

Louisiana Developmental Disabilities Council
Self Determination and Community Inclusion
Committee

July 21st, 2021

MICHAEL BILLINGS: Hello. Good morning everybody. It's now 9:00. Do we have a quorum?

BRENTON ANDRUS: Hey, Mike. Let me go through and do a roll call. Good morning, everyone. So if you are on the committee, if you can go ahead and turn your cameras on. Do a quick roll call to make sure we have a quorum. Dr. Patti Barovechio. Ms. Kim Basile

KIM BASILE: Here.

BRENTON ANDRUS: Mike. We've got you. Mr. Randall Brown. Ms. Cheri Crain

CHERI CRAIN: I'm here.

BRENTON ANDRUS: Ms. Lillian DeJean.

LILLIAN DEJEAN: Here.

BRENTON ANDRUS: And Ms. Jill Egle.

JILL EGLE: Here.

BRENTON ANDRUS: All right. Ms. Julie Hagan.

JULIE FOSTER HAGAN: Here.

BRENTON ANDRUS: Ms. Jill Hano.

JILL HANO: I'm here.

BRENTON ANDRUS: Ms. Roslyn Hymel. Ms. Jen Katzman. I think Jen's going to join us around 9:30. Mr. Steven Nguyen.

STEVEN NGUYEN: Present.

BRENTON ANDRUS: Mr. Matt Rovira. And Ms. Crystal White. So Mike, including yourself we have eight members. So you do have a quorum.

MICHAEL BILLINGS: Okay. Since we have a quorum, we will call the meeting to order. Hopefully, everyone had a chance to review the meeting protocols for virtual meetings for the council that have been adopted. As a reminder, committee members are to be considered present you must be on camera and have your first and last name showing. Please have you microphones muted unless you're called on by the

chairperson. Electronically raise your hand to request to speak and wait to be called on by me. For attendees, once recognized to speak by the chair your microphone will be turned on. After speaking the microphone will be returned to mute. So we'll move onto approval of the meeting summary from the April meeting. Everyone should have reviewed the April meeting summary which was attached in the meeting agenda that you received via email. If there's no objections to the summary, we can approve the summary by unanimous consent. Are there any objections? Hearing no objections, the April meeting summary is passed by unanimous consent.

So we'll move onto noncontractual updates. First on the agenda is an update on noncontractual activities. I'd like to first turn things over to Julie Hagan with OCDD who has quite a few updates to share with the committee. Julie, you have the floor.

JULIE FOSTER HAGAN: Good morning, everybody. The first update is in relation to the budget update in regards to increased rates and DSW pay. I'll tackle that one first and then dental. So during the regular legislative session this year in house bill one, which is the primary budget bill, the legislators approved using 16 million-dollars from the new opportunities waiver fund to be able to give a rate increase for our OCDD home and community-based waiver services that are provided by a direct support professional. When you take the 16 million-dollars from the NOW fund and add the federal match, that's a total of almost 53 million-dollars. So there was, just so you guys are aware, there was some confusion during the legislative session. Originally, they had indicated that they would use the money out of the NOW fund to also fund some increases for intermediate care facilities and home and community-based waiver services that are provided by the Office of Aging and Adult Services. So their community choices waiver, adult day healthcare waiver and long-term personal care services. And we had to do some education to let folks know that by law

the new opportunities waiver fund can only be used for the waivers that are under the OCDD umbrella. A couple years back we changed it. It used to only the new opportunities waiver. But a couple years ago we changed it. So now you can use those funds for children's choice waiver, supports waiver, residential options waiver or new opportunities waiver. But it has to be one of those four.

And so after the house bill one language said that it was to be used in our four waivers and it was to be used to increase wages of direct support workers. We've had several different meetings with the legislators. They also filed a house concurrent resolution 127 that tried to clarify that they did want the majority to go to the direct support workers, but they understood there may be other costs that the providers had so they wanted to be able to consider that. And they also asked the department in that house concurrent resolution to try to find ways that we could give rate increases to the Office of Aging and Adult Services, and the community choices waiver, the adult day healthcare waiver and long-term personal care. We know that a lot of providers for OCDD services are also providers for OAAS services and they're worried that with the increase on the OCDD side it's going to be hard to find workers on the OAAS side. And so they've asked the department to look for ways that we might be able to fund that.

So what we did in OCDD once we knew what our dollar amount was, is we took a look at with that 53 million, what does that mean in terms of a rate increase. And because we're going to have to do rule making and setup an audit and what not we assumed that the rate increase wouldn't be able to take effect until October 1. Because we'll have to do that. So using that 53 million for nine months, a nine-month period we've identified that it's likely going to be a 2.50 per hour increase. Again, for all of those services that are provided by a direct support professional. That means our in-home services as well as vocational

and day habilitation program services. You know, again, all of those that are provided by a direct support worker. There's been some meetings where we have representation from the council as well as other advocate representation. We've had a couple meetings there. We've also had two meetings now with the legislators to try to understand the legislative intent. And where we are at this point is-- well, I'm sorry. And then on June 25th the joint Medicaid oversight committee asked that we present information on where we were. Which we did. What was presented at joint Medicaid oversight is that there was an agreement that if we were able to do a 2.50 per hour rate increase that a 1.25 of that, so 50 percent should go directly to the worker. And then 50 percent could be used for the other related costs that the provider may have. So what we did is we took your current minimum wage is \$7.25 and added \$1.25 to that. So half of the 2.50 increase. And said that we would set a requirement that providers must pay a minimum of \$8.50 to direct support workers. When we presented that at joint Medicaid oversight there was some concern expressed that folks felt like we may not, there may need to be more going to the worker. There's not been a final decision yet. But we are looking, and the department is looking and the legislators, you know, who identified that money are asking that we consider what percentage or what amount of that 2.50 should be used to add to the direct care floor.

What we do know is that once that is set then we will put it into rule. And so what that means is that the providers then will be required, it will be a requirement that they pay a minimum of whatever the direct care floor is. We will also then establish an audit process. And that will also be included in rule. So what we'll do is that once this goes into effect our office would then identify a timeframe to be determined. And then providers would have to submit to us two weeks' worth of payroll to their direct support professionals. And then we would do an audit to make

sure that all of the workers were paid a minimum of wherever we set that floor.

And the other thing that we would want to include in rule making is that any provider who's found to not have met the floor and paid all of their workers a minimum of, you know, all their direct support workers a minimum of the floor, then there would be fines, sanctions or some penalty that they would then incur for not taking that action. And so, you know, there's been a lot of discussion. I mentioned the 50/50 which would mean the 8.50 would be the floor. If we then decided to do like a 60 percent had to go to the direct care floor that would raise it to \$8.75 for a floor. And then if we raised it to a 70 percent requirement that would be a 9-dollar per hour minimum base floor.

Also this Friday, I believe it starts at 9:30, joint legislative committee on budget JLCB. And JLCB will also hear on the agenda item it mentions now that there will be discussion of legislative intent of some of the bills. And our understanding is that Representative Edmonds and Representative Bacala plan to discuss this on Friday at JLCB. So we are trying to nail down, you know, kind of a final legislative intent and then I'm working with our upper management here at LDH, the deputy secretary, the undersecretary and secretary Phillips to then make a final decision on where we will set that direct care floor. So that's a whole lot of information and I'll stop there and take any questions people have about that. Yes, ma'am, Ms. Jill. Mike, do you want me to call on them or do you want to call on them?

MICHAEL BILLINGS: Go ahead.

JILL HANO: I'm sorry. House bill one turned into acts. What's the new act number?

JULIE FOSTER HAGAN: I'm not sure. Let me find that out and I'll let you know.

BRENTON ANDRUS: Which act are you trying to find, Jill?

JULIE FOSTER HAGAN: What house bill one is now act, which act?

BRENTON ANDRUS: One second. I can tell you. It is act 119.

JILL HANO: Thank you.

JULIE FOSTER HAGAN: Thanks. I should know that.

BRENTON ANDRUS: I never remember the acts.

JILL HANO: I knew it was a double number.

MICHAEL BILLINGS: Do we have any more questions for Julie?

MARILEE ANDREWS: Roslyn Hymel has her hand raised.

MICHAEL BILLINGS: Go ahead, Roslyn.

ROSLYN HYMEL: Yes. I know I'm coming in a little late and I want Jill to kind of catch me up on it since, you know, I'm coming in. But for, you know, kind of saying cause I didn't have my paperwork out in that. So can you do a rundown again for me so I could be all caught up again, please. I would appreciate it.

JULIE FOSTER HAGAN: Sure. So during the legislative session they gave some additional money that's coming out of the new opportunities waiver fund to be able to give rate increases to home and community-based providers, home and community-based waiver providers in our four waiver services. And that looks like it's going to be \$2.50 per hour rate increase. And we are working now to be able to set a floor so that means that there will be a minimum amount that the direct support workers will have to be paid. So the expectation is that they use the rate increase, at least a portion of that rate increase, to then have a higher rate of pay than minimum wage for direct support workers.

ROSLYN HYMEL: Right. Is that just a minimum for what this month or is that going to be for a year's pay?

JULIE FOSTER HAGAN: It will be for as long as we have that rate increase in play. The money, the funding now because it comes out of the new opportunities waiver fund, you know, we never know year to year how much money will or won't be added. We did have a significant surplus this year in the state budget. And so there was a deposit, I believe it was

about 50-million dollars that was added to the new opportunities waiver fund this year. But if there's not extra money then we don't have extra money in the new opportunities waiver fund. So part of the concern and what we're looking at is if we use the NOW fund for things like rate increases, then we need to be able to try to get it into what we call our base budget in the next years. And if we can't get the additional money to make it in the base budget, then it's not a permanent kind of rate increase. So we will be looking at that. You know, we just finished session, but we're already starting to prepare our budget request for next year that will start July 1. So we are considering, you know, that and can we see if we can get those additional funds to put it in our base budget. So then it's not only temporary for the time that we have money in the NOW fund. We've been lucky the last four or five years because we've had deposits. But we had about ten years or so where there was no money at all in the new opportunities waiver fund. It was at zero.

ROSLYN HYMEL: Well, that's a good thing then. Because, you know, we don't have the bring the next round off with another number then to bring up the pay rate.

JULIE FOSTER HAGAN: Right.

ROSLYN HYMEL: That's about it for me.

JULIE FOSTER HAGAN: Okay.

ROSLYN HYMEL: I'm happy with that.

MARILEE ANDREWS: Ms. Jill Egle has her hand raised.

ROSLYN HYMEL: Turn on your mike, Jill.

JILL EGLE: Since 2007 to now, why has during the legislative session the rates have been like this for over 12 years. Is it because of the legislative and the funding, are they working every year hard to get the provider rates within the DSPs and the NOW waiver so the people who we, you know, how we get our quarterly up to date. I just wonder why it's been like this in the State of Louisiana. Will things ever get at ease over the years?

JULIE FOSTER HAGAN: So the rates that we have in place right now for OCDD were really developed around 2002. So they were actually developed almost 19 years ago. And we then from 2002 to 2008, you know, our Louisiana budget had a lot of, we had a lot of challenges and there was a lot of reductions and budget cuts that we had to take place because the state general fund dollars that were coming in weren't very much. And so from 2002 to 2008 we actually had to reduce the rates for like the NOW fund services and our waiver services. So then two years ago they, well, and even beyond that. I'm sorry, from after 2008 there were a lot of reductions too. So we restored the rates. So there was a lot of money that was put in to be able to restore the rates up to that 2008 rate. And then during covid we did do some what we call supplemental payments. So we didn't increase the rates, but where we had some additional funding, we did give providers of disability services some increased kind of supplemental payments to help them with the additional costs that we know happened with covid. There was additional overtime, additional cost to get PPE, personal protective equipment. Some things were shutdown. And so we know there was a lot of additional costs. So we did that. And then with this \$2.50 increase it will get us closer. But to answer your question, Jill, about future. One of the things that we've started to have a lot of conversation about, and pretty soon the LDH is going to be publishing a business plan so that people know for the whole department what are the major things that we're working on. And one of the things that will be in our business plan, not just for waiver services, but for provider services in general. Cause we know that there's issues with our waiver provider rates, but we also know that sometimes people have trouble getting professionals because of the rates that we pay just in general here in Louisiana. So one of the things Secretary Phillips has asked us to do is for all rates that are within Medicaid to have some system or some way that we're

routinely and regularly looking at those rates. Again, that includes waiver rates. And one of the things I would like to do and work with providers on is to come up with a way that we have a rate that makes sense, that we use data to inform it. What are the requirements to inform what that rate should be. And then as we go on it will be easier for us to all be on the same page. This year the DD Council had one request for rate increases and then our provider advocacy organizations had a different request. If we had a systemic way of developing our rates and knowing, you know, for example if we believe that DSWs should be paid 10-dollars an hour, then we should be able to have a rate that we say okay, there's an assumption you're paying direct support workers 10, 11, 12-dollars an hour. Whatever that is. These are other costs we know. And so this what the rate needs to be. And then as things change in the years, cause, you know, every year things get more expensive. We then would have a way that we could go to the legislature and say, for example, if we're now paying 10-dollars an hour and we believe they need to be paid 11-dollars an hour we would know how much more money we would need be able to make that happen. So that's one of the things that we're working towards with our rates is to better identify how, what goes into the rate. And then that way we can all be, we can all have, it will be easier for us to get all on the same page with this the money that we need. But honestly, Jill, it's expensive. Just to get the \$2.50 increase is 53 million-dollars. So it's a lot of money.

JILL EGLE: And I understand. This is what the Arc of Greater New Orleans with all the changes and covid and people being more cautious. This is how they rely on to bill for the clients and when the clients come in person that's how they bill to the state. And everything has been, you know, all the arc and GNO aren't in affect, but they're being very, very cautious right now. Especially what's going on in New Orleans and everybody is taking cautious. And I pray to God

that we remain diligent and their isn't a shutdown before Labor Day because I just want things to get back to normal Ms. Julie. All I can do is pray to God and not get antsy with the State of Louisiana and the DD Council. Hopefully good things will happen overtime. This is why I ask questions cause if I get confused, I will raise my hand and ask the direct question too.

JULIE FOSTER HAGAN: Okay.

JILL EGGLE: Thank you.

MICHAEL BILLINGS: Do we have any more questions for Julie? Julie, do you have other subjects you wanted to carry?

JULIE FOSTER HAGAN: Sure. And I don't know if Jen Katzman has joined yet. The next one is dental for adults.

JENNIFER KATZMAN: I have. Hey, Julie.

JULIE FOSTER HAGAN: Okay. So Jen and I have been working on that closely together. So there were two other pieces of legislation that passed this year. One was house bill 172 which required that the department look at providing comprehensive dental services to adults with intellectual and developmental disabilities who receive home and community-based waivers. And then there was a house concurrent resolution 34 that asked us to study providing those comprehensive dental services to adults in the intermediate care facilities. So we've been working internally to develop that. Jen, do you want me to keep going or do you want to give an update on that? Again, our offices have been working together.

JENNIFER KATZMAN: Yeah. Absolutely. And Julie if I say anything wrong, correct me. But as I understand it, there's, you know, like you said, there's two things kind of moving on the dental front. So the team in Medicaid has been working very closely with OCDD to implement the HB172 changes. We're working with our CMS partners so that we can find the right authority in order to effectuate the changes to get the comprehensive coverage for recipients of the DD waiver. But we foresee no major implementation barriers there.

We already have comprehensive coverage for children under 21 so we're mirroring that for adults in the DD waiver. And we think that, you know, as far as the benefits and the coverage it's pretty smooth transition. We will be putting in that in our FY23 budget request, which we are already developing and meeting on. In fact, it's due on Friday internally for our internal review. So that is one of the items that will be on our budget ask is for a full year of funding for those services since they would start July 1st of 2022. Which is what the legislation says. So that's pretty on track, you know, just making sure that we did it appropriately approved by CMS, the right waiver authority, is where we are right now. And, you know, we actually have a meeting being set up with our actuaries to go over some of those nuances so that we can make the appropriate asks to CMS in our rate setting and everything. So anything I missed or left out there, Julie, on 172 before I go to the HB1?

JULIE FOSTER HAGAN: I don't think so. I've already talked about the rate increases on house bill one. We covered that.

JENNIFER KATZMAN: I'm talking about anesthesia.

JULIE FOSTER HAGAN: Oh.

JENNIFER KATZMAN: I heard you talk about the rate. Not touching that one. You got it. But there is another small change in HB1 unrelated to the rate increases that Julie talked about related to dental services. So there was some funding put in HB1 to increase reimbursement for hospital and anesthesia services for dental treatment in hospitals for our recipients. Particularly those who are in a DD waiver. And so, what we have been working on is what we call in our billing terminology is a modifier. So that the way that the anesthesiologist in the hospital can bill us is increase when they are performing an oral health related service for someone in a DD waiver. And so they are doing that. They're increasing it by 20-dollars per unit bill. So it's quite significant. And a unit is 15 minutes. So every 15 minutes the

anesthesiologist works on the case they get to bill an additional 20-dollars if it's a DD related oral service in the hospital. And the hospital will also be able to bill us an additional facility fee for those types of treatments. And the reason why we're doing that is we have heard that there's an access issue. And that children are waiting on a wait list to get into the hospital for those oral health procedures. And those are very important to their healthcare. So we're increasing the reimbursement to try and eliminate that access issue. Those are the two big dental changes and funding related changes that came out of the session related to dental.

MICHAEL BILLINGS: Thank you, Jen. Any questions for Jennifer? Roslyn Hymel, you have the floor.

ROSLYN HYMEL: Thank you. How many people are on that waiting list just to get into the hospitals?

JENNIFER KATZMAN: That's a great question Roslyn. It's a little hard to say because there's not an actual wait list in the normal sense. It's more of every different dental provider has clients that are waiting to get in to be scheduled by the hospital. The hospital is taking a long time to schedule their procedure. And so each different provider has different number of clients that they're struggling to get into the hospital for that procedure. So it's not like a wait list that's maintained here at the department like we do with historically with waivers. Does that make sense.

ROSLYN HYMEL: Yeah. But does that mean that they still have to wait for at least a certain amount of money to do it with?

JENNIFER KATZMAN: No, ma'am. They're just waiting because the hospital only has limited availability. They are scheduling the procedures only when they can fit them into their schedule for like an operating room sometimes. And so if they have, you know, I'm making this number up. But like if they have 20 procedures that they can do in a day that are very fast procedures, like if they're inserting tubes and those

tubes only take 30 minutes to insert so they do 20 of those in a day. These other dental procedures can take hours to do. So one to two hours, three hours, four hours. And so you can only maybe fit five of them in a day. So they have, they're scheduling is quite complex in making sure that they're getting all of the different tube insertion procedures as well as the dental procedures all scheduled in that room. And they have to kind of back it out on their monthly schedule to get it in. And so there's no set time that the child is waiting. It just depends. So one child may wait one month. One child may wait six months. It also depends on the hospital. Children's hospital or the hospital in Shreveport. And what availability or openings they have in their procedure rooms. So it's all very provider based. Which is why we want to incentivize the hospital providers by paying them more money to schedule these procedures more often.

ROSLYN HYMEL: Now I see where you're saying that from. Like for Children's Hospital, let's say they have an opening in that, and they have only like ten tubes going in for that one day like. Let's say they had like 150-dollars in general for that one, the first ten that they have for that day or that week time. Can they do it in a week's time or does it mean for like two days that they have it for the 150-dollars that they can do it with the waiver for that first ten patients.

JENNIFER KATZMAN: So it doesn't lengthen their timeline to get it done. We reimburse for every procedure that they're performing. So if they have ten tubes to do and it's 150-dollars per tube, we will always reimburse the 150-dollars per tube. That's not going to change. Whether they do it in a day, or if they do it in a week it doesn't matter. We're going to pay them the same amount. What is changing is if it's like an oral surgery if they have to go in and maybe do like a surgery because there's a dental problem. I'm making this number up so don't quote me on it. Let's say we reimburse 500-dollars for that. We're now going

to increase the reimbursement so that, for example, again, making it up, we'll pay 1,000-dollars for it or something like that. So that way for every surgery for dental for a child they can get 1,000-dollars instead of 500-dollars which means they'll schedule those, hopefully, more frequently and makeup any revenue lost from the more frequent procedures they're doing instead of the dental ones.

ROSLYN HYMEL: That does make sense. We really don't know what's what coming out of it. I'm not going to doubt you.

JENNIFER KATZMAN: They did ask us. They came to us. Look we have a problem. We think this is why it's happening. Can you help us. And so the legislature did fund it so we think this will be a good solution.

ROSLYN HYMEL: Yeah. It makes sense. But did they ever mention what kind of prices on that? How they're going to, you know, want to really, you know, go about it?

JENNIFER KATZMAN: Yes, ma'am. They asked for the hospital to get a higher facility fee reimbursed. So we'll be increasing that facility fee. I think right now we're targeting to increase it by 400-dollars. And then the anesthesiologist will get 20-dollars more per 15-minute unit that they bill. If they are doing a procedure for an hour, then they will get four times 15 in a unit. So four times 20-dollars. They'll get 80-dollars more.

ROSLYN HYMEL: Oh, okay. It's like being in the dentistry, like. Or if I'm understanding you right.

JENNIFER KATZMAN: It will be in the hospital, but it is for dental procedures. So if you have to go in for like a dental surgery in the hospital, that would be what it's for.

ROSLYN HYMEL: Okay. So that's like one day or two that we are looking at or are we looking at for a weeks' time. What's the procedure behind it.

JENNIFER KATZMAN: So it differs. Everybody's procedure are different based on what they need. But I think that the majority are, you know, one night, one

day situations where they kind of do the surgery and they go home the next day, usually.

ROSLYN HYMEL: That's what I was looking at. I wasn't really sure if it's going to be one day or two. You know, if it's going to be at least a week. Kind of to the patient.

JENNIFER KATZMAN: It will depend, again. So if the patient needs a week, then the patient gets a week. But that depends on the procedure that they need. So if they only need to go in for a day, then they only go in for a day. If they need a week, then they go in for a week.

ROSLYN HYMEL: All right. Thanks.

JENNIFER KATZMAN: Sure. I think there's a question in the chat.

MICHAEL BILLINGS: There a question in the chat from Melinda Elliot who ask, you talk about the dental for children. Is this children, or adults, or both?

JENNIFER KATZMAN: Great question. So I am talking about children because right now we provide comprehensive dental coverage for children under 21. But with Representative Butler's bill HB172 we will be covering comprehensive dental coverage for adults who are in a DD waiver starting July 1st of 2022. So once that is in place, and it's a little complicated. So if it's billed through their dental plan, so if the procedure is one that is strictly dental and it's billed through their dental plan, then it will include adults in a DD waiver after July 1st, 2022. If the procedure falls under their physical health benefits with their MCO or fee for service, and sometimes they do because once you go into the hospital it tends to be medically related. And so with medical necessity and the procedures they might be performing there it may actually not be billed through the dental plan, but actually billed to their fee for service or MCO plan. In that case, it would apply to both children and adults. Because that's under the medical benefit. Sorry to be complicated. Insurance is not always easy to explain. I'm sorry.

MICHAEL BILLINGS: Thank you, Jennifer. Are there any other questions?

MARILEE ANDREWS: I think Jill Hano has her hand raised.

MICHAEL BILLINGS: Jill, you have the floor.

JILL HANO: This might be going back, but Julie for the DSW rates we were talking about before Julie used the term wage floor. I see the term is in our status report. What exactly is that?

JULIE FOSTER HAGAN: So what the wage floor would do is, we try not to say it would set a new minimum wage because then that gets into lots of complications. But basically, a wage floor would be that the providers would have to pay, or self-direction participants would have to pay a minimum of a certain amount, a certain dollar amount that's above minimum wage. And so we don't know exactly what it will be yet. But depending on what the final decision is from the secretary it would mean that direct support workers would have to be paid \$8.50 or \$8.75. So the wage floor would be the minimum amount that the direct support workers would have to be paid for any of the services that get that \$2.50 per hour increase.

JILL HANO: Okay. Perfect. Thank you.

JULIE FOSTER HAGAN: You're welcome.

MICHAEL BILLINGS: Thank you, Jill.

JULIE FOSTER HAGAN: Mike, the next item on the agenda it says upcoming initiatives and feedback. And Jen, I think we were going to talk about the HCBS vending plan here if you want to take that one.

JENNIFER KATZMAN: Do you want to kick it off first or do you want me to?

JULIE FOSTER HAGAN: I can. So there was some federal legislation that was passed. It's called the American Rescue Plan Act. And with the American Rescue Plan Act it gave states an opportunity to get some additional federal funding for services that are called home and community-based services. And so this is way complicated. I'll be honest with you. We've been on multiple calls to try and understand it. But basically

for our home and community-based services the state puts up some money and because the state puts up a certain amount of money, we get a certain federal match. And so what will happen under the American Rescue Plan Act is that for money that the state puts up we can get additional federal money, but the additional money that we get, and it's a 10 percent, the additional 10 percent that we get has to be spent on home and community-based services. So some of the other money that's come from the federal government during covid was a little bit different. But this one, and this is only part of the American Rescue Plan Act, says that we can get that extra money and then reinvest it.

JENNIFER KATZMAN: Sorry. I know you are probably going to say this. Only in new and supplemental HCBS.

JULIE FOSTER HAGAN: Yeah. So we had to work, and we only had, you know, unfortunately the American Rescue Act passed and then states knew it was coming, but we had to wait for CMS to tell us kind of what are the parameters that we have to work in. And it took them a little bit of time. And then they said to us okay, now you have to give us a spending plan. And so we've been working to develop a spending plan. And we definitely want to have opportunity for stakeholder feedback. Because it was such a short timeframe, we have to turn it in, we have to turn it in quickly. We turned it in, and Jen can share more about it, but we did say to them when we turned it in, we want an opportunity to talk to our legislators, to talk to our stakeholders, to talk to folks. So we definitely want the opportunity to amend this plan or to update this plan as we go, once we have an opportunity to get that feedback. And part of the reason, as Jen said, cause it did talk about new and expanded HCBS services. Well, anything that we do this monies only going to be able for a couple of years. And so anything we do that might mean that we need that funding beyond the time that the additional funds are we have to talk to the legislators and make sure the legislators are going to

continue to help us fund it even after that extra match money is gone. And so we want to make sure that the legislators understand and buy into our plan. And then we want also an opportunity to inform stakeholders of what we're doing and hear feedback on those things. So Jen, I'll turn it over to you. Hopefully, that set the stage the way you were thinking. You're on mute.

JENNIFER KATZMAN: Sorry. I was just smiling cause it was such a great explanation for something that's so complicated. Yes. So like Julie said, the minimum requirement for this additional federal funding is that it has to be used for new and supplemental HCBS supports or programs or services. And so we had to really think hard about how that would work because the way we get the funding is, just like she said, we spend a certain amount so the feds will add 10 percent on top of that to send us as new federal funding. And so our estimate came out to around, you know, a good number, over 100-million that we could possibly get. But that has to be approved by CMS. So that's what we've submitted in our plan that we think we can get in additional federal funding. And it has not been proved yet. But once we get that funding, we can't spend it until CMS approves our spending plan for those dollars. You can spend the money and reinvest it, but it has to be a new or enhanced HCBS. So we can't use it to replace or supplant anything that is existing today. So we can't use it for things that will replace other expenditures and free up those dollars. And so that got a little tricky because that basically means it's one time funding. And that funding goes away in March of 2024. We get the money from the feds and then we have about two years to spend it. We don't get more money each year. We get one pot of money, and we have two years to spend it until March of 2024.

And so our struggle was what happens after March of 2024 when those dollars go away. And so for now in an abundance of caution we've proposed a plan that focuses on one-time expenditures since the money we're getting is only one time money. We have a couple of

recurring suggestions that we made to the feds. Mostly around pace and around act 421. And because we know that a lot of people have concerns and reservations about the enrollment cap in act 421 and that's the next update. So I can seg way to that when it's time and talk about this a little more. But we wanted to eliminate that involvement cap with this funding. And so we did put that in our plan. We already talked to the legislature about it. However, we have lots and lots of great ideas in other areas where we felt we could reinvest these dollars. But they're all recurring expenditures that we're going to need ongoing. Just like Julie said, we can't commit the legislature to something that will start in 2024 without, you know, talking to them about those ideas, talking to our stakeholders about those ideas since we had basically no time to really set those externally with everyone that's interested and everyone that we needed to talk to. So those were indicated in our cover letter to our plan saying that these are things we would like to do, but we still need to talk to a bunch of different folks first. That was submitted on July 12th which was the absolute deadline to get it in. And so we had already gotten an extension on that. Cause they basically gave all the states only 30 days to turn it in. I think almost every state asked for an extension with only a few exceptions. The extension deadline was July 12th and we submitted it. And I think we're just waiting to hear back from CMS now. They have not approved any states' spending plan yet. So we're watching and waiting. I do have one other initiative, Julie, if you want me to go into that now about the end of the public health emergency, when it comes, and the letters we're sending.

JULIE FOSTER HAGAN: Yeah. So I think the next thing on the agenda, Jen, is the act 421 and then we have the covid waiver exception. So maybe we can cover it then if you want to jump into 421 next. I don't mean to take over. Stop me if I'm out of line.

MICHAEL BILLINGS: No. Y'all are fine. Go ahead.

JENNIFER KATZMAN: I wasn't sure if the notices were considered upcoming initiative or if it was under covid. Perfect. All right. So act 421, as I just mentioned we've been in constant contact with CMS about getting approval for our 1115 demonstration. Unfortunately, we met with them yesterday and they did indicate to us that they don't feel that we will have approval in time for us to go live on October 1st, which was our hope. We had told them that we were shooting-- cause every time we don't get approval in preparation for the next quarter, we continue to push it back and try for the next quarter and the next quarter. And so since CMS is still working through their approvals and their leadership decisions on some of the policy in our demonstration waiver, they did tell us yesterday that they don't think they're going to meet that target date for us to go live on October 1st like we had hoped. So now that means we have to look at January 1st. And I'm sad to give that disappointing news. I have updated our leadership and I'm working with them to come up with a plan and see what we can do to alleviate any CMS questions. They have asked for a call with them with our leadership and we're trying to schedule that for next week. And also see what we can leverage from the American Rescue Plan dollars that Julie and I were just talking about. Seeing if, you know, they have given us some clarity on, you know, if we can spend those dollars for this like we proposed. We did ask for dollars to use for this program to eliminate that enrollment cap. And so if they will approve that funding will that alleviate some of CMS's policy questions on our demonstration waiver and allow us to move forward. So, you know, that's where we are. And that's the latest update. Anything to add Julie?

JULIE FOSTER HAGAN: I don't think so.

MICHAEL BILLINGS: Do we have any questions for Jennifer. I see one hand. Can't see who it is. Ashley. Ashley McReynolds.

ASHLEY MCREYNOLDS: Thanks, Mike. So if we go in

the direction of the state plan, do we have to start over again with CMS or since it's a state plan service is the process shorter? Are we going to be looking at. I know we submitted it a year ago, I believe, in September. So I'm just trying to figure out the timeframe of we switch it or do we, like what does that process look like?

JENNIFER KATZMAN: Yeah. So if we do go the state plan route we do have to start over. It's called a state plan amendment instead of-- what we would do logistically is we would withdraw our 1115 demonstration waiver from the approval process, and we would instead submit a state plan amendment. But the good news with that is they do have a much shorter clock. So unfortunately with an 1115 demonstration waiver there's no CMS time limit on approval. But with the state plan amendment they have 90 days. They can stop that clock at any time if they have questions. But given that this is pretty standard as far as state plan and that there's other states that do it, I can't promise that they won't stop the clock. But I think it's more reasonable to expect that they would approve within their 90-day deadline if we submit it as state plan amendment and it retros back. You know, if we go the state plan route, Ashley, we would submit it at some point this fall, quite frankly. You know, we would aim for that January 1st start date. But if we had to submit it later, we would still ask for the January 1st start date. And they would allow us to go back, and we would start accepting applications.

ASHLEY MCREYNOLDS: Awesome. Thank you.

JENNIFER KATZMAN: We're ready to get rolling.

MICHAEL BILLINGS: Thank you. Roslyn.

ROSLYN HYMEL: Yeah. What I wanted to know in the 90-day frame does that mean with the clock ticking, you know, for it, does that really mean that we have to keep moving forward with the paperwork as well in a quicker manner? Or what kind of manner do we have to really go into to get it done?

JENNIFER KATZMAN: Sure. So I think what we would

do since we are already planning ahead, the state is being very proactive about this. We just have to make sure that we have the funding for it. But we are planning ahead so that we submit, if we go the state plan route, we submit that in advance of our state date. So that would mean that starting January 1st if we go the state plan route, we could begin accepting paperwork like you're saying, Roslyn. And so there would be no delay on thought because of the 90 days from CMS. We would start accepting paperwork on normal. I was looking at language yesterday trying to figure out how to draft it and ready to go if they get the funding.

MICHAEL BILLINGS: Okay. Thank you, Jennifer. Julie, you want to close us out.

JULIE FOSTER HAGAN: Okay. Sure. And Jen, do you want to keep rolling on, if you want to talk about kind of the covid unwind I'll cover the exceptions. But if you want to talk about the eligibility piece first.

JENNIFER KATZMAN: Yeah. So basically what I wanted to, you know, kind of let everyone know about is that we have started in preparation-- well, first of all they renewed the public health emergency yesterday. So I wanted to set everyone's minds at ease that the Biden Administration did tell us that they expect the public health emergency to last through the end of the year and they are keeping to that promise so far. So they renewed the public health emergency declaration yesterday. So it will last for another 90 days until they renew it again. And so we had been preparing for the public health emergency to end in December per that kind of guidance that we had received. We're not sure if it will. It could go past December, not totally certain on that yet. But in preparation for that happening, we did go ahead and restart our renewal and restart sending notices relative to those renewals. And the way it's working right now is when we run a renewal and if we get information that it's not clearly showing the enrollees to be eligible, if there's like a discrepancy, or some data that maybe shows they're over

income, or maybe we're missing proof of citizenship, or maybe we're missing anything that impacts eligibility we will send a renewal packet to their home. We'll mail it just like we always did before. And when that renewal packet gets mailed, they have 30 days to respond, just like they always have. So it's back to the same old practices that were in place before covid. And that actually started back in January. So you've probably already seen renewal packets being mailed. The difference now is that starting in July we have, now what we're doing is if we get a response back and the person is not eligible. They say I am over income, or I have, I'm not a citizen and I don't have proof of citizenship or whatever the case may be. If they're not eligible, proven that they're not eligible we will send a notice. It's called a pre-closure notice. And it tells them at the end of the PHE we will close their case. So six months in December when we project it to end, we will send another notice which is called an advanced notice of closure. Which is the normal one we always send if we're going to close a case. And it allows for ten days' notice and then we will actually close the case. But that is only going to happen right now, those letters, the pre-closure letters is what we're calling them, are only going to recipients who respond to the Department of Health and provide information that shows they are not eligible for Medicaid. So that's what the pre-closure notices are for. It's like a heads-up saying hey, we got the information. You're not eligible. And we're going to, at the end of the public health emergency, close your case. And it gives them appeal rights and ways to contact us and all that information. But I just wanted to let you know that you might start seeing these notices going out and that's what they're for. That's part of the CMS guidance to states telling us, you know, let your folks know in advance that this will be happening with the PHE.

JULIE FOSTER HAGAN: Okay. And then to pick up from there. And Brenton, I don't know if you want to

open the letter. I know in the agenda you guys had a letter that was sent from Deputy Secretary Mark Thomas about the covid waiver exceptions. And so I'll just talk a little bit about that. During the legislative session there was a house bill 204 that circulated. It did not, it did not, it didn't end up passing through the whole process. But what we did do is Mark sent this letter just to make sure that it was clear to folks that we were going to be taking a look at all of the waiver exceptions that were in place during covid. We've had, you know, a lot of feedback from families and from providers and just all of our stakeholders, advocate stakeholders as well about, you know, how helpful some of the exceptions have been. And so what we've done is really taking a look at, we've been working to take a look at house bill 204 mentioned three exceptions that were in place. One of them which allowed workers to work over the 16 hours on a regular basis. The other was having family members as paid caregivers. And then the third exception was allowing virtual visits, continuing to allow virtual visits for some activities. And so, you know, Mark sent a letter so that we could be clear that we were committed, the department was committed to working with folks to make waiver amendments and waiver changes where we were able to. So the centers for Medicare and Medicaid services have kind of like our technical guidance or rules that we have to follow for our home and community-based waivers. The waivers we use are called 1915C waivers. And so there's technical guidance related to that. Probably what we've heard the most about in terms of exceptions are family members being able to continue to be paid caregivers. And we're having to really closely look at that because CMS has a distinction for family members who are legally responsible relatives. And then family members who may be family members, but not legally responsible relatives. And for family members who are not legally responsible relatives, there's not a lot of strict kind of rules and regulations that you have to follow. But for those who are legally

responsible, so your spouse or your, you know, a parent of a child with disabilities, and they do look at parents of children differently than parents of adults with disabilities. But those are typically considered legally responsible relatives. And CMS in our technical guidance has a lot of things that we have to consider. So if we do allow legally responsible relatives to be paid caregivers we have to do, we have to have a lot of guardrails or extra things in place. So we did have to take a look at those family members as paid caregivers separately for legally responsible and those that are not legibly responsible relatives.

We did make changes. Our new opportunities waiver. So again, for information, our 1915C waivers, we get them approved for a five-year period. And every five years we have to renew it. And when you have to renew it it's not like you're starting from scratch, but it is that you have to do like a whole new application. In between those five years if we have things that we want to change then we do what's called waiver amendments. And then we only have to update whatever it is that we're changing. With the renewal we have to review and update and look at everything. So our new opportunities waiver is up for renewal in January. So actually today it's posted, and I will send you guys a link as well. You can find it in our OCDD website. But the new opportunities waiver renewal is published as of today. What will happen is it will stay out there for 30 days, and we will take any public feedback that we receive, consider whether we need to make changes or not. And then if we do make substantial changes, it will be posted again for another 30-day period. So we have to start earlier even though it's due, you know, it's not up until January. We have to start early because we have to be able to allow time to post it for the 30 days. And then repost if we do make substantial changes. And you will see that we did make some modifications in the documents, in the new opportunities waiver renewal. And I'll speak specifically to really mostly one and

I'll tell you why. For the three exceptions. So for the 16 hour, we call it the 16-hour rule. The 16-hour rule is not in any of our waivers in particular. That's in our manual. And so we will be looking at our manual and what changes may need to take place. And there is some reference to that in rule. And what, just so you guys understand what folks are saying, is that during covid they may need people to work more than 16 hours on a regular basis. And so we are continuing to look at that.

In terms of the virtual visits for support coordinators, the support coordination in the new opportunities waiver, it's not a waiver service. It's a state plan service. So you're not going to see anything yet about virtual visits for support coordination in the new opportunities waiver. We'll have to make changes. If we make any changes, there we'll have to be able to do that in the case management portion of our state plan for new opportunities waiver. And so we are looking at that, but again, you won't see it in the new opportunities waiver. So what you will see in the new opportunities waiver related to family members as paid caregivers is that if you are a family member who is not a legally responsible relative, then you will be able to provide paid services to a person in your family. And, you know, you were able to do that previously as long as you didn't live in the same home. So now that exception has gone away. We're not saying we're not making a distinction of whether you live in the home or not. So if you are a family member you can be a paid caregiver and you can be paid up to 40 hours a week for providing services to that person. The limit there is just the four hours. We did not put where if you are a legally responsible party then you're not able to be the paid caregiver for services where you're billing in 15 minute or hourly increments. Because we really weren't able to be able to kind of validate where ordinary care starts and stops, and extraordinary care starts and stops when you're doing that billing by the hour. We do have that a family

member, a legally responsible relative can continue to be a paid caregiver under the monitored in-home caregiving or companion care option. And the reason for that is because that's more of a per diem. So under a per diem you're not having to show this is whereas a spouse or as a parent of a young child these are the things I would normally do verses these are the things that I'm being paid to do as a caregiver. But under the mic and the companion care there is the ability to kind of flex in and out of that. And then the family member gets compensated kind of one flat amount or one flat per diem. So that's what you will see in the new opportunities waiver.

And again, if folks, you know, disagree with what we have in there or folks have comment on that then you can, you know, review it more in detail. And there's lot more detail in the waiver itself and the explanation and then give us public comment. This question is also what we have to do when we then submit it to CMS is we have to tell CMS this is all of the feedback that we received, and this is our response. So if you send in a comment to us through the website that will be included with the publication. We have to tell CMS this is the feedback that we got, this is our response to it. And again, based on what we hear from feedback we may also go back and make some additional changes to that document. Once we have that finished with the new opportunities waiver, we'll then take the feedback we receive and for the residential options waiver, the children's choice waiver, and the supports waiver where appropriate we'll look at making similar changes through a waiver amendment for those things related to the exceptions. So that's my update. I'll stop there and take any questions folks have about that.

MICHAEL BILLINGS: We have a hand raised. Kelly Monroe.

KELLY MONROE: Thank you. Hey, Julie. Could you go over the 16-hour rule one more time. I wasn't sure if you said that you guys were still looking at it.

But I thought that that was something that we agreed that was going to be able to continue just through rule and not have to go through waiver. But I wasn't sure if you just now said that you guys were still looking at that or not.

JULIE FOSTER HAGAN: Yeah. I just mentioned it was not in the waiver application. And my understanding of what we agreed to is not that we said that we would continue just-- we are continuing it until six months after the public health emergency. But one of the things that we're looking to get some additional feedback, and when I say that we're continuing to work on it is we definitely understand that there may be times in emergency situations where somebody needs to work over 16 hours and we don't want to stop that. But I guess we do still have concerns with having it open ended as it is now with no limitations or restrictions or us not looking at it at all. So I think we still do have some work that we wanted to do. And we had worked with you guys on like what might be some correct guardrails or things to do. We had proposed like a certain number a month or things like that. But we have not finalized that. That's not in the new opportunities waiver though because the 16-hour rule isn't in the waiver.

KELLY MONROE: I get it. I guess my concern is that we pulled the bill knowing that, well thinking that was going to be okay. More so than covid there's a workforce crisis. There's some times where people, you know, like I know this one particular person who's used it probably five or six times this month. Where people could not show up on time or maybe at all and instead of being alone, they had to use that. And so it wouldn't be something where, it was never intended for us to say hey, you can schedule someone for 16 hours. But that you also in an emergency could use it and not receive approval ahead of time. Because a lot of simply just don't have time to receive approval, especially when some of their times that they're trying to, their shift change is like ten and 11:00 at night.

So, you know, just if you could just keep us posted cause I've been telling families otherwise. Like I've been sharing the document that Mark had sent and that was not our understanding on that document.

JULIE FOSTER HAGAN: And what it says is LDH will continue to monitor when a provider has staff regularly working over 16 hours per shift and LDH will work with the provider to identify the reason this is needed to help address the barrier. So knowing that we have time, what our hope was is that we could look at situations where that is regularly happening, because we are able to pull that from SRI, and then that may help inform us on what do we need to do. So we're not saying that it's ended. We're just saying there may be, we need to look a look at that and take a look at where that's happening, when that's happening to help inform us on what do we need do there. But you're not going to see anything in the NOW waiver. And again, I'm not saying we're ending it. Nothing that families shouldn't be concerned that that's going to stop. What we really want to be able to do is see where it's happening, why it's happening and what do we need to do help address the issue.

KELLY MONROE: Okay. I guess that's what-- and I remember that statement also and I thought that was going to be like just in the rule that hey, if there's like a particular person, or family, or provider who is continuously using it we're going to reach back out to them and find out why. And try to address each situation that way. I didn't realize that that was going to happen ahead of time. So just, I was looking for clarification. Thank you.

MICHAEL BILLINGS: Thank you. We do have one question in the chat box from Melinda Elliot asking did I understand correctly that companion care got a rate increase in the last legislative session but managed in-home care did not.

JULIE FOSTER HAGAN: I'm going to have to check on that one. I'm not sure. I'll need to clarify that. I don't want to speak out of turn. I thought we were

looking at increase in both. But I'll clarify that, Melinda, and get back with you on that.

MICHAEL BILLINGS: And then also we have Liz Gary ask where can individuals find the link to public comment for the waiver.

JULIE FOSTER HAGAN: Trying to see if I can find the link real quick and post it there. Jen, do you know if there's a specific place that they send public comment to or if it's just?

JENNIFER KATZMAN: Yeah. I think there is.

JULIE FOSTER HAGAN: Yeah. It says you can submit written comments to OCDD. OCDD-HCBS@la.gov. But I'm trying to see, I'm sorry y'all, I don't know how to copy links.

ROSLYN HYMEL: Isn't that the one with the LA DD Council one?

JULIE FOSTER HAGAN: No. This is for public comment. I think we normally just get them at our OCDD website, but I think there's also another link.

JENNIFER KATZMAN: We can send it after Julie.

JULIE FOSTER HAGAN: Yeah. The website itself is OCDD-HCBS@la.gov. If it goes there, I just put it in the chat. If it goes there, then that for sure we cover it there as well.

ROSLYN HYMEL: Julie, you have, wait a minute. They had two of the same, but can somebody bring it down. I couldn't catch the other one.

JULIE FOSTER HAGAN: Which one?

MICHAEL BILLINGS: Roslyn, can you clarify for Julie.

JULIE FOSTER HAGAN: So I think there's a question about can we distribute the link. I'm happy to send it. Can I ask a quick clarification for council staff. If we get that link to you guys can y'all make sure it goes out to the DD Council list serve?

BRENTON ANDRUS: Yes. We can.

JULIE FOSTER HAGAN: Okay. We'll make sure we get that to y'all. I'm just not good at putting it in the chat.

MICHAEL BILLINGS: Thank you, Roslyn. Hit your

mute, please. Jill, you have a question. You have the floor.

JILL HANO: Okay. Can y'all hear me now?

MICHAEL BILLINGS: Yes.

JILL HANO: I think I'm a little behind. But do y'all have a quick summary of this American Rescue Plan that is specific to Louisiana because I tried to look at it and it was like a million pages. Did you have a quick summary, Julie?

JULIE FOSTER HAGAN: I know that I don't have one specific to Louisiana. But I think that our national DD director group may have a summary that I would be able to share with folks. If I can find that I'll send that too.

JILL HANO: Okay. Thank you.

MICHAEL BILLINGS: Thank you. I believe I don't see any more questions or anymore hands up.

MARILEE ANDREWS: Mike, I see just a couple comments. I just want to make sure they got addressed. There's some comments on the link which I think Brenton said he would send out. And then the only other one is from Ms. Corley, and she asks will the DDC disseminate this information via their website or social media for the public.

JENNIFER KATZMAN: Which information?

MARILEE ANDREWS: I think she is asking about the link to comment for the waiver. But I can, just based on where it is in the chat.

JENNIFER KATZMAN: Yeah. The waiver, it should be online for public comment if there's amendments out there. And Julie and I are working on getting the right link to staff to send out. Sorry, we have navigation issues.

JULIE FOSTER HAGAN: Yeah. Brenton, I just sent you something. Hopefully, that worked.

MARILEE ANDREWS: And Liz just said thank you Kelly and Hannah for posting. This is what I was requesting.

MICHAEL BILLINGS: Okay. Thank you, Julie and Jen. Next, I would like to move onto the contractual updates and we're actually going to jump out of order just a

moment. We're going to jump to our contractor, I believe it's Devika Rao. I hope I pronounced that right. Who is with us to share a little bit about the video activity O'Neal Communications has worked on with the council.

DEVIKA RAO: Good morning, everyone. My name is Devika. I think a few of us have met before. So just a quick update on the videos. We have moved forward on publishing things about the IEP and also the transition planning from high school into college or employment. Those are gaining ground and getting some good traction. We are moved into our Families Helping Families, those interviews have been done and those are now in production. About the resource center and how parents and families can take advantage of those. We also completed an extra video in honor of April Dunn. That has been finished and sent for review. And once we get that back for edits and approvals, we'll be publishing that as well. And the employment videos as well as waivers are also underway for resources as scheduling and interviewing. So we're moving forward on the remainder of the video project and looking forward to continuing sending out some good content.

MICHAEL BILLINGS: Thank you so much.

DEVIKA RAO: Thank you.

MICHAEL BILLINGS: Next, Marilee, you want to give us an update on the Partners in Policymaking.

MARILEE ANDREWS: Yes. Hi. Good morning, everyone. I will give you guys an update on Partners in Policymaking. So in this last quarter a Trello board, which is an online workspace, was created for the PIP 2020 class. The PIP coordinator selected boards as the topic for May. And that session did take place on May 29th. The PIP 2020 class held a virtual session titled parliamentary procedures and boards. Nicole Learson, who is a professional registered parliamentarian, she's helped us here on the council, presented on parliamentarian procedures. And Adrienne Thomas, who is the PIP coordinator, presented on serving on boards. And there have been a couple

different drafts of proposed plans for the class of 2020, the virtual class of 2021 and recruitment for 2022. I actually, I did not mean to say virtual class of 2021. Just virtual sessions for 2021. And I can share that screen if you guys are interested. Give me one second. So you guys will have to tell me if you can see this. It's a little bit easier for everyone to see it than me read it out loud. So can you guys see it well enough?

BRENTON ANDRUS: Can you enlarge it a little more.

MARILEE ANDREWS: Yes. And I'm going to have to rely on my coworkers for comments or hands because I'm sharing my screen so I can't see that at the same time. How's that? Is that enough, Brenton, or do you think more?

BRENTON ANDRUS: I mean, it's fine on my end. So I think it should be good.

MARILEE ANDREWS: Okay. So you can see as I mentioned the May session happened. That was boards and that was with Nicole Learson. I don't believe the June session took place. And it looks like in July it will be history and the art of negotiation. And then also in July you can see the virtual webinars are planned to begin.

ROSLYN HYMEL: What page is that?

MARILEE ANDREWS: This is just my quarterly report that I created, and we send it to the planning person who combines it. So a summary of this would be on your full status report. Which is part of the full council meeting documents. But I pulled that and I'm looking at it now and I don't actually see this table on there. But a little summary of this is on there.

MICHAEL BILLINGS: Jill Hano has her hand raised. Go ahead, Jill.

JILL HANO: I think I scratched my nose.

MICHAEL BILLINGS: Okay. Thank you. Trying get to the chat. I have a comment from Steven who says the font script is a little hard for him to read.

JILL HANO: Agreed.

MARILEE ANDREWS: Okay. I can communicate that to

the coordinator who creates this schedule. That's part of her responsibility. Something we can ask her to change.

MICHAEL BILLINGS: Thank you. Any other questions?

JILL HANO: Can we get a copy of this, Marilee?

MARILEE ANDREWS: Yes.

JILL HANO: Thank you.

ROSLYN HYMEL: Same goes for me.

MARILEE ANDREWS: So Jill Hano and Roslyn.

MICHAEL BILLINGS: Yes.

ROSLYN HYMEL: Yeah.

MICHAEL BILLINGS: We have a comment from Susan Riehm. Are the class of 2020 classes held in person?

MARILEE ANDREWS: So, no. They are not. That was some discussion at our last meeting. Some people wanted it in person that were from the class of 2020. But they are still being held virtually. And that is kind of the purpose of that Trello board. If you see that at the top. That's like on online workspace and that's how they meet and communicate.

MICHAEL BILLINGS: Okay. Any other questions, comments for Marilee? Okay. Thank you, Marilee. Now Ebony, can you give us an update on your initiatives, please.

EBONY HAVEN: Hi. Good morning every. I'm going to be giving the updates for LaCAN, Families Helping Families and the supported decision-making training. So I'll start with LaCAN. We had some great wins for the legislative session that Brenton is sharing right now. But I'll just start from the beginning. You can find this on the status report that you receive in your packets are on the website. I think Brenton posted the link in the chat. And LaCAN starts on page three. So as of June 2021 we have 6,341 LaCAN members. During this session there were 12 home and community-based action alerts and 1,059 actions taken. There were also five education action alerts with 457 actions taken on those education alerts. And just the recap for the legislative visits. The LaCAN leaders were able to meet with, they were able to meet with 39 key committee

members and 63 formal legislative visits. So they were able to get 100 members out to visit with those legislators during that time. And despite not being at the capitol this legislative session, the leaders were very active during the session just with watching committee meetings live and then sharing those on social media. They were using hash tags such as LADDC, laledge and LaCAN. And we got some great, great wins this session. You can view that document that Brenton is sharing, it's linked on the agenda.

Also we are still hosting two LaCAN leader calls every month. And right now we're focusing on the community input meetings that are coming up. This is where they will gather ideas from their LaCAN members for the 2022 legislative agenda. So please be on the lookout for those meetings they're going to be scheduled pretty soon, probably in August and early September. And we will be sharing those via our LADDC news and on our website. So you can look for your LaCAN leaders to start to share those. Just an update on our LaCAN leader positions, I'm really happy to announce that we do finally have a LaCAN leader for regions one and ten. I think she started June 15th. Her name is Christina Martin and we'll be sending out an LADDC news very soon to introduce her. But we now have a vacancy in region two. There is a vacancy in region two we are currently advertising for. We've actually had a great response so far. I think we have four applicants, and they've began the interview process. And we're hoping to have them interview by either next week or the week after.

Also LaCANs legislative debriefing was held on June 24th. That's where the LaCAN leaders, FHF directors and council staff discuss the results of the advocacy efforts during the 2021 legislative session and ideas for improving our advocacy activities and effectiveness. We also tossed around ideas for continuation of virtual LaCAN activities such as our round tables. But we'll have further discussions about that during our LaCAN calls during the month. Are

there any questions? I think that's my update for LaCAN.

MARILEE ANDREWS: Jill Egle has her hand raised.

JILL EGLE: So who just made the announcement, the DD Council staff, about Ms. Christina Martin, the new region 1, 10?

EBONY HAVEN: We're going to send an announcement real soon introducing her. She actually has already started introducing herself on social media. So I'm not sure if you're friends with the Families Helping Families in NOLA, Jill.

JILL EGLE: Steven Nguyen is a close friend of mine through SILC and partners. But quick question, so Ms. Nicole Williams is no longer in that role. It's going to be this new lady Ms. Martin.

EBONY HAVEN: Right.

JILL EGLE: To be honest, I'm going to be honest, like Ms. Nicole Williams, when I needed support from her, I got a different vibe. And I don't know if it's my place to share that, but every time I asked about certain bills with the session, she's like I can't deal with that. I was just like, and I'm a panicker. I'm just trying to get support and I got a different form of vibe for her.

EBONY HAVEN: I'm sorry that was your experience, Jill. But we're hoping with Christina that she will give you a different vibe and that she'll answer any questions that you have about LaCAN.

JILL EGLE: And you'll send me her info before the first of next month before August for next year's session I can be in contact with the ones. You know, because not only me, I know that I think Steven, Jill Hano and Roslyn were all in that same region one and ten. So you'll send us her contact.

EBONY HAVEN: Yes. Her contact information is already on the website already. But we're going to be sending out a formal introduction for her probably later this week.

ROSLYN HYMEL: Yeah. Even for me did Nicole step down from that or what?

JILL EGLE: It's not my place, but every time I ask her about legislative before it ended, I just got a different vibe. She's like, well I can't deal with this now. I'm like. And, you know, I was in the DD Council because I care about fighting the fight for IDD in the State of Louisiana. But when that happened, I knew, I hope Ms. Ebony I shared that with you because I just know that God, here I am trying to do the right thing and being active in LaCAN. And when someone acts a certain way, I'm like what's really going on.

BRENTON ANDRUS: Jill, if I may, so the particular staff that you're talking about I don't think it's necessarily appropriate for us to discuss that here. I will say, she was not the LaCAN leader. She was just helping out the center in the absence of a LaCAN leader. So there could have been lots of situations that maybe she couldn't help right at that time. But just to let you know that at any point in time if you're not getting information you need you can always reach out to the director of the center or you can reach out to Ebony or I if you have questions about things that are going on.

JILL EGLE: Thank you, Mr. Brenton. Thank you.

MARILEE ANDREWS: You have a comment from Ms. Corley. I can read it if you want me to.

MICHAEL BILLINGS: Please, Marilee.

MARILEE ANDREWS: Do we believe the LaCAN alerts contain so much information that it makes it hard for some to see/find the action required.

EBONY HAVEN: I can address that, Marilee. So Ms. Corhonda, that is actually what we discussed during our legislative debriefings. We discussed how to make things better and how to be more effective with our advocacy efforts. And so we discussed the action alerts with the LaCAN leaders and the FHF directors and they do provide feedback. And that's actually one of the things that we did discuss during debriefing on how to make the LaCAN alerts just a little easier to read. We tried to cut back on as much information as possible by providing like links in the action alerts. But just

in case people need background information or they just need additional information on what the action is we try to provide that information. But we do actively work with the LaCAN leaders and the FHF directors and we take feedback from the public for sure on how to make those things a little better and easier for our population. So I hope that answers the question.

MARILEE ANDREWS: And you had a second comment from her as well Ebony.

EBONY HAVEN: Okay.

MARILEE ANDREWS: Do LaCAN know the reasoning regarding the inability to keep LaCAN leaders. Have they considered exit interviews?

EBONY HAVEN: So Susan Riehm is actually the executive director over the LaCAN leaders. I'm not sure if she's considered that. I know she's on the call. I'm not sure if she wants to address that question or not.

SUSAN RIEHM: Hi. It's Susan. Of course, now my dogs are going to start barking. I apologize. We have not had exit interviews. But what I was typing is actually we don't have a high turnover with most leaders. We just had pockets of places where we have had turnover like in New Orleans. Actually, the leader in Baton Rouge retired this past week, month in May. Other areas we've had leaders like Melinda Elliot has been with us for 20 plus years. Kristen in region six has been there for a long time. Leaders in seven and eight have been quite a while. Karen in region nine. So it's just pockets where we have some issues. So I hope that helps. I apologize about the dogs barking.

MICHAEL BILLINGS: Thank you, Susan.

BRENTON ANDRUS: Yeah. I would agree. If I may, so I think Susan answered it pretty well. I mean, I think it is just in pockets. One of the concerns that we've had typically in region one and ten has just been the size of the region. We have talked about different ways to try to attract folks for that position. But honestly, when you look at the delegation size and the actual size of the region they cover, it's not much

different than other regions we do have currently. So I understand that that area might be a little unique, but as far as the workload it's not very different from other regions that we have in the state. And like Susan had said, I mean, we have quite a bit of our leaders that have been here for 20 plus years. We have had some, I mean a few years ago we had a turnover in region seven unfortunately cause the leader there had passed away. But in general, we've been very stable until recently and it's only been in a couple of regions. And also, I mean, over the years every year we discuss incentives for our leaders such as pay or any sort of payments that would be tied to their performance. So if you want to call it a bonus or incentive pay, whatever that may be, we have looked into that as well. And so I think we're on the right track for rewarding them, but also, we're bounded by the amount of money that's in that contract. So certainly this isn't a position that most of our leaders don't do this and that's all they do. You know, they have other jobs as well and this is kind of something they're doing just because they're passionate about it. And so I think turnover, like Susan said, is not really an issue. At least not that I've seen in the years I've been at the council.

MICHAEL BILLINGS: Thank you. Have a couple hands up. Lillian.

LILLIAN DEJEAN: Hi all. I know this is going back to a point earlier regarding LaCAN action alerts. But I did have an idea pop into my head. I was wondering if we can possibly reach out to organizations like Self Advocates Being Empowered. It's a national organization focused on self-advocacy. Perhaps for suggestions or guidance on making our LaCAN action alerts in plain language. So this way it could be more accessible to all of our community members. But specifically, our self-advocate population which we have been trying to reach for a really long time. Just a friendly suggestion. Thank y'all for everything that you guys are doing.

BRENTON ANDRUS: Thank you, Lillian. Also just as a reminder, at any point in time if any of the language in the alert is confusing, I encourage you to reach out to your LaCAN leader in your region. I mean, that's what we have them for is to be able to support you in some of those things. They should, certainly, be reaching out to their membership as well. Just whenever we do push alerts out to find out who has taken action and if they can help. I ask leaders a lot and some of them tell us that nobody really reaches out to them for questions about their action alerts. So not that that's going to solve all the problems, but I just encourage you at any point in time please reach out to your leaders. Because that's why we have them in every region to support you in all levels of advocacy. And you can certainly come to Ebony and I for feedback. We talk to them, some of them, almost on a daily basis. So we can always get that information that you're able to share with them as well back to us so we can try to make those changes too.

MARILEE ANDREWS: Roslyn has her hand raised.

MICHAEL BILLINGS: Go ahead Roslyn.

ROSLYN HYMEL: Yeah. This is what I want to find out. How many leaders do we have in that and for each individual region the State of Louisiana do have. And also two, is Nicole Williams still the leader of one and ten, or did she give up that position? That's what I really want to know.

EBONY HAVEN: Okay. I can answer, Brenton. You can add anything if I miss anything. So Roslyn, right now we have eight leaders. We have one leader in each region. So right now we do not have a leader in region two. So we're searching for a leader in region two. We have a brand-new leader in region one and ten. Her name is Christina Martin. I think if you look in the chat Hannah has posted the link to the LaCAN page for the LaCAN leaders. So you can click on that link. We don't have her picture up just yet. I'm waiting for her to take a picture. But her contact information is on the website. If you click that link you can find her

information and you can contact her if you have any questions. So she's the new leader for region one and ten.

ROSLYN HYMEL: What is her link? Do you know off hand?

EBONY HAVEN: If you go to the chat, if you go to your chat Hannah just posted the link to the LaCAN page and you can click on that link, and it will take you to the LaCAN leader page.

ROSLYN HYMEL: Oh, okay. All right then. But this is what I want to know what is Nicole Williams is going to do now?

EBONY HAVEN: She's no longer with LaCAN, so I'm not sure what she's doing now.

ROSLYN HYMEL: All right. Because, you know, I was lost in the shuffle when I found out last night, you know, and when I spoke to her.

BRENTON ANDRUS: So just again, to explain, and then we'll need to move on from that particular topic. So Nicole has not been a LaCAN leader, an official LaCAN leader for a couple years now. She does help the center cause she does work at FHF in New Orleans. She does help support issues and activities. One of them is to help with LaCAN. She has been helping. She has not been a LaCAN leader for a couple years. She just helps support the center in the absence of the leader. So now your point of contact for LaCAN is Christina Martin. But you can also reach out to the center if you have questions about advocacy or anything else that FHF can help you with.

ROSLYN HYMEL: Thanks. You know, it was a little shocking news to me. That's why I'm asking.

MICHAEL BILLINGS: Thank you. You want to continue Ebony.

EBONY HAVEN: Yes. So the next thing I'll talk about is Families Helping Families. And Brenton is going to share the document that was linked in the agenda. Before I get to the document, I just want to just share some great news. I know Julie and Jen talked about the achievements that we had during this

session for home and community-based services, but this also includes one for Families Helping Families that we did receive the additional 500,000-dollars that the council was asking for on their legislative agenda. So I just wanted to put that out there that the council received that additional funding. And the Families Helping Families centers will start to get that funding, well they started to get the funding July 1st of 2021. The document that you're looking at on the screen right now is the fourth quarter data. That data only includes information from July 2020 to May 2021. So there's going to be a yearend data table that I'll share at the October meeting and that table will include the June 2021 data that the centers turned in earlier this month. So as you can see, most of the centers are on target for meeting their deliverables. If they do not meet their deliverables when I share the yearend data at the October meeting, there will be corrective action plans in place just so that the centers let us know how they plan to meet the deliverables that they didn't meet this year. Does anybody have any questions about FHF?

MARILEE ANDREWS: Ebony, there was one comment in the chat.

EBONY HAVEN: Okay.

MARILEE ANDREWS: It was from Ms. Corley, and she was asking will the DDC disseminate all links and documents provided in the chat for everyone to access such as those attending via YouTube.

BRENTON ANDRUS: So if the staff person that's monitoring YouTube if they can just take those links that are in the chat and just drop them into the YouTube chat box, that would be appreciated.

MICHAEL BILLINGS: Jill, you have a question?

JILL HANO: Yes, sir. I do. Thank you. This additional funding for the FHF centers was included in house bill one, correct?

EBONY HAVEN: Right.

JILL HANO: Okay.

MICHAEL BILLINGS: Okay. Ebony, you want to move

us along.

EBONY HAVEN: I'll just close us out on supported decision making. I did create a summary for you all this council meeting. And Brenton is going to share it on the screen in just a second. It's just a summary of all the trainings that they've conducted so far. The arc has conducted. In the status report it does not include the June training that they conducted, but for this summary I had the information, so I did include it. Right now they have trained 105 participants and they've had 6 trainings so far. So I just kind of summarized some of the strengths, suggestions and the additional comments that they've received via their surveys that they send out after the trainings and the feedback has been very, very positive for the trainings as you can see. And then if Brenton scrolls down a little further you can see the breakdown. They were not collecting the information, the breakdown information for self-advocates, family members and professionals that registered for their trainings for the first three. And then we talked and discussed it and they started to collect that information. So you can see the breakdown of self-advocates and family members that have attended. Of course, there were professionals, and those numbers are included on page one. In addition to this summary, they are mentoring three participants so far out of the five that they're scheduled to mentor. So out of five people three have started the mentoring process. And then I'll have information about that at the next meeting in October. Where each participant is. So does anyone have any questions about anything for supported decision making?

MICHAEL BILLINGS: I don't see any, Ebony. Thank you so much.

EBONY HAVEN: Okay. Thank you.

MICHAEL BILLINGS: Now move along. Brenton, will you give us an update on the remaining initiatives, please.

BRENTON ANDRUS: Sure. There's just a few. So first is going to be the emergency response resource

website. So that is a contract that we initiated with trach mamas of Louisiana. So that's activity 1.4.4. If you're looking at the status of planned activities that's going to be on page nine. So basically what the contract entails is just that they work to develop a website that's just going to have sort of a list of resources that are going to be available for people to access during times of emergency, whether that's going to be natural disasters, manmade disasters or for instance, like the public health emergency that we're in now. Initially the goal was to have this website completed by June and for various circumstances that the contractor has been through, that was not able to happen. So we did get a commitment from their web designer to have a prototype available this month that we can look at, make sure there's no kinks and the information is attached and accessible for people to use that website. So I'm hoping by the end of this month we'll have some more information about that website, and we can actually do a push to get that information out to the public. So once that is available, we'll put that on social media, send it out via our LADDC news and then ask for other folks to share it. You, know probably, send it over to the department as well as our Families Helping Families centers, LaCAN leaders, that kind of stuff. So we just ask for everybody to their that information whenever it does come out. Again, I'm hoping we can get that information out closer to the end of this month or early August. So that is for that activity.

Next, we have our first responder pilot. And so in the agenda for this meeting I've attached the LADDC news that was sent out and it also contains a link for the website where you can go list any upcoming trainings that they may have for the community. But so we contracted with Interaction Advisory Group for this particular activity. Activity 2.7.3. You can find that on page 14 of the planned activity sheet. And so really this is intended for first responders. And so that's going to include law enforcement, fire and

rescue, paramedics or EMTs in similar professions. And it's really to establish and implement training and protocols on how to appropriately address individuals with developmental disabilities. And kind of the outcome from the initiative we were hoping for is that we'll see a reduction in arrests or physical escalations whenever these emergency professionals come into contact or have interactions with individuals with disabilities. So they've been conducting these skill building, training activities, I think, since around January or so. And over this past quarter they've conducted eight different trainings sessions. Five of those training sessions that they've done with emergency personnel have been in-kind. Which means the council has not paid for those. We've paid for three. And this particular contractor is so passionate about the work that they do they've offered five additional trainings over the quarter just because demand has been so high for this training. But that has been at no expense to the council. So over the quarter there have been 258 professionals or emergency personnel that have been trained. And when you look at since they've started the training there's been about 318. And one of the things they do for the training for professionals just to make sure that there is prospective there from individuals with disabilities they have at least two, sometimes three individuals that might join them for these trainings just to make sure that they can get more real life experience, more real life stories about their encounters just to make sure, you know, they get more of, the professionals that are at the training, get more of a prospective from an individual with a disability about how they might feel or how they may react to certain situations so they can kind of learn from each other.

They also have community sessions that were offered statewide. And so there they share local resources, they talk about different events that are coming up. And information that's related to individuals with disabilities and their families as it

relates to interactions with first responders in different emergency situations. I think they even do some real life scenarios or role play to help with that. So this past quarter they had those trainings on May 13, June 3rd, and I think they also had one July 1st. And so I've been in conversations recently with the contractor just thinking of things that we can do to promote these trainings more when they come out. Because we, at least since I've started looking at this contract, they really haven't had the attendance for the community trainings that we would hope for. So we're looking at ways they can come up with additional promotional materials that they can get back to us and we can really start pushing this information out as these community trainings are coming about. I do believe in our next action plan, which starts October 1st, this initiative continues. And so we're really looking at ways that we can expand and get more folks involved in these community trainings as well when we go into our new fiscal year with that contractor.

There's also another in-kind training that this contractor is doing later this month. It's for first responders and they're going to conduct two trainings. I believe it's going to be in September. I don't really have those dates. I believe they sent it to me. I don't have it off the top of my head. It is going to be for first responders. I think they're going to do one in North Louisiana probably around Bossier Parish. Then there's one in South Louisiana around St. John Parish. It's my understanding those are going to be open to any of the first responders from around the state, not necessarily just though parishes. But that's something they wanted to do in-kind, again, just because of the demand for how much of this training has been requested of them. They're trying to make an effort to come and do an in-person training later in September at their expense. So any questions about that initiative. I think I see a chat. No. Not that. That was just Hannah updating that our chats links can now be seen in the YouTube channel as well. And

Melinda said that she participated in one of the virtual community trainings. She said it was really good and packed with resources and she highly recommends participating in one, if you can. And I would agree. I would like to see more participation in those trainings.

Let's see. I'm going to hold off on the emergency preparedness and response training one. I'm going to jump to the training on sexuality, abuse and exploitation. So this one is also linked in the agenda. It's going to be a similar concept to what you just saw with the supported decision-making training. Where this document is going to tell you the number of participants and kind of give you a summary of some of the comments and their feedback that they've provided via their surveys. So again, this is something we've contracted for years now with Team Dynamics. This is the last year that we're contracting on this initiative. And so the focus of this initiative is to really ensure that individuals with disabilities, their caregivers are really educated on healthy and unhealthy relationships because the idea is if you can understand those things that's going to leave you less susceptible to abuse and exploitation. So through June we've had 99 family members or caregivers that have participated in this training and 17 self-advocates. And the summary document, if you scroll down, you'll see a lot of their strengths, their suggestions that they've taken away from these trainings. I won't necessarily read all those to you. But I just also wanted to share that in addition to these online trainings, which you can find down here, you'll see what has been done thus far. And if you scroll down, you'll have registration links, and you can see what's coming up in August and in September. But in addition to these trainings, that they've done online they've done an in-kind sort of pilot retreat style training which is where they get a hand full of people together and they have a more intensive sort of project, not project, training. Can't speak today. That they're doing. So that

happened in the Northshore area, and it was a collaboration with the FHF center there. It's my understanding in August and early September they're also going to be doing another one that's going to be in conjunction, I believe, with Bayou Land Families Helping Families. There was also a request to try to do one in the New Orleans area and that's probably going to happen more around October timeframe. But it's basically, it just gives more information than you really can get in just a two-hour training that they're doing online. What they do in these particular retreat style trainings is they try to get volunteers that also want to be a part of the training process. Sort of try to do a train the trainer sort of concept so they can continue that work. Again, kind of looking at trying to expand this initiative outside of funding with the council. How do you bring it and keep it in the public mind without having the council necessarily funding it every year. Also wanted to share that part of their contract that we're going to share information about this initiative at various conferences that are coming up nationwide or locally. So in June they did present at the American Association on Intellectual and Developmental Disabilities annual conference. I believe next week they also have a presentation that's going to be at the Governor's Office Disability Affairs conference. And then October another presentation that's coming up at the American Public Health Association conference. So that's an update there. I do see some hands. Jill, and then Lillian, you have questions.

JILL HANO: You said that Team Dynamics contract is ending in October. When did we get it, October 19?

BRENTON ANDRUS: Like when did they start initially working on this initiative?

JILL HANO: Yes. When did our contract with Team Dynamics start?

BRENTON ANDRUS: We initially started it in fiscal year 2019, I believe. So that would have been like October 2018 through September 2019. And then that was

strictly to do sort of the in-person presentation.

JILL HANO: October 18.

BRENTON ANDRUS: Yeah. So it would have been with our fiscal year 19 plan. So that would have started October 2018 is when that typically starts. And so basically for the last three years this has been an initiative in the council's plan.

JILL HANO: Thank you.

BRENTON ANDRUS: Welcome. Ms. DeJean, I see you have your hand raised.

LILLIAN DEJEAN: Hey, y'all. So I love that we're doing this training. Obviously, it's been wildly successful. But the one thing that does concern me is our self-advocate to family member ratio. The fact that we have 99 family member participants, but only 17 self-advocates is a bit of a problem. And I know I've brought this up in the past. We understand, I think the statistic is that individuals with intellectual disabilities are seven times more likely to be sexually violated in their lifetime as compared to nondisabled peers. I would really, really love to see moving forward more self-advocate participation in these trainings because my concern is that this amazing information is not being delivered to the population that, frankly, needs it the most. So, thank you guys.

BRENTON ANDRUS: Yeah. And I can appreciate that. I've actually had that conversation with Team Dynamics in the past. This year, actually, it's been a lot lower self-advocate participation than it has in previous years. Some of what's different about this year is it's mostly been strictly online as opposed to being in-person. Which I actually thought may have benefited that population a little bit better. I thought maybe it would be easier for them to participate. Cause I know in the past there have been some concerns about transportation and so some of what we had started doing in the past where we really saw a bump up in participation is they were going into different day habs or ICFs and trying to provide this training. And they haven't really been able do that

this year with covid. But it's unfortunate, because even when we do have some that register for attendance, they typically don't show up. So we were trying to figure out just through trying to reach out to them, figure out kind of what barriers they're having when they do register that's kind of ending up where they can't attend. Certainly, I think for the next couple months that they have these additional trainings maybe we can try to do some better outreach. And certainly, Lillian, if you have any recommendations of places we can send this information shoot me an email. We can try to push it out to them as well. But yeah. It's been one of those things like when we do get people to register, they end up not showing up. And so we're wondering if it's just a barrier in access to whether it be a computer, or if it's just a reminder thing. They usually do get reminders when they register for this training. But maybe that's something we can try to send more of. I'm not certain. But we have been trying to have those conversations to see how we can start changing that dynamic that we see here. Roslyn.

ROSLYN HYMEL: Yeah. Isn't it, what I want to know is are we still keep going on Zoom in that. Cause maybe, you know, we don't know when the epidemic is going to really be over in that. It is really going be much easier doing it in Zoom or are we ever going to meet in person again like we used to?

BRENTON ANDRUS: That's not really something I can answer. That's not related to this committee. Something the executive committee and the full council is together they would have to make that decision. Certainly as long as the public health emergency is in place, I guess would allow for Zoom public meetings. But certainly, unless any legislation has changed, which to my knowledge did not happen this past session. Unless any of that legislation would change once the public health emergency is done in Louisiana we would have to go back to in-person meetings anyway. But that would be something that the executive committee and then later the full council would have to have

discussions about. But it's definitely very important discussion that needs to happen. It's not for this committee at this time. All right.

ROSLYN HYMEL: Did we ever mention that to them and see what they really suggest or not?

BRENTON ANDRUS: There was some conversations that started, I believe, at the April meeting. I don't have knowledge as to where those conversations went after that. But you can certainly reach out to your executive committee members, and I can also reach out to them as well just to let them know that that's something you would like to discuss.

ROSLYN HYMEL: I mean, who should I really reach out to to really find out?

BRENTON ANDRUS: Well, so your executive committee is going to be the chair of the council, Mr. Randall Brown. Your vice chair Dr. Hyacinth McKee. And then you have Mike Billings is also on the executive committee cause he's the chair of this committee. Mary Tarver is also on the executive committee because she chairs our education committee. And Jill Hano has recently been appointed. I see the excitement there, Jill, as our member at large. On the plus side, there are three executive committee members on this call so I think since you've brought it up, they'll have it on their radar now that that's something that's important to you maybe they can discuss in the coming days or weeks.

ROSLYN HYMEL: Yeah. I would really like to make that as a suggestion.

BRENTON ANDRUS: I'll have Roslyn's suggestion.

ROSLYN HYMEL: All right. I would like that. I really would.

BRENTON ANDRUS: So moving onto our last contractual update before we jump into some other great work you have to do. Let me share my screen again. I didn't mean to close it out a second ago. That is going to be an update on our emergency preparedness and response training. And so this is activity 2.7.4. So that's at Niagara University. They're establishing a

training program on emergency preparedness and response here in Louisiana. And so they target not only individuals with disabilities and their families, but also those people that are responsible in the emergency planning, preparedness, response and recovery for individuals with disabilities during disaster situations. So they've been going around doing introductory webinars for this initiative and this past quarter those were conducted on April 29th, May 5th and they had 158 attendees for those. And they talk about various topics, which you can see on your screen here that might be disability awareness specific to emergency management. They talk about access and functional needs. Kind of understanding how the whole community concept is imperative for proper response. They talk about the ADA or Americans with Disabilities Act as it relates to emergency management and response. And just different community resources that they try to tailor to our state specifically. And also, I think it was in June the contractor partnered with Offices for Citizens with Developmental Disabilities, so that's OCDD, to conduct webinars for their support coordinators, their direct support workers and professionals, and other people involved in those groups. And so these sessions, it was an overwhelming response. They had 458 people attend. And you can see on the screen here these are the upcoming trainings that are available. So again, this document is linked in the committee agenda. It's also on our website. And you will see that they have two trainings coming up in August, two trainings coming up in September. You'll see a morning session and an afternoon session. If I understand it correctly the morning session I think is typically for people with disabilities and the afternoon session is more for professionals. But they really do encourage anyone to attend any of the session. It's good to have a good mix of both sessions so you can get feedback. So I encourage you any of those days if you are available to try and attend the morning and afternoon session. Or even if you have to

do a morning one one day and an afternoon on another just as long as you can get in and participate in this training. The feedback I've received is it's very informative and people have really got a lot of great information out of it. So I would encourage you to participate in that training. Let's see. Also, yes. If you do have specific questions about this initiative Mr. David Whalen is here. Marilee, can you make him a panelist cause we'll probably need him in a second anyway. So one of the things, he is with Niagara University. I believe he's the project director. So if you have questions about this initiative, he'd be happy to answer. He's also here to help out with the next part of the agenda. So just to kind of give you some background. This initiative is something when they initially applied for this initiative last year it was basically designed to sort of be a twostep process. We had a year one and year two. And so they did submit a solicitation of proposal or an SOP to us to continue their work into this coming fiscal year which would be FY22 that's going to start on October 1. So he is here also to help you with that conversation. But does anybody have any questions about the work he's been doing, or his group has been doing this fiscal year? I don't think so. I'll kick it back to you to set up their last item on the agenda here.

MARILEE ANDREWS: Roslyn has her hand raised.

ROSLYN HYMEL: What kind of work does he really do in that and is it going to be like for the best in everybody's interest in that because I want to find out, you know, if everybody has to do it as an individual person.

DAVID WHALEN: If I may take that Brenton?

BRENTON ANDRUS: Oh, yeah. I was going to punt to you, David, if you wanted to kind of share with her.

DAVID WHALEN: So the intention of our program is for everyone who has, I would say stock in the game, investments. Who is obviously everyone on this call and for all intended purpose you see everyone, the FEMAready.gov advertisements and billboards. That's

everyone. Not just persons with disabilities. So our intention with the program you funded this year being virtual is that you are being educated on the areas that are specific to you, but also understanding the emergency management role and responsibility. We found this to be very successful in New York State. And we're actually currently doing the same program in Nebraska which has also had some positive response similar to the response we've had from the programs we've done in your state. So it's tools and resources. It's that connectivity. And then the bigger picture is that relationship with individuals in emergency management, Red Cross, Department of Health. Those areas of municipal or government roles and responsibilities. And knowing what they do. But the big picture is what FEMA calls core advisory groups and that will be my intentions. The trainings coming up in August and September are going to address that. But doing it virtually and not having a fiscal presence, it's difficult to drill that home and be sure there's a complete grasp of the concept.

So the year two piece. That intention is what we call inclusive planning and active participation. So just to give you a quick history here in New York we were funded for three years from their developmental disabilities council. So we built that program up into that concept. This is really a two- or three-year concept. Two-or three-year program, I should say, too. dress all those matters. And we don't just train, our training, it's more than training. The intent is there's education on the top, but people have tools and resources. But we do expect activity. So for anyone that attends any of our programs while you're being educated and learning we also track to see if you've become active as an advocate in those realms that include roles and responsibilities up to and including a core advisory group presence and participation within your parish or region. How it's set up with emergency management in the parish or the region.

ROSLYN HYMEL: How many, like is that like

different states or like with different parishes have to do it as well?

DAVID WHALEN: I think you're asking more the statewide. We developed this per state. Because there's a unique set with everything we do, our first responder training and what we do with first responders is you set up specific to each state and we get deep into that as well as our emergency management. So we're addressing the needs of Louisiana which are distinctly different than the needs of New York. Which are somewhat different than Nebraska. And we're just about to be funded in Missouri for the program for three years. That came out just last week, last Friday. So we're developing specific to each state which is important because we want you to be responsive in the state and know who to turn to, who has what roles. We develop an extensive resource specific to those states to include the contact person. Which includes groups like self-advocacy groups. It's a two-way street. Let me be very clear here. While we educate emergency managers on this topic, which federal by law, they're bound to this. And they don't really know this topic. And there's many gaps within that. And it's terrifying to me, especially in states like yours that have much more disaster and emergency scenarios than my state, that they're not prepared to respond to people with disabilities and access and functional needs. So we develop it for Louisiana. Not per parish. That becomes the responsibility of you folks. Which includes council members. Everyone has a role in this. If you have stock in disability response and emergencies, this is for you.

MICHAEL BILLINGS: Thank you, David. We do have a question in the chat asking if you're reaching out to the school systems, colleges, and universities and technical schools for attendance.

DAVID WHALEN: We don't have them as a main target. Certainly, they're welcome. We've found in New York that we had limited response in that profession. We can certainly do that. We rely on our partners in the

state to do that as well. So we've sent that out to the councils, the independent living centers, the state offices. Someone mentioned before. We sent this to all state offices and emergency managers. So we're open to that.

MICHAEL BILLINGS: Lillian, you have your hand up. You have the floor.

LILLIAN DEJEAN: Yes. Thank you. It's totally possible I missed this. But I understand you said you develop training specific to the state. So I would just like to know a little bit more about what this development process looks like and if you get input from self-advocacy groups in this development process on what this program, for suggestions on what this program should look like.

DAVID WHALEN: Yeah. So if you go back in our proposal and the objectives our first couple of steps is establishing relationships with all of those entities. So we've talked to Lighthouse Louisiana, Citizens for Disabilities. Bambi, her role, I won't call it role, I'm forgetting her exact title, but I think everyone knows who Bambi is. The developmental disability service providers, Arc of Monroe, through these self-advocacy groups that we've been afforded information on. So we're always open. If there is groups here, we have not been connected with, we look for that. We've probably had about 15 meetings, 10 to 15 meetings. You can see in our reports who we've met with. Eight or nine here now. Yeah, so the intention, Lillian, is all individuals. That's a big part of what we do. The tough part with the pandemic is what I would normally do is I would fly in and have in-person meetings. Helps establish much better than what I've done. I have to be very honest, folks. And it was even said to me by the FEMA rep in your region that there was some resistance from some key folks in state offices in Louisiana. And this is where I look for people like you in this call to help curb that resistance. I find it very disturbing that I have certain individuals-- Person First Louisiana. Yep,

there's another one I see Kelly saying. That some people in certain positions have, and that's exactly how it was worded to me. So I rely on those relationships. I'm not from there. The intent, obviously, in these grants is sustainability. It's going to be sustained by people like yourselves and the other individuals that buy into this. As Brenton stated, we had some very positive response and the Office for Persons with Developmental Disabilities, Office for Citizens with Disabilities we call New York State Office for Persons with Developmental Disabilities. We've had a very tight relationship working with them and have asked those entities too to assist getting the word out to those key players.

MICHAEL BILLINGS: Thank you, David. Of course, you referred to the comment in the chat from Kelly. It said People First Louisiana would be happy to talk with you if you're looking for more self-advocacy input.

DAVID WHALEN: Yep. And Kelly and I did meet as well. So Kelly I'll come back around to that. Kelly, what I've sent you specific to the announcements which you should have received those. If people have not received those, I need to know. We have a position that we started about 6 months ago that he's directly responsible for outreach. And he's doing very well, but if there's gaps in receiving information, I need to know. I believe and I've checked our database for your state is extensive. And that was a big part of our first, two, three, four months is establishing not just a database, but the relationship so people know what's coming. So they respect what's coming and they utilize it. When you receive the announcements you saw Brenton put up a couple minutes ago, when you receive those, our intention is it goes out far and wide. So when I hear, for instance, questions on schools, it's by all means in your realm to send it. It's in your realm to send back to us and say have you connected with this school or this institution. Provide that information. We can only go so far as to what we receive from people we've contacted or been afforded that information as to

who would be best.

MICHAEL BILLINGS: Lillian, you have to floor.

LILLIAN DEJEAN: Just a quick comment. If you're looking for more input from your self-advocate or even your parent advocate population, I know Ms. Kelly mentioned People First. But also our Families Helping Families centers would be a good resource. Cause I think while it's really good to get input from our professional organizations like OCCD, it's also equally important to get that authentic representation from people with disabilities and those parent advocates. So thank you for the work you're doing. I really appreciate it.

DAVID WHALEN: Oh, absolutely, Lillian. And that's what we do. That's what our intentions are. Again, making sure that we're getting those right names and folks. I would say this to folks here, the groups you're mentioning, please send those to me. Send me those contacts so I can double check to see if they're not already on our list and we will get them out there. We've been involved with DD Council grants for 11 years now. This is our eighth or ninth state that we've been involved with. So our intentions are to always start with persons with disabilities, family members. I'm a parent of a father with a disability. I've been in this field since 1986. I respect that wholeheartedly. Those are our intentions. We rely on your assistance to identify those folks. Which we probably already have, but double checking and triple checking is all good.

MICHAEL BILLINGS: We're going to take one more comment from Roslyn.

>> >>: Yeah. For me also in another kind of group, because for me we have an advocacy group in here in the State of Louisiana. Is there any other tools that we could use as well because advocacy for Angel Place as well. So is there any other way that, you know, with other states like what we do here at Magnolia like with the advocacy group and all. Over there, is it the same way, or is it a little bit

different?

DAVID WHALEN: When you say over here, do you mean like New York state or the other states I'm in?

ROSLYN HYMEL: Yeah.

DAVID WHALEN: I do advocacy as a blanket approach. There should be many, many similarities. The intention here is that we have self-advocacy groups. The nothing about me without me mentality is a nationwide initiative. So from that standpoint, Roslyn, I think it's like what becomes unique is how it's organized in each state. Sometimes it's different names, a little different hierarchies, organizational charts. That's the direction we look for when we get into states. Are we connected with the right people. Are those folks diligent in their efforts to assist. For instance, again, forwarding information, providing information. And ultimately applying what we're talking about. Everything that we're doing comes back around to the people we're training. It becomes a responsibility of all those individuals in attendance to actually apply it.

ROSLYN HYMEL: About how many people, really, are you training to do that? Is it going to be like 20 or 30 to 50. You know, how many people in a group.

DAVID WHALEN: Those that attend Roslyn. It's up to the people who are going to attend. We need from people like yourself. I can't control who's going to be in attendance. I come back around and say the number of people in that group are the ones that are going to be encouraged by People First Louisiana, and the DD service providers, and Lighthouse Louisiana and the other groups. Trach Mamas. The other groups that we have connections with. I spin that back around and say help us get those people in seats, get those people registered.

MICHAEL BILLINGS: Thank you, David. Thank you, Roslyn.

DAVID WHALEN: Thanks, everyone.

MICHAEL BILLINGS: I would like to move onto our next agenda item. Kind of delved into it a little bit.

The last thing on the agenda is for the committee to discuss the solicitation of proposals received on this activity 2.7.4. Background, the council funded this activity in this year and next year's plan with the purpose of supporting and establishing a training program on emergency preparedness and response relative to people with disabilities. As you heard in the updates, Niagara University is the current contractor for that activity and has hosted trainings throughout the state for individuals with disabilities or families and professionals who support them. At the April council meeting the council voted to request new contract proposals for this activity with strong consideration to be given to instate organizations. We only received one proposal from Niagara University. You're given copies of the proposal rating form to help you determine if you want to recommend this contractor to continue to work on this initiative. Now I would like to open the floor to any discussion that the committee has on this.

BRENTON ANDRUS: Mike, I was wondering, Dave, if you could maybe give our committee members sort of a rundown on what's different going into this year. I mean the proposal, hopefully, they already reviewed it. It is a lot of information. But if you can give them sort of a synopsis of what you think will get done.

DAVID WHALEN: Sure. So the big picture intentions are going back to in-person. Hoping that we are vaccinating and that we're addressing this so we can get back in-person is that we come together in-person in a two-day training format-- let me take a step back. The two-day training format is intended for people who have responsibilities in emergency management preparedness, emergency managers, Red Cross, Department of Health, other individuals. And disability advocacy organizations and disability advocates, persons with disabilities. What we ultimately are striving for, I alluded to this a couple minutes ago, is a core advisory group. That core advisory group is a committee council, FEMA uses, a FEMA concept. Whereby

people with disabilities and access and functional needs are part of the planning process. By federal law that's supposed to be the case. However, we don't see that enacted in many, many scenarios. The ultimate objective is this product whereby everyone in attendance owns everything they need to know about access and functional need. We call it inclusive planning and active participation. The intent here is that no matter what your role is we're all learning this together. It's very unique from our other programs. We train law enforcement, we train law enforcement. We train firefighters, that's the only people in the audience. EMS, 911, that's the audience. I have other trainings for teachers and individuals outside the scope of my council programs. We train teachers. We don't train teacher aids and bus drivers in the same room. This is different because we want everyone to hear the same message. Which starts with understanding why this is so important. The lawsuits and the laws that go with it, the way that people with disabilities and access and functional needs, the full concept in here developed by my partners across the country is FEMA recognized program. It's recognized within our state and now in Nebraska. We're rolling this forward in Nebraska a little quicker than your state for a couple reasons. But we will be there in September doing this in person and it's accepted by those individuals from the emergency management side who don't know that we exist. They don't know what self-advocacy is. They don't know what an independent living center. They don't know how different these service operations are. And the blind community, the Deaf community, go right across the disability spectrum. This is not limited for people with developmental disabilities. That's the intent of this is everyone hears it and walks away, and we track that. So what we ultimately do is track the development of core advisory groups. So if you are sitting in this training looking at people on the screen, we're coming back to you and saying, so what have you done. Have

you reached out to your emergency manager. Whatever role or hat you wear, are you active in that process. It's designed for my area of expertise to be within that emergency planning and preparedness response and recovery system that then holds everyone accountable in a friendly casual way. So we did this in New York people were walking away passing out business cards. You can do an accessibility review of our shelter, I didn't know you existed. So every concept specific to emergency planning preparedness, response, recovery for people with disabilities and access and functional needs is here and that's the intent.

BRENTON ANDRUS: And so I think there's going to be two trainings. Two, two-day trainings, I guess. Got ya.

DAVID WHALEN: I mean, based on your funding, that's the best we could do.

BRENTON ANDRUS: Got you. So are any of the virtual trainings going to continue?

DAVID WHALEN: So I believe I put in there we wanted to do another round of the developmental disability emergency management. That was very well received to the point of, again, within my reports, but just to state this. I'm sure everyone hasn't read all the reports. Those two programs were the largest attended programs of anything we've done in our 11-year existence. Any program, any topic area. First responder, people with disabilities, advocacy trainings. That was the largest attended program. Registration peeked at 300. And total attendance, people that did not show, was 306 total over two sessions. About half the people that didn't show for it which makes me think we need to do a couple more. I believe we did add a few more of those and if we didn't, we're going to do them.

MICHAEL BILLINGS: Cheri, you have your hand up.

CHERI CRAIN: I was interrupted when you were talking about the number of proposals that we received and since I'm new can you tell me how many proposals we received.

MICHAEL BILLINGS: We received one.

CHERI CRAIN: Just one.

MICHAEL BILLINGS: Just one from Niagara University.

CHERI CRAIN: So trach mamas didn't submit a proposal? I thought they were, or I misunderstood what was told to me.

MICHAEL BILLINGS: Don't believe so.

CHERI CRAIN: Okay.

BRENTON ANDRUS: They did last year. I know that. But for this coming initiative which would start in October this was only proposal that was given to me that we received during the timeframe of when it was open.

CHERI CRAIN: Okay. Thank you.

MICHAEL BILLINGS: Roslyn.

ROSLYN HYMEL: I wanted to find out when are we starting these training classes like and is that going to be starting next month or what that's what I want to know. And for what times the training will be and are we also going to be doing them on Zoom?

DAVID WHALEN: So the ones that I got funded for year one that was posted, that is also I just saw put into, Brenton put it into the link. So if you open up the link to see when those are. Those are virtual. The intent of these would be to be in-person and they would be sometime in 2022. I'm looking at my timeline here. We look to target that in the third quarter.

MARILEE ANDREWS: A comment from Ms. Corley. She wants to know do we have the option to contract two entities. One in state and one out of state?

BRENTON ANDRUS: No. We didn't receive anything from anyone other than Niagara University. So that's really the only option you have to choose from for this particular initiative. So you don't have another option to consider at this time. I was just going to explain to the committee, so I think it was around mid-June that we sent out information for the solicitation of proposals. And so they had until, I want to say July 9th or 10th, I think it was around the second week

of July to submit those proposals. And so what you have linked in the agenda is the proposal from Niagara University and that is the only one that we received in that timeframe.

MARILEE ANDREWS: Ashley McReynolds commented this training was incredible and I learned so much. And Ms. Brenda Cosse has her hand raised.

MICHAEL BILLINGS: Yes. Brenda, go ahead. Brenda Cosse, you have the floor. She must not hear us.

HANNAH JENKINS: She's still muted. Maybe she just needs to unmute.

MARILEE ANDREWS: Not sure if maybe that was an accident, or we lost her. She doesn't have her camera on or herself unmuted.

BRENDA COSSE: Good morning.

MICHAEL BILLINGS: There we go. Go ahead.

BRENDA COSSE: Good morning. I don't have the camera option. But good morning self-determination and community inclusion. Thank you so much for reviewing--. Hello.

MICHAEL BILLINGS: Yes. You have the floor.

BRENTON ANDRUS: Brenda, I think you might have YouTube playing in the background.

BRENDA COSSE: Yes. Thank you. I just turned it off. Thank you. My apologies. Can we get a clarification. This is the only proposal that was submitted, and this committee is going to vote on this proposal.

MICHAEL BILLINGS: That is correct.

BRENDA COSSE: And once this committee votes and make a recommendation your recommendation will go to the full council tomorrow and then what happens?

MICHAEL BILLINGS: Then the full council will vote to decide whether to accept the proposal or not.

BRENDA COSSE: During the full council meeting are any other proposals allowed to be submitted and considered?

SPEAKER: No, ma'am.

BRENDA COSSE: Thank you. My last question is phase three. It says two day, half day training

courses conducted in two locations. And I know Mr. Whalen answered some questions about this and he mentioned based on the funding they're only able to do two courses. Did I hear that correctly? Two days.

SPEAKER: Yes.

BRENDA COSSE: Well, we have ten regions. So Chairman Brown, just as a last question. How does the funding increase possibly? Thank you.

RANDALL BROWN: Well, to answer that question since it was posed directly to me, it would have to be discussed tomorrow when we discuss the acceptance or not of this particular proposal.

BRENDA COSSE: Chairman, when you say discuss, that means a recommendation could go forward to increase the funding and be voted on.

RANDALL BROWN: Yes. It potentially could.

BRENTON ANDRUS: The only thing you're going to have to consider if that's something you're going to opt to do is if you're going to increase funding for this initiative you have to take it from somewhere else.

RANDALL BROWN: That's correct. And that would become the issue.

BRENTON ANDRUS: Right. The plan is set. You guys adopted your plan at the last meeting. You're ready to roll October 1. The only thing that's outstanding is this particular initiative. So at this point if you pull from anything else you have to go back to the contractors that are thinking hey, I'm moving into October 1 and let them know that maybe that contract's going to have to be updated or that funding may not be there because you want to increase funding in this initiative. Now that doesn't mean if extra funding comes across the table at some point throughout the year, sometimes that happens, that you can't go back and then try to increase. And then we can negotiate with Dave and his group about doing some things in addition to what they're doing.

RANDALL BROWN: That would be what I would recommend. I wouldn't recommend us changing what we've

already committed to in our plan. But I would recommend if we get additional funding, like we talked about additional funding from the federal government on corona virus response, for instance. You know, I don't know if this would fall into that. But any additional funding we did not originally have or know about in the planning phase then we could use it for this, potentially. And that would be an executive committee decision and then the council decision if that happened. And so tomorrow, since we're meeting and discussing it at the council meeting, that's something I would recommend to the council is any additional funding we might receive that could qualify to be used for this initiative. Since it does seem to be well received that we apply it to this would be my recommendation tomorrow. And it's up for council discussion and vote.

BRENTON ANDRUS: And just to keep this in mind when you guys roll into, I mean we're talking next spring, but it will be here before you know it when you start the planning committee for these initiatives. I touched on this at the last planning committee meeting. I don't think it really sunk in. But when the council identifies with everything as important, nothing's important. So you have a ton of activities with a little bit of money, and we can't really get them off the ground like we want to. I think Dave and them could really be doing some great work in this second year had we had more funding to devote to this particular topic or initiative. But instead, we tend to focus smaller amounts on a bunch of different projects so we never really get our projects off the ground as quickly as we would like. So just keep that in mind when you start planning for your next plan. To really try to drill into the specific topics and things that you find very important. And really try to hash that out so you can really get a lot of bang for your buck on a few areas and really sink some money into those things and actually get systems change going in Louisiana. Cause otherwise, the same thing we do for

years we continue the same initiatives over and over with the same funding level and we can never make it better, we can never get greater. So just keep that in mind. It's not really germane to what you need to do here. So I'll step off my soapbox and leave y'all with that. But yeah, just to sum it up it's the only proposal you have. And you will have to, you basically have two decisions. You can either accept it, not accept it. If you choose not to accept it, that will be something that will have to be discussed at the council meeting as far as what happens to that initiative. That would be something you would then have to amend out of the plan or figure out how you want to proceed. But again, just historical knowledge, last year we only had two people apply for this initiative. Niagara University being one of them, which is who you selected, or at least at that time the planning committee selected. This year only one has applied, which is Niagara University. So that's just little historical perspective. I'm not surprised that we didn't get a lot of proposals because we really didn't last year either.

MICHAEL BILLINGS: And we do have one hand up. Brenda Cosse, you have the floor.

BRENDA COSSE: Thank you. I just wanted to close and thank you for the clarifications on today and further clarification during the full council meeting. This is Brenda Cosse, parent, Louisiana Developmental Disabilities Council.

MICHAEL BILLINGS: Thank you. Now we do need to have a motion whether to accept or not accept. I need a motion on determining if we want to recommend the contractor to continue working on the initiative. Do we still have enough, do we still have a quorum?

ROSLYN HYMEL: For me, you still need a motion, Michael?

MICHAEL BILLINGS: Hold on just a minute Roslyn.

BRENTON ANDRUS: So based on the camera, you do have a quorum, currently.

MICHAEL BILLINGS: Okay. Thank you. Yeah, Roslyn.

The floor is open now seeking a motion.

ROSLYN HYMEL: Yes. I'm going to motion it.

MICHAEL BILLINGS: Okay. Can we put the motion on the screen just so everybody.

BRENTON ANDRUS: Yeah. I'm working on that.

MICHAEL BILLINGS: Thank you, Brenton

BRENTON ANDRUS: Do we have a second, by chance?

MICHAEL BILLINGS: I was looking for some text of the motion, so everybody knows.

BRENTON ANDRUS: Almost done. One second. Let me share screen. Your motion would read to recommend to the full council contracting with Niagara University to complete activity 2.2.2 in the council's federal fiscal year 22 action plan.

MICHAEL BILLINGS: So Roslyn has a motion on floor to recommend to the full council contracting with Niagara University to complete activity 2.2.2 in the council's federal fiscal year 22 action plan. Do we have a second for that motion?

STEVEN NGUYEN: This is Steven Nguyen. I will second.

MICHAEL BILLINGS: Thank you Steven.

BRENTON ANDRUS: Also, just for some clarity, you'll see it says activity 2.2.2 on here and you'll see on the agenda it says 2.7.4. The activity number actually changes when we move into our next plan. So that's why 2.2 is in the motion, and not necessarily listed on the agenda. In case anybody got confused there.

MICHAEL BILLINGS: Thank you, Brenton. Is there any discussion on this motion? Do we have any public comment?

MARILEE ANDREWS: I see no public comment.

MICHAEL BILLINGS: Do we have any objections? Do we have any abstentions? Okay. The motion passes without objection. So I don't believe we have any other announcements. If anyone else has anything they would like to throw in before we leave for today. If not, with no objections, we can adjourn. Do we have any objections?

BRENTON ANDRUS: Mike, before you adjourn, just a reminder. So today between two and four is going to be the executive committee meeting. And you can find information on our meetings page for the agenda and how to register for that. Again, today from two to four. And then tomorrow from 8:30 to 3:30, so that will be Thursday, that's our full council meeting if anyone is interested in attending.

MICHAEL BILLINGS: See y'all at both of those. So hearing no objections.

ROSLYN HYMEL: Excuse me, Mike. Which committee is from two to four?

MICHAEL BILLINGS: The executive committee.

ROSLYN HYMEL: I wasn't sure on that cause I know I'm not a part of that.

MICHAEL BILLINGS: You can still tune in.

ROSLYN HYMEL: I can?

MICHAEL BILLINGS: Sure.

ROSLYN HYMEL: All right. Can somebody send me a link then. The only link I have is for this one and tomorrow's link.

MICHAEL BILLINGS: Yeah. If someone could send it to her, that would be great. But it's also on the council's page with the meetings.

ROSLYN HYMEL: Okay then. I forget it's on the other page then.

BRENTON ANDRUS: Roslyn, I just sent you a message with the link for you to register.

MICHAEL BILLINGS: There you go. Thank you, Brenton. Hearing no objections, we're going call this meeting adjourned.

ROSLYN HYMEL: All right. Hey, what's the password for it?

BRENTON ANDRUS: So when you click to register for that meeting it's going to email you the password and the link for you to participate.

ROSLYN HYMEL: Okay, then.

BRENTON ANDRUS: You have to register for it first.

MICHAEL BILLINGS: We are adjourned.

BRENTON ANDRUS: Thanks everyone.

