSLYN HYMEL: What I wanted to know is how can, does this go with the budget cut is that going towards like different bills or different with paying off? Or which way if we did vote on it does that mean everything even with the trainers or the teachers or other people getting that amount of money or what?

RANDALL BROWN: I think when we talk about the budget cuts it will have to be decided for each department, I believe where those cuts would come out of. And we don't yet have those answers, I don't think. And as Bambi pointed out, we now have a new national administration whose priorities are being worked out. We don't yet have a lot of answers as to how cuts will be distributed. We just brought up the point the revenue estimating committee for our state has said there will be cuts. But I don't think we have a breakdown on how those would yet be done. Having to make this choice without all the data as it relates to cuts. But we are aware there will very likely be some.

ROSLYN HYMEL: How much would be the cuts?

RANDALL BROWN: We don't know yet. Thank you. Who is next on the list.

HANNAH JENKINS: Dr. Hyacinth McKee

RANDALL BROWN: Madam vice chair, you have the floor.

HYACINTH MCKEE: Thank you, Mr. Chair. I just wanted to remind our council members to utilize the chat box raise hand prompt when you are wanting to ask a question and wait for the staff to call your order and then allow for the chair to acknowledge you before you jump in and speak. Thank you.

RANDALL BROWN: Thank you for that point of clarification madam vice chair. Who is next?

HANNAH JENKINS: Ms. Jill Egle

JILL EGLE: I have a question. So I know covid because the state taxes went down, but in terms of the DD Council how is that going to level out with the new administration?

RANDALL BROWN: We don't yet fully know. I think the question before us is do we keep the advocacy agenda as is there. We are having a discussion with an issue that is on our advocacy agenda, I believe it looks as though everyone's agreement we should keep it. And if we should keep it then do we ask for, now that we have, cause when we first asked, we didn't have the numbers. So Brenton and the staff provided us with some numbers. And so now we know it will be a 45 million-dollar ask for this one item.

JILL EGLE: I don't know if the DD Council is aware of this, with the new administration the provider to support the IDD and all the parishes in the State of Louisiana, I think they are giving covid stimulus checks. I don't know if anybody is aware of that. I just thought I would embrace that to y'all.

RANDALL BROWN: Well, thank you. Who is next Hannah?

HANNAH JENKINS: Chris Rodriquez.

CHRISTOPHER RODRIQUEZ: Thanks Randall. I just want to second what Bambi said. I think she brings up some good points despite the fact there is a perceived deficit they are talking about. I think most people are fairly confident the state and city governments are going to get some type of fairly significant bail out

by the federal government. I think that we can be confident as a result of the democrats winning both the house and the senate and now the executive office. So that's something to consider. I know I wasn't able to attend yesterday, the committee meeting, but I know some great folks on it. I am sure you had some thoughtful banter back and forth as to whether or not you want to advocate. Correct me if I am wrong, I think I heard this, one of the other questions aside from whether or not because of a deficit or perceived deficit that I don't think is actually going to take place, whether or not you would want to advocate on behalf of just the DD providers or advocate on behalf of the other providers as well. Was that a question you guys were trying to work out? So provided that it is Randall, I know you guys had a good conversation, could you provide us with some of the pros and cons, just some of the talking points of both of those sides so we can try and facilitate the conversation. I think that would be really helpful and interesting.

RANDALL BROWN: Okay. Well, I mean, Brenton or Courtney would you like to help out here in terms of the information presented. Yesterday, I myself, are you talking about the executive committee meeting Chris, cause that was the other day. Your mike is muted.

CHRISTOPHER RODRIQUEZ: Sorry. Whatever committee meeting you guys had this discussion. I think Tory our director of policy was in on the meeting he had mentioned something along the lines if you have a discrepancy between the two it might encourage certain types of providers to go to the other group of people creating--.

RANDALL BROWN: I think it most certainly would and that was brought up in our executive committee meeting. I believe if you are going to ask, I think you need to ask for both. It would buy be the 45 million. My personal feeling and I am the chair, so take that as you will. I think if you are going to ask, I think it needs to be for both populations.

CHRISTOPHER RODRIQUEZ: I think that is a really interesting point of conversation.

RANDALL BROWN: Does that answer your question?

CHRISTOPHER RODRIQUEZ: Yeah, I think so. I don't

even know where I stand on whether or not the DD Council should exclusively advocate on behalf of policies that benefit people with developmental disabilities or circumstances like this where there could be adverse effects on other groups of individuals with disabilities. Should we be more inclusive. I don't know what the answer is. Curious to hear the thoughts of everybody. A really big question, but I am sure the DD Council is going to tackle the task.

RANDALL BROWN: Thank you, sir. Hannah who is next on the list?

HANNAH JENKINS: Ms. Temisha Sonnier.

RANDALL BROWN: Ms. Sonnier, you have the floor.

TEMISHA SONNIER: Thank you, Mr. Chairman. I had to take notes while everybody went over everything. I just want to say something as a board member. I can recall last year when we were advocating for cameras and no one wanted to address, well there was a cloud over that due to the price tag of that being a concern. As an advocate and all of us doing our job, we're here to be the voice of the people. We're the gatekeepers of advocacy. And I feel we do the public a disservice if we don't stand up as those gatekeepers. The price tag of that sometimes we have to face things and ask for stuff that we know we may or may not receive right off. But we are the push behind that. And I agree with what Bambi said and Chris said. We make a good point when we do our job as advocates. And part of our job is to open the gate. I believe, just like y'all said, both of those areas need to be covered. Because if we don't, we do create, I guess, a barrier, an additional barrier for people then wanting to look at who is going to be served first when we are here for all. I think we need to advocate and do our job asking for it. I know we have to worry about budget. But I think that needs to be over departments and committees that handle those. And let them decide what they are going to answer to and what they want. Our job is to be the voice. I just wanted to make sure that was stated. I am in agreement for both as well Randall.

RANDALL BROWN: Thank you. Who is next on the list?

HANNAH JENKINS: Ms. Corhonda Corley.

RANDALL BROWN: You have the floor.

CORHONDA CORLEY: Thank you, Mr. Chairman. And thank you Ms. Sonnier and Ms. Polotzola for your comments. Because I am in strong agreement. I think that we are not abiding by this federal DD act if we do not take this opportunity to do systems change. For far too long we have had our people, our community not being able to receive services, direct support workers due to limited wage amounts. There is a national push, even here in Louisiana, there is a push for 15-dollars an hour minimum wage. I am part of that push. And I am asking that we do not lose an opportunity to unify our community and actually follow the federal law. That federal law says systems change. And for far too long we actually digress away from actually pushing the system. Let's push the system. Our community matters just like anything else. And right now they are now proposing another \$1.9 trillion stimulus package. The money is available. The money is there. Why are we acting like it's not. Our state Department of Education is receiving \$1.6 billion. The money is there. Ask for it. Ask for it. And you will see we will unify our community and that it will give our community a dog in this fight to actually be able to ask and get more. Including making sure that contracts like Mr. Rovira's and all can actually be fully funded. IDEA can be fully funded. Let's not let an opportunity slip through our fingers. Thank you.

RANDALL BROWN: Thank you. Who is next on the list, Hannah?

HANNAH JENKINS: Ms. Jill Egle

RANDALL BROWN: You have the floor.

ROSLYN HYMEL: Unmute yourself.

JILL EGLE: I just want to understand what Ms. Corhonda was talking about so I can get the big picture.

RANDALL BROWN: She wants us to advocate for both populations. So the 45 million-dollars we would ask for so we can serve both the DD population through OCDD and our aging population. Because we do, and I have stated I am in agreement with that. In keeping with this issue if you are going to ask, I don't think you want to create a disparity in asking and you don't want to serve just one set of the population we represent. You want to be fair to all. I think that seems to be

the consensus we are gathering.

JILL EGLE: Is that going to be implemented, Randall, in the legislative session dealing with that?

RANDALL BROWN: That will be totally up to the legislature. This is about what we are asking the legislature for. As others have rightly pointed out, Bambi Ms. Sonnier both pointed out, and I believe, in their comments. I know that would be up to the legislature as to what they would be willing to fund, how much.

JILL EGLE: I agree will y'all and Ms. Corhonda. I know times are tough, but I know if people step up, we can achieve what the DD Council's mission statement has been dealing with what we have to deal with to move forward.

RANDALL BROWN: Thank you. Who is next on the list, Hannah?

HANNAH JENKINS: Ms. Kelly Monroe

RANDALL BROWN: You have the floor.

KELLY MONROE: Thank you for letting me talk. I just wanted to kind of just bring this to your attention about making sure that there is something, if you guys move forward, you put something in the bill that would not allow LDH to recoup that money later if they had shortage of funds. Also keep in mind too, if the minimum wage does go up the reimbursement rate is only like 16. So that would not cover any of those cost. And they would have to also increase the rate yet once again to cover that. So I just wanted to just bring that to y'all's attention. It is a huge concern if you only move forward with OCDD and not OAAS that we already have a workforce crisis. And in that population, they will even have an even more of a workforce crisis. That is just my 2 cents. Just wanted to please ask you put something in the bill or in the preamble or something that says they would not be able to take that money back. We had this happen a while back where they gave us 2-dollars to pay employees. We gave the raises and six months later they took the 2-dollars back. That is not something we will be able to, with all the costs we have right now, just not something we will be able to function with. Thanks for letting me talk.

RANDALL BROWN: Thank you for your input. Who is

next?

HANNAH JENKINS: Ms. Bambi Polotzola.

RANDALL BROWN: You have the floor.

BAMBI POLOTZOLA: I just wanted to piggyback off of what Kelly said. And we've had discussions in the past over the past several years in regards to our input in regards to wage and labor laws. I think that we're kind of treading in that area that if we try interfering with those wage and labor laws it makes us or the Department of Health like the employer. There is no other, and just another way of looking at it, we don't tell nursing organizations or any other provider within our system what they need to pay. It's as if we treat our system and the people who provide our direct service workers as if they aren't professionals in the way that we are having the discussion right now. We pay the providers of all the other medical services a higher rate. And then we expect them to pay the employees. If they want to keep and retain employees, they have to do what they need to do to keep those employees. We have to have the same expectation for providers of direct support workers, our personal care attendants. We can push for this, but I really think we are going to hit a brick wall in regards to wage and labor laws and the Department of Health getting involved in telling entities what they have to pay people.

RANDALL BROWN: Thank you Bambi. Who is next?

HANNAH JENKINS: You are down to a lot of comments in the chat.

RANDALL BROWN: We are running over schedule, so we are about due for our ten-minute break. Would everybody like to take a ten-minute break now or finish this discussion and then take it? I think it might be better to finish the discussion, so we don't lose our trains of thought.

ROSLYN HYMEL: Let's go for what we are talking about.

RANDALL BROWN: The executive committee did not make a formal motion. We wanted to have this discussion today. And so what I would need is a motion for us to have to accept the 45 million-dollar ask for direct support workers wage increase which would cover both areas and answer that question. And then the

issue would be is it 2-dollars to the base pay or is it across the board.

ROSLYN HYMEL: Actually, I would like to make that motion for what you was just saying Randall.

RANDALL BROWN: You would have to work on the wording of that.

BRENTON ANDRUS: Randall if I could add a bit of clarity. If you go the 2-dollars across the board every DSP gets a bump up in pay for 2-dollars, the 45 million is null and void. The 45 million is not for that ask. The 45 million is for the base pay. We won't have a dollar figure that we can share if you go 2-dollars to everyone's pay. There is just no way for us to figure that out.

RANDALL BROWN: I would recommend we use the numbers we have so that would be for base pay. Is my recommendation to the council that we do an ask we do it for the 45 million.

ROSLYN HYMEL: I do agree with what he said and everything and I am in agreement.

RANDALL BROWN: We would need the wording on the screen so everyone can read it. Courtney, or Brenton, or someone could y'all help us to wordsmith this like we would need it.

COURTNEY RYLAND: I am trying to type it right now. Once I get that typed I would be able to share the screen.

RANDALL BROWN: Thank you. And Hannah, you said there are other questions in the chat box. I guess we can proceed with some of those.

HANNAH JENKINS: Ms. Kathy Dwyer said I understand the budget constraints and concerns, however we have been fighting for fair and equitable DD services for decades. And for decades we got crumbs. Our workers pay is far beyond the average pay. They deserve to be brought up to the average pay. And I guarantee you there will be other less important asks in the budget. We need to make sure we advocate for our workers, so our community gets the services they need. The worst that can happen is it won't get funded.

RANDALL BROWN: Thank you Ms. Kathy.

HANNAH JENKINS: Harlin Cowser said also how would this be affected if the President raises the minimum wage to 15-dollars an hour. Would that be considered a



livable wage?

RANDALL BROWN: Good point. I don't know I am qualified to answer what a livable wage is. I know the minimum wage will be a hot topic of discussion I'm sure this year across the board. We will have to wait and see on that. Certainly would think that at least minimum wage would be considered a starting point.

HANNAH JENKINS: Ms. Kathy Dwyer said additionally President Biden has promised aid to state and local governments as well as increasing minimum wage. Ms. Melinda Elliot said many times we had to advocate for several years to reach goals for people with disabilities and their concerns. Even if we are aren't successful with an increase in base pay this year it is an opportunity for education for all. Ms. Corhonda Corley, I believe a question, are we considering the push for the minimum wage to be increased to 15-dollars an hour.

RANDALL BROWN: The question before us is related to the legislative agenda that we have already set. With regard to the specific ask of 15-dollar an hour minimum wage, we haven't taken a formal position on that. But that would not be what we would do here at this point. This is related to the issue on our legislative advocacy agenda. Which would be raises for direct support professionals.

HANNAH JENKINS: Ms. Kathy Dwyer said if we don't keep asking, they will think it's not important. Ms. Lillian DeJean says she concurs with Melinda. Susan Reems said she agrees can Kathy Dwyer and Melinda Elliot. Ms. Corhonda Corley said I strongly agree with Kathy Dwyer and Melinda Elliot, Harlin Cowser and Bambi Polotzola. Thank you kindly for these comments. Melinda Elliot says we definitely need to ask for both. If you don't it sets all of our people up for competition with each other. Please ask for both. Ms. Kathy Dwyer agrees. Corhonda Corley agrees with Temisha Sonnier. Harlin Cowser, asking for one and not both creates issues that encourage individuals to apply for employment opportunities with the entity that pays better. Kathy Dwyer said I also am sure nursing homes will be asking for more funds as they regularly do. We need to continue advocating for equity across service systems. And the HCBS service system is not as well

funded as nursing homes.

RANDALL BROWN: Thank you. All good points.

HANNAH JENKINS: Would you like me to keep reading?

RANDALL BROWN: Yes.

HANNAH JENKINS: Ms. Temisha Sonnier said when we advocate, we never have all the answers because we are part of the puzzle. If we do not advocate for open doors to these wages, there may not be the push for the funding committees to do their part legislatively. Ms. Kathy Dwyer said exactly Bambi, we need to make sure DD services are treated equally as other generic systems are. Ms. Bambi Polotzola asked if she could put the wording on the screen.

RANDALL BROWN: Working on it. Thank you.

HANNAH JENKINS: Mr. Matthew Rovira said are we now stating the minimum wage for DSWs will be 9.25?

RANDALL BROWN: No. I don't know what, I am not the decider on what the rates are. I am just saying you have to pick a starting point somewhere. I would assume minimum wage would be it. I don't have the answer Matt. That would be up to the legislature.

HANNAH JENKINS: I believe Mr. Mitch Iddins and Kelly Monroe have their hands raised.

RANDALL BROWN: Yes, Mitch. You have the floor.

MITCH IDDINS: After all the input, which I really love, I like seeing everybody get fired up. What we are supposed to be doing.

RANDALL BROWN: Exactly why the executive committee wanted to bring this to everybody.

MICHEAL BILLINGS: I was just going to make the motion that we go and advocate for the 45 million-dollars for both OCDD and OAAS programs. I agree, totally agree we need to advocate for both if we are going to push for the money.

RANDALL BROWN: Before we get to this motion was there another comment?

HANNAH JENKINS: Yes. Kelly Monroe and Ms. Roslyn Hymel have their hands raised.

RANDALL BROWN: Kelly, you have the floor.

KELLY MONROE: I don't know if I heard this right, but I thought I heard that was it that we were going to go with the base pay of 9-dollars and something cents. Keep in mind a lot of DSPs make more than that. I wouldn't set that as the base pay. I think I would try

to really figure out how much the 2-dollars an hour would be. It's just, just putting that out there. I know there are a lot of long time, I know some people are only, their DSPs are only making minimum wage. But there are a lot of DSPs, I know within the arc, that make well over that. Just something to think about. And then also when you raise a rate of pay it also raises the cost of the employee as far as like workman's comp and stuff like that. A percentage on that rate of pay that the employer would also be responsible for. Please keep those things in mind as well.

RANDALL BROWN: Thank you. Roslyn, you had a question?

ROSLYN HYMEL: I was going to even say kind of agreeing with the comments and the one who went before me with the pay. Even when I am reading the one in front of me with the 2-dollars. But how much could that really go. How far can it go?

RANDALL BROWN: We will have to find out.

ROSLYN HYMEL: If we go with 122-dollars you see for me being in with kitchen that I'm in and I go with 9.50 an hour. Could that be like the budget range even for me to really get on.

RANDALL BROWN: I think Kelly made a point similar to yours. We would have to look into how this would affect the pay. But the motion has been made. And so you have made the motion and Mitch, sir, you had a question?

MITCH IDDINS: Yes. My question is should our advocacy efforts, and this is a question for everybody that wants to chime in, be more, would be better served if we were advocating for a rate increase of 2-dollars as opposed to 2-dollar base rate increase for the direct support workers. A question for everyone.

RANDALL BROWN: I believe, and Brenton correct me here, the 45 million would be for base. That's what we have the numbers for, right.

BRENTON ANDRUS: Correct. I think Mitch's question is a little different though. He's looking at a provider rate. A rate of service as opposed to this, I guess, 2-dollar base pay increase for the actual direct support worker.

RANDALL BROWN: Thank you for that clarification.

Something we would have to discuss. But we have a motion before us. Roslyn has made the motion. You see it before you. And so now we would need a second to her motion. It looks like we need further discussion.

HANNAH JENKINS: Ms. Kim Basile raised her hand.

RANDALL BROWN: You have the floor.

KIM BASILE: Are we not going to put in the motion what Kelly is requesting that the 2-dollar increase cannot be taken away from the providers?

RANDALL BROWN: That is up for discussion. You see the motion before you, is that, as you pointed out Kelly made the suggestion. Is that something we agree should be in the motion?

KIM BASILE: I would like to make a friendly amendment to the motion to add that, if possible.

RANDALL BROWN: We can amend the motion after the vote.

HANNAH JENKINS: Ms. Bambi Polotzola said this is confusing. She doesn't understand what that means.

RANDALL BROWN: Bambi, would you like the floor?

BAMBI POLOTZOLA: I don't understand what you mean by base pay increase. You can add 2-dollars an hour to the rate for providers, or there is the cost of the employer costs. Which is all of the payroll taxes, all the workman's comp insurance based on pay. If you give employees 2-dollars more an hour the cost to the provider is probably about 3-dollars an hour. So what does this mean?

NICOLE LEARSON: Point of order. A motion has been made and so there should be no discussion at this point. There needs to be a second to the motion. And then once the chair restates the motion after there has been a second you can then discuss it such that you can amend the motion to include necessary to reword it and craft it the way you need. But at this point the chair needs to process this motion appropriately. Which means a motion is made. A second needs to be made. The chair then restates the motion has been made and seconded. Opens it up for further discussion and from there you all can then discuss it further, craft the motion and then vote on it.

RANDALL BROWN: Thank you for that clarification. As I stated the motion is on the floor as you see before you. As the Parliamentarian pointed out, we can

begin to discuss it, you can craft the wording. But do I have a second to Roslyn's motion?

MITCH IDDINS: I would second the motion so we can move forward.

RANDALL BROWN: Thank you, sir. So we have a motion from Roslyn, second from Mitch. That says motion for the council's fiscal year 2021 legislative advocacy agenda item to request a 2-dollar base pay increase for direct support professionals within all home and community-based service providers. Again, made by Roslyn and seconded by Mr. Mitch Iddins. Do I have any objection to the motion? Do I have any abstentions?

JULIE FOSTER HAGAN: This is Julie. I abstain.

MATTHEW ROVIRA: This is Mat Rovira. I abstain as well.

JILL HANO: I would like to abstain.

RANDALL BROWN: Your abstentions are all noted.

TEMISHA SONNIER: This is Temisha Sonnier. I am abstaining also.

SARAH FLETCHER: Sarah Fletcher, I am abstaining also.

RANDALL BROWN: Is that everyone who abstains to the motion?

HANNAH JENKINS: Mr. Chris Rodriguez and Michelle Guillory and Corhonda Corley.

RANDALL BROWN: Noted. So do I have any objections to the motion? Any objections to the motion?

HANNAH JENKINS: Mitch Iddins has a question, and a few hands are raised.

RANDALL BROWN: I am still waiting. I have no objections, so motion passed. Hearing no objections, motion passes.

BAMBI POLOTZOLA: I'm sorry. I object.

HYACINTH MCKEE: I objected as well. We are going to need some support from staff to help bring order to this meeting. It is really going completely off. Thank you, Ms. Parliamentarian, I apologize for inserting. But we are going to also need staff to help monitor this chat box, monitor the hands that are being raised. This is going completely off track. That's why my hand has been up probably the last three minutes. Yes, I am objecting as well.

RANDALL BROWN: Okay. So we have two objections to

the motion. Madam Parliamentarian, would you like to advise us.

NICOLE LEARSON: Yes. Moving forward, so of the people who voted, not including the abstentions, but of the people who voted if you have a majority the motion carries. If you do not have a majority the motion dies. Moving forward when a motion is made, a second, and then you restate the motion you can then open it up for further discussion to allow the motion to be amended, changed, reworded by way of a motion to amend to strike out this, add that to include whatever language to craft it better. And then once those amendments have been disposed of or addressed you can then take the amended motion to a vote to allow everyone to have participated who wants to and then vote on the final outcome of what that amended motion would be. Moving forward, please keep that in mind. Once the motion has been made, seconded and restated by the chair it is then open for discussion once again to allow you to craft that motion the way that you need before you take the vote. So again, I yield back to you, Mr. Chair, for the results of the vote.

RANDALL BROWN: The results of the vote. I think we need to do a roll call vote.

HANNAH JENKINS: Dr. McKee.

HYACINTH MCKEE: Object.

HANNAH JENKINS: Dr. Barovechio.

PATTI BAROVECHIO: Abstain.

HANNAH JENKINS: Ms. Basile.

KIM BASILE: Object.

HANNAH JENKINS: Ms. Bayham.

MELISSA BAYHAM: Abstain.

HANNAH JENKINS: Mr. Billings.

MICHEAL BILLINGS: I am a no.

HANNAH JENKINS: Mr. Bristow.

RASHAD BRISTOW: No.

HANNAH JENKINS: Ms. Cetnar. Ms. Cosse. Ms. DeJean.

LILLIAN DEJEAN: No.

HANNAH JENKINS: Ms. Egle.

JILL EGLE: Object.

HANNAH JENKINS: Ms. Guillory.

MICHELLE GUILLORY: Abstain.

HANNAH JENKINS: Ms. Foster Hagan.

JULIE FOSTER HAGAN: Abstain.

HANNAH JENKINS: Ms. Hymel.

ROSLYN HYMEL: Are you calling on me?

HANNAH JENKINS: No. Ms. Jill Hano.

JILL HANO: Sorry. I heard Hymel too. I abstain.

HANNAH JENKINS: Ms. Hymel, Roslyn.

ROSLYN HYMEL: Yes.

HANNAH JENKINS: Mr. Iddins

MITCH IDDINS: No.

HANNAH JENKINS: Ms. Katzman.

JENNIFER KATZMAN: I abstain.

HANNAH JENKINS: Mr. Nguyen.

STEVEN NGUYEN: Yes.

HANNAH JENKINS: Ms. Polotzola.

BAMBI POLOTZOLA: No.

HANNAH JENKINS: Mr. Rodriquez

CHRISTOPHER RODRIQUEZ: Abstain.

HANNAH JENKINS: Mr. Rovira.

MATTHEW ROVIRA: Abstain.

HANNAH JENKINS: Ms. Sonnier.

TEMISHA SONNIER: Abstain.

HANNAH JENKINS: Ms. Tarver.

MARY TARVER: No.

HANNAH JENKINS: Ms. White. She is not here. Dr. Wilson. Also not here. Nine noes, two yeses.

RANDALL BROWN: Motion does not pass. So we need to continue discussion of the original issue before us. But before we do that, we are well behind time for our ten-minute break. And so I would propose a motion for a ten-minute break and then we would come back to this discussion.

ROSLYN HYMEL: I could do that.

RANDALL BROWN: Thank you, Roslyn. A motion for a ten-minute break. Do I have a second?

MICHEAL BILLINGS: I second.

RANDALL BROWN: Thank you. Do I have any objections to the ten-minute break? Motion for a ten-minute recess. Hearing none, the motion carries, and we will reconvene at 10:48. Thank you all.

It is now 10:48. Do we have a quorum?

COURTNEY RYLAND: If council members will share their screen again or start their video again, please.

JILL HANO: I am here Randall, but I got to go take care of something very quickly.

RANDALL BROWN: Okay. Thank you.

COURTNEY RYLAND: We have a quorum, Mr. Brown.

RANDALL BROWN: Just one second please. Thank you everybody. Welcome back. So now the motion before us failed. And so now we would need a new motion. But before we do that, Brenton could you speak to clarify when we talk about base pay what we are talking about. I think there was confusion related to base pay.

BRENTON ANDRUS: Basically the base pay would be added onto whatever the minimum wage currently is which is 7.25. So that 45 million-dollars would basically say that you would start at 9.25. So this would be for anyone that is currently making minimum wage or making less than 9.25. It would apply to them. It would just say you have to at least start out paying your direct support professionals that you hire 9.25. The way we got to that number is we met with the department after the agenda item that was put forth at the October meeting and kind of wanted to get guidance on how they think we could possibly do this. One of the things was the discussion we had on how we really cannot figure out how you would tell a provider if someone is already making 15-dollars an hour you need to pay then 17. If somebody is already making nine you need to pay them 11. And then, even if you could tell them to do that, how exactly can you figure out how much that would cost. We don't know. There is so many variables. That's a lot of DSPs that you would have to try to figure out for every single pay. I don't think that is something, if you are trying to go that route, you can accomplish now cause that is going to take a lot of time, effort, research that you just don't have before your session to try to figure out a plan for that. One of the things that was discussed in the past some years ago before my time, I would have to defer to others as far as history. In the past they put it into, I believe the rules at the time, they would pay, I think either 1.50 or 2-dollars more on that base rate. The problem is once minimum wage, the federal minimum wage exceeded what that rate was, it no longer applied. I think the most recent time that they tried to passthrough, I think is what Kelly mentioned for all of you earlier, there was not a condition that prevented the department from taking it away. As soon as they



tried to give that passthrough to the support workers whenever rates were cut, or whenever there were any sort of cuts made, they could take that away cause there was nothing that kept that pay, nothing that maintained that pay.

So part of the ask that we were recommended to bring back to you guys would be for that what they refer to as a base pay. Essentially it just creates a new minimum way for a direct support worker. It's not the federal minimum wage. It's going to be if you would have gone with what the motion was or something similar, it would be 9.25. I think that's what Matt had alluded to in one of his comments. That's what it would be if you do the 2-dollars on top of that current minimum wage. That's what the 45 million-dollars is for. If you alter in any sort of way, I don't have data for you. We have to go back to square one. Just keep in mind if you are moving forth with this agenda item, we just are going to need direction. You have round tables that are rolling out, leaders that are doing legislative visits. We have to start prepping for session now. You have to figure out what it is you want to be advocating for and we need to be able to move on that. But as far as historical knowledge I would defer, I think if Kelly is still on, Julie is here, they probably have some knowledge about any historical aspects of this that you have questions about. But that is what we have. The 45 million would increase that base pay which is the current minimum wage increase it to 9.25. And we would also in that request ask the department to update the rules so that would be in there that they can't just take it away.

RANDALL BROWN: Thank you. Then I would strongly recommend if we make a motion that it be based on the data we have information for. Which would be the 45 million-dollars. Hopefully, that answered questions. Does anybody have any further questions of Brenton?

HANNAH JENKINS: Ms. Corhonda Corley has her hand raised and Ms. Bambi Polotzola has a comment.

RANDALL BROWN: Ms. Corley, you have the floor.

CORHONDA CORLEY: Thank you, Mr. Chairman. I have this question because it's directly in conjunction with the comment Ms. Polotzola was making. Is there a way to simultaneously increase the rate that the providers

receive while we increase the rate that the actual direct support worker will receive. Because it's not fair to have the direct support worker receive an increase and then the company that hires the direct support worker does not get to make money as well. Now let's be honest here. Everybody has a job. So your employer is not going to keep you hired if they cannot make a profit as well. So is there a way for the company to still actually make a profit and not end up becoming in the red or have a negative. While we also have the direct support worker to actually get an increase. Because I am all for the direct support workers receiving their increase. But I also don't want us to be in a situation where we have more businesses going out of business because they are not able to meet the extension.

RANDALL BROWN: Thank you. Is there someone that would feel comfortable to speak to Ms. Corley's issue or question? Because I am personally not aware of a way, I think we could put it in the motion to have that be the goal. But I don't know if I am the right authority on that. So I am asking those who have more knowledge of this than I do, would y'all like to speak to her question.

BRENTON ANDRUS: I believe Mitch has, I don't know if he has a question or comment.

RANDALL BROWN: Mitch, you have the floor, sir.

MITCH IDDINS: I kind of agree with what Ms. Corley is saying and that's why I asked earlier before we move forward with the motion if we should be discussing, continue our discussion about the rate increase for providers. Because in doing that over time providers are going to pass that rate increase down to their workers and they are going to give them raises. I think all big providers are wanting and willing and want to do that. But if I am an employer with overhead costs and expenses, I am not going to be capable of doing that unless I have the money to do that. So with a rate increase that would give me the money to do that. Pass that DSW rates down onto them if the rate increase is increased to providers. We have been talking about this rate increase for the last couple years now and getting it up to par where it should be for providers across the state. I am wondering if we

could change our language, and I want input on this, as opposed to a base rate pay for the DSW that we just continue to advocate for a rate increase for providers and let the providers do the right thing. I know a lot of people say but there's providers out there they won't pass that down to their DSWs. Well, if they don't those DSWs are going to move onto those providers that will. They talk and they are going to move onto those providers that are paying a descent rate or a better rate. My advice would be to let's continue to advocate if we are going to push for 45 million-dollars that we do that as a rate increase to the provider. My opinion. But I want everybody else's input. Thank you.

RANDALL BROWN: Thank you. Bambi, did you have a question or comment?

BAMBI POLOTZOLA: I put the comment in the chat, and it doesn't need to be read.

HANNAH JENKINS: Mr. Chris Rodriquez has his hand raised.

RANDALL BROWN: You have the floor, sir.

CHRISTOPHER RODRIQUEZ: Just some clarifying questions cause I just don't know a lot about this. The primary reason I abstained. So it sounds like we are pretty much in agreement that if we are going to ask for an increase, we are going to ask for it across the board for all providers, not just DDHCPS providers. And we're going to ask in the base rate that the actual DSW gets paid. I guess the question is if I am a provider and a DSW are the base rates for the DD population the same for the other HCBS provider, I guess, is my question?

RANDALL BROWN: A good question. Brenton, you might be able to speak to that better than I could, or Kelly perhaps.

BRENTON ANDRUS: I think that answer would be more appropriate coming from one of our provider reps.

MATTHEW ROVIRA: Currently Chris our only requirements are that we pay minimum wage and overtime under the fair labor standards act. That is the only floor that we currently have. I would say this Chris that we provide DD services as well as office of aging services. And the DD services are more intensive and harder to find labor. Just because they have more

rules, require more transportation, et cetera, et cetera. I am not advocating. I would just say the only floor we currently have is the federal fair labor standards act which says we must pay minimum 7.25 an hour and overtime for any hours greater than 40 in a given week. Right now the department has what's called hazard pay. And I think the way they have done it is the provider rate increases for 3-dollars per hour. However, the provider must increase pay by at least 2-dollars for that direct service worker. There is something currently in place right now that sort of mirrors what we are trying to do. The base rate of 9.25 an hour seems appropriate for IDD services for sure. And I would just, my only suggestion would be to ensure the rate increases proportional that we can pay providers to pay the fringe benefits that are required under law. Such as unemployment tax, workman's comp, social security, Medicaid, et cetera, et cetera. I hope I answered your question Chris.

HANNAH JENKINS: Ms. Kelly Monroe also has her hand raised.

RANDALL BROWN: You have the floor.

KELLY MONROE: So I was just going to say what basically to answer the question is no, there is no base pay right now. But I am wondering if Julie can talk a little bit about, cause this came up last year, and I remember Julie saying something about them not being able to do that. That mandating a certain base pay was an issue. Wondering if, not sure if she is still on or not, but if she is if she could talk a little bit about that.

RANDALL BROWN: Julie, are you available?

JULIE FOSTER HAGAN: I am. And I'm actually texting Charles Ayles right now to try to get him to help me remember some of those things. I know last year when we were talking about advocating for this that one of the things we were looking at was a way we could set, was there a way that we could give the rate increase and make some requirements on the floor. Or that there be a floor rate. And I am not recalling all of the details right now. Trying to get them. There was, our legal department was taking a look at what were some of the things we might put in place that would safeguard things. There has been, just a note

too for the last at least two or three years in the preamble of house bill one, which is where the legislature identifies, breaks out how the state funds are going to be done is in the preamble something that says disability services, the rates for disability services cannot be cut. To the comment about not being able to take it away, there is something currently in the preamble, which if you guys chose to, could continue to advocate that be included in the preamble. But there is language there now that would prohibit us from being able to do what you guys are saying.

RANDALL BROWN: Thank you.

MATTHEW ROVIRA: I can speak a little bit about the issue you are alluding to. It's considered joint employment. Currently our DSWs are employed by the provider. But also the family member serves as an employer as well. Our direct service workers are jointly employed. If the department would set a floor rate or a rate that we would have to pay our direct service workers they too, based on fair labor standards act, would be considered an employer because they are setting the rate of pay. And that would expose the department to potential litigation when it comes to overtime pay, violations of the fair labor standards act by, not necessarily by the department, but by another one of the joint employers. It does get a little complicated when the department becomes very prescriptive on what we pay our workers because they themselves become an employer which open themselves up for litigation. Particularly when it comes to not paying overtime, maybe not paying certain aspects to that employee. I hope that helps. I am no authority on it, but that is what I read back in 2015 when we had to begin paying overtime years ago.

RANDALL BROWN: Thank you all.

BRENTON ANDRUS: Kelly, her hand went down. I don't know if she had more to add.

RANDALL BROWN: Do you have any more to add or a question?

KELLY MONROE: Yeah. Just wanted to talk a little bit about the hazardous pay. The hazardous pay, they do have something in place, but it's really only for people who are working with someone who has covid or working in a home where someone in the home has covid.

And it's only for a very short period of time. So I just wanted to elaborate a little bit on that. And then also just, and I can only speak for the arc, I know a lot of other providers and I know they feel the same way, I know that we want to pay our DSPs more. But we have to be able to cover the cost. We are a nonprofit, but we still have to stay afloat. All the costs have to be covered, otherwise it puts us in a bind in hiring people, hiring quality employees. So just, I'm not saying like people don't want to give the raise to the DSPs, but in giving the raise for the DSPs they need to have all the costs that come with that raise to be covered. That's all. Thank you.

RANDALL BROWN: Thank you. I know that was a lot of information for everyone. We still have the issue before us. Do I have anybody who is willing to make a motion at this point? Yes, Mitch. You have the floor.

MITCH IDDINS: I would like to make the motion that we change the language that we not advocate for a base pay rate to pay DSWs, but to advocate for a provider rate increase of 2-dollars and advocate for the 45 million for that cause.

RANDALL BROWN: Do I have a second to Mitch's motion? Mike, did you second?

MICHEAL BILLINGS: Yes, sir.

RANDALL BROWN: I have a motion from Mitch and a second from Mike the 2-dollar provider rate increase. Do I have any objections to the motion. Any abstentions?

JULIE FOSTER HAGAN: Julie Hagan, abstain.

RANDALL BROWN: Thank you. Noted.

MATTHEW ROVIRA: Matt Rovira.

PATTI BAROVECHIO: Patti Barovechio abstains.

RANDALL BROWN: I think it best we just do a roll call vote. Hannah, could you please do a roll call vote for us.

HANNAH JENKINS: Yes, sir. Dr. McKee.

HYACINTH MCKEE: Yes.

HANNAH JENKINS: Dr. Barovechio.

PATTI BAROVECHIO: Abstain.

HANNAH JENKINS: Ms. Basile.

KIM BASILE: Abstain.

HANNAH JENKINS: Ms. Bayham.

MELISSA BAYHAM: Abstain.

HANNAH JENKINS: Mr. Billings.

MICHEAL BILLINGS: Yes.

HANNAH JENKINS: Mr. Bristow. Ms. Cetnar.

CARMEN CETNAR: Yes.

HANNAH JENKINS: Ms. Cosse. Ms. DeJean.

LILLIAN DEJEAN: Yes.

HANNAH JENKINS: Ms. Egle.

JILL EGLE: Yes.

HANNAH JENKINS: Ms. Guillory.

MICHELLE GUILLORY: Abstain, please.

HANNAH JENKINS: Ms. Foster Hagan.

JULIE FOSTER HAGAN: Abstain.

HANNAH JENKINS: Ms. Hano. You're muted Jill.

JILL HANO: Is it out of order to ask what the motion is?

RANDALL BROWN: No. I can restate the motion. Mitch's motion is to ask for a 2-dollar provider rate increase and here it is on the screen. Thank you. The new motion before us is for the 2021 legislative advocacy agenda item request a 2-dollar rate increase for direct support professionals for all home and community-based providers. Made by Mitch Iddins and seconded by Mike billings. That is what we are voting on now.

JILL HANO: Yes.

HANNAH JENKINS: Ms. Roslyn Hymel. Roslyn, are you there? Mr. Iddins

RASHAD BRISTOW: This is Rashad. For some reason, my Wi-Fi shot out. Just wanted to let you know my vote is yes.

RANDALL BROWN: Thank you Mr. Bristow. That will be recorded.

HANNAH JENKINS: Mr. Iddins, are you there? Okay. Ms. Katzman.

JENNIFER KATZMAN: I abstain.

HANNAH JENKINS: Mr. Nguyen.

STEVEN NGUYEN: Yes.

HANNAH JENKINS: Ms. Polotzola.

BAMBI POLOTZOLA: My vote is yes, but I think the wording of the motion is questionable and not written as what is intended.

RANDALL BROWN: We can have further discussion once the vote is taken. But your vote is a yes, Bambi.

HANNAH JENKINS: Mr. Chris Rodriguez.

CHRISTOPHER RODRIQUEZ: I am going to abstain.

HANNAH JENKINS: Mr. Rovira.

MATTHEW ROVIRA: Abstain.

HANNAH JENKINS: Ms. Sonnier.

TEMISHA SONNIER: Abstain.

HANNAH JENKINS: Ms. Tarver.

MARY TARVER: Yes.

HANNAH JENKINS: Dr. Wilson. I don't believe he is on. That is ten yeas, zero nays.

RANDALL BROWN: So the motion has carried. So now do we have questions as to wording of the motion. So we make sure we accurately capture the intent. The motion before you is on the screen.

NICOLE LEARSON: Point of order, Mr. Chair. So the motion has passed as it's written. What I recommend is when you go to ask, as long as you are asking for the 2-dollar rate and asking for it for the providers you can word it in whatever way you need to. But for the purposes of the motion, the motion passes as it's been stated and voted upon on the screen. Again, I just recommend once the motion is made and a second is made and the chair restates the question open it up for discussion one last time so you can amend the motion, craft the wording to the specificity of your needs. And then once those amendments have taken place then vote on the motion that you clearly feel comfortable supporting in the wording that you need it to be in to move forward. Thank you, Mr. Chair.

RANDALL BROWN: Thank you, madam parliamentarian. I didn't have the written wording before me when we began the process. So that's why I didn't ask. I didn't have anything to ask for clarification on. I apologize for that, ladies and gentlemen. But having said that, and the motion has passed, before we move forward everyone is in agreement with the motion?

BRENTON ANDRUS: Bambi has her hand raised.

BAMBI POLOTZOLA: I think what we meant by home and community-based services is our direct support workers and personal care attendants, however you refer to it. But home and community-based service providers there are a lot of home and community-based services within the plan. So saying all home and community-based service providers, it really shouldn't say providers it should be, I think the intention was to have a rate



increase for direct support workers or personal care attendants. Cause it's just referred to differently. I think we have it right. As she said, whenever we actually put it into policy or talking about it, we need to be very clear about that.

RANDALL BROWN: That will be noted. Thank you. Okay. Thank you, ladies and gentlemen.

BRENTON ANDRUS: As a point of clarity, I read the comment that Mitch made before he initiated his motion and he said it was a 2-dollar rate increase to providers. But this says a 2-dollar rate increase for direct support professionals. I don't know.

RANDALL BROWN: Our intent, I believe, was providers. The wording got written after the fact. I think y'all just, whenever wrote it was just trying to incapsulate it and forgot the language. We need to go with the language that Mitch said and that's providers.

BRENTON ANDRUS: Advocating for a provider rate increase or advocating for that 2-dollars for the direct support professionals as it says. I think it needs to be clarified so everyone is on the same page.

RANDALL BROWN: Mitch, what was your intent, sir? It's your motion. Sounds like Mitch is having some technical difficulty.

MITCH IDDINS: Can you hear me? The language should say for providers.

RANDALL BROWN: Okay. We need to change that, and I don't think we are in any kind of violation because we didn't have this up on the screen. We weren't working on this in real time. I think everyone's intent is clear.

HANNAH JENKINS: Mr. Rodriquez has his hands raised.

RANDALL BROWN: Yes, Chris. You have the floor.

CHRISTOPHER RODRIQUEZ: Thanks, Randall. I would just encourage us, I don't know if we need to assign somebody to reach out maybe, but as we move forward and start to advocate for the position we have taken today I would encourage somebody representing our group to reach out to the groups that represent the other HCBS folks or OAAS folks. We sit on a group that is focusing on increasing HCBS services for nursing home folks. Which is that other side. Just keep in mind that as we sit here in the DD side we already,

hypothetically, very much so, taken care of the waiting list. There is no waiting list for HCBS services in the State of Louisiana. But if you switch over to the other side of the OAAS side we have to remember they still have waiting list. We are fighting over there to address those waiting list. Not talking on behalf of that group over there, the home coalition, even though we are a part of it. I don't know where I stand on this cause I have to learn more. I don't think it would be unreasonable for the folks that are fighting over there to say hey, listen this is going to cost money. We would rather keep our providers at the current rate and use that money to get people out of nursing homes and reduce the waiting list rather than spend money increasing the provider rates for our folks, which are not the DD folks. I think having a good line of communication to see how they feel about the fact we are going to be advocating a position on behalf of their folks might be beneficial to see where they stand. They might think that a better use of those dollars is not increasing provider rates, but actually reducing the waiting list for HCBS services. Something in keep in mind.

RANDALL BROWN: Thank you, sir. That is noted.

HANNAH JENKINS: Hannah. Dr. McKee made a comment.

RANDALL BROWN: Madam vice chair, you have the floor.

HYACINTH MCKEE: My comment is in the chat box. We could make a motion to amend this previously adopted motion to clearly state what needs to be said. Bambi had some recommendations, Mitch had some recommendations. I think we have been on this topic for an extensive period amount of time. Is it possible that we can get clarification from Bambi and/or Mitch on how, if they would like to introduce an amendment so it can state clearly what it needs to be said so we can move on and get back to the agenda.

RANDALL BROWN: Agreed, madam vice chair. So Bambi and Mitch, would you like to make a motion to amend with the exact language you have in mind? Would either of you like to make and second that motion?

MITCH IDDINS: My question is as whoever is typing the changes to the motion now is that what you are asking me to approve or clarify?

RANDALL BROWN: I think we just want to make this certain since we had confusion on the wording, cause we didn't have words before us as we voted. I think we want to make sure there is no confusion that you're okay with the wording. And if not do you want to make an amendment to this motion to make sure the language is exactly as you intended.

MITCH IDDINS: What I'm reading on the screen now is exactly what my motion was. That we request, that we advocate for a 2-dollar provider rate increase for providers in all home and community-based services.

RANDALL BROWN: And Bambi, are you good with the language as it's on the screen or would you like to make an amended motion to add some language or clarify.

BAMBI POLOTZOLA: So the second part where it says increase for all home and community-based service providers, that includes all home and community base service providers is much more than direct service workers. So that needs to be clarified. So the 2-dollar provider rate increase, not sure the language that should be increase for all, not sure how to word it. Basically it's not all home and community base service providers. It's specific to the service of the direct service worker. Whatever that's called. Matt might know what the technical term is for the rate for direct service workers.

RANDALL BROWN: You would like to make an amended motion to change the language of home and community-based service to, not sure the exact term either, but direct service professional perhaps, or provider.

MITCH IDDINS: Somebody made a comment 2-dollar rate increase for direct support provider agencies. Is that acceptable Bambi?

BAMBI POLOTZOLA: It's just a technical billing code for the direct support workers. I need somebody, maybe somebody in LDH, or Matt, or Kelly might know.

BRENTON ANDRUS: I believe Julie and Chris have their hand raised.

RANDALL BROWN: Julie, would you like to speak to this, please.

JULIE FOSTER HAGAN: So it is confusing because it's called a little bit something different in every waiver and state plan service. So depending on what the intent is you could either say if you want it to be

for in home services, services that people get in their homes only then you could say for all in home direct care services and we can extrapolate that across billing. If you also wanted it to be for vocational type services, I think that's where the confusion gets in. There's multiple service types. So it just, at the risk of opening another can of worms it would depend on if the will of the committee was for all of the services where a direct service worker is included. Which would include your vocational and in-home services. Or if there was a focus on one or the other. But you could just say an increase to services offered by direct support workers and the department could then drill down into the specific terminology for that.

RANDALL BROWN: Bambi, would you be in agreement to at that language?

BAMBI POLOTZOLA: Yeah. So it would be to request a 2-dollar provider rate increase for all home and community-based services, take out provider. Services provided by direct service workers.

RANDALL BROWN: Is everyone good with that language?

HANNAH JENKINS: Chris Rodriguez and Jill Hano have their hand raised.

JILL HANO: I do agree with it and all.

RANDALL BROWN: Hold on, Roslyn. I will call on you next. Give Chris a chance to speak. Chris, you have the floor.

CHRISTOPHER RODRIQUEZ: Thanks, Randall. I just wanted to go back and make sure what we are going to be advocating for is going to end up with the individuals that are actually providing the services. I kind of like the language mentioned previously that has been used for I think the hazard pay saying we were going to advocate for a certain increase of the provider rate, but X percent of that needs to go directly to the direct support worker. I know there was an argument made that, basically like a trickledown economics kind of argument saying obviously the provider it's in their best interest to pass that increase down as they deem appropriate to their workers and if they don't, then somebody can go somewhere else. We have to remember there is a lot of rural pockets in the State of Louisiana and a provider might be one of the few

providers in a rural area and really kind of monopolize that area. If I am a worker at that place, I really don't have the opportunity to go somewhere else unless I want to move which is a really strong undertaking. I would ask that we entertain the idea of putting some type of provision on this that allows for the provider to undertake what will be probably fringe benefit increases. But also mandating that I would say the majority of those funds that are going to be allocated, if they were to be allocated, would go to the actual worker. Curious how people feel about that. Also interested if anybody knows the number of people that are actually being provided the base rates, are these individuals typically being provided fringe benefits. Is that like a typical thing. The vast majority of direct support workers are being provided healthcare through their employer. I don't know if that happens or not. That would inform me on the percentage of which we would allow the provider to have a piece of that 2-dollars.

RANDALL BROWN: Matt, Julie, or Kelly, do y'all have any information to better answer Chris' question?

MATTHEW ROVIRA: You would have to refer back to the cost reports. Again, fringe benefits are required by law. Do all providers follow the law, I don't know that for a fact. But the fringe benefits that I mentioned earlier are required by the fair labor standards act. I do believe the department has a percentage based on cost reports submitted by providers. I don't have that number in front of me. I think it's around 23 percent. In other words, if you are paying a direct support worker one dollar it's really costing you a 1.23. But again, that could be confirmed through our cost reports that have to be submitted to the department.

CHRISTOPHER RODRIQUEZ: Great.

HANNAH JENKINS: Ms. Kelly Monroe has hair hand raised.

RANDALL BROWN: Kelly, you have the floor.

KELLY MONROE: So I think all employees over, I can't remember if it was 30 or 32 hours you had to offer them benefits. And that was done by the affordable care act. I hope that answers your question. And which we do consider 30 hours a week

full time. If they are 30 hours a week or more, you do have to offer some type of health insurance and some type of benefits to them.

CHRISTOPHER RODRIQUEZ: That is helpful. Maybe we could think of or be curious how people feel if we added language says something like no less than 75 percent of the rate increase will be directly provided to the direct support workers or something like that. That would leave 25 percent of the increase for fringe benefits and things like that.

RANDALL BROWN: The amended motion we have is on the screen in red. The language is as follows. This is for the fiscal year 2021 legislative agenda item to request a 2-dollar provider rate increase for all home and community-based services provided by direct service workers. Is everyone in agreement with that language? Anything we would like to see added to the language.

HANNAH JENKINS: Jill Hano has her hand raised.

RANDALL BROWN: You have the floor.

JILL HANO: Thank you. So this specific motion is just home and community based, not intended to go to OAAS waivers as well. It's just the four home and community-based waivers?

RANDALL BROWN: The intent would be for waiver programs for both OCDD and Office of Aging and Adult Services who have waiver programs to both receive.

JILL HANO: Then shouldn't the wording express that?

RANDALL BROWN: I think it does.

JILL HANO: Oh, okay.

RANDALL BROWN: It's very generic. I think it's so generic that I think it does.

JILL HANO: Okay. Just wanting to make sure.

RANDALL BROWN: Thank you. Any other questions or concerns about the wording of this motion you see before you? Are we all happy with the motion, the amended motion as it is written out?

BRENTON ANDRUS: Chris Rodriguez has his hand raised.

RANDALL BROWN: You have the floor. Chris, the floor is yours, sir.

CHRISTOPHER RODRIQUEZ: Thanks, Randall. So I would like to add the language, not sure what percentage, throw around 70 percent language that says

no less than 70 percent of the provider rate increase will be given to the direct support worker.

RANDALL BROWN: Thank you. I will read the motion as it is now stated. The council's fiscal year 2021 legislative advocacy agenda item to request a 2-dollar provider rate increase for all home and community-based services provided by direct service workers with no less than 70 percent of the increase being provided directly to the service workers. Now the motion we have before us. Are there any other suggestions, additions, concerns? In other words, it's still open for discussion.

HANNAH JENKINS: Roslyn Hymel has her hand raised.

RANDALL BROWN: Yes, Roslyn.

ROSLYN HYMEL: I might have a question on that. I have it in two of it in that for one can I be excused cause I am going into another meeting for one. And is this what we are discussing?

RANDALL BROWN: Yes. We are discussing the motion on the screen. And whenever you need to leave you are free to be excused.

ROSLYN HYMEL: That's why I am asking now because I am not where I can have privacy.

RANDALL BROWN: We didn't arrange for that beforehand.

ROSLYN HYMEL: I didn't know what time offhand.

RANDALL BROWN: That's okay. Just be absent, that's okay too.

ROSLYN HYMEL: I will still have it on, but I will kind of, you know.

RANDALL BROWN: Understood. Thank you for being present. So the language I have on the screen, is everybody good with it? Any other additions need to be made to the amended motion?

HANNAH JENKINS: You have a public comment.

RANDALL BROWN: Yes, could you please read it.

HANNAH JENKINS: Harlin Cowser said how will this apply for individuals who have self-direction?

RANDALL BROWN: Julie, could you possibly speak to that.

JULIE FOSTER HAGAN: So the provider rate is the same or, sorry, the rate for the service is the same regardless. So if the rate increases. Well, to request a 2-dollar provider rate increase you're

actually not asking for the provider rate increase you are asking for the billing rate or just for the rate to increase. So if the will of the council is that it should be included for those in self direction as well if it were amended to just say you request a 2-dollar increase for all home and community-based services that may make it more clear. That it increases the actual billing rate and then therefore included in self direction as well. Does that answer the question?

RANDALL BROWN: Yes, it does. Thank you. Now I think the question is do we need to add that to the language? Do we need to modify the language or are we good with the language as it stands.

HANNAH JENKINS: You have two public comments. And Ms. Kelly Monroe has her hand raised.

RANDALL BROWN: Kelly, you have the floor.

KELLY MONROE: Just wanted to quickly say that last time when we did restore the rate and it was for home and community-based providers technically self-direction families were considered as a provider and the money went to them as well. That's all.

RANDALL BROWN: Thank you, Kelly. Who else did we have comments from, Hannah?

HANNAH JENKINS: Mr. Mitch said that was the original motion. And Ms. Liz Gary said yes, I believe you should include self-direction.

RANDALL BROWN: So what I need now is a motion. Is someone willing to make the amended motion either that you see before you. The motion you see before you or any others. Anyone willing to make a motion on this topic?

SPEAKER: I move.

HANNAH JENKINS: Dr. Hyacinth McKee

HYACINTH MCKEE: I would like to move.

RANDALL BROWN: Thank you. My mike is not working properly so I apologize y'all. Trying to work on it. So its Mitch's motion, right. And seconded now by our vice chair Hyacinth McKee. Is that correct, Hannah?

BRENTON ANDRUS: You are on the amended motion, Randall. I don't know if Mitch did the amended motion.

RANDALL BROWN: All right. We have the amended motion before us. I am trying to figure out who made the amended motion.

MITCH IDDINS: It was made by Chris Rodriquez.



RANDALL BROWN: Thank you, sir.

HYACINTH MCKEE: I'll second it.

RANDALL BROWN: Made by Chris and seconded by Hyacinth. So now we have the motion before us, and I will read it again now that we have the motion and a second. The motion before us is the amended motion for the council's fiscal year 2021 legislative advocacy agenda item to request a 2-dollar rate increase for all home and community-based services provided by direct service workers that no less than 70 percent of the increase being provided directly to service workers. Again, made by Chris Rodriguez and seconded by Hyacinth McKee. Do I have any abstentions? Anyone abstain?

JULIE FOSTER HAGAN: Julie Hagan abstains.

RANDALL BROWN: Thank you. Noted.

PATTI BAROVECHIO: Patti Barovechio abstains.

RANDALL BROWN: Let's just do a roll call vote on this.

HANNAH JENKINS: Dr. McKee.

HYACINTH MCKEE: Yes.

HANNAH JENKINS: Dr. Barovechio.

PATTI BAROVECHIO: Abstain.

HANNAH JENKINS: Ms. Basile.

KIM BASILE: Yes.

HANNAH JENKINS: Ms. Bayham.

MELISSA BAYHAM: Abstain.

HANNAH JENKINS: Mr. Billings.

MICHEAL BILLINGS: Yes.

HANNAH JENKINS: Mr. Bristow.

RASHAD BRISTOW: Yes.

HANNAH JENKINS: Ms. Cetnar.

CARMEN CETNAR: Yes.

HANNAH JENKINS: Ms. DeJean.

LILLIAN DEJEAN: Yes.

HANNAH JENKINS: Ms. Egle.

JILL EGLE: Yes.

HANNAH JENKINS: Ms. Guillory.

MICHELLE GUILLORY: Abstain.

HANNAH JENKINS: Ms. Foster Hagan.

RANDALL BROWN: She abstained earlier.

HANNAH JENKINS: Ms. Hano.

JILL HANO: Yes.

HANNAH JENKINS: Ms. Hymel. I believe she left.  
Mr. Iddins.

MITCH IDDINS: Yes.

HANNAH JENKINS: Ms. Katzman.

JENNIFER KATZMAN: Abstain.

HANNAH JENKINS: Mr. Nguyen.

STEVEN NGUYEN: Yes.

HANNAH JENKINS: Ms. Polotzola

BAMBI POLOTZOLA: No.

HANNAH JENKINS: Mr. Chris Rodriquez.

CHRISTOPHER RODRIQUEZ: Yes.

HANNAH JENKINS: Mr. Rovira.

MATTHEW ROVIRA: Abstain.

HANNAH JENKINS: Ms. Sonnier.

TEMISHA SONNIER: Abstain.

HANNAH JENKINS: Ms. Halie Belin, can you continue the vote.

HALIE BELIN: Ms. Tarver.

MARY TARVER: Yes.

HALIE BELIN: Dr. Wilson. I have 11 yeas and one nay.

RANDALL BROWN: We have a vote on the amended motion of 11 yeases and one no. So the motion passes. Thank you, ladies and gentlemen. So the next issue before us is, I believe, the ratification of the council's five-year plan. So as we all know the five-year plan, we had a committee that put that together. We brought that to a vote. It went out for public comment. We had I believe three public comments that we shared at our executive committee meeting. I don't have those directly in front of me, but they were positive comments. I recommended that suggestions that were made by at least two of the commenters that we put that focus towards our 2022 plan we have yet to develop. I think the five-year plan does support us to be able to address those matters more directly, more quickly within our 2022 plan. But we do need to ratify the five-year plan today so that it can go into effect. And go for consideration by our federal partners as meeting our mandate for the five-year plan goals and objectives. Do we have that to put up on the screen, Courtney. A synopsis of it. Again, this went out for a 45-day period of comment after it had been talked about, discussed, and put together by committee. And we talked about it last meeting. So it went out for the 45 days of comment. I believe there were three

comments. One was in positive support of, I believe, goal number two. Two had to do with making sure that behaviors were addressed. And correct me if I am wrong there Courtney, but that was the major issue with the other two comments, and we discussed it at executive committee and we are certain that we can add those concerns into the 2022 plan that has yet to be developed. We will take those recommendations into consideration there. What you see before you now is the five-year plan as we have developed it. And now we would need to approve the five-year plan. So Courtney, do we need a motion, or can we just vote? Again, do I need to ask for a motion.

COURTNEY RYLAND: Sorry, I was having technical difficulties. Ms. Learson, do we need a formal motion to ratify the council's five-year plan or is a unanimous consensus appropriate in this matter?

NICOLE LEARSON: Mr. Chair, if you simply use unanimous consent. That is to say if there is no objection to the five year plan it will be adopted as displayed and pause. If there is no objection, then it is ratified.

RANDALL BROWN: Okay. So we will do that. Thank you, madam parliamentarian. So you see before you the five-year plan as written. Are there any objections to it? Hearing none, it would pass by unanimous consent. So I thank you all.

HANNAH JENKINS: Mr. Chris Rodriquez has his hand raised.

JILL HANO: Randall, you were talking but you were on mute.

RANDALL BROWN: Chris, you have the floor, sir.

CHRISTOPHER RODRIQUEZ: Just really quickly, just as a technical note. How many votes during this meeting, I guess it would depend how many council members we have present, constitute a passage of anything. Majority, but what does that equal today?

RANDALL BROWN: I would have to check the bylaws. I believe it's 2/3rds. We're about to go to lunch so I will do that. But we have passed so far, all the votes by a good majority. But I will check the bylaws to be certain of that. Courtney, do you have a budget report?

COURTNEY RYLAND: Is the budget report displayed?

RANDALL BROWN: Yes. It's on the screen.

COURTNEY RYLAND: So if you will recall earlier in the meeting, I had indicated there are several meetings with the Louisiana Department of Health and the various departments within it that pertain to budget and fiscal and planning and accounting. I am sure Ms., or some of the other state agencies can relate, it's not just one entity within a department where you discuss financial matters. It's several. But there was the issue, and we had talked about this last council meeting that the operating expenses seem to be erroneously reported. We have conducted some research to find out what exactly was being charged to those accounts. And we did eventually find where some charges were being made erroneously to those expenses. So it's taken a process of doing some journal voucher entries and realigning some of the budget to make sure that we can accommodate the correct charges or the correct application of those charges. So they have been identified and it's in the process of being corrected. So unfortunately before this report was created, LDH, it could not be reflected in this report. But we are getting it correct.

RANDALL BROWN: Does anyone have any questions for Courtney in regard to the budget numbers or the budget itself.

HANNAH JENKINS: Chris Rodriguez and Corhonda Corley have their hands raised.

RANDALL BROWN: Chris, you have the floor, sir.

CHRISTOPHER RODRIQUEZ: My hand was raised from before, sorry.

RANDALL BROWN: Any questions with regard to the budget?

BRENTON ANDRUS: Corhonda has her hand raised.

RANDALL BROWN: Roslyn, did you say?

BRENTON ANDRUS: Ms. Corhonda Corley.

RANDALL BROWN: Sorry. Ms. Corley, you have the floor.

CORHONDA CORLEY: Thank you so much, Mr. Chairman. I wanted to make sure I heard them correct that they said this council budget report is not accurate. Is that what they said?

COURTNEY RYLAND: Trying to correct some technical difficulties. This report was created before some of the corrections could be reflected in that. This

report is for the end of the second quarter which was by December 30th or December 31st. So those corrections are still being processed by LDH and won't actually be reflected until this month. So because this is the second quarter for the state fiscal year budget report that is why this report reflects that specific amount for the operating expense. Like I had indicated before, we already identified what the errors are and that is being changed so that for January it will be, it will reflect accurate information. Does that answer the question?

CORHONDA CORLEY: Permission to responded, Mr. Chairman.

RANDALL BROWN: Yes. You have permission.

CORHONDA CORLEY: That does answer the question. And I would like to strongly recommend that the actual accurate information be brought back to the council and also be provided on the website as well as a convening of a meeting Not necessarily a full council meeting, but a convening of the executive committee just so that information can be provided for the community to be able to see, to show transparency as well as provide real and true accurate information. That is my strong recommendation. Thank you so much.

RANDALL BROWN: Noted. Thank you. As soon as we have all the updated data it will be publicly provided.

BRENTON ANDRUS: Kim Basile has her hand raised.

RANDALL BROWN: You have the floor.

KIM BASILE: Courtney, I would like to request when y'all do present the accurate information for us, if you could present it in the format where we see it was originally recorded. And then the corrections that were made, debits or credits, to the ending the correct amount. I can actually shoot you a little spreadsheet if I am not explaining myself correctly. But I would like to see where the corrections are being taken from and moved to.

COURTNEY RYLAND: Yes, ma'am. I believe we can accommodate that.

RANDALL BROWN: Any further questions in regard to the budget? Hearing none. Courtney, unless you have something else to add I believe it is time to adjourn for lunch. Is everyone in agreement?

STEVEN NGUYEN: I move we adjourn for lunch.

NICOLE LEARSON: Mr. Chair, if you don't mind, it's not to adjourn for lunch, but just to recess.

RANDALL BROWN: Sorry. Recess for lunch to return in one hour at 1:00.

STEVEN NGUYEN: I apologize.

RANDALL BROWN: So recess for a one-hour lunch break. Return for business at 1:00. Everyone in agreement? Do I have unanimous consent. No objections? Okay. Thank you everybody. See everyone at 1:00.

Okay everybody. We need to get started. It's one minute after 1:00. If everyone could please turn your cameras on so we can see you. Help us establish a quorum so we can begin. Hope everyone had a good lunch. Again, if everyone could please turn on your cameras so we can start the meeting with our quorum. Courtney, could you please let me know when we have established a quorum please.

COURTNEY RYLAND: It is 1:02 and we now have a quorum.

RANDALL BROWN: Good afternoon, everyone. Welcome back. We will begin the afternoons business. Before I begin with reports, I do need to mention two small things in my executive director's report I omitted because our vice chair was not at that time present. But I have asked our vice chair, Dr. McKee, to chair a diversity ad hoc committee that we will be forming soon. So if any of you either on the council or of our public would like to join that committee, please you can let myself or Courtney know via email. I will be considering appointments for that committee. But our chair of that committee will be our vice chair Dr. McKee agreed to do that.

Also, on the same note Ms. Lillian DeJean spoke with our executive committee the other day and would like to form an ad hoc committee for the youth project. So we will be doing that as well. If you have any interest in either of those committees or both please let me know. We will be forming ad hoc committees for those. I don't yet have the times of when we will begin those but begin taking names for those today who would like to do so. Just please email or text me to let us know if you are interested in either of those committees and we will be happy to take a look at

getting those set up. Get those running as soon as we can. A lot of things on our plate, but we know that work is important so it will proceed. Just so everyone is aware of those two things, our diversity committee and youth ad hoc committee are being formed. Okay. Having said that, I want to thank everyone for being here today and your attendance. I know the morning was hectic. We got a lot of work done. Thank you. We are going to move now to committee reports. And we will begin with the act 378 subcommittee, Ms. Bambi, you have the floor.

ROSLYN HYMEL: Excuse me for a second. What kind of committee is that for?

RANDALL BROWN: Give me a call later and I will explain them both to you. You have my cell phone number, right.

ROSLYN HYMEL: I don't have my phone no more.

RANDALL BROWN: Okay. It's one of the diversity committee when we're talking about ways to be more diverse, for the council to be more diverse. And one is a youth committee. I will let Lillian speak to that. You can do a lot better than I can. Lillian, you have the floor if you want to talk about your idea for an ad hoc.

LILLIAN DEJEAN: Essentially what this ad hoc would be for the planning of the youth leadership forum. This is the five-day summer camp that I have shared with y'all about that is happening across the country. It's hosted by some DD Councils, by some nonprofits, just depends on the state. Essentially what this is almost like a five-day summer camp for youth with disabilities teaching self-advocacy skills, employment skills. Also have sessions on topics such as sexuality, disability culture and history. It's one stop shop for youth advocacy. And there is a lot of things that goes into planning a youth leadership forum. We haven't had one here in 15 years. Definitely needed again, as we know. And so this committee would be to hash out the details of what a YLF would look like here. If you join the committee, I can promise a good time.

RANDALL BROWN: Thank you very much for that eloquent synopsis there and explanation. We would certainly be looking forward to those of you who are

interested in applying to please let us know.

EBONY HAVEN: Ms. Jill Egle has her hand raised.

RANDALL BROWN: Yes. You have the floor.

JILL EGLE: Can you send me the link on how to get involved what Lillian was talking about?

RANDALL BROWN: We can get you involved in it. And so now, and you don't have to volunteer now. Let Courtney or I know you are interested.

ROSLYN HYMEL: I am doing the same thing, Randall. Why I wanted to know more details.

RANDALL BROWN: Just wanted to let everyone know. We need to move forward in the interest of time. So now we have committee reports. Bambi, you have the floor.

BAMBI POLOTZOLA: Hi everyone. The act 378 subcommittee met yesterday. We do not have any recommendations for the council to consider. We did spend time reviewing fiscal year 21 second quarter data for the programs within Office for Citizens with Developmental Disabilities, behavioral health and aging and adult services through the Arc of Louisiana. These reports can be found on the council's website under the council's section if you would like to review. The districts and authorities, also known as the LGEs, are still seeing the effect of covid 19 on their ability to provide services. Some of their expenditures were lower than usual being we are halfway through the fiscal year. Many are trying to be creative in how they serve families to ensure the funding is utilized. We also spent some time reviewing a report from OCDD that includes a regional breakdown of priority requests for the individual and family support program for this past fiscal year. This information included the type of services requested, the cost associated with each request, and how many individuals were served.

We discussed at length some concerns about the amount of IFS dollars being spent on vocational and employment supports and services. One of the questions we had was if a waiver would more appropriately meet the needs of these individuals receiving vocational services rather than using the IFS dollars. It was shared that some individuals receiving these services based on their individual need do not rise to the level of needing a waiver. The support they need may be only



temporary. Also some thoughts that providing all individuals with a waiver for only vocational supports may result in a waiver waiting list. A waiver may not be available for someone with more urgent or emergent needs. Also noted that IFS requests for incontinent supplies also utilize many IFS dollars. OCDD plans to analyze these specific requests to discuss findings and possible solutions. If any are deemed needed at the next meeting. And that is the end of the report.

RANDALL BROWN: Thank you, Bambi. Any questions for Bambi about her report?

EBONY HAVEN: Liz Gary has her hand raised.

RANDALL BROWN: Yes, Liz. You have the floor. I think she put her hand down. Might have been just a mistake.

LIZ GARY: No, I'm here. I'm sorry. Thank you. I wasn't moved to panelist so I couldn't speak. I just had one question Bambi. I was on that meeting, but I didn't hear what Tanya Murphy said. Did they tell us, or can we find out how much Metropolitan is spending on that. I know you had asked the question as far as I don't know if we got dollar amounts or percentages what they were spending. Or even for that matter consider what all of the different areas regional authorities are spending on that particular thing so maybe we can set a plan in place. Just a thought. Thanks.

BAMBI POLOTZOLA: Liz, I don't know if you were able to see the screen yesterday, but they have a pretty extensive report broken down by each area of need, and the amount of people served, and the dollar amount. And that is for each LGE.

LIZ GARY: I don't think I saw that, so I will try to find it. Is that report on the DD Council, on their website anywhere, do you know?

BAMBI POLOTZOLA: I think it is.

BRENTON ANDRUS: It will be linked in the act 378 agenda. I will put it in the chat.

LIZ GARY: Great. Thank you so much.

RANDALL BROWN: Are there any other questions for Bambi about her report.

EBONY HAVEN: Jill Hano has her hand raised.

JILL HANO: Okay, Bambi. I am taking this way back. You're going to be like oh, my God. I am trying to familiarize myself with the programs of your

committees. I'm sorry y'all. The funding for the LGEs is explained in act 73, correct?

BAMBI POLOTZOLA: Act 73 was the law that was passed that requires LGEs to budget 9 percent of their funding for DD services. Correct me if I am wrong.

JILL HANO: May I ask another question?

BAMBI POLOTZOLA: Sure

JILL HANO: What does this, the whole sheet of data breakdown IFS approved funding? Was that a one pager?

BAMBI POLOTZOLA: Show me, put it up to the screen. I am not sure.

JILL HANO: Cause I feel like I thought it was act 373. Am I really loud.

RANDALL BROWN: We can hear you fine.

JILL HANO: I am hurting my ears. I could be wrong, cause like I said, it was only a one pager.

BAMBI POLOTZOLA: That page you showed on the screen doesn't look familiar as something we have in the 378 committee.

JILL HANO: Does this look familiar to any DD Council member at all? Going once. Julie.

JULIE FOSTER HAGAN: I am trying to see it. It's really small.

JILL HANO: I am sorry y'all. This is not three minutes if y'all need to cut me off, Randall, just say if you need me to come back to this just let me know.

RANDALL BROWN: If you don't mind, could we come back to this and let me see if someone else has a question of Bambi's report.

JILL HANO: Yes, sir. Thank you.

RANDALL BROWN: Does anyone else have a question for Bambi about her report?

EBONY HAVEN: Randall, there are no hands raised and no comments in the chat.

RANDALL BROWN: Thank you, Ebony. Hearing no questions. Thank you, Bambi. And your report will be entered into the record. And so our next report will be for our education and employment chair, Ms. Mary Tarver. You have the floor.

MARY TARVER: We had our education and employment committee meeting on Tuesday. We did not have a quorum so we don't have any formal recommendations that we can make today. We did have our discussions and had great discussions on several things we did have on our

agenda. But because we weren't able to make any recommendations for the initiatives for the fiscal year 2022 action plan, I would like to ask the council's permission if we could, we would like to have a committee meeting and then to have any recommendations from our committee go directly to the fiscal year 2022 planning committee when they convene. Because we won't have time if we wait until next quarter, we would be impacting the planning committee. So we would like to have a meeting and then know if it would be okay for us to go directly to the planning committee with the education and employment committee.

RANDALL BROWN: Yes, madam chair. I think that's a wise decision. Certainly can do that. You are the chair of the committee so get with Courtney and see about scheduling when everybody can do a poll and schedule and see when you can have a quorum. And y'all schedule that as you need to and get that out as soon as we can. And those recommendations can go straight to the 2022 planning committee.

MARY TARVER: Thank you. I did want to mention we had Sarah Fletcher who is our new Louisiana Department of Education representative. I think she may be still waiting for the governor appointment. But she was in our meeting for the very first time and it was great to have her there and just continue to hear about the new initiatives the Department of Education is doing. And I hope I am not going to steel some thunder, but I just wanted to say that we did talk about a focus group that Louisiana Department of Education has hired a company, David James in the person who reached out to the DD Council. They want to have a couple of focus groups of people from our community and they are working on a plan to guide work for special education. I can't say enough how excited we are to hear that overall. And hopefully have people to participate with Mr. James and the focus group. So I think he was going to reach out to the council staff, and we will come up with some dates and times and send that out so that people who would like to can participate. We are excited about that.

RANDALL BROWN: Okay.

MARY TARVER: That is my report.

RANDALL BROWN: Does anybody have any questions for

Mary?

EBONY HAVEN: Bambi has her hand raised.

RANDALL BROWN: You have the floor.

BAMBI POLOTZOLA: Do we need a motion in order to get approval for the committee to meet and send our recommendations directly to the planning committee? Cause the council won't be able to approve it?

RANDALL BROWN: As long as everyone agrees we will do it by unanimous consent. Does everyone agree that can happen, that their recommendations from the education and employment committee can go to the planning committee for 2022? Does anyone object to that? Then by unanimous consent it passes, and we will, the recommendations the education and employment committee do make will go to the 2022 planning committee as they start their work. Thank you, Bambi. Is there anything else.

EBONY HAVEN: Ms. Corhonda Corley has her hand raised.

RANDALL BROWN: You have the floor.

CORHONDA CORLEY: Thank you so much Mr. Chairman. I was actually asking, had my hand up before you actually did the unanimous vote, because I wanted to see if those recommendations could have actually been put up so that we could see what the recommendations actually were before we vote on them. Because I heard them really quickly, but also wanted to make sure I read them. Because just like we spent two hours or so a few moments ago on an actual motion and actually making sure the language was correct, I just wanted to make sure the wording for the recommendations and stuff was correctly as well.

MARY TARVER: We don't have any recommendations because all we could do yesterday was just discuss. So we are going to have to have another employment and education committee meeting specifically to look at our recommendations to the planning committee. So we don't have anything today to share because while we talked about some things yesterday, we have to have another meeting when we have a quorum. We will plan on scheduling that hopefully in the next couple of weeks. Send a doodle poll out. The notification will be published on the website. That is when we have an opportunity to talk about it. Nothing formal today.

RANDALL BROWN: Thank you. Any other questions to Mary about her report? Okay. Thank you.

EBONY HAVEN: Ms. Corley has her hand raised.

RANDALL BROWN: You have the floor.

CORHONDA CORLEY: Thank you so much, Mr. Chairman. So since Ms. Tarver stated that she couldn't make the recommendations now, can we please ask the Parliamentarian what would be the procedure. Because you actually did motion to actually have a unanimous decision as it correlates to her report and the changes as far as in with that actual topic. So can we please actually have either that motion taken back so that we can actually have that education committee meet to reconvene at the later date so that if they do make any recommendations they can actually be brought to the table.

RANDALL BROWN: The reason I asked for that to be done that way is because the fastest way they will be brought is to the planning committee. Because they hope to meet within the next, should have met during this quarter and quorum prevented that. Those recommendations would have to go now to the planning committee for us to implement them. That's why I asked for that to be done by unanimous consent. So now when we do meet whatever recommendations come out of there go to the planning committee for consideration. And then that planning committee brings their recommendations back to the council where it can then all be discussed. Nothing circumvented. Just the best way we can think to get the work done since the meeting was not able to be done due to lack of quorum this quarter. Does that answer your question?

CORHONDA CORLEY: Yes, Mr. Chairman. It does. Thank you so much. I just wanted to make sure we was still following.

RANDALL BROWN: Not trying to circumvent any rules. We want to make sure they can meet, and the recommendations get vetted and get to the council to do so. A little different way, but everyone will have their input.

CORHONDA CORLEY: Thank you so much Mr. Chairman. Greatly appreciate it.

RANDALL BROWN: Thank you. Are there any other questions for Mary with regard to her report? Hearing

none. Thank you, Mary. Your report will be entered into the record. Our next report is self-determination and community inclusion. Mr. Mike Billings is the chair of that committee. You have the floor, sir.

MICHEAL BILLINGS: Thank you. Good afternoon everybody. Try get through this without having a coughing fit. The self-determination and community inclusion committee met yesterday. We also don't have any recommendations. Unfortunately, the committee ran longer than expected and we did not end with a quorum to be able to make a recommendation to the council to consider for inclusion in the FY22 action plan. What I would like to do is tell you about some of the ideas that were actually on the floor and the committee was discussing. And if possible, allow a motion to be brought to the floor, if a member would like to do so, on these items. Under objective 2.1 create a list of providers by region to be posted on the council and Louisiana Department of Health's websites. This list should include home and community-based providers, primary care, and specialist care providers, preventive health services, prevention of chronic disease services, dental, behavioral health and sexual reproductive health services. This list would also be made available to case managers for distribution.

Under objective 2.2 establish an initiative to educate first responders and direct support professionals on how to treat individuals with disabilities in an unbiased manner.

And under objective 2.3 establish an initiative to address discrimination and housing for people with disabilities. And maybe to simplify, if maybe Courtney could bring that up on the screen. Courtney, do you have that available to pull up. Those three items. So these are the three items under discussion. And we lost our quorum and were unable to move forward with them. And if possible if someone would like to bring a motion on the floor, we can take a vote and move them on to the action plan committee.

ROSLYN HYMEL: If you want Mike, I could do that if it would help you.

MICHEAL BILLINGS: That would help.

RANDALL BROWN: Roslyn has made the motion to accept the recommendations you see before you that were

discussed in the self-determination committee when they lost a quorum. So there you see before you on the screen those objectives. So Roslyn has made a motion to accept these objectives. Do I have a second to Roslyn's motion?

MITCH IDDINS: I would second.

RANDALL BROWN: Thank you, Mitch. We have a motion on the floor from Roslyn and seconded by Mitch. That is the objectives you see before you from the self-determination committee before they lost their quorum on these objectives to be added. So do I have any objections? First, do I have any abstentions? Anyone abstain?

CHRISTOPHER RODRIQUEZ: I think what we were missing in the last few votes, I think the Parliamentarian mentioned that we provide an opportunity to open it up for discussion after the second, right.

RANDALL BROWN: Yes. Do we have discussion on the objectives? Is there any discussion on the objectives you see before you? Objective 2.1 is to create a list of providers by region to be posted on the council on Louisiana Department of Health websites. The list should include home and community-based providers, primary care, and specialist care providers, preventive health services, prevention of chronic disease services, dental. The list would also be made available to case managers for distribution. Under objective 2.2 establish an initiative to educate first responders and direct support professionals on how to treat individuals with disabilities in an unbiased manner. Under objective 2.3 establish an initiative to address discrimination in housing for people with disabilities. These are the objectives you have on your screen for discussion, consideration. Any questions or comments?

EBONY HAVEN: There are no hands raised, Randall, and no comments in the chat.

RANDALL BROWN: Hearing none. We have a motion that has been made and seconded. Do I have any, it's now on the floor, do I have any abstentions?

JILL HANO: I do.

RANDALL BROWN: Okay. And I will reread the motion. It is to accept the objectives you see before

you that I just read to be added to our plan. Doing this because self-determination committee was unable to finish their work due to the lack of quorum. This is just to help do our regular business. This would ordinarily be something that would not need a motion, but since they lost a quorum, we need a motion. Do I have anyone who abstains? Do I have any objections to the motion? Hearing no objection, the motion carries.

JILL HANO: I abstain, Randall.

RANDALL BROWN: Yes. It's recorded.

JILL HANO: Thank you.

RANDALL BROWN: And Chris, to answer your earlier question about votes, it's the majority of members present to pass something.

MICHEAL BILLINGS: Can I carry on?

RANDALL BROWN: Yes.

MICHEAL BILLINGS: Thank you everyone for handling that motion for us. The committee also received updates on contractual and noncontractual activities in goals 1 and 2 FY21 action plan. I encourage you all to review the status update document that we receive quarterly for specific updates on each activity. But there were a few things I wanted to mention. Regarding Partners in Policymaking, the 2020 class which was halted due to covid 19 pandemic will move forward this year in the virtual format. There will also be virtual workshops offered throughout the year on topics typically covered in partners for anyone who wants to participate. These ongoing virtual meetings will not be actual Partners in Policymaking class but will serve as recruiting tool for the next year.

We also received an update on act 421 children's Medicaid option. This is Louisiana's program designed to serve the TEFRA population. As of now the department has still not received approval for the program implementation from CMS. However, they are cautiously optimistic that they may have approval to start the program in April. The stakeholder group is also looking for more representation from families so those interested in participating should send an email to 421-CMO@la.gov. And we will put that in the chat box. We also continued our discussions about appendix K waiver exceptions that were implemented at the start of the covid 19 pandemic. Sure you will get more



information about this in OCDD's report, but many of these exceptions were extended until at least October. And that is all I have to report. If anyone has any questions.

RANDALL BROWN: Does anyone have any questions of Mike about his report? Any questions of Mike about his report?

BRENTON ANDRUS: Don't have any hands raised or comments.

RANDALL BROWN: Thank you. Your report will be entered into the record. I do want to clarify my earlier comment about those present when we vote. It's those present and voting. So those who on the council have been appointed by the governor. So all voting members who are present and vote, that's what is required to pass a motion with the council. Just to make that clear. Present voting members. Okay, sir. Thank you. Our next set of business is the standing council member reports. And so our first one will be from Louisiana Rehabilitation Services.

MELISSA BAYHAM: Good afternoon everyone. This is Melissa Bayham from Louisiana Rehabilitation Services. Happy to be with you this afternoon. I just highlight some things from my written report and obviously take any questions that you may have. Just to highlight, we did a lot of metrics in our report, and just to highlight a couple of things. As of December 16 we had 8,687 participants in the vocational rehabilitation program and 2,137 students participating in preemployment transition services. We have also provided by region the number of individuals that we're serving with developmental disabilities. And the cases closed in this program year for that same population.

Just a couple things on preemployment transition services, we are currently serving approximately 2,600 students statewide. And that includes 53 of the 64 parishes and over 340 school systems in the state. As I reported before, and we have talked about extensively in the education and employment committee meeting, we continue to strive to get that to obviously 64 parishes that we are in. And we continue to make strides doing that. We currently have 13 active third party cooperative arrangements. Those arrangements with school districts where we actually fund a transition

coordinator the school districts provides the state match and then we draw down the federal funds for that position for that school districts to have their own specialist for preemployment transition services.

An update on, we have been hiring in each region what we call a RED. Rehabilitation employment development specialist. Like an in-house job developer. We have been able to hire this position in the majority of our regions. We are still trying to fill vacancies in New Orleans, Houma and Alexandria. We have conducted quite a bit of training in the last quarter. In October we did have a two-week new counselor academy. We tried to have every year twice a year, depending on how many new staff we bring on board, a new counselor academy to just give an in-depth training to our new vocational rehabilitation counselors. And we also provided training on the flexibilities in preemployment transition services. Back in February the Rehabilitation Services Administration put out a notice of interpretation that basically they interpreted additional services that we can provide in preemployment transition services. But it does require an individualized plan for employment and for the student to be in the actual vocational rehabilitation program and not just potentially eligible. So it involved a lot of training and we provided that training to staff within the last quarter.

We are trying to become as electronic as possible. This was always, has been a goal of ours for quite some time. And obviously, covid has shown us how important that is. So we are we're in the process of getting signature pads to help us with our case management system and allow that to be electronic. Also investing what we call a vendor porter through our Aware system, our case management system. Which is going to allow us to be able to receive invoices, us to send and receive invoices with our vendors electronically instead of having to have paper go back and forth. And they can submit their invoices as well as their supporting documentation through that portal.

Last thing I wanted to mention, and this is a very small portion of my staff, but as I think everyone is aware, we are under Louisiana Workforce Commission,

Office of Workforce Development and are assisting with the back log in identification verification for unemployment insurance. So I have, I think only about eight staff right now who are part-time helping in that endeavor. But I'm sure you are all aware of the situation with unemployment insurance and so we are assisting in that effort. But that is all of my prepared remarks, but I would be happy to take any questions.

RANDALL BROWN: Thank you. Any questions for Melissa.

MELISSA BAYHAM: I think Dr. McKee has her hand raised.

RANDALL BROWN: You have the floor.

HYACINTH MCKEE: Thank you so much for your report. I know you have been trying to make bricks without straw for a very long time. Thank you for the work you do for our community. I do have a question about your report. Notice you are only in 53 out of the 64 parishes. Could you share with the full council, if you do have that in front of you, some of the barriers that you have experienced with not being able to get into the other parishes that's noted. Thank you.

MELISSA BAYHAM: Sure. It varies, obviously, from district to district. A lot of our struggles sometimes comes with, and this is even exacerbated with covid, some school districts it's difficult to get into the school system allowing our vendors onto their campuses. That sometimes is a source of contention with some of our districts. Some we have done presentations to a number of times and they just, for the lack of a better phrase, seem to be kicking the can. We are going to meet on that, we will talk on that, get back with you. Having to stay persistent. We have been doing a lot of presentations to some of these districts that we are not in and they are trying to decide how they want to go about it. And I will explain that. The method that the majority of school districts who can do this, the preference is to do a third-party cooperative arrangement. Because that allows them, they are under our administrative supervision, cause it's under contract. But they get to pick their own person and they get to have essentially a staff person on board to provide preemployment transition services. That is the

preference, not having an outside vendor coming in. The struggle with that it does require them to put up some funds. So they have to put up the 21.3 percent match. So when you look at the whole cost with the salary, benefits, travel, you can put all that within the contract, they just have to contribute 21.3 percent of those costs. So as you may know with state government or with any governmental entity, obviously, you have to get the backing of certain people and things like that. A lot of districts will say that's what we want to do but takes a while to get on board. When they do finally say yes, then it takes some time to go through the Office of State Procurement to get those contracts approved.

So it just varies district by district, but we have been a lot more successful. Recently, I don't remember which month, but probably within the last quarter we actually sent letters to the superintendents of the school districts from myself basically explaining what the law is, what the requirements are, and basically so how are we going to do this. In short, something they forwarded to their legal departments and that's fine. And I did get some calls after that with some school districts when they saw the writing on the wall and saw it on paper that yes, there are federal regulations that require this. We were able to get participation that way. We don't like to get participation that way, but you do what you got to do. Definitely headed in the right direction for sure. Did you have something else Dr. McKee?

HYACINTH MCKEE: I did. It just sounds like you all have been experiencing these challenges for some time now getting into the school districts, having a working relationship with schools regarding providing these preemployment transition services to our students with disabilities. And so I want to be able to press upon the education and employment committee to revisit this issue at some point and ensure that there is some type of agreement or alliance where we can ensure our students with disabilities are having full opportunities and access to a service like LRS that is out there in conjunction with LDOE. You all mentioned there's a focus group that is coming on. I would like to recommend, even though they didn't have a quorum the

other day, that this situation be looked at very carefully to ensure our students are receiving the support that are there and they are entitled to. Thank you. Thank you, Melissa, for your report.

RANDALL BROWN: Thank you, madam vice chair. Any other questions of Melissa with regard to her report.

EBONY HAVEN: Ms. Corhonda Corley has her hand raised.

RANDALL BROWN: You have the floor.

CORHONDA CORLEY: Thank you, Mr. Chairman. Ms. Melissa, I don't know how to pronounce your last name, so sorry. Can you please tell me if you happen to have a list of the actual school districts that you are currently not in as well as if you have a particular date or deadline in which you have to spend those funds.

MELISSA BAYHAM: Okay. Yeah, we have that information that I can get to everyone. I actually had that, was having them compile that again recently. So I can get that to you. The funding question, I can answer it. It can get a little complicated. But each year, each federal fiscal year vocational rehabilitation is allotted a certain amount of funds from the federal government and then we pull down those funds. We have to provide a state match to pull down those federal funds. So our grant award runs for one year, however if we still have funds that are unobligated at the end of the fiscal year, we can carry forward those funds to the next fiscal year. I tell you that so that you know right now we are still trying to spend, put it to you this way, last year's grant. We have to set aside 15 percent of the federal allotment. The federal funds we draw down we have to set aside 15 percent of those that can only be used in preemployment transition services. And as of right now I have about \$3.3 million dollars that I have to spend before September 30th of this year. But that is for last year's grant award. Not the current federal fiscal year. The funds are there. Funds are definitely available for us to spend. We just have to find a way to, obviously you have to spend the funds in a meaningful way. And I didn't discuss this before, but sure you understand, we have also run into a lot of roadblocks getting students signed up at the beginning

of the year because some were virtual, some not. Students under the age of 18 we have to get parental signatures. That has been kind of nightmarish to throw that out there. That has been another obstacle that we had with preemployment transition services. Not like we can go to the school and do what we got to do. We have to go those parental signatures in order to sign them up so to speak.

RANDALL BROWN: Thank you. Any other questions for Melissa.

EBONY HAVEN: Jill Hano has her hand raised.

RANDALL BROWN: You have the floor.

JILL HANO: What services did you say were only being offered in 53 of our 64 parishes? Preemployment.

MELISSA BAYHAM: Correct. Preemployment transition services. There's five preemployment transition services we can provide to students with disabilities so that students between the age of 16 and 21 it's work based learning experience, workplace readiness training, job exploration counseling and training and self-advocacy.

RANDALL BROWN: Any other questions of Melissa about her report?

EBONY HAVEN: There are no other hands raised and no chat.

RANDALL BROWN: Thank you Ebony. And thank you Melissa. Your report will be entered into the record. Okay, our next report will be from Department of Education.

SARAH FLETCHER: Hi everyone. Nice to meet you all. I'm Dr. Sarah Fletcher with LDOE, a former school, well current school psychologist, I guess. Working at the department. Really excited to be joining the DD Council and thank you all for welcoming me. Like to give you an update on our report. We have just some covid 19 updates. The Louisiana legislature gave out about 8 million-dollars to LDOE for learning devices. We know students across the state many are still working virtually. And is going to be used to purchase about 23,000 Chrome Books. Also Dr. Brumley has sent a letter asking that teachers, and early childcare workers, bus drivers, custodians, other educational staff be prioritized in vaccine allocation.

And also currently working on getting ready for

our state assessment and looking at flexibilities that we can provide this coming spring given the different ways students are participating in school right now. The department released the developmental screening guidebook webinar which is the developmental screening guidebook. On a new young children with disabilities landing page. Check that out. A recorded webinar and the guidebook is really good. Helps out with the early childhood transition process to help families navigate this complex system of special education.

I will touch on the jump start convention. We have that coming up next week. I think registration is probably closed at this point. But this year the convention is going to be virtual. Held in the afternoon two days next week. It's going to include a bunch of information about jump start and that graduation pathway. But also a specific session on students with disabilities. And then we'll also be hosting the 2021 teacher leader summit in May. The plan is for that to be held at the convention center in New Orleans. But we will be looking at covid protocols, etc. So we're going to be looking at topics like unfinished learning, lessons learned from this year, foundation of reading, including implementing the guidebook that came out, foundation supports for grades three through seven.

As we mentioned before we have a partnership with the DM Group who is helping us develop a comprehensive plan and update our strategy given our new administration to help us better service students with special needs. They have reached out to the council and they are forming a focus group. And so we really encourage if you are a member to provide candid feedback. Because it will only make our strategy stronger. We have that partnership.

And then also since we submitted this report we also released, we are in the process of accepting applications from school systems for \$1.2 million dollars in compensatory services funding that school systems can apply to pay for additional services that students need as a result of school closures this past spring. That is about all I have for the report. But happy to answer questions.

RANDALL BROWN: Thank you, Sarah. And welcome to

the council. Do we have any questions for Sara about her report.

EBONY HAVEN: Ms. Jill Hano has her hand raised.

RANDALL BROWN: Jill, you have the floor.

JILL HANO: I have a question for everyone. This vaccine for essential, whatever staff was included in essential workers for the vaccine. Does that include the nurses.

SARAH FLETCHER: Yeah. I think it does. I think the nurses might have even been in a priority group ahead of other school staff.

JILL HANO: My mom is getting hers next Friday. I was just double checking. Thank you.

RANDALL BROWN: Any other questions about Sarah's report?

EBONY HAVEN: There are no other hands raised and no comments in the chat Randall.

RANDALL BROWN: Thank you very much. And again, welcome to the council. And your report will be entered into the record. Thank you. So our next report to be given today is from the Office of Public Health.

PATTI BAROVECHIO: Good afternoon. I submitted a report, not any real updates since then and I will just highlight a couple of things. The Bureau of Family Health continues to support Louisiana children with special healthcare needs and their families through the family resource center. Which is now a statewide resource. A family anywhere in Louisiana can reach out for resource and referral services. We have a partnership with Families Helping Families to provide community supports, peer support at the community level. So there is a community resource specialist that is specifically trained to support children and youth with special healthcare needs at the Families Helping Families in each region. The Bureau of Family Health continues all newborn screening activities, newborn hearing screenings, as well as genetic screenings. Those services have not been interrupted. For those regions that have subspecialty clinics in the public health unit for children and youth with special health care needs those services continue. They have some in person visits still conducting some telehealth visits. There is a transportation assistance program



through the children's special health services program when Medicaid transport is not amenable to the need of the family. They must apply through their Medicaid MCO for Medicaid transportation first. But if that is not suitable for the family's needs, they can reach out to any Families Helping Families office or the families resource center to apply for the transportation program. Any questions? That's all I've got. Thank you.

RANDALL BROWN: Thank you very much for the information. No questions for Dr. Patti?

EBONY HAVEN: No hands raised and no comments in the chat, Randall.

RANDALL BROWN: Okay. Thank you very much. Your report will be entered into the record. Okay, so our next report is from the Office of Aging and Adult Services. Is that Michelle, I believe.

COURTNEY RYLAND: No. I don't believe we have either Ms. Robin Wagner or Ms. Lopez on today.

RANDALL BROWN: We will enter that report into the record. It should be in everyone's packet. Next is Bureau of Health Services Financing and Medicaid. That is Jen Katzman

EBONY HAVEN: Sorry, Randall. Chris Rodriguez has his hand raised so I'm not sure if it was something for Ms. Patti Baravechio

RANDALL BROWN: Chris, you have the floor.

CHRISTOPHER RODRIQUEZ: I was just curious for Office of Public Health I was wondering if you had any updates on the distribution of the vaccine to people with disabilities, or ICFs, or if there is challenges that maybe the DD Council could provide insight on or any updates related to covid.

PATTI BAROVECHIO: Unfortunately, I am not involved with the direct response, but I am happy to get back with you. I know leadership is very intimately involved with the governor's strategy and I know that guidance is coming down from Baton Rouge. But I will be happy to find out if there is any additional information other than what is posted around how they are distributing and determining distribution to all communities. I know there have been, an announcement just last week about some shortages, that not all delivery of vaccines were received to the Ochsner

system. But other than that, I don't know any up-to-date information. But I will find out if there is anything additional to add and I will share it out with the council.

CHRISTOPHER RODRIQUEZ: I just want to say one thing real quick and this isn't to you directly. I just scanned, and I apologize, I haven't been able to go into detail in every single report, but OPH provided the DD Council with a report that I don't even think has the word covid in it. So just for the future, I'm spending, I know a lot of us are, spending an incredible amount of time talking with OCDD and other disability related agencies. We're getting really good information as best they can. But in many circumstances a lot of our questions are referred to OPH. Basically them saying we only have so much information, you need to go to OPH. And I think that is a common response to lot of our questions. Which is a legitimate response. I know OPH has their hands full and really tackling this gigantic issue. It's just a little disappointing, what the council does is focus on people with developmental disabilities, and the report, which has a lot of good information in it, doesn't mention covid once. And the fact that people with developmental disabilities are such a venerable and exceptionally venerable population with respect to the detrimental aspects of the pandemic and covid, at least speaking on behalf of myself, disappointing. Just wanted to say that. Not a personal dig at you at all. Just the department, the agency.

PATTI BAROVECHIO: Just one little clarification. Our representation here is through the title five representation because title five children and youth with special healthcare needs program is within the Office of Public Health. So I definitely will raise this up to make sure that the council receives timely information from LDH about these very, very important issues around vaccination and covid response in general. We support the covid response. But the Bureau of Family Health, it's not one of our direct services, if that makes any sense. So our report is mostly around the children and youth with special healthcare needs program. But I definitely will raise that information up to leadership and make sure that

the correct informants provide updates to you guys.

CHRISTOPHER RODRIQUEZ: Thank you. That's helpful.

RANDALL BROWN: Thank you, Chris. Are there any other questions for Dr. Patti?

EBONY HAVEN: You have four new hands up. Ms. Roslyn Hymel, Ms. Bambi Polotzola, Ms. Jill Egle and Ms. Corhonda Corley.

RANDALL BROWN: Roslyn, you have the floor.

ROSLYN HYMEL: I had the exact same question like Chris had. But does everybody has to like fill out paperwork to even do with covid or anything like that. Because I did and I got mine with my vaccine in that. I am understanding where you come in, how can we all with the disability from different group homes, different facilities like this. Why can't people get questions answered like that. Especially with a disability.

RANDALL BROWN: Well, I mean Doctor do you have any feedback you can give on that.

PATTI BAROVECHIO: Roslyn, thank you for your excellent question. There is several helplines available that are posted on the governor's website, the Louisiana covid response website. There is also, I encourage each of you if you are looking for resources or having issues accessing resources in your community, again to use your local Families Helping Families. If there is anything specific that we can help you with, again our family resource center is statewide. If they don't have the resource for you, they will work with any family to identify and ensure you are linked to the resources you need. The family resource center can be reached. I will type in their email in the next box here. The family resource center. But please do reach out because they are literally sitting there waiting to serve families. You can contact them, and they can help link you to the correct information lines and the correct resources for whatever you are trying to access.

RANDALL BROWN: Thank you. Bambi, you have the floor.

BAMBI POLOTZOLA: I just wanted to say in regards to some of the comments that were made, one thing we need to identify, or at least I have identified through covid and the response and the vaccinations is that LDH

is huge and the Office of Public Health is huge. And so it's not, we get to know people, we have really great relationships with our partners here from the Department of Health. But the Department of Health is really huge. And there are some departments that we don't have the relationships from the DD community or the understanding. Some of the models in some of the departments are very different than the model we have in the developmental disability community. Just to remind everybody it's a partnership. Really great that we have so many advocates that kind of volunteer their time and give information so that the Department of Health, the governor's office can adjust some of the plans because we are hearing the voices of advocates. I just want to impress upon everyone thank you for your advocacy. Do not assume that the professionals know everything. It really takes advocates talking about what are the needs of the developmental disabilities' communities. And everybody is trying to do the best job they can, but we are in a global pandemic. Just want to thank everybody and share my thoughts on that.

RANDALL BROWN: Thank you, Bambi. Are there any other questions?

EBONY HAVEN: Jill Egle and Ms. Corhonda Corley have their hands raise and Ms. Kathy Dwyer.

RANDALL BROWN: You have the floor.

JILL EGLE: Ms. Patti, your agency your work for, is that dealing with everything with covid?

PATTI BAROVECHIO: We support the covid response, but the Bureau of Family Health we do newborn screening, we do, and that is the hearing screenings the babies get when they are born. The little heel stick test that screens all children in Louisiana for genetic conditions. The early hearing and detection intervention program. We have the reproductive program. We support a lot of activity within the public health unit. Different clinics. We administer for some school-based health centers. So we do a lot of public health initiatives. We do have some work that we are responsible for in the public health unit. But if you go to my report it's really outlined those programs and projects that touch, we do lead prevention. So all of those things are under the Bureau of Family Health. And I will be happy, I have a

program, like a one pager that I will share with everybody that kind of gives a little dusting of all the different activities in the bureau.

JILL EGLE: I pray to God once vaccine rolls in this all goes away. This really all goes away.

RANDALL BROWN: Yes. Thank you.

ROSLYN HYMEL: Julie, I already had mine Tuesday.

RANDALL BROWN: Okay, Roslyn. Thank you. Having mike difficulties but thank you. All right. So next we have Ms. Corley I believe. You have the floor.

CORHONDA CORLEY: Thank you, Mr. Chairman. Dr. Barovechio my question for you is, cause I'm happy you just mentioned the healthcare that falls under the Office of Public Health and the Bureau of Family Services. Isn't there a way we can actually use the data from the healthcare school system to actually track the covid 19 cases as it relates to the children that are currently in the brick and mortar building that have DD or IDD. That is the first question. Because I do know once those children return back into the brick-and-mortar building if they were positive for covid 19 they do have to supply their negative report in order to return back into the building. Isn't there a way we actually can use that to disseminate information on LDH page and provide like Mr. Rodriguez stated before, some numbers of our people in our developmental disability community that are impacted or affected or infected with covid 19.

And secondly, what can we do, like Ms. Bambi Polotzola stated, the Office of Public Health and the Bureau of Family Services is extremely big. But what can we do to make sure that we can actually form a partnership or collaboration with the governor's office of, the governor's task force for inequities and disparities to ensure that our minority population of people with developmental disabilities, cause that is an equity and disparity, what can we do to form a collaboration to ensure those numbers they are seeing is actually reflected with your office so that it can be disseminated not only to this council, but also on LDH's website.

PATTI BAROVECHIO: That was a lot of questions. So around the school-based health centers, that is something we are not in every, we are not partnered

with every school-based health center in the state. I don't know if the number is in the report. But I can check in with the program manager. We provide administrative support to the school-based health centers. And I can find out what data they are tracking and get that to you on that. As far as the partnership with LDH, I know that health equity is at the top of all of our program activities whether from the Bureau of Family Health or all the state offices. That is a top priority. So I would think, I don't know I am the right person to speak to that. We actually, within the bureau have a health equity action team who we depend on and have worked to help us apply that health equity lens to all we do and all of your initiatives and strategy. So I would be happy to think through this with the powers of be how to make a meaningful connection and collaboration and maybe identify some key strategies or key goals to look at. I don't know I have a definitive answer on how, but I do feel like as Bambi said, LDH is a very large organization and right now we are in the response to a major pandemic. But I do hear it and I feel like everybody here on this meeting would echo your sentiments of the importance in priority of ensuring that our minority populations are served and are reached through various whether it's vaccinations campaigns, information campaigns and make sure they are linked to the services they need to be safe and healthy.

Again, I can't emphasize enough is just to utilize those mechanisms, those support organizations in the community level. Because if you can't access a service or a challenge or barrier to identifying a resource for a family that again is ratcheted up and the leadership is notified that we're having a request and can't identify the adequate resources for it. Keep the voice coming.

RANDALL BROWN: Ms. Kathy Dwyer, we are going to have your question and in the interest of time we are going to need to move forward.

KATHY DWYER: Thank you, Mr. Chairman. I just kind of want to piggyback on what everybody is saying about the DD community in terms of covid and even emergency situations like this. I certainly appreciate how large

LDH is and how much they have done and are doing for us. I think one way we can start solving this problem, and it may not be right away, but making sure that in every single paperwork that has to be completed by whomever, be it physicians, those administering covid testing, whatever, include our demographic. I don't know they do. They probably ask for your gender, for your race, and your age. Ask your birthdate. But how about start asking if you have intellectual developmental disabilities. And that way we can start tracking. Without asking you are not going to get the information. That would pretty much solve our problem. At least the data. We also need to start making sure everybody's policy manual include our populations in their operations. Just like any minority group, the developmental disability population is a minority group and we just need to make sure every agency across the board addresses everyone with developmental disabilities. And that has to be down through policies that are written. That's all I have to say.

RANDALL BROWN: Thank you. Thank you for your comments. Thank you everyone. We need to move onto our next report and that will be from the Bureau of Health Services and Financing which is Medicaid. So Ms. Jen Katzman, you have the floor.

JENNIFER KATZMAN: Hi everyone. This is Jen. Due to the time constraints I won't read through my entire report. It was provided and is available to you. And if you have any questions please feel free to ask me. I will just say we continue to provide the maximum flexibilities within the Medicaid program that are available to us during the covid public health emergency. And since the covid public health emergency was extended at the federal level we have been able to continue those flexibilities, much to our relief, as there was some concern there about that ending in January. But now it will extend at least through April at this point in time. And also, we are moving forward with implementation of our act 421 children's Medicaid option, which is our TEFRA like program. And information about that is provided in the report. And we are, as previously reported by Michael, cautiously optimistic we will be able to get our federal approval that are needed in order to go live by April 1st. And

so we continue our stakeholder discussions. We will be scheduling one here not too far in the future as we start rolling out our communications campaign. I will stop there Randall for time.

RANDALL BROWN: Thank you. Were there any questions for Jen about her report?

EBONY HAVEN: No hands raised and no comments in the chat, Randall.

RANDALL BROWN: Okay. Thank you very much Jen. Your report will be entered into the record. And so our next report will be from the Offices for Citizens with Developmental Disabilities. Ms. Julie Foster Hagan, you have the floor.

JULIE FOSTER HAGAN: I am going to try to not repeat anything that we have already talked about. But there are a few changes so when we submitted our report, our OCDD report back in December there's been a few things that have changed since then. So I will try to highlight those. As Jen just mentioned, we got an extension on our public health emergency. Which helped to extend some of the exceptions that we have in place. And we also received CMS approval to be able to extend our appendix K exception beyond one year. So I know a lot of folks reach out to me with concerns about those exceptions ending. We had been planning for them to end in January, but we now know CMS has given us the ability to ask for the things that are in place, the exceptions to our home and community-based waivers. They can be in place for six months after the end of the public health emergency. Now states still have to ask for it. They don't just automatically extend it. So OCDD worked with Medicaid to submit a request to go and extend our appendix K. As they said, so we could do six months after the public health emergency. And I believe it was yesterday we did receive approval to be able to do that. So what that means is that as long as the public health emergency, if it does end April 21st that would mean we would have until October 21st of next year for those exceptions.

But we are working to really take a look at CMS is really pushing us and asking us to take a look at what did we learn from covid and what are some things we might need to do even though we have approval to make these exceptions because it's an emergency time, what



are things we might need to look at doing down the road and, in the future, because we have to make those changes differently than we do changes during an emergency. So we have been talking about this for a while. But we continue to just learn so much more. But we are going to be really trying to nail down what are things, what are services or rules that we have in place related that are in our home and community-based waiver services now and what are things that we might need to change. Even I know a lot of you talk about we can't wait until the vaccinations take affect and things can go back the way they were. I think we've all learned that we probably will never go back to what they were exactly pre covid. What did we learn and what might we need to change to be able to best support people. My OCDD team is really going to be trying to narrow that down, pull together all of the regulations and we will be reaching out to many of you to try to make sure we have an opportunity for stakeholder feedback. Done that in a few different ways along the way. But once we have that final document, we will be reaching out to set up an opportunity that we can have those stakeholder listening sessions. And we will absolutely make sure that the council is aware and can share the information for when we have those listening sessions.

We've talked a lot today throughout about the vaccinations and so the only thing I would like to just mention because this has come up during the course of the day today, that there are a lot of folks who still have a little bit of fear about the vaccination. So we have been working within the department, bureau of media and communication department and we are trying to come up with different ways or different things the department might be able to do to help people understand. And make, sure there is a lot of inaccurate information out there. So internally we have been preparing some resources to help educate the community on the risks and the safety related to it. And we recently had a suggestion that it might be helpful to have to do like some short video clips. Maybe to have folks with disabilities receiving their vaccine. Maybe even folks with disabilities receiving their vaccine with their direct support worker while

they get it. And maybe revisit that two or three days later go and talk to them again so there could be a video that said yes, I got my vaccine. My arm might have been a little sore, but I'm not having side effects and things like that. Again, as a way of helping people be more comfortable with getting the vaccine. So we are working right now to try identifying some folks who might want to partner with us to do that video. If you have other ideas, I think everybody has my email. But julie.hagan@la.gov. Please do send them to me. Something we are trying to drill down on. What can we do and how would it be best to educate our developmental disability community to be able to feel safer. I know some of you have said your physician is saying it's not right for you. If your physician says it's not right for you, please listen to your physician. But if you just have questions, we want to make sure people have the right information to help them make that decision for themselves.

It seems as if there were some questions. Just want to make sure I clarify. Anyone who receives services through home and community-based waiver services or resides in an ICFDD the participants and the staff are all eligible to receive the vaccination at this time in this tier. And so I just want to clarify that. There still are some questions about the family of the persons with developmental disabilities that are paid caregivers. Under covid family members can be paid caregivers. And we are working now to try to get that language clarified and out. I have had some chats today with some others too. If you did reach out maybe earlier in the week or last week and folks said you could not get on a list, please do reach out again. Because just yesterday and earlier in the week Dr. Canter, who is our state public health officer sent out to the licensed vaccinator locations two people clarifying exactly who is in this tier that is eligible for vaccinations right now. And as well as how we can make sure we get our folks on the list. As we noted there's still a shortage of the vaccinations coming in.

And then finally, I will add that OASS and OCDD we don't have it ready to roll out yet but have been working to try to develop is there a way we can help

our populations of people that are served by the Office of Adult Aging and Adult Services and the Office for Citizens with Developmental Disabilities is there a way we can try to help facilitate them being able to get the vaccination a little bit easier.

Lastly, I will end with Jill Hano had asked me to give an update. This was not in my report, but there was a letter that Mr. Luzack had sent to the council that was discussed last time. And we have had several of my staff within the Office of Citizens with Developmental Disabilities met with Mr. Luzack and there were others who were invited. He, since that time, my OCDD team has been working with him to really better understand, I think one of the things we talked about was we wanted to be clear about what his concerns were in the letter. And so we started with his concerns about eligibility. We were able to pull some data related to that. He also gave us, after getting permission from the families, he gave us the names of the families he had worked with who had concerns. So for all of those family members we went back and individually looked at their cases. And we did see an opportunity. Not sure if we need to modify our policy related to eligibility right now, or just engage in some training to make sure that there is consistent implementation of our policy. But we have been ongoingly working with him to drill down on that and to see where we may need to make some changes and/or use of education with our LGEs that are determining that eligibility. It's been ongoing. Not really been a closure of that yet because we are still ongoingly working to better understand and better look at where we may need to make changes in our system. I will end there and happy to take any questions.

EBONY HAVEN: Dr. McKee has her hand raised.

RANDALL BROWN: You have the floor.

HYACINTH MCKEE: Thank you so much for your thorough report today. Just wanted to get some clarification on what you just said about eligibility. If there are any considerations to eligibility requirements will you all be providing that information to the DD Council so we can look at that and provide any input and support as well to that. Just questioning whether or not if you are going to be

changing eligibility without at least letting us see and support that. I know Mr. Luzack did bring up something specifically as it relates to the diagnostic statistical manual of mental disorders and the DSM4 was utilized to determine eligibility for individuals. And the DSM4 is outdated since 2014. Not sure if you are aware of that. The DSM5 came out in 2015. What we do know for certain that some of the eligibility determinations have been made based on outdated medical diagnosis. Again, so if any kind of discussion or anything regarding eligibility is being made just asking that the DD Council be provided that information in writing so that we can also support OCDD as well as ensure Mr. Luzack's concerns were fully addressed.

JULIE FOSTER HAGAN: So just a quick response on that. So we are not looking, the actual, the definition of a developmental disability is in Louisiana statute. And the Louisiana definition doesn't exactly, but it very closely mimics the federal definition of a developmental disability. States can be in trouble, not in trouble, but there's extra scrutiny if we don't, in fact, use the federal definition. So we are not proposing to modify the statute in anyway shape or form. So there are certain things we can follow. And in that statute, it does not reference the DSM4 or DSM5. There are certain qualifying conditions. So in order for eligibility you have to have a qualifying medical condition as well as substantial functional limitations in major life areas. The concerns Mr. Luzack had was there are some difficulties that people have reported when you have a behavioral health diagnosis or disorder, as well as an intellectual, developmental, or cognitive disability and being able to heed those out. But, by all means, I can let you guys know if we do modify our policy or change the interpretation of our policy in anyway shape or form. I can absolutely bring that back to the Developmental Disabilities Council. I think what they really found is that there might be some minor tweaks to policy we need, but that in essence it's not necessarily the policy or definition, but how that might be interpreted. And that's why I think they really were thinking it may just be we need to educate people to better understand. For example, they

shouldn't solely be using, like you said the incorrect definition. But those aren't necessarily in our policy. But I can bring back a more thorough report. I know they were in the process of looking at specific cases and what not. So I can bring back a more specific report on eligibility next time and let you guys know what the plans are. Or if we are, in fact, looking at policy changes that are outside of education then by all means I can bring that to you guys before we would finalize it so we can get feedback.

HYACINTH MCKEE: Thank you, Julie. And I know OBH is not here present to address that DSM5 concern, but Mr. Luzack is a behavior health professional, a licensed professional and he is also a clinician. And he made that very clear that his concern was outdated criteria, outdated materials for diagnosis was being used to address the need of our public. I know you said OCDD is working on their end. But his concern was a multiagency directive. It was LDOE, OBH, as well as OCDD. So the DD Council still does not, again, have a full report from all agencies as it relates to his concerns. We have not received that in writing. And so, again, thank you, Julie. I know you all have met with him. At least you took the time to schedule time to meet with Mr. Luzack. Thank you for your time.

RANDALL BROWN: Are there any other questions of Julie?

EBONY HAVEN: You have four hands raised. Mr. Chris Rodriguez, Ms. Corhonda Corley and Ms. Sarah Fletcher. One hand went down.

RANDALL BROWN: Chris, you have the floor.

CHRISTOPHER RODRIQUEZ: Thanks, Randall. Just wanted to say thank you for the letter that OCDD put out strongly encouraging the ADCs that exist in parishes with above a 5 percent infection rate to close till January 31st. We thought that was really great and certainly appreciate that. And know you guys are monitoring those situations closely. Do you have an idea of what the agency, if the agency is going to provide further guidance provided that January 31st is coming up, I guess, ten days or so. Do you know the direction of that. And I guess the second question which might help us not send the letter, are you guys monitoring the number of individuals in ICFs that are

on waivers that are electing to receive the vaccine?

JULIE FOSTER HAGAN: We don't have specific data on that, Chris. I think honestly, we have all been all hands-on deck trying to get the vaccinations out and make sure people have access to it. We started having some internal conversation. What we are doing now in terms of data collection is trying to, on a provider side, on the participant side get a better idea of the number of participants and the number of providers that are willing to take the vaccine. And then be able to look at that by region so that we can make sure if there is a need that we can, if there is any way we can try to direct vaccinations to our population. So that is where we have been really focusing our efforts on at this point once we have the vaccine available.

We are having our support coordinators this week start a survey to be able to gather that information for participants and we sent a survey out today to our home and community-based provider agencies so that we can get an idea and drill down there. Because we really need that information to help us be able to say okay, this is where we need it. Let's focus efforts here. We have been focusing more on that than we have on the information specific to the vaccine. But after we were talking this morning, I sent something to my team we need to see, I don't know, at all, if there is a way that we can, I know there is database that tracks everybody who has a vaccination. I don't know how far we can drill down into that or if there is any way we can do any matching there. So that is where after hearing from you guys today that is what I am going to try to see if there is any way we could potentially do that so we can get an idea of numbers. We found that when we're able to do a matching in that way we get much more accurate information than if we use self-reporting. Some of the data that's out there we just had to kind of rely on us making phone calls saying did you do this and did you do that. We mark it. We don't feel overly confident in that. Are you always sure you have the right person. Does that person really understand what we are asking. We feel more confident if we can find a way, we can match our data with another data system. But please don't hear me say we are going to do that, because I don't even know that is

a possibility. Just something that came to mind as we were talking through this today. I will be following up.

RANDALL BROWN: Ms. Corhonda Corley, you have the floor.

CORHONDA CORLEY: Thank you so much, Mr. Chairman. First, I would like to thank our vice chair lady Dr. McKee for her sentiments in regards to that very informative issue in regards to using the DSM4 which has been expired for a very long time. DSM5 has been in place for quite a few years now and it's problematic that we are not using it in our system. But even more problematic to hear that we have an actual Louisiana statute that is not in line with the federal statute. Because if it's not identical then that is legally a problem. It needs to be identical. We can't make a law or statute that is not within direct correlation to the actual federal. Meaning like if our federal law said we had ten days then Louisiana can say five days. But we can't say 12 days. That is one problem I saw. But two, as it correlates with behavior health, we have too many people in our disabilities community that have secondary disabilities such as mental health, behavior health. We do know that children with autism are nine times out of ten going to have a behavior health problem and be exacerbated in the school system. When we have children with these types of diagnosis and go into a brick-and-mortar school building we do see the school to prison pipeline being exacerbated to an extreme. And we don't have anything that is actually being in place and we are having problems in our DD community with actually receiving timely access to mental health, behavior health services. So my question to OCDD is have y'all taken into consideration how we can actually put something proactively in place to ensure that members of our DD community can have timely, equitable access to services addressing mental and behavior health. Cause it's a statewide problem.

JULIE FOSTER HAGAN: A couple of things there. One, just to clarify we do not have anything that's in our state definition that is in conflict with the federal definition. And I will be happy to have my folks pull that so that I can share so you guys can see what that is. It's just that sometimes the federal

statute is a little bit larger and then the states take, and it wouldn't be anything that would be in conflict. But I can make sure to share that, so people are educated on that and have that information to be able to share. Secondly, we have, I think as a department in collaboration as well with the Governor's Office of Disability Affairs I think it would be safe to say we have identified there is a gap in Louisiana in terms of services for the folks that we say co-occurring. Folks who have intellectual and developmental disabilities and co-occurring behavioral health disorders. There are some things that are in place to try to help improve that. But I think there is an acknowledgment that that is a gap, that that is an area we need to improve in Louisiana. I can share with you guys that is a national issue as well as just a Louisiana issue. Doesn't make it better. Doesn't mean we don't need to address it. But I do know there are many states struggling with ensuring that there are appropriate behavioral health services for people with intellectual and developmental disabilities. In fact, we have been trying to work in the department under Secretary Phillips to really nail down where those gaps are and where we need to put efforts. We've also, there's a couple of different workgroups I know that the Governor's Office of Disability Affairs under Bambi was trying to put into place to be able to address that. So I can't give you a much better answer than to note that we do identify that as a gap in an area that we need to make improvements on in our service delivery system.

RANDALL BROWN: Are there any other questions for Julie?

EBONY HAVEN: There are no other hands raised, but there are several comments in the chat. Ms. Lillian DeJean says the video series sounds like a fantastic idea. Ms. Kathy Dwyer says Jen and I are scheduled for our second vaccine on February 5th and would be happy to help with a video. We didn't have any issues with the first vaccine. Mr. Matthew Rovira says many of our staff and recipients are getting appointments at Wal-Greens. Dr. McKee says thank you Ms. Foster Hagan for your report. Dr. Sarah Fletcher says LDOE sent a formal response to Mr. Luzack and has been in touch



with him personally to better understand his concerns and help facilitate his communication with school systems.

RANDALL BROWN: Thank you. So is there any other questions for Julie on her report? Hearing none, thank you Julie and your report will be entered into the record. Our next report is from the Governor's Office of Disability Affairs. Bambi, you have the floor.

BAMBI POLOTZOLA: So first off just wanted to let people know before I forget, the governor's press conference is scheduled tomorrow for 11. So that always to be informative. Also just wanted to let everyone know that Lillian DeJean is now an official staff member at the Governor's Office of Disability Affairs. Glad to have her on board officially. Also we have been working with EMDAC Emergency Management Disability and Aging Coalition in regards to the pandemic and the multiple hurricanes that we have had. I think most of our agencies and organizations and many of our advocates that are on this meeting have participated in our EMDAC calls just trying to address the needs of the disability community. Also just wanted to share within our office we have three, four councils. Our State Interagency Coordinated Council for Early Steps, Statewide Independent Living Council, Governor's Advisory Council on Disability Affairs and our state as model employer task force. The Governor's Advisory Council on Disability Affairs adopted some policy positions and statements. They were in our newsletter at the beginning of the month. And so you should all take a look at that.

Also the Governor's Advisory Council on Disability Affairs has five committees that work in between the council meetings. A lot of the issues we've talked with here with the DD Council, some of the things, the DD Council can't address all the issues. But if you are interested in any of the work you are welcome to join the GACDA committee. So we have education, accessibility, housing, transportation and legislation. And so if you are interested in participating or attending any of those meetings just let me know and we can add you to the email list for those committees.

And one other thing I wanted to share with you guys. We have been working on some legislation that we

would like to see passed this year. A few of them that you might be interested in is in regards to our state as a model employer task force now is established in executive order. We would like to get legislation to put in law that it become the Louisiana combined employment first and state as model employer act. Also looking at legislation to establish a state ADA coordinator office. That would just be an office that would help to support all of our state agencies have to have ADA coordinators within their office, but there would be a point of contact at the state level just to help to ensure those requirements are being met and also to support the ADA coordinators in those individual offices. And also expand open meetings law to allow virtual participation. Right now we are doing, we are able to do this because of covid. But we feel like this will be able to help people with disabilities to be able to participate in meetings if we would expand those options for our open meetings law. We are also doing some work in coordinating services with DCFS for our foster children with disabilities. So DCFS and Department of Health and also be working with some other state agencies. That work is just getting started. I think that is it and I will answer any questions.

RANDALL BROWN: Any questions for Bambi?

BRENTON ANDRUS: Roslyn and Corhonda have their hands raised.

RANDALL BROWN: Roslyn, you have the floor.

ROSLYN HYMEL: For the governor for tomorrow, do you know what time he is coming on and what station?

BAMBI POLOTZOLA: It's at 11 and I assume all the local stations carry, cover his press conferences. If not, it's on his Facebook page or the governor's website.

ROSLYN HYMEL: Is that John Edwards.

BAMBI POLOTZOLA: Yes. So the governor's website [www.gov.la.gov](http://www.gov.la.gov). I can put that in the chat.

ROSLYN HYMEL: Could you? Cause I have been missing his appearance. I normally see him for two. Has his time been changing lately.

BAMBI POLOTZOLA: It's not always the same. It depends. But tomorrow I think it's scheduled for 11. That could change.

ROSLYN HYMEL: Even with the covid 19 and everything is it still going to be the same in that or how is that going to go on even with covid, for another year or two?

BAMBI POLOTZOLA: I don't know. That's why we need to listen to his press conference. That always helps give me more information to know what's going on in regards to that.

ROSLYN HYMEL: That's what I'm worried about cause I want all of this to get better. With the figures we do have it's not really that good. That's what I am worried about.

RANDALL BROWN: Thank you, Roslyn. And thank you, Bambi. Are there any other questions for Bambi?

BRENTON ANDRUS: Corhonda has her hand raised.

RANDALL BROWN: Yes, Ms. Corley, you have the floor.

CORHONDA CORLEY: Thank you so much, Mr. Chairman. Thank you, Ms. Polotzola, for your report. And I just have two questions. My first question is do you know, do you have a timeline or timeframe in which we can anticipate the ADA coordinator for the state? And the second question is do you have a timeline or timeframe in which we can anticipate the extension or expansion on open meeting law as it relates to the meeting.

BAMBI POLOTZOLA: Well, we have to get legislation passed. So all of that requires legislation. It would also require funding in regards to the ADA coordinator office. That makes things more complicated whenever you need money. It's not a lot of money. But it requires some money. Those things I listed, that's all things we are looking at potentially having legislation for this session.

RANDALL BROWN: Any other questions for Bambi about her report?

BRENTON ANDRUS: I do not see any hands raised nor any comments.

RANDALL BROWN: Thank you very much, Bambi. Appreciate all you do. Lillian, congratulations on your new position. And your report will be entered into the record, Bambi. So our next report is from the Governor's Office of Elderly Affairs.

MICHELLE GUILLORY: This is Michelle and I think I submitted my report a little too late for Courtney to

upload so I sent it to her the other day and I'm going to ask she send it out to everyone. But I would like to touch base on a few highlights. The Councils on Aging are still providing the gab and go home delivered meals because of the covid 19 proactive measures to keep the seniors and staff. Because most of the staff are also over age 60. They continue to do some transportation services and they continue to do some in home services, personal care attendants homemaker services, but it is on a limited basis. And is an option for the client, the senior to say they choose not to have it at this time. They are not penalized if they choose to defer that service. But because the fear factor, and the quarantine, and so forth they may opt out at this time.

The other services currently still being provided, the ombudsman program are still limited on their access to long term care facilities. But they are in constant contact with the facilities and the families as well as the residents via teleconferencing. Something we have been working really hard to do. And also to get the family members and the residents more involved in that activity of contacting ombudsman and visiting with them via the technology. The elderly protective services program currently, because of the phase cycle, is currently only going out for investigations that are high priority cases. Those are the ones that are physical or sexual abuse cases where the senior is at risk of harm either themselves, or by their caregiver, or a family member. They are going out on those cases. Other cases are being referred to local law enforcement. We have partnerships with local law enforcement, and they are going out to make sure the seniors are safe, and they are doing, working the cases up via telephone, email, internet and so forth until such time they can get out and actually do the face to face. We have concerns about those cases because once again, the senior population is a venerable population. And we don't want to bring something to them. If they are already at risk, we don't want that exposure. So we have taken those precautions.

We do continue to meet, as Bambi mentioned, the Emergency Management Disability and Aging Coalition. The Governor's Office of Elderly Affairs is a part of

that coalition and has been since 2005. And we are currently working on the planning for the next hurricane season which will begin in June. It's never too late to begin to work on those plans to make sure the families have plans and the local emergency managers have plans. And know who the aged and the disabled communities are. We actually have some scheduled round table discussions we are working on for the disabled community with the SILC and other entities as they are identified that have expressed an interest in having those tabletop exercises. Amy Dawson with the Governor's Office of Homeland Security and Emergency Preparedness will be, for the most part, the moderator for those sessions. But we continue to work to make sure our partnerships are solid, as staffing changes we make sure the new staff knows who we are, what we do so we don't lose those key partnerships. So when we do have an emergency that comes about that we have the key players ready and available to jump in and work to make sure the needs are being met.

We have received some funding through the CARES Act for our aging and disability resource centers. We are using those funds to contract with the aging and disability resource centers and senior RX programs to assist individuals with enrollment assistance for programs that help with economic stability. Such as a lot of the senior population or the disabled population may have difficulties with filling out those applications, getting those applications entered. Because a lot of the programs now are online. They are computer based. And some of our seniors may or may not have computers or may not have the knowledge or the ability to do that task. So the senior RX, aging and disability resource centers are assisting seniors with those enrollment applications. They are also helping with Medicare, the open enrollment period which was October through December. For the areas that were impacted by the storms that period has been extended. And people who are on Medicare can call and get free assistance with their Medicare part D plans to make sure the plans are still working for them. That's all I have for today. We are kind of in the middle of the reporting period and getting all the numbers in for the six-month mark. I don't really have good solid numbers

for you for the six-month period for the meals served and the transportation component. But I can send that later if y'all need it. But is there any other questions for the aging component? I think everybody wants to take a nap.

RANDALL BROWN: I think a lot of people are having to leave as well. Thank you so much for your work and thank you so much for the information. Appreciate you. Your report will be entered into the record. Now is anyone present from the Human Development Center this afternoon? I know Dr. Wilson emailed me earlier in the week to say he was under the weather, not covid related, but under the weather and didn't think he would be able to make it today. Is anyone present from the Human Development Center today? Hearing no one speak up, we are going to enter his report, which we have in our packet, into the record. Let that be noted. And last, but certainly not least, Mr. Chris Rodriquez from Disability Rights Louisiana. You have the floor, sir.

CHRISTOPHER RODRIQUEZ: Thanks. I appreciate that. So in terms of our systemic work that we have been up to over the last quarter, which affects people with developmental disabilities pretty much revolved around covid, we have built a really great collaboration with the DD Council and the Human Development Center to tackle some of these covid data issues and things we think are problems. The DD act mildly requires us to work together on certain things or try and find projects we can work together, and this has been a great one. I just want to say it's been really great working with Courtney by the way. I know she has a lot on her plate as an interim executive director.

But we have been focused on getting the data from OCDD and LDH related to infection rate, hospitalization and deaths. And trying as best we can to put those into some type of format where we can try and see trends. Although that's a pretty difficult thing to do. We've had really good communication with LDH over sharing our data, hearing their feedback on their interpretations of the data. Which are usually better than ours cause they have epidemiologist and such.

We have also been working with them expressing our opinions about the opening of the day hab programs of

which we have expressed that we did not support that decision. Although we do understand that it's a complicated issue. We have been providing LDH with information they probably already have, but we wanted to make sure we were providing it to them as well over the infection rates of the parishes that the ADCs that have been indicated they open exist in. And to further encourage them that we believe that because of the infection rates that are largely in the double digits at this point, that these places should be required to shut down. We do, again, want to thank LDH and OCDD for putting out their memo recently strongly encouraging any ADCs that exist in parishes with an above 5 percent infection rate to voluntarily close down at least until I think the end of this month. I think most of those have agreed with LDH's concerns and have closed. I am unsure as to what might happen after the 31st.

We're collecting data from the CDC website and last time we put our spread sheet together I think there's only one parish in the entire state that has an infection rate under 5 percent according to their website. So pretty much any ADC. Vast majority of ADCs that exist are going to be in parishes with infection rates above 5 percent. Many in the double digits. We still maintain our position that so long as infection rates are high and so far as we are unclear as to the number of individuals with developmental disabilities that take advantage of these programs, we don't know how many have been vaccinated it would be our position those places are not allowed to open and remain closed. At least the ones residing in parishes with high infection rates as defined by over 5 percent and certainly double digits. Again, we appreciate the department's letter they sent out recently.

We're working on getting new data. Julie talked about that. Sounds like the department is working on getting us those weekly reports and making those public again. Those have not been provided since mid-October. Those provided a glimpse into the infection rate of people with developmental disabilities residing in ICFs and on the waivers, and hospitalization and deaths so we can kind of, as best we can, see how things are going, if things are getting worse, better, things like

that. Without that information it's very difficult for us to give any input on policy changes.

We are continuing to work with the department to address the needs of children that require home based skilled nursing, Medicaid eligible children with heightened healthcare needs. That's as a result of a class action lawsuit we just settled not too long ago with the department. I know that we're working collaboratively with the department to make sure the parameters of the settlement are being met. I know the department is working hard on that and we appreciate that.

In terms of our own office we are in a similar situation as was just described by Michelle over there in terms of their long-term care ombudsman. We have a community living ombudsman program that monitors ICFs. We're doing virtual monitoring but trying to work to figure out where individuals are most appropriately seating in terms of the vaccine prioritization so we can get back into the ICFs to monitor and make sure nobody is being subjected to abuse, neglect, or exploitation as we typically do. And as is our obligation with the state and federal government. We're working on that. While we can't we have been doing virtual visits and things like that.

Other than that we are monitoring, kind of loosely some of the components within now President Biden's proposed policies related to the economic relief packages. They include two big things that could affect, everything in there affects people with disabilities. Two things specifically. One provision in there would end 14C waivers or subminimum wage. We're kind of looking at information in the State of Louisiana to see how many 14C waivers exist and what the impact on the state would be. Certainly, something we support. We don't believe in subminimum wage and 14C waivers at Disability Rights Louisiana. We believe people with disabilities should be provided the adequate supports to obtain and maintain competitive integrative employment. Just to see how that all would be rolled out. A lot of things when you do that have to also come in play to make sure people don't just end up on their parent's couches or things like that. We want to make sure we're paying attention to that. I'm



sure any language that's in that bill probably has a five-to-seven-year phase in period.

The other thing that's in there that has been mentioned is an increase in the minimum wage to 15-dollar an hour. Which is something we would likely support. Although we would like more information to see how that, what type of affect that might have on people with disabilities who are working but maintaining compensation that allows them to maintain their eligibility for supports that are needs tested and more importantly income tested. Making sure as we advocate for a raise increase in minimum wage, and again probably be something that is phased in, but that we're putting in place other components to make sure people who are working and are having to maintain a certain type of income, so they don't get kicked off benefits to make sure there is no adverse effects on them and to make sure things are in place to protect those benefits. While at the same time creating a more equitable income for all Americans. I think that is our update. If anybody has any questions, please let me know.

RANDALL BROWN: Any questions for Chris about his report?

BRENTON ANDRUS: Matt has his hand raised.

RANDALL BROWN: You have the floor.

MATTHEW ROVIRA: Chris, you mentioned individuals with home based skilled nursing. This is a particular difficulty for us getting them to get the vaccination. Sorry, the transportation to the pharmacist to get the vaccination. And you can answer offline, or anyone in the group if y'all have any ideas or resources that may be available other than an ambulance. I appreciate your input. Thank you so much.

CHRISTOPHER RODRIQUEZ: I just got an email yesterday from some provider agencies that was given to us by one of our board members actually with that same concern particularly amongst people on OAAS waivers that are home that don't have, and it's the same issue for a lot of people probably on HCBS waivers who don't have transportation to go to the pharmacy and things like that. Really good question. A very difficult issue. I'm sure LDH is trying figure out how to address that population that are on HCBS services but

have a very difficult time leaving their homes. I don't know if anybody from LDH wants to provide information on probably the many discussions going on over that issue.

JULIE FOSTER HAGAN: Something happened, and I couldn't find how to do that on my screen. I don't have any answers to that right now, Matt or Chris. But it is something that OCDD and OAAS are jointly working on. And that is one of the questions, the surveys that the support coordination agencies are going to be doing this week, it's going say have you been able to, or do you want the vaccine. If you do want the vaccine, have you gotten it. Or if you haven't gotten it, have you gotten on a list. And then there is also a question about are you able to get to a clinic to be able to get the vaccine. Once we know those numbers and we know those numbers by region again, that information is going to help us really start to drill down on where we need additional support. But yes, we have anticipated that one of the pieces of planning that we will need to do and we're talking to a couple of different partners about that. Is figure out either how to we get transportation for people to get to a clinic or how do we set up some sort of teams that can go out by certain regional areas or parishes to go to people's homes. So we are in the process of trying to plan for that for those folks who can't get out.

RANDALL BROWN: Thank you for that clarification. Any other questions for Chris about his report?

BRENTON ANDRUS: Roslyn has her hand raised.

RANDALL BROWN: Yes, Roslyn. You have the floor.

ROSLYN HYMEL: I was really paying good attention. You have exactly what paperwork coming from these different agencies or different people who are getting the help from the other families for one. And two with the vaccine are they going to them with the families and the centers. Because I am speaking for Magnolia Community Services in that with the vaccine, they are coming to us and they using our clinic actually in that to give us our vaccine. Cause with our paperwork that we do get we could sign the paperwork saying yes, we want the vaccine. How many families or centers or nursing homes are really reaching out and getting the vaccine.

CHRISTOPHER RODRIQUEZ: That is a really good question. That's one of the things we are going to be requesting information from LDH about. We've already talked about a little bit at this meeting is I think it's vitally important somebody track number one, who has been made aware that they are eligible in terms of people with developmental disabilities, particularly in ICFs, group homes and on waivers. Tracking, making sure everybody is aware they are eligible to receive the vaccine. And then to track how many of them have actually gotten it. Again, we are spending a lot of time trying to figure out when the most appropriate time might be to open up, especially widely, day hab programs and such. I think at least for our agency's thoughts are that might depend heavily on the extent in which people are going to take advantage of those services. People in group homes and lot of people on HCBS waivers have gotten their vaccine. I think that's a good point. I am sure everybody is trying to figure out how to track this stuff. Julie provided some really creative thoughts on how they might accomplish that, and we're certainly encouraged.

ROSLYN HYMEL: I know I am encouraging a lot with disability, encouraging everybody, even on the board. I am trying to encourage a lot of people out there to go ahead and get their vaccine.

RANDALL BROWN: Thank you very much for that. Thank you for your comment. Any other questions of Chris or his report?

BRENTON ANDRUS: Corhonda as has her hand raised.

RANDALL BROWN: Ms. Corley, you have the floor.

CORHONDA CORLEY: Thank you so much, Mr. Chairman. Chris, I am going to be real quick and short. First, I thank you for your report. I look forward to being able to read your report. Because when I looked on the website it wasn't available. But I actually look forward to being able to read it. But my question is, as I stated yesterday with Ms. Hagan families like mine and I'm quite sure my family is not the only one in the DD community that have been informed due to our severe allergic reaction and use of EpiPens not to get the vaccine. And so we are aware that that has been told to many families, not just here in Louisiana, but across this nation and this world that if you have to

utilize Epipens to not get that vaccine. Additionally, I am aware of a lawsuit that was filed by an individual attorney using American Disabilities Act to protect individuals who cannot get the vaccine from losing employment. And I am just curious as if the disability advocacy rights group have taken into consideration people with developmental and intellectual disabilities that have severe allergic reactions and have to use Epipens and cannot get the vaccine if you will join in on the class action lawsuit to protect them with employment.

CHRISTOPHER RODRIQUEZ: So thanks for that question. That's a really hot topic, I think, in general whether or not employers can mandate as a provision of employment that their employees get the vaccine. I think from just the very surfaced based research that I have done seem to be most of them say yes. But I think we have had a couple cases wherein we've had people with disabilities who their disability leaves them exceptionally vulnerable to the more difficult aspects of covid come to us because their employer is basically saying you to get back to work to now. And they are saying I need an accommodation. I can't come back to work because I'm in a vulnerable population. So we have represented people like that. But you bring up a really good point. There might be people that because of certain aspects of their health CDC has said it's not in their best interest to get it and in fact they should not. And what does that mean if the employer says you have to get it. Those are really complex questions. If you hear of anybody having that specific issue, I would encourage them to contact us. Because we are trying to work through those issues. That's an issue that's across the United States. And we meet on a weekly basis with our counterparts across the United States to discuss legal, upcoming legal issues. And this is certainly one of them. If you hear of somebody having that specific issue, because ultimately, we can't file any lawsuits or anything like that without a plaintiff, without somebody who is actually experiencing it. And once somebody is experiencing it that gives us an opportunity to dig into it and really kind of turn over the different rocks and figure out what the arguments

might be. If you hear of anybody having it have them reach out to me or call our office.

RANDALL BROWN: Thank you. Any other questions for Chris about his report?

BRENTON ANDRUS: There are no hands raised, but Julie did add a comment that says the weekly covid reports will be on the OCDD website by the end of the day tomorrow and updated weekly moving forward.

RANDALL BROWN: Thank you for that, Julie. Thank you very much. Okay. So if there are no other questions, Chris, thank you very much. Thank you for all the work you and your team are doing. We will enter your report into record and will be posted on the website. So now we move to our public comment time. Are there any comments from the public? Any public comment? Hearing none, I will move to our announcements. The only thing I really have to say is that I know we have our LaCAN meetings will be coming up. And most of those, I believe all will be virtual. It's a unique opportunity for us to attend not only our region, but potentially all of our LaCAN regional meetings. I know I am going to make the commitment to try to be at all of them. But certainly do my best to be at as many of them as I can. As my schedule will permit because I definitely want to hear from the public, from our community as we move forward with important agenda and work. I want to thank all of you for being here. And I will say our next council business meeting will be April 21st and 22nd of 2021. And assuming they are virtual as they have been for almost a year now. Assuming the next round of meetings are virtual we will be sending out a doodle pool to the committee members to make sure we try and get the days scheduled so that we don't have the recurrence of what we had this time where we couldn't get quorums for our standing committee meetings. The work we do is vitally important. All the committees are very important to the work we carry out. Luckily today we were able to get what we needed to get done regardless of the lack of quorum, but that won't always be true. I think the easiest and best way to ensure we have those quorums is the staff will be sending out doodle polls for each standing committee to make sure we have the membership available for those times that are scheduled. Just

want to make that clear. If anyone else has any other announcement, Courtney if you have anything to add? No other announcements?

ROSLYN HYMEL: Randall, how can we find for the LaCAN meetings is there a website for that?

RANDALL BROWN: It will be posted on the council website. We will get that information to you.

ROSLYN HYMEL: Thank you. I really do appreciate that.

RANDALL BROWN: Each individually scheduled by the Families Helping Families centers. We will get you that information. I just encourage all of you who can to please attend those. At least attend your region. But with this being virtual I think provides a unique opportunity for us to be able to participate without having to travel. One upside to the zoom environment we are in and the pandemic environment we find ourselves in. Please everybody take advantage of that and be part of the discussions. All right. So if there is--.

ROSLYN HYMEL: Excuse me. Jill has her hand raised.

JILL EGLE: Quick question. In April when we come back to the DD Council what are we doing in terms of legislative session and is that going to be virtually scheduled that month or the protocol?

RANDALL BROWN: Most of it, I do believe, will probably be virtual. We're basing everything we are doing off of the public health emergency we are in. We will get all the information out as we get it.

JILL EGLE: What do you mean by public health emergency.

RANDALL BROWN: The pandemic is creating a situation where the virus spreads easily. And so had to create these public health directives to keep us safe. The reason we do these meetings this way is so we don't expose each other to the virus and potentially become ill with it through our work. That's allowed us to do this way through zoom. We presume it will by that way for April, but we will see. Assuming it is, we will get you the information.

JILL EGLE: And none of the DD Council staff know when we can meet at a hotel.

RANDALL BROWN: That will strictly depend on the

public health emergency set by the governor. We will take our queues from those decrees and directives under the law. Right now I am having to assume based on the almost year that we have had now of the zoom environment that probably will be meeting in zoom just as we are now. We will monitor that just as everyone else is doing.

JILL EGLE: I guess it's based on what Governor John Bel Edwards has got to implement based on what he says to move forward.

RANDALL BROWN: Based on what the needs are for public health. We don't want to spread the virus any more than it has been spread.

JILL EGLE: And then I heard someone say about a February meeting. What is that about?

RANDALL BROWN: That is for the executive director search committee. If you want to attend as a guest everyone is welcome. That's February 4th. All of that is on our website too. If you have any questions, contact Courtney or staff and we will be able to get you the information you need. Are there any other announcements anyone needs to make? Hearing none, I want to thank you all for your participation today. Thank our guests for being here. Thank you to our council members for taking the time out of your day today to participate. Thank you everyone for your good feedback and suggestions. Have a great evening.

STEVEN NGUYEN: I move that we adjourn this meeting.

RANDALL BROWN: If everyone is in agreement, we will do it by unanimous consent. Do we have any objections to adjourning?

ROSLYN HYMEL: Did you get a second?

RANDALL BROWN: If no one objects we don't need it. Anyone object to adjourning the meeting? Any objection to adjourning today's meeting? Hearing no objections, we are hereby adjourned. Thank you, ladies and gentlemen. See you in April.