

Louisiana Developmental Disabilities Council  
Self Determination and Community Inclusion  
Committee

October 18<sup>th</sup>, 2021

KIM BASILE: Good morning, everyone. It's 9:30.  
Brenton, do we have a quorum?

BRENTON ANDRUS: Right now, you do not based on who is signed on. We currently have five members. We need seven for a quorum.

KIM BASILE: Okay. Let's give them three more minutes.

BRENTON ANDRUS: Okay.

JILL HANO: Do I need to move my screen down cause all you can see is my pimply forehead.

KIM BASILE: Jill, we will need to see your screen on in order to have a quorum. But you can wait until-- there you go, girl. I see Julie and Patti are on. Does that make a quorum?

BRENTON ANDRUS: Yes. If everyone could turn on their cameras, we could verify that we have a quorum. Yes. So currently we do have a quorum.

KIM BASILE: Great. Thank you. Good morning, everyone. It is 9:32 and I would like to call the meeting to order. Brenton, would you please do roll call.

BRENTON ANDRUS: Sure. So Dr. Barovechio. Let's see. Make sure she got moved over. Okay. I do see we moved her over to panelist. Maybe she's just not by her computer yet. Ms. Basile.

KIM BASILE: Present.

BRENTON ANDRUS: Mr. Billings.

MICHAEL BILLINGS: Present.

BRENTON ANDRUS: Ms. Cheri Crain. Ms. Lillian DeJean.

LILLIAN DEJEAN: Present.

BRENTON ANDRUS: And Ms. Egle

JILL EGLE: Present.

BRENTON ANDRUS: And Ms. Hagan.

JULIE FOSTER HAGAN: I'm here.

BRENTON ANDRUS: And Ms. Hano. I see you're here. Ms. Hymel. Mr. Nguyen. I do see Matt has joined us. I'll move him over to panelist. Ms. White. Okay. And I do know we have Ms. Kelly Zimmerman here who will be filling in for Jen Katzman. She's not included in the quorum, but she's here on behalf of Medicaid.

KIM BASILE: Great. Thank you. I hope that all of you had the chance to review the virtual meeting protocols the council has adopted. As a reminder, committee members, to be considered present you must be on camera and have your first and last name showing. Have microphones muted unless called upon 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're going to move onto the approval of last meeting minutes. Everyone should have reviewed the July meeting summary which was attached to the agenda you received via email. If there are no objections to the summary, we can approve the summary by unanimous consent. So I'll give you a couple of minutes to review. Are there any objections? Hearing no objections, the July meeting summary is passed by unanimous consent.

We're going to move onto our noncontractual updates. We have Julie Hagan from OCDD and Kelly Zimmerman from Medicaid who will share quite a few updates from their departments with the committee. I'd also like to welcome Kelly who is filling in for Jen Katzman as Brenton said earlier. For those of you not aware, Jen is no longer with Medicaid. So Kelly is filling in for now. Julie, the floor is yours.

JULIE FOSTER HAGAN: Thanks, everybody. So I'll take these by order on the agenda and then ask Kelly to kind of jump in and back me up if there's anything that we need to discuss. So the first item is our OCDD major activities and an opportunity for feedback. What we do every year in OCDD is we develop kind of for the

year, the major activities and things that we will work on. We want to start being able to present these more in the July meeting rather than the October meeting because now it's kind of like we're already a whole quarter in. So we're going to try to make sure that in our July subcommittee meetings we're able to do these before. We typically try to wait to do our big planning until after the legislative session so that we know if there are certain things that we're waiting on funding on so sometimes the timing gets a little bit complicated. But just want to share with you guys, and then once I share all of the activities, which is quite a few things that we're working on for this year, I'll be happy to stop and take feedback. Or if folks have suggestions of things that we might would need to consider, whether that be for this year, or for planning for next year.

So the waiver related activities that we are working on, you know, I get questions a lot do you still have a long-term goal to shift to a single waiver. And we do. But what we want to do is really kind of build our infrastructure first. There's a lot of complicating factors with going to a single waiver including what we call resource allocation. So we're continuing to work on a lot of these things that will still ultimately lead us to having a single waiver. But we have to get some of these things done before we can even then have a timeline for when we will do the single waiver. So we've worked a lot on vocational services updates. We have made some changes and we still do have some changes. We want to in vocational have things like continue our virtual day habilitation small group community activities so that, you know, those things that don't require going to a facility, but people can bill for. We're looking at that. And we do continue to look at aligning all of the services and the definitions and the rates across our new opportunities waiver, residential options waiver and supports waiver. So we're still working towards making those things happen this year.

I'll also talk a bit more, it's a whole agenda item, so I'll talk a bit more about waiver changes. That based on lessons learned from the public health emergency and the things that we've had in place in appendix K. But this year we do plan to have waiver amendments completed and in place by the end of June so that they will be in place before July 1. So I'll share more about that when we get to that agenda item.

We've also been working with Medicaid, and that's actually in the budget discussion as well, to add dental services for adults with IDD in our home and community-based waivers. So we'll share more about that. And then we are also now working on infrastructure for remote supports. Remote supports is something that we've learned has been extremely effective in other states. First and foremost, it's been effective for the consumers of services. Because if you don't need a staff there to help you, you know, they either get addressed or things like that, but you have the need for some level of assistance for other things. They have had some great outcomes for people using remote supports. We also know then it sort of shifts the need for as many direct support workers. So it indirectly has an impact as well on the workforce crisis. Which we know is evident here in Louisiana as well as other places. So this year we want to just start building what that remote support program would look like.

And then as I mentioned earlier, in order for us to get to the consolidated waiver we have to do a different type of assessment. We used to use the supports intensity scale and based on feedback we know that that's not effective. So we have been working for several years now to build our own tool that is called a Louisiana Plus. And the Louisiana Plus is the assessment and then it leads into an electronic plan of care. So we've come to call that the EISP process. This will build in lots of different things. And so we will, we are continuing to do work on that. We've nearly completed the first piece of the assessment so

what we will be doing this year is piloting the assessment, piloting how we get to tiers and things like that with different provider groups, support coordination agencies and families. So for this year our hope is that we get to be able to pilot that. So those are primarily our waiver related activities.

Our children specific activities are we do have in Early Steps a statewide systemic improvement plan and we have certain activities we're taking there which we will continue to work on. We do have a role in TEFRA, and we have another update on TEFRA later on as well. But we are engaging in the OCDD activities related to TEFRA. And also kind of working on communications with our Early Steps families as it relates to the rollout of TEFRA.

In regards to stakeholder engagement there was a request from DD Council that we do some presentations on certain topics. And so we were hoping to start October 1. Hurricane Ida had us a little bit delayed. But we do have one of our activities will be to do presentations every other month that are on the topics that are given to us as recommended by the DD Council and the executive committee. And we're also working on a bigger outreach plan. We want to be able to make sure that the materials, first and foremost, the materials and resources we have are transparent and user friendly for our advocates. But we also know that while there is, there are a lot of very strong advocates who understand how to reach out to people and where to go, that there's still a lot of people out there that we don't reach and maybe don't know about our services. And so our outreach wants to also consider how do we reach those people who maybe need to know about our services, but are not aware of DD Council or Families Helping Families. And so we want to be able to think about outreach in lots of different ways. So we will have an entire outreach plan.

We also have several capacity building activities. We were approved to be able to start work with what's called a START team. It's capital S-T-A-R-T. They

also have been in other states and have had a lot of success in working in other states. The team will come in and they will do an assessment of our state. And then, which the assessment includes talking to stakeholders, talking to providers identifying where the gaps are. And then working with us on how best in our state to develop kind of like a therapeutic respite or a way that we can help people with co-occurring developmental disabilities and significant behavioral health needs that go into crisis and what are ways that we can best address that. So this year we do hope to have them engaged to do that assessment to begin talking with stakeholders and to begin helping us develop what that plan looks like. The true implementation will depend on some other factors and what we find and what takes place. But this year we do at least hope to have the assessment done and our plan of action for what we're going to do to address those needs.

We have some training and technical assistance to support coordinators and to our provider agencies that are related to wellness. Especially for those people who are high-risk. We also have some other partnerships that we have right now with our managed care organization, behavioral health leads and our hospitals so that we can help to start to collaborate with them on addressing the needs of people with co-occurring IDD and behavioral health needs.

We also have been collaborating with our OCDD dental task force connected us with LSU School of Dentistry. And so we've been doing collaboration with the LSU School of Dentistry. They have a curriculum, but we want to work with them to look at that curriculum and see if there are things that we might be able to incorporate that might better help them be positioned when they get out of school to provide dental services to people specifically with cognitive disabilities and, you know, sensory needs and things that they need to consider to be able to get those dental services. So we will continue that

collaboration throughout this year.

And then we are also looking at we've talked before about the value-based payment model. We got off track on that with covid because the metrics we identified they were no longer appropriate, I guess, based on covid because we can't look at going in the community and things like that. At least we couldn't under covid or that just looks different now. So we are having to go back and relook at our metrics and what we use. But for those of you who may not know what value-based payment model is, is that it's a way that we can pay providers and support coordinators for providing quality services. And so we are looking at that. In terms of our intermediate care facilities, we are looking at the role of our programmatic unit and how we assist with helping to develop quality in our intermediate care facilities and we will continue that. In terms of our state and federal regulations and things we're working on there, we are still working to come into compliance with our home and community-based settings rule. Again, covid sort of impacted that in terms of employment and things. But this year we're working to get back on track with working with our vocational providers to be able to bring our state into full compliance with those settings rules.

We also have concerns by the Louisiana Legislative Auditor for our waiver services in terms of documentation. Their concern is documentation when we don't follow a person's plan of care in terms of the hours that the person receives. And they've asked for several years now to make sure that if the individual or the family request a change in the plan of care that we fully document that. So that let's say a person is scheduled for eight hours, they only get six hours. They need to know what happened in those two hours. And they want to make sure that it was at the individual or families request, and not that it was that we didn't have staff or something for some reason it was the provider requested. And so we continue to work on ways that we can help show that because, again,

in the audit it comes up as inaccurate payments when we don't have that documentation.

You guys may be aware that we had the Office of Inspector General come through. They spent about two or three years looking at what we had in place. They primarily checked the emergency room and hospital visits with our critical incident system, and they found a lot of concerns when they went to look for that. So we are engaging in a lot of different things here to address their concerns. We're looking at our entire incident management process including our policies and procedures and training. And we'll be making updates to that. We are also looking at, for those of you that are in waiver, there's a certain section called rights and responsibilities. We are taking a look at that and what modifications might need to happen with rights and responsibilities. And then we'll have training for everyone in terms of any of those changes that we make. And again, we will also then build in our own tracking and monitoring mechanism so that we can make sure critical incidents are being reported as best we can using something similar to what the OIG did to make sure we catch it, and we don't need the OIG coming in to try to catch it. A lot of work being done there.

Some folks on the call now are part of our HRC45. In the 2021 session they asked that we engage a group of folks to look at a way, a tracking mechanism, it's totally voluntarily, but a tracking mechanism for folks who may have high-risk behavior or elopement concerns. And so we've had a group of stakeholders looking at that, looking at the feasibility of that. At first, I think a lot of folks were concerned because it kind of sounded like oh, wait. Are you talking about putting ankle monitors on people. That's not what it is. It's actually something that helps with risks and helps maybe even help somebody be a little more independent in terms of the way that we use it. So we've got a team of folks. There's a report due to the legislature in February. And we are on track to get that report.

We can, by all means, share that with DD Council if that's something you guys would be interested in.

In addition to those things, OCDD is working on some internal processes that are internal just to our office and how we operate. We have lost some positions over the last few years and so we need to really take a look at how we're structured and make sure that we are operating as efficiently as possible so that we can be as responsive as possible to the public and to the need for changes.

And then OCDD is working within the larger LDH. There will be coming out very soon Louisiana Department of Health business plan. And so OCDD works with there's some initiatives, there's a lot of initiatives we're sort of indirectly involved in, but some of the ones that we are directly involved in there are initiatives to help address the direct support workforce. And so we'll be doing some work with the Louisiana Workforce Commission in terms of trying to make sure that they have a good definition of a direct support worker so that there's some things that can happen if they are considered in crisis. And so we have some work that we want to do with the Workforce Commission there. And we also want to do some focus work or some focus groups where we want to go talk to direct support workers. We want to talk to direct support workers who have done this for 25 years and we want to talk to some who have done it for a year or two. We want to find out from them what motivates you to be a direct support worker. What motivated you to start. What motivates you to continue, especially those long-term ones. Because we know that rate of pay is critical. But we also know that there may be other things that we can also, we also need to consider. And so we want to start engaging some focus groups with those direct support workers directly so that will give us information about other things we may need to do.

We also have a team in OCDD that's working on health equity and considerations for health equity things across our office. And then we're working with

Medicaid. I don't have a lot of details on this because it's very early on. But there will be some rate reviews that are done, and we do anticipate in this year having some additional conversations about the rate reviews. So that was a whole lot of information. But I will stop there and see if folks have any, you know, feedback on those initiatives or specifically if there's anything that, you know, we might have missed that you guys would like to see our office work on in the upcoming year.

KIM BASILE: Julie, I have a question. This is the first time I'm ever hearing about a consolidated waiver. How long has this been in the works and what it is about?

JULIE FOSTER HAGAN: Sure. It's been in the works for probably close to five years now. Maybe even longer cause my sense of timing, I don't know about you guys, but like with covid it feels like a whole year and a half passed and I'm like wait, that was yesterday. And then Ida was like wait, what month are we in. It was about five or maybe even six years ago now we had pulled together at that point a large stakeholder group to look at what changes we needed to make in our waiver. And it narrowed down to two major things. One, they said we want you to end the waiting list. And after you end the waiting list, we then want you to move to a consolidated waiver. And so we first and foremost spent our efforts on shifting from first come first serve to our prioritized waiver. And now that we've shifted our system in that way sort of the next level then people just said when you have four waivers, and you try to navigate and when you bump and when you-- like that is just confusing. So if we just had one waiver where people might move up or down as they needed, they just felt like that would help the system work a lot better. So ultimately that is still our goal to get to a consolidated single waiver that's tiered. And so then if people, you know, people's needs change overtime. So they may change where I need more, or I may help folks get independent and they may need

less. So it's a system where you can move to the tier that you need. And so that's what we're kind of trying to do with our waivers now are make them the tiers that would ultimately then be transferred into the consolidated waiver.

KIM BASILE: Okay. Thank you.

JULIE FOSTER HAGAN: Uh-huh.

KIM BASILE: Does anyone else have any questions?

EBONY HAVEN: Jill has her hand raised.

KIM BASILE: Jill, you have the floor.

JILL HANO: Ms. Julie, you said something about providers having virtual visits. Like I know with my company like the way I'm looking at is this kind of like more individual to the provider than to me. Because like I'm looking at this, like especially my experience with my provider, I'm looking at this is hey, we're short on staff. Like so today she doesn't get a worker. Today she gets a virtual visit. And I see how y'all would introduce this to provider agencies and they think okay, less staff, more money. But how is this beneficial to me. Because I still, like I've been out of PCA for over a year, and they have like no intention of like even introducing. I mean, like I have family, but other supports. But is this more like a way, I don't want to say shaming, I just did, my bad, for an agency to say we're short on staff, let's just have virtual visits. And how is this benefiting me as the consumer?

JULIE FOSTER HAGAN: Okay. So with remote supports, I guess first let me make clear. A lot of that we are still in the process of developing, Jill. So we will need to consider all those things. But the way that it has worked in other states it's not like here's a service that's available and provider you tell us if you want a virtual, remote support or an in-person support. We would still-- it would just be an option. So when you go through your person-centered planning, you know, that remote support may be something you, Jill, are not interested in. And so then that wouldn't be available. So it wouldn't be a

way that we said oh, well, if staff is not available, then let's do remote support. There are people where that remote supports make sense for, and there are people who absolutely remote supports does not make sense for. And so part of our development is who does it make sense for. Where does it make sense. And, you know, and again, it would just be one of the tools or resources that's available as the individual and their family develops the supports that's needed. So it would be there, again, only if it makes sense for you. And if it's not something that made sense for you, then it wouldn't be something that would be discussed.

But again, that's why we want to take our time as we build this, and we don't want to rush into it and get it in the waiver without having really vetted that. So we're putting together a team to really explore and research and make sure that we lay it out in the way that it needs to be laid out. So that's why this year is really just our exploring that. What's the equipment that we need. We do maybe have some funding available to us to purchase some of that equipment and upfront. So this year's really going to be about exploring all of those things and how we do it the right way here in Louisiana.

JILL HANO: Okay. Thank you. That was a great.

KIM BASILE: I believe Matt has his hand raised.

MATT ROVIRA: Yeah. Good morning. Thank you, Kim. Julie, just a brief comment and then one question. Just want to thank the office for the rate increase and the wage floor that was recently passed on October 1st. As a provider of HCBS services, we are already seeing a noticeable difference with our ability to recruit quality direct service workers. We started on September 26th because the way our payroll falls. So just a full thank you for that. And, of course, that was all possible due to the advocacy of the DD Council as well as the funds that were available in the trust fund. So just wanted to give you a situational awareness that we're already seeing a bump up in quality and ability to find staff.

The next question I have you mentioned the START survey or the START program that you guys are going to be, I guess, beginning. One of my concerns, and I don't know if this is statewide, but it's something I see and has been a concern of mine for well over a year is that individuals that are coming out of group homes or ICFs and transitioning into HCBS services or eligible for the ROW. The residential options waiver. And my concern is, is that waiver, does it include support of independent living or SIL as people know it. And, of course, it doesn't include nine hours as well. And it's been my thought that that is a gap, a gap in services that are potentially keeping people from transitioning to the community. You think of money management. And I know we do money management under the ROW too, but you think of all the services that are needed to live independently. So my question. Sorry about the commentary. Will the START program sort of be looking at that kind of gap? And if so, thank you.

JULIE FOSTER HAGAN: It's really looking more at gaps of treatment needs and services for people with intellectual and developmental disabilities in the behavioral health and more along the lines of, you know, kind of the crisis situation that's more what it's focused on and not necessarily on that. Where I would say we would capture that is when we start having our discussions on the rates and what goes into the rates. And that's part of the LDH business plan is to be able to take a look at that. Matt, I would think those conversations would be more closely related to what we would do as we start to take a look at that and all of the things that are included in the rate, all of the considerations that have to be given in the rate and what goes into it. Which we're still trying to kind of map out exactly what that's going to look like this year. But I know there is discussion of needing to take a look at that in some fashion this year. We will definitely have more about that. But I think that would fall into that category.

MATT ROVIRA: And Julie, just a quick follow-up. I

don't want to take all your time. Would that be under the new waiver that's coming up? You mentioned transitioning to another waiver or is this just?

JULIE FOSTER HAGAN: No. That's part of the infrastructure building for all of our waivers. In the business plan there is a section that talks about the need to, and I don't have that specific language there, but it is-- and Kelly may be able to help me there. It is that every Medicaid service or all services in Medicaid we often hear from providers of all Medicaid services that there needs to be some way of looking at rate increases, looking at rates that make sense, looking at keeping up with current, you know, outside Medicaid services and what not. One of the things that was important to Secretary Phillips is that we build in a mechanism within the department that on at least a three-year cycle we look at all of the rates across the board. And so our Medicaid home and community-based services is one of them. So we have approximately 500 different rates across our four waivers. So we will have to build in kind of like what does that review look like. But she has said that on a three year cycle, all Medicaid rates and services will get into a cycle every three years. So that if we do home and community based this year, for example, then we will come up with that mechanism, we will do a review, and then it will be reviewed again in three years. Cause what we hear from people a lot is that oh, you address the needs right now, but we're not building a sustainable system for the future. And so this allows us to have a mechanism and a requirement then that every three years we're going to then take a look at that. And Kelly, I see you shaking your head, but please add or correct anything.

MATT ROVIRA: But maybe I didn't ask my question or address my concern. I look at my role on this DD Council ensuring that people have independence and able to make choices. It's simply that the ROW is not comprehensive enough for someone trying to transition out of a group home. That is my concern. And I don't

know if it's other people's concern. This is not a survey that I've done. It's just I think that you're looking at someone who is receiving 24-hour, 365 day a year care, I say a group home or maybe even Pine Crest perhaps. And then they're only being able to transition into the ROW which doesn't include a supportive independent living piece. And my concern, and what I'd like to see if it really is an issue, I don't know if it is, but I feel like it is. Is that parents, or particularly parents are reluctant to transition an individual out of a group setting because the ROW is not robust enough in order to provide the necessary services for that individual to live independently. I hope that wasn't too long winded.

JULIE FOSTER HAGAN: I will take that back. That fits into a couple of different things we were considering and thinking about. So I'll take that feedback back and see where we can incorporate that discussion.

KIM BASILE: Okay. Are there any more questions for Julie. Crystal, you have the floor.

CRYSTAL WHITE: Hey, everybody. It's been a long time since I've been here. Thanks so much for being patient with me on my journey back. And just want to say I appreciate everybody reaching out and really being concerned about what happened and I appreciate it. So when listening to Matt, Julie, I heard him say that we were really, he was really seeing some quality go up already with the rate increase. And my question is are we doing anything to capture those quality measures to make sure that we are, that we can prove whenever we need to go back to legislators that this is the way that we need to be moving in the right direction. And that this is appropriate and what we need to be doing so that those quality measures can prove that these outcomes are actually happening. Are we doing anything to capture that, are we going to develop anything to capture that in the future?

JULIE FOSTER HAGAN: Well, so there's a couple of different things there. In terms of what we are

capturing right now is turnover rates and retention. That doesn't necessarily get to quality, directly get to quality. It will indirectly get to quality. Cause we've taken some data that shows our turnover rates. We've actually looked before covid, during covid and now one of the things we will look at is after the rate increase what does turnover look like. So we will be able to do that. One of the things that OCDD is going to be doing, and this kind of gets into the next bullet, but we started talking about budget. One of the things we are going to do, associated with that rate increase, you know, with the rate increase there was a requirement that direct care staff be paid a minimum of 9-dollars per hour. And so one of the other, and I only say that-- I think this is important, but I don't know that it really gets to quality which you were asking me about, Crystal. We will be doing an audit to make sure that the providers are paying that 9-dollars an hour. And during that audit kind of be looking at some other factors along the way.

But to truly get to quality measures, so now does that mean that people are getting the outcomes that they need because they now can have their staff. Part of the problem we have is that we do not have a great way right now of capturing that in our system. And with the electronic ISP, the EISP that I was talking about earlier that we're looking to pilot, one of the things that we've said is critical that we build in is that we have a way that we can look at things, you know, everybody's got goals in their plans of care. But right now in order for me to even go see our people meeting their goals it would require me to pull all 13,000 plans of care individually, look for progress, make some notes. So I just don't have a way that I can capture that yet. It's been critical to our management team here at OCDD that we build in a way that I can see that. Because we are spending more and more. If you look at the amount of money that's been spent on waiver services in the last ten years, it's a straight line up. And people are starting to say well, what are you

getting for that. So to your point, we do have some measures that people call quality measures. I don't personally think they're outcome measures though. And I do want to and do plan to build that into my system. And as we start to roll out this pilot of the EISP we want to include some families too and I want to hear from them so we're making sure we're capturing the right thing once we have a system that allows us to capture it. Does that make sense?

CRYSTAL WHITE: It does make sense. And I have a quick follow-up. I heard you say that you do right now capture the turnover rate before, after and-- before, during and after. Is that a report that...

JULIE FOSTER HAGAN: You cut out. Is that a report that what?

CRYSTAL WHITE: We can get here for this group to take a look at.

JULIE FOSTER HAGAN: Sure.

CRYSTAL WHITE: Does that need to be a motion? I'm sorry, Kim. I'm rusty at this.

KIM BASILE: That's a question for Brenton. I'm rusty also.

BRENTON ANDRUS: For right now it doesn't necessarily have to be a motion. We can just say it's a committee decision. Cause it's something that the committee would decide on. A motion means the council would have to approve it. But since it's committee business we can do it as a decision as long as the department provides the report. If we move further long and the report isn't provided, then I would say you can consider for a motion for the full council to debate.

CRYSTAL WHITE: Julie, could we see that report by the next meeting?

JULIE FOSTER HAGAN: Like Thursday or by?

CRYSTAL WHITE: No. No. Sorry. The next, this committee meeting.

JULIE FOSTER HAGAN: Yeah. Sure.

CRYSTAL WHITE: Okay. Great. Doesn't sound like we need a motion then. Thanks, Julie.

JULIE FOSTER HAGAN: Uh-huh. And Brenton always emails me. So Brenton can help me remember.

BRENTON ANDRUS: I put it on my list. I was going to ask you all the initiatives that you ran through there were a lot. I didn't know if there was a place online maybe it's listed.

JULIE FOSTER HAGAN: Yeah. And actually I made a note of that. We're working on our external facing document right now and I will have that up soon. I don't have it quite yet. We had it ready to go and then when Hurricane Ida hit some of the deliverables and objectives that we had planned got pushed back a little bit, so we needed time to rework it. But I should have that external document within the next week or two. And yes, it will be on our OCDD website. And then what I do is at the end of every quarter we do an assessment of where we are with the things that we plan to do in the quarter and give sort of status updates every quarter. I have an internal and external document for that. But the external will definitely be-- some of the stuff y'all don't care about what I'm doing to make my office better. You know, contracts and things. But the external document, by all means, we're going to like rate ourselves every quarter and continue to update it. So yes, we can make sure that's on the website. I can send you that link, Brenton, when we get it.

BRENTON ANDRUS: Yeah. That would be great. I would like to link it in our committee summary just so they can go back and reference it. You know, I didn't catch everything in my notes. So it would be great to look at that.

JULIE FOSTER HAGAN: Okay.

KIM BASILE: Are there any more questions for Julie? If not, we'll move onto Kelly and a Medicaid update.

JULIE FOSTER HAGAN: I had a couple more things on the agenda, Kim.

KIM BASILE: I'm sorry.

BRENTON ANDRUS: I think Jill Hano has her hand

raised as well.

KIM BASILE: Jill, the floor is yours.

JILL HANO: Okay. Julie, is all this in your October report?

JULIE FOSTER HAGAN: Most of it is. But actually one of the things that I've recently talked to my staff about, and I want to do after this meeting so it will be there for the January meeting, is I may want to rework my report. And so I was going to ask Brenton, or Amy, or someone on the council staff. I don't know that we're capturing things in the right way or the best way right now. We're not capturing all our major activities. I do, for the January meeting, try to kind of like restructure the way that we're reporting so it may make more sense. Most of this is in there, but not all of it though, Jill.

JILL HANO: I think, I don't know. Like I thought I was paying attention, but I missed like everything.

JULIE FOSTER HAGAN: That's okay. I talk fast and it's a lot.

JILL HANO: All right.

JULIE FOSTER HAGAN: Very quickly and I'll turn it over to Kelly to give you guys an update on TEFRA and dental. But we've already talked some about the rate increase, so I wanted to share that with you guys. I did want to make sure everybody knew there is American Rescue Plan Act dollars. That, in the American Rescue Plan Act, it did a lot of things. One of the pieces of the American Rescue Plan Act is that it allowed states to get an additional 10 percent federal match on the dollars that we spend on home and community-based services. We then have to take those money, that money, and put it back into home and community-based service. So with the Cares Act we could draw down money, but then there was a lot of different things we could use it for. With this American Rescue Plan Act it's dollars, the dollars that we can draw down on home and community based have to then be reinvested into home and community-based services. And CMS requires that we give them a plan for how we would spend those

dollars. We had an initial plan due in July and we've sent, recently sent an updated plan in October. A lot of the initiatives that I talked about we have in our spending plan. But part of the issue is we can't spend any of the money in our proposed spending plan until CMS gives us approval on that. So at this point of all of the things that we sent in in July, the only thing we got approval on was to use some of the funding for implementation of TEFRA. And so we will continue to update. I anticipate by the January meeting, Kelly correct me if I'm wrong, but by the January meeting we would know what CMS approved and could give a more detailed report. Or we would hope that we would know what CMS approved so that we could give a more detailed report and then continue to update you guys. We will have to give quarterly updates to CMS all the way through March of 2024. Which is how long we have to spend the money. But again, we're waiting for more there.

And then the last thing that I had, and this should have gone to the council for everybody to know and have an opportunity. So we've already during-- when we did our new opportunities waiver renewal, we tried to put some things in place from information we heard from stakeholders about lessons learned during covid 19. But we know there are still concerns out there in three primary areas that came up last legislative session. That is family members as paid caregivers. Continuing to use virtual visits for some of the services that we have in our system. And the 16-hour rule and the requirement for staff not to work over 16-hours a day. We had proposals that we put, or we actually made changes in the new communities waiver for some of those. But we have heard from our stakeholder community that there continues to be more concerns. We know right now that our appendix K exceptions will be in place until six months after the end of the public health emergency. Which means we're good now until at least July. It could get extended again. We don't know that until every 90 days. But we

are planning, and we will have our waiver amendment. We would like to have our waiver amendment to CMS by February, March at the latest for our waiver amendments to move forward so that way we make sure they're in place by six months after the end of the public health emergency.

So in order to get to decisions that we need to on those three areas for what will be in the waivers we are going to be holding focus groups. We will have three focus groups, one for each of those subjects. Next, they'll be two 2-hour sessions. We're doing them from 4 to 6 in the afternoon to try to accommodate those individuals or families who want to participate but may have to work during the week. So that's when the sessions will be. We are asking if you register that you're able to check the dates and make sure you're able to do both. Because we are going to limit it to 25 people. So there's a registration form if you want to participate in the discussion. And we're going to try to make sure that we have a diverse representation. So people in urban and rural areas across all regions. You know, self-advocates. Family members of children with DD. Family members of adults with DD. Provider groups. LGE groups. Support coordinators. But we felt like 25, if we get more than 25 people then it makes it hard to really be a working group and kind of like vet things. So we will have those two. And again, each three will be different sets. So that's 75 people who will participate. And then on November the 10th. We'll have those three focus groups. The first group the first week. So next week it will focus on us sharing with you guys all of the research we've done. So this is what was in place before covid. These are all of the CMS regulations, federal regulations related to that. We've also done some research into other states and what other states are doing so we'll be able to share that research. That will probably be like the first hour. And then kind of share with you this is our initial thought. That way for the next hour we can brainstorm, let's

talk about it, let's see. Then we leave that group, OCDD will go do whatever homework we need to. We'll come back with that group for two hours the next time so that we can see can we come to a compromise that works for everybody for how we're going to move forward in a way that we feel will meet CMS regulations. We then will have a meeting November the 10th and at the November the 10th meeting everybody and anybody who wants to participate will be invited. We will share the outcome, not only of those three focus groups, but our plan moving forward with every exception and flexibility that we have in place with our waiver. And people will have an opportunity to submit public comment, to submit concerns, to give us feedback in writing after that. After that November 10th meeting after we've heard from everybody our management team will take that. We will then move forward with getting our waiver amendments. So for those of you who don't know, it usually takes us a good six weeks to get the language to get it circulated where it needs to be, then get it ready to go out for public comment. So we want to be able to get them out for public comment around January or February. There's a 30-day window for public comment. Our hope is that we've done our due diligence on our end to hear all public comment that we have ahead of time so that then people's concerns will be addressed. So at the end of that 30-day period we can get it to CMS well in advance of the end of the public health emergency so that folks can hear. I did want to make sure I had a chance to share that with you guys. And so for any of you, Brenton, I believe DD Council sent out that information. But if not, I can definitely make sure we get that out today so that people can see where to go to register.

BRENTON ANDRUS: Yes. We did put it out on our social media accounts. I know it was sent to FHF directors and LaCAN leaders to share with their groups. And it was also, I want to say it was sent out to the council members as well. But I will find the link and I'll put it in the chat as well.

JULIE FOSTER HAGAN: Okay.

KIM BASILE: All right. Are there any more questions for Julie? Jill Hano.

JILL HANO: So I wrote for the ARP, the 10 percent federal match. Then you said something about-- where is she. There she is. Then you said something about TEFRA. So are these ARP funds going directly to TEFRA?

JULIE FOSTER HAGAN: I'm going to let Kelly cover that one and I'm going to apologize, Kim. I am going to have to jump off in just a few minutes. I had a meeting added for 10:30 over the weekend. I can join back again if I'm able to. Kelly can definitely cover those questions on the TEFRA and the dental. I know there was some questions around that.

KIM BASILE: Crystal, was your question specifically for Julie or can Kelly answer it?

CRYSTAL WHITE: I had two quick questions. Julie, I wanted to see if we could do, I know there's that visual workgroup going on right now, if TEFRA could be included in that so that when it comes out people have a visual workflow that they can follow and see and know how to access TEFRA. And my second question was is children's choice going to be included in that paid caregiver group?

JULIE FOSTER HAGAN: Yes. We are looking at when we have the discussion on family as paid caregiver it is across all of our waivers. Yes. And I truly apologize for having to jump off. If it wasn't a meeting Secretary Phillips scheduled I would have had somebody else cover for me.

KIM BASILE: Well, thank you, Julie. And we'll see you Thursday.

JULIE FOSTER HAGAN: Okay.

KIM BASILE: And we'll turn it over to Kelly now with Act 421 and dental.

KELLY ZIMMERMAN: Hey, everybody. And Crystal, to answer your question on the visual workflow for TEFRA. That is something that we can share the workflow and make sure that everyone is comfortable and knows how to access those services. So I'll work with Julie and

make sure that that happens. An update, shall I start with the update on TEFRA, or Jill had a question that we didn't get to answer. Was that right about Act 421 for the TEFRA funds, the ARP Rescue Plan. Was I right?

KIM BASILE: Jill Hano, did Julie answer your question, or would you like Kelly to elaborate?

JILL HANO: Can you elaborate?

KELLY ZIMMERMAN: Yeah. Absolutely. So I believe your question was are the funds from the American Rescue Plan Act covering TEFRA. And the answer is partly yes. Some of those funds were approved by CMS to go towards our first year of TEFRA. But at the same time we also have funds budgeted in our regular state budget. So it's a little bit of both.

JILL HANO: Perfect. Thank you.

KELLY ZIMMERMAN: You're welcome. And so our update on, shall we go to dental now?

KIM BASILE: Yes.

KELLY ZIMMERMAN: Okay. So the update on dental is Medicaid has been working very closely with OCDD to make sure that we're really putting comprehensive dental for adults on OCDD waivers to make sure that we're doing this effectively. And so working with them closely, regularly as well as working with CMS to make sure that when we submit our waiver amendments that we don't have trouble with approvals. And so we have been in the draft process and again, working with CMS on getting those waiver amendments drafted. And our plan will be to submit those amendments in the first part of January, early January to CMS. So that's where we are with dental. So working through that. Any question about dental?

KIM BASILE: I don't see any.

KELLY ZIMMERMAN: Okay. Well, then the next update I have is on TEFRA. And you guys know, and it's been previously reported, that we switched gears. So we're no longer pursuing the 1115 option. We are now putting that into our state plan. And again, working with CMS very carefully. And we submitted our TEFRA state plan in draft form to CMS just to make sure that they didn't

have any questions. And they did not. And so the complete, the formal state plan has been now submitted to CMS and is under their review. And so they are aware of our anticipated start date of January 1. And so we continue to check with them on a weekly basis just to make sure that they don't have any additional questions and to make sure they continue on their review so we can implement on time. Any questions about TEFRA?

BRENTON ANDRUS: This is Brenton. I just had a quick question or more wondering if you could explain, we do have some members on this committee that may not have been a part of the Act 421 original stakeholder group. I was wondering if you could briefly kind of explain the difference or the impact it may have if we're going with the state plan option as opposed to the waiver. Just so some folks can have a background there of how important of a change at least our community thinks it is.

KELLY ZIMMERMAN: For sure. So with the waiver option we would have had a limit, a waiting list. We anticipate we would have had a waiting list for those waiting for services through the 1115. But now with state plan anyone who qualifies can be enrolled into this program. So there's no limit to how many people will access the TEFRA service, and it will be available to anyone who qualifies. So that is the difference.

BRENTON ANDRUS: Thanks for that. It's a very big change. I know a lot of people were hoping to have that state plan option from the get-go. Just wanted to make sure everyone was aware that big change happened or occurred.

KIM BASILE: Anymore questions for Kelly? Crystal.

CRYSTAL WHITE: Hey. Hey, Kelly. I have a quick question for you. Is this still going to be, do you guys know yet if to access TEFRA families are still going to have to go through their original district and authority first for an intake appointment, or it is going to start with just going to Medicaid for approval?

KELLY ZIMMERMAN: I believe it will start with going to Medicaid for approval. But our human services districts will have to help us still with the screening process.

CRYSTAL WHITE: Okay. Thank you.

KELLY ZIMMERMAN: You're welcome.

KIM BASILE: All right. It looks like there are no more questions. Thank you, Kelly. Now we can move onto our contractual activities. First on the agenda, is Devika Rao available now Brenton?

BRENTON ANDRUS: Yes. Let me move her over to panelist.

KIM BASILE: Excellent. She's going to share a little bit about the video activity O'Neill Communications has been working on for the council.

JILL HANO: Before we get started, can I ask Brenton a quick question?

KIM BASILE: Yes.

BRENTON ANDRUS: I think you're muted, Jill.

KIM BASILE: One moment, Devika

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

BRENTON ANDRUS: Yes.

JILL HANO: I'm sorry, y'all. On this action plan I have says FFY21. And it says the progress is to June 30th 21. But the heading says 21. But all the information is, all the information seems to be up to date from July to now. So I don't know, there wasn't a question. But we are, is this a typo or and aren't we in FFY action, aren't we now in our 22 plan?

BRENTON ANDRUS: Right.

JILL HANO: The first year I was able to keep up with it and I was so excited. And then it was not like I was expecting.

BRENTON ANDRUS: It's okay. It gets a little confusing. So your fiscal year 22, you are correct. It starts October 1st. So all of our council meetings, when we do our quarterly updates, it's going to be the previous quarter. So from our last meeting to this current meeting. So the updates will still fall within the fiscal year 21 updates. So stuff that occurred at

the end of our fiscal year 21. So starting in January you'll start getting updates that happened over our first quarter of fiscal year 22. Which will be from October 1 until the end of December. Does that help? So it's not a typo. It can be a little confusing. And then also some of our initiatives fall under a state fiscal year which is a different time plan than our federal fiscal year. I appreciate the question.

JILL HANO: You of all people know I've been focused on the contractual updates. So when we get to emergency preparedness, I am not looking for activity 2.2.2. I am still looking at activity 2.74.

BRENTON ANDRUS: That is correct. Yes. 2.7.4 in the status of planned activities. But our action plan that's going to start as October 1, those activity numbers will change and so that will be reflected on the agenda in January. Correct.

JILL HANO: Thank you so much.

BRENTON ANDRUS: You're welcome. No problem.

KIM BASILE: Thanks for asking that question, Jill. I'm sure a lot of people were confused. All right. Devika, sorry about that. Are you ready?

JILL HANO: I'm sorry.

KIM BASILE: No. You're good, Jill.

DEVIKA RAO: Please don't apologize. Good questions. Good conversation.

KIM BASILE: All right. The floor is yours.

DEVIKA RAO: Okay. And Brenton, if there's anything specific you want me to cover, I'm happy to do that. I'm just going to go through the entire webinar series and kind of our findings at the end. And then I can open it up to questions. Or like I said, if there's anything I missed. So we finished ten employment webinars.

BRENTON ANDRUS: Wait, Devika. The employment.

DEVIKA RAO: Oh, my gosh.

BRENTON ANDRUS: Two contracts.

DEVIKA RAO: I'm so sorry.

BRENTON ANDRUS: That's the education committee on Wednesday.

DEVIKA RAO: Yeah. I am so sorry. I have both of them confused in my brain. I am so sorry, everyone.

BRENTON ANDRUS: We were talking about employment earlier too. So it's easy to get confused.

DEVIKA RAO: Yeah. I think that's where my brain was, probably. I'm so sorry, everyone. Back to the videos. So we have finished all the fully included series. We got some, we received some feedback from the council staff and their edits are being made. We have finished everything from what is the council, to all the episodes are, of course, April Dunn, the waivers, about DSPs, and employment and the Families Helping Families resource center videos. And they are rolling out in production and distribution. And the last three, which are the direct support professionals, employment as well as the waivers are currently under second round of edits with our producers. So that way we're just making the last bit of edits and they will be rolling out to the fully included Fridays once they're all approved from the staff. They are captioned and all accessible features in terms of voiceovers, captions where needed. And they have been received really well on social media. Of course, April Dunn's video was one of the best ones in terms of distribution and reactions. And we are seeing that these resource videos are becoming very popular as we're rolling them out because they're providing some good information. Or kind of also like a face to a name kind of for the council. So we are proud of the way they're rolling out. And also discussing things that they're also touching points that are important to the families and people with disabilities across Louisiana. We also have one on IEPs which was received very well about tips from parents, any barriers, any resources that have helped. So we're touching on these topics. And like I said, we are completely done with all the videos with just the last bit of edits left from our producers. Again, my apologies for confusing the two.

KIM BASILE: No. It's all good. Thank you,

Devika. Are there any questions for Devika at this time? Brenton, do you see any?

BRENTON ANDRUS: I don't see any questions. I did just want to share, if I'm not mistaken, this initiative will continue into our fiscal year 22. I believe that's correct. So I guess we have more videos to look forward to as the year progresses. So I don't know if there's anyone on committee that might have some ideas of possible videos they might like to see. Certainly any input that the committee might have. Or any involvement that even some of you might want to participate in some of these videos would definitely be recommended and helpful. And I don't know if y'all got to the planning stage yet, Devika. So hopefully I'm not out of line. But I figured any input is better than none.

DEVIKA RAO: No. Yes. We haven't gotten there yet. I know Amy told me about it. But we were waiting for the council meetings this week to be just kind of, I know you're under a lot of pressure doing these meetings. Thank you, Lillian, I really appreciate your comment. That's really nice. If you don't mind, can I answer the question I see in chat?

KIM BASILE: Absolutely. Go ahead.

DEVIKA RAO: There was another question that says will these be on the DDC website. They are on the YouTube page right now. But I think the website is also great to include and I can work with Brenton on that idea and just add them in. But that's a good idea, for sure.

KIM BASILE: All right. Thank you, Devika. Brenton, I'm not sure, is Adrienne Thomas available yet?

BRENTON ANDRUS: We do have two questions that popped up.

KIM BASILE: Oh, I'm sorry.

BRENTON ANDRUS: Crystal and Lillian both have their hands raised.

KIM BASILE: All right. Crystal, the floor is yours.

CRYSTAL WHITE: Hey, Devika. Quick question. I was wondering if it could be added to do about TEFRA since that new program is now going to be part of the state plan and be a lot larger than what was anticipated this is going to be, you know, something that's going to impact a lot, a lot of the younger population for right now. And those young parents who are just getting into navigating this whole system. So I didn't know if we could add a video just to explain what TEFRA is and how to access it. The steps to take. It doesn't necessarily have to be a person. I don't know if y'all just do graphics and things like that. But that would also be helpful as well. Just anything for that program. Thank you.

DEVIKA RAO: Thank you. I just have a quick question. Could you explain what TEFRA is or just the initials itself, so I make sure I write it down correctly.

CRYSTAL WHITE: It's T-E-F-R-A. And TEFRA is for children under the age of 19 to access secondary Medicaid without looking at the income of the family. And somebody can correct me if I'm wrong from the department. But I believe that's just a very rough, rough nutshell of what it is.

DEVIKA RAO: Okay. I can add that into our planning for sure. What you're talking is what we call an explainer video. Like when they just use graphics and things like that. That could be definitely a strategy if something is brand new and more of an explanatory video rather than more of a storytelling. So we can definitely look into that strategy. Thank you.

BRENTON ANDRUS: That's something, Devika, we can probably connect you, I know you weren't on earlier, but we can connect you with Kelly Zimmerman who's here currently with Medicaid and Julie Hagan also cause they've kind of been providing the committee with a lot of the TEFRA updates. So I'm sure they would be happy to help give you any information for that video as well.

DEVIKA RAO: Perfect. Thank you.

KIM BASILE: Lillian.

LILLIAN DEJEAN: Thank you. So I have two potential video ideas. One I think it would be really neat if we had a video on how to get involved with the DD Council. Cause I think the DD Council can be a little mysterious at times for people who are not familiar with it. So maybe how to apply to be on the DD Council or how to get involved with LaCAN. And the second would be maybe a part two to the IEP video that's targeted towards self-advocates and youth on how to actively participate in your own IEP meetings as a team along with the teachers and parents as well.

DEVIKA RAO: That's a great idea. And that's perfect cause that was part of the video itself when they were talking about having students at their own meetings. A great spinoff. I don't know what the cool video terms are, but we'll go there.

LILLIAN DEJEAN: Thank you. Yeah. And I think it would be really, really powerful if we maybe had youth be in that video talking about their experiences being in the IEP meeting. Thank you.

DEVIKA RAO: Thank you. That's great ideas.

KIM BASILE: I believe Jill Hano had her hand raised.

JILL HANO: Again, another question for Brenton. Is the activity number for the videos going to change in FY22?

BRENTON ANDRUS: It might. I don't know off the top of my head if it does, but I can check and let you know in just a minute.

JILL HANO: Thank you so much. And then I had another question. Oh, can I say something else, Kim?

KIM BASILE: Yes, Jill.

JILL HANO: Add on what Lillian said about the council and like getting involved. We do really need to, like we need self-advocate involvement in general. But then I think we need to like in the same video, of course, we need to stress how we can get youth self-advocates involved. Because this is coming up in other

committee meetings. And like just self-advocates are important, but equally important and maybe a sublet of that specifically, we need youth as much as we need self-advocates. It's important to stress that we need youth self-advocates. Thank you, Kim and Ms. Devica. Did I say that correctly?

DEVIKA RAO: It's Devica, but I'm totally fine with that.

JILL HANO: I'm so sorry.

DEVIKA RAO: It's okay. I've been called worse.

BRENTON ANDRUS: And Jill, to answer your question, it will change to activity 1.1.5. And so that will be reflected in our agenda in January. And also just wanted to share, I mean they're listed in that particular activity. There are other topics that were listed as potential ideas for videos like covering the ADA and the DD Act specifically. They talked about civil rights and IDEA and dispute resolutions. And LRS services, I think. So there's just a lot of other topics in that plan that has started as of October 1 that they have. And so just depending on how many videos they can make and put out there, you know, these might be additional topics that they can cover as well.

KIM BASILE: Thank you, Brenton, for that. Okay. I see Adrienne. I saw her. She was on. Oh, there she is. Adrienne, do you want to give us an update on policymaking and Partners please.

ADRIENNE THOMAS: Sure. Did I take the mike off of mute?

KIM BASILE: Yep. You're good.

ADRIENNE THOMAS: All right. Good morning, everyone. Just quick updates for Partners in Policymaking. We have four areas I will focus on so we can make this report quick and allow others for their opportunity. The first thing is that the class of 2020 session we've been working on our class 2020 session and activities. The class of 2020 will graduate on October 31st, 2021, not necessarily having a graduation ceremony. They will have a little celebration virtually. But I do have a question or discussion for

the council later. So hopefully so that we can have an in-person graduation when we are able to be in person. As a part of their final project the class of 2020 have been assisting with the virtual webinars that are scheduled for 2021. So they'll have four webinars. The class is divided into four focus groups. Those focus groups was inclusive education, family engagement, employment and political action. And we chose those because those were the four areas that stood out the most with that class during the session that also gives the audience an introduction or a snidbit of what being in a Partners class would be like. The webinars will be an hour long and will include a short interview or testimony from a Partners alumni and an activity on the focus topics. Those are scheduled for Tuesday, October 26th. Wednesday, October 27th. Thursday, October 28th. Those will be held at 6:30 p.m. and will last only an hour. Then there is a Saturday. The final one will be on Saturday, October 30th and that one will be at 9:30 a.m.

The other thing that I've been focusing on in Partners is streamlining the applications on the job forms. Or putting applications or forms that are part of the Partners program in the job form. The first thing that was put in the job form was the actual application for Partners in Policymaking. Just reviewing the information and coming in there were three parts of that application, that actual application process that was the initial application that an applicant will send in. And then the second part would be, the second and third part would be like the initial profile that also gather information and statistical data that the national program also ask about. And then also the rule of conduct and the guidelines participated in Partners. So we were able to put, combine those applications, all of those parts for that application into one part so that we could get that, all of that information initially. And once the applicant is accepted, we wouldn't have to go back and

try to get that information and try to get that information. Which in my experience, that we were collecting as late as the first January session.

The other form that was put in the job form was an alumni form. And the intent of the alumni form was to update and approve the alumni database. And continue to extend information and opportunities for the alumni. And then the fourth thing, the fourth and final that I wanted to discuss and give you a little feedback on was the social media release for 2022 session. So the information for the job form links and the release to go to the social media pages, and to send out to print the newspapers in Louisiana and the news stations in Louisiana is ready and made available after a quick editor's review and quick review from the DD Council staff. Any questions?

KIM BASILE: Are there any questions for Adrienne? I see one hand. Crystal.

CRYSTAL WHITE: Hey. It's more probably for the general DD Council to think about. I know that we have, a lot of us have all been through this class and we understand the importance of this class. And also, we understand the importance of collaborating with other people and making those connections face to face. And I know that our past groups have, you know, been effected where they haven't been able to meet in person and they are doing virtually. And I was just wondering if there's any plans to go forward to maybe getting these groups, these classes together for maybe post-covid when it's safe. A retreat or a continuing education like in-person training.

ADRIENNE THOMAS: I can answer that. Okay. That's in the plan. So one of the reasons that the alumni application was completed is to update the alumni so that when you receive the form-- you are an alumni. I think I have seen your name, Crystal. Is that correct? So when you receive your alumni form, there's a question in the alumni form that will ask you in six different areas how do you check all that apply of how you want to continue your Partners in Policymaking

efforts. So, just for example, one of those things might be mentoring a person that's currently in session. Or being involved in the regional groups. Because at one point, and I do notice I heard Crystal that you were out of the loop for a while. So I don't know if you realize, I'm new. So as one of the new things I think in the past there were regional groups. And so one of the things with that alumni form is to reestablish those regional groups so that refresher activities can be established. I can tell you some things that I put in ideals or possible activities and things I would like to move forward. Of course, they have to go through the process of being approved so that we can move forward. And one of those things is to have a roundup with the alumni, the opportunity to have a roundup and to have refresher classes. And especially, you know, the class of 2020 is my baby because that's the class I started with. And it's taken us two years to graduate. Of course, we would love to have a refresher course. Not just for them, but for everyone. Did I answer your question?

CRYSTAL WHITE: Thank you for your commitment to everything. And you're doing a great job. Thank you so much.

ADRIENNE THOMAS: Thank you.

KIM BASILE: Jill Hano.

JILL HANO: What is a Trello Board? Please will someone explain that to me.

ADRIENNE THOMAS: Once again, the Trello Board is one of the applications that Partners in Policymaking use for our virtual classes. Because in Louisiana we are traditionally in-person classes and, of course, with covid 19 we wanted to conclude and finish and complete the class of 2020. So the Trello Board is just an application or a way that the class was able to meet. So when presentations were, for example, when presentations were provided for the class to view, and we had a speaker that had a power point with visual and verbal presentation. And if I was to send that to someone who has a Yahoo account the video presentation

would be too large to open. Their account probably would possibly reject it. So with the Trello Board I'm able to load up that video on the Trello Board and regardless of what type of email account or what type of cellular phone you have. If you're using your phone to access your information. Or what computer you have. You can still view the information in that way. And it also allowed the class participants to communicate back and forth. So basically, to answer your question in a simplified way without all of that explanation, Jill remember the handbook you received when you were in Partners in Policymaking. It was an opportunity for me to create a working handbook. So those things, that paper that you would have received, I was able to put it on that board and not just mail it out to you or send it to you by email. And if you're on the board you can always go back to it. I hope that answered your question.

KIM BASILE: Thank you, Adrienne. Are there any more questions? No. Okay. Great. We're going to move onto Ebony who will give us an update on her initiatives.

EBONY HAVEN: Hi. Good morning, everybody. I'll be giving you updates about LaCAN, FHF and supported decision making. So I'll go ahead and start with LaCAN. And if you're following along on your status report you can find information about LaCAN on page three. So we're holding steady as of September 2021 LaCAN still has over 6300 members registered for LaCAN and the council's list serve. As far as advocacy activities, that information from July to now still remains the same just because session ended in June so there haven't been any more legislative visits to report and no new action alerts. All of that information is the same. But if you have questions, I have the information here about action alerts and legislative visits.

Just an update on LaCAN leader positions. I am very, very pleased to announce that we have no vacancies for LaCAN leaders. We have a LaCAN leader in

every region of our state. Yeah. Every region of the state right now. And I just wanted to take this opportunity to acknowledge all of the LaCAN leaders and all of their hard work, their dedication to LaCAN. Especially with all the challenges that we've had to face last year and this year. They advocated virtually this year very successfully through the 2021 legislative session. And they were very successful in keeping their members engaged and involved virtually despite the pandemic and despite LaCAN not being able to be at the capitol this past session just because the council still had the in-person activities suspension in place. I did want to kind of just acknowledge them and just let them know that all of their hard work and dedication to LaCAN is appreciated. And I did want to welcome, again, and announce our two newest leaders. We have Ms. Christina Martin in regions one and ten. And our newest leader is Ms. Katie Crows in region two who have both hit the ground running. So they were very excited about advocacy. Very excited about getting started with LaCAN. And so they have already sent out October newsletters. So be on the lookout for those. And for those of you in region two, our LaCAN leader Ms. Katie Crows, she's doing her meet and greet on October 28th. So I did just want to give the LaCAN leaders a shout out because they've been doing great work.

LaCAN continues to host two calls a month. And during those calls we just talk about current issues or concerns, anything that comes up and we try to help them develop strategies on how to continue to educate, maintain and support their LaCAN members. So a lot of things happened over the summer. There was the summer LaCAN leader training that was held on August 25th. And at that training the leaders discussed ideas and strategies for improving advocacy activities such as legislative visits, action alerts, round tables, yellow shirt days. Since we are doing those things virtually right now, we just try to come up with a more efficient way to do those things and just ways how to keep their

members involved and engaged. The leaders also discussed like how-tos. How to do things on social media, how to keep their members engaged via social media, how to broadcast legislative committee sessions on social media. So they got a lesson on how to do that and how just to do things on social media more effectively so that they can keep their members involved and engaged in our new virtual world.

Also, during the summer months, mainly August and September, the LaCAN leaders hosted their regional community input membership meetings in each region. And at those meetings the leaders discuss the outcomes of the 2021 legislative session. The legislative process. And they asked their members to provide input for the council's 2022 legislative advocacy agenda. At those meetings the leaders collected over 90 issues and concerns from their members and those items will be shared during the executive committee on this Wednesday at 3:00 p.m. So there should be a full list that's shared with that committee.

Also there was legislative kickoff which was held on September 23rd. And that is where the LaCAN leaders and the FHF directors they get together, they discuss those issues that were collected at the LaCAN membership community input meetings and they prioritize them, and they rate them. So once they rate them, they vote, and they generate the top items that they're going to send to the full council for recommendation towards the council's 2022 legislative advocacy agenda. And again, those recommendations will be shared during the executive committee meeting on this Wednesday, October 20th at 3:00 p.m.

So just my final update for LaCAN. LaCAN fall training will be held next month in November. And that training basically focuses on preparing LaCAN leaders to conduct their legislative visits with their legislators in their regions once the council sets their 2022 advocacy agenda. And that should be done by Thursday. So we also discussed what they should look for as far as testimonies for their round tables,

testimonies for their legislative visits and testimonies for the committee meetings during legislative session. So November actually marks the beginning of our legislative visits. So information about legislative visit teams will be sent to the full council after the meeting on Thursday. And that list will include the parent and self-advocate council members in each region, the LaCAN leader and the FHF director with everyone's contact information included in that list. So it also list the regional delegation and those members that are on key committees. So please follow up with your LaCAN leaders about making those legislative visits and they'll be following up with you as well. So the goal is, and we tell our leaders this, that we want to make sure that we see legislators that are on key committees first. And then everyone will follow after that. So be on the lookout as well for LaCAN membership meetings. Typically once the council sets their agenda, which will be on Thursday, LaCAN leaders start hosting meetings just to educate the members on what the council will be advocating for for the new legislative session. And just remember to get involved. And that round tables are going to start January to February next year. I know that's coming up really soon. We're already in November. So we want to just kind of be in the mindset that round tables are going to start really soon. Does anybody have any questions about LaCAN?

KIM BASILE: I believe Jill Egle had her hand up.

JILL EGLE: What is with the LaCAN and DD Council for next fiscal year 2022. What's the main, with the legislative session, the funding source going to be. When they have to do their advocacy agenda, DD Council, what are we aiming for?

EBONY HAVEN: So Jill, you guys are going to be deciding that on Thursday. So at the executive committee on Wednesday you will receive the top recommendations from the LaCAN leaders and the FHF directors. But it is still up to the council to decide what you all will advocate for for the new legislative

session in 2022. So we hope to have those items on Thursday by the end of your meeting.

JILL EGGLE: Cause I always say provider DSP rates, cause I go to the Arc of GNO community center. I know funding needs to be leveled out for rates so we're not in the crisis mode in Louisiana.

EBONY HAVEN: Right.

JILL EGGLE: Thank y'all.

EBONY HAVEN: You're welcome.

KIM BASILE: Thank you. Jill Hano, your hand is raised.

JILL HANO: Okay. I don't think I got, cause did y'all do the member meetings for the legislative sessions already?

EBONY HAVEN: Yeah.

JILL HANO: I don't think I got like a notice.

EBONY HAVEN: Okay. I think Christina might have had her meetings maybe late August, early September. And if you didn't get a notice, I'll just make sure that she has your email address and your contact information so that you're getting the information.

JILL HANO: Because I know that Nicole used to have to call me every time. She's like there's a meeting. I check my email multiple times a day. I never know when the meetings are. So Nicole used to call me and say okay, there's a meeting today. But my next question is, I know that on our agenda for the executive committee Wednesday one of our agenda items is, of course, the legislative agenda for 22. But I was specifically looking for do we or do you have the information or results from the information from FHF. Sorry. Does the executive committee have hard copies of those reports from the member meetings and the FHF directors? How many issues did you say it was?

EBONY HAVEN: It was like 93 issues, but that included duplicates. So the list you have will not include the duplicates. And I see that Amy has turned on her camera. I know she's going to be sharing that information with the executive committee. Amy, if you want to add.

AMY DEAVILLE: Hey, Jill. It's linked to the agenda that is on the website. And I'm about to mail it out to the executive committee as well. And those documents are linked. They were linked late, so that's how it ended up on that agenda and not in your packet.

JILL HANO: Okay. Thank you.

AMY DEAVILLE: Sure.

JILL HANO: I hope I don't bug y'all staff with my like. Let's just be real, I'm like the hard copy girl. Which I need to think of another word for that. But like by now, we all know how Jill is about the paperwork and I sincerely hope I don't get on y'all's nerves.

EBONY HAVEN: You're fine, Jill. We're here to help you. We're here to support you in any way you need. Don't ever worry about asking questions or needing paperwork.

JILL HANO: There it is. Thank you, Ms. Amy. Whoop there it is.

KIM BASILE: Okay. I'm going to move on. Is it time for supported decision making?

EBONY HAVEN: Crystal, does she have a question?

KIM BASILE: Oh, I'm sorry. Crystal, I missed your hand up.

CRYSTAL WHITE: That's okay. Quick comment. I just wanted to remind Jill and everyone as council members if there is something, a topic that was important to us we can always bring that topic to the full, that agenda item to the full council meeting and get that added to the agenda. So if there's a topic that's near and dear to you, you can add a motion at the full council meeting to add your agenda item and we can vote there for it.

BRENTON ANDRUS: If I may add to that also. You could go to the executive committee meeting as well and they accept public comment. If you have something you would like them to consider as well, they can add on their recommendations too. So that's two opportunities as well to try to add additional things onto the agenda that may not have been captured at some of those

community input meetings.

EBONY HAVEN: I can move onto FHF, Kim, if you would like me to. Okay. If you're looking at your status report, you can find more information on FHF on page six. But on the agenda that we have for today, the yearend data was included for FY21. And this is our annual summary that Brenton is sharing right now. I'm not going to go over the full report. But I did want to highlight that due to various reasons, including the covid 19 pandemic, six centers were unable to meet their deliverables. And you can look in the chart that Brenton is showing right now. If you see the gray areas, that will show you the deliverables that those centers were unable to meet. And then there's information below that as to which deliverables they did not meet. And some of the, I did speak to the directors of those FHF centers, and they did provide information on why those deliverables weren't met. But as part of our monitoring process they are supposed to submit a corrective action plan when they don't meet the deliverables just to state how they're going to meet those deliverables for the next fiscal year. So I will be getting with those directors just to get more information about how they plan to meet those deliverables for fiscal year 2022. Does anyone have any questions? Does anyone have questions about the summary for FHF? I know some of the directors may be here if you guys have questions about any of the deliverables that are not met.

KIM BASILE: Brenton, are there any questions that you see?

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

KIM BASILE: Excellent. Let's move onto supported decision making.

EBONY HAVEN: Oh, I was just going to share one more thing. Kim, the first quarter data for the FHF centers for this fiscal year. So the FHF centers, their fiscal year starts in July because they are on the state fiscal year. So I already have first quarter

performance data for the centers. And Brenton sent an updated copy of this chart last night to the committee members and it should be linked to the agenda for today. The one that was sent previously we didn't have information on Bayou Land, and I think NOLA was missing information. But I was able to get that information for today. So everything is updated, and this is where they are currently for first quarter performance. I do want to point out that there have been deliverables added. The section 504 of rehabilitation act of 1973 training was added. There are two trainings that were added for that. And well, there were deliverables-- I mean, not deliverables. There were different outreach settings that were added for the centers. Initially it was hospitals, pediatrician offices and school districts. But we also added ABA clinics and physical therapy clinics that they can reach out to for the outreach visits. Lillian, you have a question.

LILLIAN DEJEAN: Good morning, Ms. Ebony. Good to see you. I was just wondering, what is generally included in the section 504 of the rehab act training?

EBONY HAVEN: So I know that Dr. Charlie Michel, he is helping the centers develop that training. What he is putting in specifically I can get more specifics about and share that at the next committee meeting. Or he may actually be on the call today. I'm not sure. But I know he is helping the FHF centers to develop that training. But I can definitely get more specifics for you and either email that to you or email the whole committee and let them know.

LILLIAN DEJEAN: That would be great. Cause I think whenever we talk about section 504, no matter what we talk about with section 504 it's always really important to include the history behind it. Including the sit-ins that happened. The people with disabilities that sat-in in the health, education and welfare buildings across the country cause that's a really cool part of our history. And I think it's really important to talk about when discussing the impacts that it's having on our community today.

EBONY HAVEN: I don't see any other questions.

BRENTON ANDRUS: I do see in the chat Susan Reem, who is our FHF director in the Southwest Louisiana area, she had mentioned that section 504 training would be specifically directed towards education issues.

EBONY HAVEN: Okay. So if there are no more questions, I can move to the supported decision making. The council contracted with the Arc of Louisiana on this initiative. And these training opportunities were offered statewide to both adults with intellectual and developmental disabilities and their families to help increase their understanding of the supported decision making. Also known as the Dustin Gary Act. And other legal options available in Louisiana. Due to covid restrictions and the council's suspension of in-person activities all of the trainings were held via Zoom virtually. So in the agenda there's the yearend data for FY21 and it's included. Brenton is going to share it right now. Just to highlight a couple things since the contract started October 1st, 2020, the Arc was able to complete ten trainings and they were able to train 134 participants. And there's the breakdown of the participants at the top if you wanted to know the breakdown. Also just to highlight this, the training that was scheduled for regions one and ten it was scheduled for September 1<sup>st</sup>, but had to be canceled due to Hurricane Ida. Fortunately, the council is continuing this initiative for FY22. So the Arc will be adding the trainings for region one and ten to the next contract year for FY2022.

The Arc was also able to identify four participants to mentor. And they have agreed to continue to mentor those participants through the supported decision-making process until those individuals have identified supporters and an agreement has been executed. The Arc was unable to find a fifth participant to mentor through process. Which they were contracted to mentor five individuals. But again, like the trainings for region one and ten they were unable to complete. This individual will be added to the new

contract for FY2022. And we'll continue to give you guys updates as you can see, you can see where each participant is in the process for the mentoring. And we'll continue to give you all updates at each meeting for FY2022. Does anybody have any questions?

KIM BASILE: I don't see any hands raised.

EBONY HAVEN: Okay. Well, that's it for me, Kim.

KIM BASILE: Thank you, Ebony. Appreciate it.

Brenton, do you want to update us on your activities, initiatives.

BRENTON ANDRUS: Sure can. So y'all been seeing me in the shadows. I get to actually get on camera now. How exciting is that. Before I start, just a shout out to the committee, everybody but one person on this committee made it to the meeting today. Which is fantastic. So just props to all of you guys for showing up. Okay. So getting started, the first thing we're going to talk about is our activity 1.4.4. And as Ebony mentioned, if you are looking online at the status of planned activities page it starts on page nine for this particular activity. And so this initiative is one that we contracted with Trach Mommas of Louisiana to develop a website that can be kind of like a one stop shop or sort of resources that people could access during times of emergency whether it's natural, manmade disasters or even personal emergencies. Or in case, in this case, a pandemic. So in September we sent out an LADDC news that announced the initial launch of [ladisabilityresources.com](http://ladisabilityresources.com). And so that LADDC news, I believe, was linked in the agenda online. If you need to access the link for that webpage. And so while the council did provide funding to help create the website, the maintenance and updates is going to be done by Trach Mommas of Louisiana. So anybody that's using that website, if you do have any content suggestions, any updates that you think need to be made, any edits, suggestions, concerns you can always reach out to them at [trachmommas@gmail.com](mailto:trachmommas@gmail.com). But if you go to the [ladisabilityresources.com](http://ladisabilityresources.com) website or if you go to LADDC news that we linked in the agenda it

also has their contact information there if you want to provide suggestions or if you have comments or concerns.

Whenever they launched the website, they also sent out a survey and basically, they wanted to get feedback from initial users just to get an idea of their experience with the website. So I just wanted to share a little bit of data from that survey. So in total they received 35 responses to the survey. And 30 of those individuals indicated that they would either very much likely or would likely recommend this website to other people for their use. And also of those 30 individuals, they said they would keep coming back to that website for additional resource content when needed. Two of the individuals actually stated that they would not recommend the website to anyone. But they didn't provide any feedback or suggestions for their concerns or what they would improve on the website. For those of you that did take the survey you know that there was like a little comment box at the end of the survey that allowed you to share anything that you wanted to. But those individuals did not share any suggestions for helping improve that website. Of everyone that responded, so out of the 35 responses four indicated that they were a person with a developmental disability. Twenty-four were either parents or caregivers of someone with a disability. Another four indicated that-- sorry. Two, another two indicated they were paid caregivers. That would be your direct support workers. We had three take the survey that were just professionals that worked with the DD population. And two others did not identify themselves. As far as feedback for that website, we really didn't get a whole lot of feedback. Actually, only three comments. One mentioned including information about the districts and authorities on the website. The other one was simply just a good job, keep up the good work sort of comment. And then there was another comment that said the website should be advertised to more individuals, not just the DD

community. Which we did do. I mean, our list serve, obviously includes lots of individuals and families that are impacted by developmental disabilities. But it does serve as a list serve for just disabilities in general. We did share it with stakeholders for them to share with their groups as well. And I know Trach Mommas has done the same to try to get the information out. So we do encourage all of you to share that website as you're going through it with anybody that you think it might benefit. And also just keep the lines of communication open with Trach Mommas if you have an idea of information you would like to see on that website as well. It looks like, Lillian, you have a question about the website.

LILLIAN DEJEAN: Hey, Mr. Brenton. So the one thing that I would say is that whenever you guys were taking feedback from the surveys, I noticed that there was a very small amount of people with disabilities who gave feedback. And my only concern is that whenever we have a really small group of people with disabilities that give feedback, we may not necessarily have a diverse group of people with disabilities. So maybe okay, one individual who's blind says okay, this is accessible. But they're using a specific screen reader. But someone who uses a different type of screen reader, that website may not be accessible to them. So I would definitely recommend getting more feedback from a larger group of people with disabilities, so we ensure it is accessible to a diverse group of people with disabilities.

BRENTON ANDRUS: Sure. We can send that suggestion to Trach Mommas for them to keep doing surveys about their website. Yeah. That's great. This isn't something that continues into our next plan. So fiscal year 22. But I can certainly provide those suggestions to them to continue that on their end. And it looks like Melinda Elliot has a question.

MELINDA ELLIOT: Oh, I'm sorry. I did that by mistake. I'm so sorry.

BRENTON ANDRUS: Oh, no problem. Let's see. Okay.

So any more questions about the website. Otherwise, we'll move onto the next initiative. Next up is our first responder pilot. And that is activity 2.7.3 on page 15 of that status report. So this is we've contracted with a group called Interaction Advisory Group, I think they're out of Alabama, for this particular activity. And so the intent of this activity is to train first responders. So that's inclusive of law enforcement officers, fire and rescue, your emergency medical technicians or EMTs, your paramedics and similar professions. To really establish and implement policies and protocols on their end within their departments on how to appropriately address individuals with developmental disabilities. And specifically from law enforcement standpoint, to really try to see a reduction in arrests and other physical escalations that may occur. So they've been conducting these skill building training activities with these first responders and to really raise awareness and just an understanding of appropriate interaction and treatment whenever they do encounter individuals with developmental disabilities or disabilities in general. And the trainer for this course, he's got a really unique prospective in that he's former law enforcement and he's also the parent of a child with a disability. So he's able to really present to these departments from a dual prospective. And he also incorporates individuals with disabilities into the training. He likes to at least have one or two individuals there with him to be able to share their firsthand experiences and kind of give advice how they may interpret the situation. So those that are participating in the training can really get some interaction there from someone with a disability and not just another professional.

We did share an LADDC news about this initiative on the 29th. And so since 29th of July, sorry. Since July 1 or this past quarter we've had eight training sessions that have been conducted under this initiative for first responders. And six of those were done in

kind. Which means they did not charge the council for those particular trainings. They've actually every quarter they tend to almost quadruple the number of trainings that they offer just in kind. It seems cause they're very passionate about the work and they're really hoping to get a lot more law enforcement offices or other first responder offices involved in their training.

So this past quarter there were 219 responders that were trained. And so they're at about 680, I believe, or 690 individuals that they've trained so far throughout this year. And this is an initiative that's going to continue into our federal or our fiscal year 22 which starts October 1. So these monthly trainings are going to continue. They're also going to be incorporating additional trainings for the general public. I think there's going to be about six of those throughout the year that's going to provide information about local resources and events, but also focus a lot on different techniques that the general public may be able to use whenever they have to interact with first responders or law enforcement agencies. So any questions about this particular initiative? That's really the only update now. We will advertise the first responder trainings and the trainings that will be open to the general public once we get an idea of what they've scheduled those out for this year. I don't have that training schedule yet for the new year.

All right. I see Julie's joined us. I'm going to try to finish up my other two really quick so if y'all have more questions. Thanks for coming back, Julie. Emergency preparedness and response training. So this is activity 2.7.4. And that is also on page 16 of your status report and that's being done by Niagara University. We've contracted with them to establish a training program on emergency preparedness and response here in Louisiana. They target individuals that have the responsibility in emergency planning, preparedness, and response, and recovery as it pertains to individuals with disabilities and their families. They

refer to it also as access and functional needs. So we shared an LADDC news about this on July 26 talking about this initiative and upcoming trainings. And unfortunately this past quarter due to Hurricane Ida two of their trainings had to be canceled. They were able to do one of the trainings on August 10th and it had 42 attendees. But due to the extensive impacts that we were going through with Hurricane Ida, those webinars that they had scheduled for August 31st, September 21st and September 23<sup>rd</sup>, those had to be canceled. Some of them were directly impacted at the timeframe that Hurricane Ida was on us. And then others it's just with the cleanup and the response. There were a lot of individuals that they'd like to target for these trainings that they felt would not be able to participate due to the ongoing response for Hurricane Ida. So they are going to complete those makeup trainings in this upcoming fiscal year. They kind of had a two-part process going. In FY21 they were doing these webinars to kind of introduce people to some of the needs that they've uncovered in the state and just general ideas for implementing good solid emergency planning and response for people with disabilities.

And so in year two, which I think it's going to be not at the beginning of fiscal year 22, it's probably going to be more towards the spring or even closer to summertime, that they're actually going to come to Louisiana in-person and offer in-person trainings. And that's going to, for different agencies that want to participate, and the idea is they'll get the training manual and the information that they've done in other states. I think they're doing something similar in Nebraska. They've done it in New York. So they're going to come back with that training manual and hopefully those that participate in this training can go back to their departments and start implementing this emergency management and disability awareness protocol. So as soon as we get dates of when those sessions will be scheduled, we're going to push that

information out as well. Any questions about that one? I don't think I see any hands raised.

Okay. And so moving on, we have our rapid response initiative and that's also with Trach Mommas of Louisiana. That's activity 2.7.5 and it's on page 17. And so the purpose of this initiative was to be able to assist with funding to make sure that in times of natural or manmade disasters that families would have access to things that they need like medical equipment or supplies. Stuff that they may have lost during this disaster or stuff they may not have because maybe Medicaid doesn't cover it, or their private insurance doesn't cover it, or there's only portions of whatever they need that may be covered. And so what the council has done is provided this funding to Trach Mommas of Louisiana for them to be able to purchase these supplies and this equipment that people might need during emergencies or natural disasters. Also during any hardships. The key is just though to show that we're not duplicating any efforts or any other funding that's out there. Which is why we have to show that it's something that is not covered via their insurance or that there is a financial component that makes it very restrictive for them to be able to purchase whatever it is they need to ensure the safety and wellbeing of themselves or their family members.

Trach Mommas has been working, especially since Hurricane Ida, with other groups to make people aware that they are there to offer assistance when needed. We did send out an LADDC news in September where we advertised the creation or the launch of that [ladisabilityresources.com](http://ladisabilityresources.com). We also shared about this initiative. And that there was funding that is available to assist if need be. To date there's only been four families that have requested assistance. And for the most part all of those families, I believe, were really trying to replace a lot of incontinent supplies that were not covered by their insurance that they lost during Hurricane Ida. But it doesn't necessarily have to be tied to Hurricane Ida. I know

Southwest Louisiana's still recovering from hurricanes last year. I know the capitol area is still impacted, or at least some areas are still impacted by flooding that happened over in the spring. And we also are still in a public health emergency. So I just wanted to make everybody aware of this initiative. It is going to be extended through June of 2022. So any remaining funds from our fiscal year 21 that was unspent has been rolled over into their fiscal 22 contract to continue until June. And so basically if you know someone that needs help getting through some of these disasters that we've been faced with, they can reach out to Trach Mommas directly. Their number is (225)200-5178. You can also get them via email at trachmommas@gmail.com or trachmommas.org is their website. And I can put that information in the chat. Let me do that. Cause I know I kind of said that pretty quickly. There we go. Also linked in the agenda is the LADDC news that we had sent out and it includes information about Trach Mommas there as well. So the same contact information you would use to share any feedback about the website is the same information you would use if you're reaching out to them for any assistance. I think I do see a couple hands raised. Jill Hano, you have your hand up.

JILL HANO: Thank you, Brenton. Okay. So like I'm embarrassed to say that I've been working on this since July. But I swear when Mr. David came in July, he broke down everything, what trainings he did. Or I know we had a funding request from Mr. David in July. Then he gave us an explanation as to why he needed more funding, and he broke down like what trainings he did. I have a couple questions if that's okay, Kim. He broke down what he did in 21 verses what he plans to do in 22 and kind of the justification. And I watched twice online, and I went through all my notes and the transcript, couldn't find anything. Like do y'all know what I'm talking about that like he specifically gave numbers of what he did verses what he plans to do and justification of the funding increase. Like if I was that information, where would I be.

BRENTON ANDRUS: I don't think there was any specific information that he provided in a report form. So I'll put it in the chat now that is the SOP that he came and talked about. Which essentially in fiscal year 22 he put in a request just to continue this initiative. Which is kind of what we talked about. Says in-person training where he actually comes to Louisiana to actually train on the specific program that he's trying to implement in various states wherever he has his contract with similar to what he implemented in New York. So in the link for the SOP that was discussed at the July meeting in details what he would, or what Niagara was requesting to do with the funding. He didn't provide any other reports during the meeting.

JILL HANO: Okay.

BRENTON ANDRUS: So I think it was just him.

JILL HANO: I'm going to look at the email you sent me. I'm going to read the 22. I had everything set up to compare from 21 and 22. So that's what I'll end up doing. And then can I ask another question, Kim?

KIM BASILE: Yes.

JILL HANO: Hold on. Oh, do you know or does anybody, I think I talked to staff, but is there anything online for public viewing that kind of mirrors, or overviews, or outlines the booklet, what they talked about in the big training manual?

BRENTON ANDRUS: With regards to that contract?

JILL HANO: No. With regards to what they talk about in training.

BRENTON ANDRUS: Not that I'm aware of. The webinars that he's conducted, to my knowledge, are not online. He offers them throughout the year, a morning session, an afternoon session. But to my knowledge, they're not recorded and kept online.

JILL HANO: Are they free?

BRENTON ANDRUS: To attend they're free, yes. And in fact, if I'm not mistaken, the morning session is probably more geared towards families and individuals with disabilities. The afternoon session is probably

geared more towards professionals. But he really wants and encourages people to attend both sessions. And so what he's been doing with the webinars, kind of a precursor, he just talks about the needs that are out there as far as emergency planning. And then in the second year is when they actually bring the program to Louisiana. And those that would attend the session will be trained on that program with the responsibility of implementing that program within their departments, or their parish, or their region. Whatever they're responsible for.

JILL HANO: So unless I missed it, is there any opportunity for me to sign up for an upcoming webinar?

BRENTON ANDRUS: There will be, but I don't have the dates yet. So the three that I had mentioned that he had to reschedule because of Hurricane Ida, he's going to reschedule those into this fiscal year that started October 1. So you'll be able to attend those. Those are going to happen again.

JILL HANO: So, but specifically there are opportunities for me to attend virtual sessions, correct?

BRENTON ANDRUS: Yeah. His initial webinars were held virtually.

JILL HANO: Okay. Thank you.

BRENTON ANDRUS: You're welcome. And I think Crystal has her hand raised.

CRYSTAL WHITE: Hey, Brenton. Yeah. I just wanted to make sure I was understanding the emergency funds for crisis situations correct. Emergency and crisis situations. I was hearing you say, first of all, I know that that's a huge need, right. Secondly, I heard you say that we didn't spend all of our money. So in my head I started thinking about whenever you said it, it had to show that we weren't duplicating dollars and there had to be a denial from insurance companies and things like that. I know for my insurance company it takes me months to get that denial letter back to prove that it was denied and that this is actually still a need. But if I'm in a crisis situation and I'm waiting

months to get back a denial letter to get you to approve it. I'm just wondering since we know the things that have already gone through the process and were approved, like incontinence supplies is something that you gave an example of. Can we try to streamline it more to get these people the help that they need right after these emergencies. Not months, months, months after. Because I can tell you it's exhausting going through all of the denial processes that it might just you throw your hands up and you just say you know what, nobody's going to help me. You know, and it might not seem worth going through all of this to get the help. So I just wanted to throw that out there. Maybe we can think about, you know, possibly adjusting and shifting this program to be helpful for the times that they're supposed to be helpful. Thank you.

BRENTON ANDRUS: Right. And I understand that. And so a lot of the, I guess the program specifics we have put on-- sorry. I see a comment. So Bambi was just saying that what Crystal is describing is a real barrier utilizing the funds the DDC has Trach Mommas distribute. So when the contract was originally written initially, and this was, I guess, the spring of 2020 that this was talked about, when this was added as a possible initiative. And then I think later in the summer there was discussion with the SOP that was submitted. There was some concerns there about potentially providing federal funds for something that would be covered via insurance or whenever we don't have anything documenting that this could be a financial concern for families or a financial hardship. So there was some concern with contracting just to write a check out to via a contract just to pay for things that are hard to come by. So we did kind of leave it up to Trach Mommas exactly how they want to implement this program. We did tell them that they are able to provide reimbursement to families. So let's say you know this is something that your insurance is not going to cover, and you went ahead, and you purchased it yourself. If you keep those receipts,

they can provide you with some sort of reimbursement. And then they can seek reimbursement from us as long as we have that itemized receipt that shows exactly what it is that's purchased.

And a lot of times, at least in the form of incontinent supplies, we haven't asked Trach Mommas to send us a notation from insurance companies saying you're denied for this. Just the family tells us that that is something that's not covered. And so if the family is willing to say that they know that that's something that's not covered in their insurance we've approved the reimbursement of those funds. So I don't want folks to think that they're going to have to wait through a long denial process. An urgency of need there is also something that can be considered as well. But ultimately, we leave those decisions up to Trach Mommas. Sometimes they do get back to us to see if that's something they would be okay with purchasing. But in general, we just kind of leave it up to them how they want to utilize those funds and make sure that the needs are covered for what they can. It's also not a very large pot of money. The council, I think, may be 10,000-dollars. And then once you add the administrative costs of 8 percent, I mean, you're looking at probably closer to 9,000-dollars that they had to spend. And we know that's not going to go very far. But it was just kind of something to get the ball rolling at least in that particular initiative. I guess some of the thought was that maybe other organizations would follow suit to try to do something similar and maybe there would be a larger rapid response network that would result from this. But I don't know if that's something that's being considered by other organizations or not. I think, let's see. Bambi has her hand raised. Bambi. I think I unmuted, yes.

BAMBI POLOTZOLA: Hey. Can you hear me?

BRENTON ANDRUS: Hey. Yeah.

BAMBI POLOTZOLA: Okay. So I just wanted to echo what Crystal was saying and I think that-- I don't know

what's going on with my computer. I think that my experience with working through these disasters and with Trach Mommas that there seems to be some issues. I mean, the example that you gave of people can pay and keep their receipts. I mean, people don't have money. I mean, talk about equity, like I feel like, you know, the thought was good with that money. But like in a disaster, it really needs to be more flexible. And if the DD Council's funding can't be more flexible, then maybe it needs to be through something else. But, you know, it's kind of like waiting on, you know, going through your insurance to see if your insurance is going to pay, then maybe FEMA will pay and then you're waiting forever. People get caught in these cycles and then we have equity issues. So the people who can put the money out, they may be able to make it. And the people who don't, can't. Then they don't get what they need. And so I feel like there's some barriers to this funding that the council didn't intend, but they exist. So just wanted to share.

BRENTON ANDRUS: Yeah. And I would completely agree with that. And it is a tough contract, to be honest, as far as some of the restrictions that we do have to have to be able to utilize that money. But also, one of the things, for instance, it could be generator. It doesn't necessarily have to be a specific medical supplies. But obviously if you're out of power and you need to utilize various machines or equipment, you can go out and get a generator. You don't necessarily have to do it yourself. You can reach out to Trach Mommas, they can go buy it and get it to you directly. But then also when you look at their operation, I don't know how quickly they can get it to you. But, yeah. It's certainly not perfect. I think the intent was good.

We did some discussions about trying to continue this initiative because of some of these barriers and they opted to continue it. But as we move along, we try to figure out ways that we can make it work. And we're trying to do that, but it is, it's certainly not,

in my opinion, it's certainly not the best way to utilize that funding. Cause it really is kind of hard and doesn't necessarily meet the needs as timely as most folks would want. But we're also not getting a lot of requests either. And so it would be really nice if folks would reach out to Trach Mommas to even see if they qualify. Again, it could be something that has already happened. If they have the receipts, they could be reimbursed. It can still be a need currently. Again, if you're impacted by a hurricane, a disaster, which we all are. And it could be something old. It doesn't have to be something that just happened. It could be tied to covid. We even had a discussion about approving things as simple as just buying people thermometers if they needed that. It could be something simple, it could be something larger. I think the creativity just has to be there to be able to utilize that funding pending request. I think just the big part is we haven't been getting a lot of requests. Or at least what's been told to me. We haven't been getting a lot of requests. I think Jill Hano has her hand. And then I think we'll go over, there's an attendee that has a hand raised as well.

JILL HANO: So, okay. I know that we got, so other than NU are all our contracts for 22 are all the proposals identical to the proposals we got last year?

BRENTON ANDRUS: I guess it would depend on the initiative. So for instance, we talked about IAG, Interaction Advisory Group, doing the first responder trainings. The planning committee in the spring said that they wanted to continue that initiative as it was. So their proposal would be the same. Niagara gave you a different proposal cause they have a multiyear kind of step in the program that they do. One is an introduction, one is an implementation. And so it really would depend on the initiative. But I think we did have that discussion as well with the planning committee that in the spring where they were just checking off the boxes and continuing everything. So for the most part, I think a lot of initiatives just

continued into this year. So they would be very similar with the exception of Niagara. But I can't rattle off the top of my head if all of them have changed. But yeah, it's probably similar if it's just a continuation of the same.

JILL HANO: Thank you.

BRENTON ANDRUS: And Melinda, you have your hand raised as well.

MELINDA ELLIOT: Does the DDC happen to know if there are requests to Trach Mommas that have been refused?

BRENTON ANDRUS: To my knowledge none were refused. But to my knowledge only four have been made from four different families. But I haven't heard of any that were being refused. But it could also be, I mean they have other funding. They also have other resources that, if I'm not mistaken, have a warehouse full of different equipment and things that they may already be able to provide. And so they may have been able to assist people outside of this contract. But to my knowledge, nothing has been refused yet.

MELINDA ELLIOT: Okay. Thank you.

BRENTON ANDRUS: All right. Seeing no other questions. I will move onto the last thing I have here which is our abuse and exploitation trainings or training on healthy verses unhealthy relationships. That can be found on page 20 of your status of planned activities. That's activity 2.9.1. And this initiative will be wrapped up with our fiscal year 21. It's not continuing into fiscal year 22. And so this is a contract we've had with Team Dynamics since fiscal year 2019, I believe. So last few years. And this initiative really focused on just making sure individuals with disabilities and their caregivers get information about healthy and unhealthy relationships, sexuality. And hoping that by understanding those healthy and unhealthy relationships that they would be able to identify when they are in an abusive relationship or in a relationship that is exploiting them. So in the agenda is linked a handout that

provides you with information over this past year for the program. So during the contract year, so that would be October of last year until September 30th, there were nine training events that occurred. These were webinars. Due to covid they were doing these via webinars as opposed to in-person. There were a total of 144 individuals participating. So we had 17 self-advocates and 127 family members and caregivers that participated.

They also hosted, they call it a six topic healthy relationships matter retreat style training. So the contractor did a pilot program that was in the north shore area. So that was not something that we had contracted with them to do. And they basically, what this retreat does is just go into a lot more details cause it's a three-day event. And it's usually a full day that they meet. So they can go into the self-advocate portion of training and a lot more in depth and detail than they can in just a two-to-three-hour webinar. And so they had one scheduled in the Houma Thibodaux area when they thought they might be able to do it in-person. And so that was originally scheduled to be done in August. So August 24th they had nine participants there. But they ended up having to do it virtually. They could not do it in-person because of the Delta variant increasing. So they moved it to a Zoom format rather than an in-person retreat. And unfortunately due to Hurricane Ida they could not continue with the other two sessions that they had. So they had to reschedule those for September 29th and October 5th. And those did happen, and I think participation was a lot lower at those. There were only two people that were participating in that one. Two return self-advocates that participated in that one.

But those that couldn't attend, they were also able to attend, there was going to be another retreat training that was going to happen in the Greater New Orleans area that was going to be done on October 1st, 8th and 15th. I don't have information about that

particular session yet because that was done, it just concluded last week. So I don't know about attendance there. But I am hoping, since that was also a virtual format, those that couldn't complete the retreat training that was originally scheduled for the Houma Thibodaux area would be able to participate in the one that happened last week.

They also have been presenting at different conferences throughout the quarter. As part of their contract we had talked about going to different national conferences where they can talk about this particular initiative. They have gone-- well, they went to the Governor's Office of Disability Affairs in July and presented at that conference. They also have a conference coming up this month. It's going to be the American Public Health Association conference. And then they were also accepted to present at the Association of University Centers on Disabilities in November. But as mentioned, this initiative it has concluded and will not be in our fiscal year 22 plan. Or I should say it's not in the plan cause the plan is active. And so any questions about that particular initiative? I don't think so. Okay. Oh, I was going to say we did see some impact as far as attendance. In previous years we had a lot more that showed up. Only 144 participants. I think a lot of that had to do with covid. Just because in previous years we saw a lot more attendance. Especially with our self-advocates because they were actually able to go to where they may have been at during the day. They went into various group homes. They went into various voc rehab areas and be able to meet them where they were. And so bringing it to this virtual format I think while it was able to serve a purpose for some people, it just wasn't as convenient for others, and I think they prefer a more in-person experience. I also think having done these trainings across state over the last two years it was inevitable that we probably see maybe a little bit of drop-off because those that were interested in the training have probably already attended. But I'm not

sure if that contractor plans on continuing with these trainings on their own. I know they were doing these before we contracted with them. But if it's something you're still interested in, you can always monitor Team Dynamics. I know they have a strong presence on Facebook. They also have a website, and you can see any events they might have coming up where they might continue some of these trainings in a different format or different source. So I'll turn it back over to Kim since I don't see any questions.

KIM BASILE: Thank you, Brenton. Move onto announcements now. Please note the council meeting is this week on Thursday. We have three committee meetings happening this Wednesday, October 20th. The education committee is at 8:30 a.m. Followed by Act 378 at 1:00 p.m. And then the executive committee will meet at 3:00 p.m. Full council is Thursday, October 21st and it begins at 8:30 in the morning. If you've not done so, please go to the council's website to please register for the meetings. Does anyone on this committee have any announcements to make? Okay. Well, I want to thank Mike Billings for all of his service he's done on the council and for chairing this committee. I'm not quite sure how many years you chaired it, but you did a phenomenal job. We know we'll see you Thursday, but then, I believe, that's your last council meeting. And I just want to tell you you're going to be missed, sorrily missed here. So thank you, Mike. So hearing no more announcements, if there are no objections, we can adjourn the meeting by unanimous consent. Any objections? I hereby adjourn the meeting at 12:13. See y'all Thursday, guys.