

Louisiana Developmental Disabilities Council  
Self-Determination and Community Inclusion

January 19<sup>th</sup>, 2022

BRENTON ANDRUS: If committee members can go ahead and turn their cameras on and I can try and verify that we have a quorum. Okay. I believe we have a quorum. I'll do a quick roll call just to make sure. Dr. Barovechio. Ms. Basile.

KIM BASILE: Present.

BRENTON ANDRUS: Ms. Crain.

CHERI CRAIN: Here.

BRENTON ANDRUS: All right. And Ms. Egle.

JILL EGLE: Here.

BRENTON ANDRUS: And Ms. Hagan.

JULIE FOSTER HAGAN: Here.

BRENTON ANDRUS: All right. And Ms. Hano

JILL HANO: Here.

BRENTON ANDRUS: All right. And Ms. Hymel.

ROSLYN HYMEL: Here.

BRENTON ANDRUS: There you go. Mr. Rovira. I don't see that he is on. And then Ms. White.

CRYSTAL WHITE: Present.

BRENTON ANDRUS: All right. Madam chair, you do have a quorum.

KIM BASILE: Thanks, Brenton. Good morning, everyone. It is, time, 9:01. And we'll call the meeting to order. We've done the roll call. Happy New Year, everyone.

ROSLYN HYMEL: Happy New Year to y'all too.

KIM BASILE: Thank you. Okay. I hope y'all all had a chance to review the meeting protocols the council adopted.

ROSLYN HYMEL: Happy New Year.

KIM BASILE: I'm sorry?

ROSLYN HYMEL: I was saying happy New Year's as well.

KIM BASILE: Oh, thank you. As a reminder, committee members, to be considered present, must have their camera on and have your first and last name showing. All microphones are muted unless called on. You must electronically raise your hand to request to speak and wait to be called on. For attendees, once recognized to speak by the chair, your microphone will be turned on. After speaking the microphone will be turned off. Also, please use the chat box only to make comments about relevant items being discussed. And all comments about a person's character will not be allowed. So I'm going to move to the approval of the October meeting summary. Y'all all should have reviewed it by now. If there are no objections to this summary, I would like to get it approved by unanimous consent. Are there any objections? Okay. Hearing no objections, we will, the October meeting summary is passed by unanimous consent. We're moving quickly because I know Julie has another meeting at ten. So first on the agenda are the noncontractual activities. We have Jilly Hagan from OCDD.

ROSLYN HYMEL: Excuse me, Kim. Can you kind of roll down a little bit because I had seen my name and I do have a question on that. Is today my last meeting?

KIM BASILE: I don't know that. We can have staff check into that and get back to you via text personally.

ROSLYN HYMEL: Oh, okay. Thanks.

KIM BASILE: Okay. So we have Julie from OCDD and Kelly Zimmerman from Medicaid who will share quite a few updates. So, Julie, if you want to get us started.

JULIE FOSTER HAGAN: Okay. Good morning, everybody. And I do apologize. If the meeting ends in time I'll join back again. When the secretary's involved in the meeting you can't miss those when they get called. So I think first up on the agenda is our OCDD major initiatives. And Brenton shared this document with you guys in the information. There you go. Thanks, Brenton. So in the last committee meeting that we had I mentioned that OCDD was working to

develop more public facing documents that we could make sure that, you know, relevant stakeholders and interested parties were able to see the major activities that we were engaged in for the fiscal year. A couple years ago we did, and we did not have an opportunity to do this last year, but before we published kind of what we were planning to do we did have an opportunity for stakeholder feedback at the DD Council meeting. So one of the things that I want to make sure I do before we finalize next fiscal year, which will start July 1, is maybe if I could, Brenton and Kim, ask at our next, so that would be our April meeting maybe have an opportunity to solicit feedback from the group, from this group so that we could consider as we move into our July, starting July 1, 2022, any major activities we may need to consider. Maybe we can have an opportunity to solicit that feedback. If I let you guys know that now maybe folks can be thinking. So what we do is really try to think about what happened in the budget. We usually wait until the legislative session is over. And then our OCDD executive management team gets together. We usually kind of lock ourselves up for at least a day, sometimes two days, and think about what the budget is. What we're hearing from stakeholders. What we can do within the resources we have and try to outline, you know, what we want to accomplish in the upcoming year. And then develop a document or a form so that the general public can be aware of what our office is working on. And so the document you have in front of you is kind of our public facing document. There are some other initiatives or activities we're working on that are just kind of about efficiencies in our office and we don't necessarily publish those public facing because they're things we're working on to be more efficient in our office so that we can then be better responsive to the public and to really developing our service delivery system.

So, you know, you guys can feel free. I think I covered these during the last meeting. So I won't

necessarily go through a lot of them. I have gotten a lot of questions about the consolidated waiver because several years ago stakeholders told us that they wanted us to shift to, you know, kind of our most appropriate waiver and our prioritization. Which we've done to address the waiting list, but they also asked that we shift to a consolidated tiered waiver. We are still working on that. But there are some barriers that we've come across to be able to get there. But we are still working. So what we're doing is still working to build our infrastructure so that we can, down the road, shift from our four waivers to one, hopefully one consolidated tiered waiver. So we are still continuing to work towards that, but then working on building that foundation to get us there. We do have early steps initiatives that we are always working on. The federal government requires something called a statewide systemic improvement plan. And so we always have activities that we're engaged in with early steps working there. And then we've recently added a programmatic unit for the intermediate care facilities that can focus on quality-of-service delivery system there. And we're continuing to look at opportunities to improve that system. And then we have several kind of federal regulations we have to follow. We've had an office of inspector general audit related to critical incidents. They had some findings there so there's some activities we have to do there. And then every year we have the Louisiana legislative auditors do an audit of our system. And they often times find things that they recommend we improve. So we always have to have corrective action plans, you know, related to those.

And then we are still working towards quality improvement within our waiver as well. And including some services for people with co-occurring behavioral health disorders and intellectual and developmental disabilities. And then we almost always have an initiative related to person centered practices so that we can improve the planning process and how we help

people plan for the services that they need. And for having more meaningful and engaged lives in the community. So we always have some initiatives related to that. And then we do have some targeted outreach activities that we want to do with our stakeholders. As I said, we're very interested in making sure that the public, that DD Council, other members of the public that are interested in our developmental disabilities system understand what we're doing, know what activities we're working on and that we have an opportunity to hear from our stakeholders about the things that are important to them that we need to consider. And so we're thinking through some targeted ways that we can make sure whether that's educating people, you know, as much as we try to be transparent about our system and communicate with folks, it's just complicated when you start dealing with Medicaid and rules and regulations from CMS, and rules and regulations, you know, from health standards. It just gets very complicated. And so we're trying to think through how we can better educate people and kind of breakdown some of those complexities so that people can better understand, you know, those things that might impact our system.

So that's the major activities. I'll stop there and see if folks have any questions about those major activities. And again, hopefully in the next meeting, if Kim sees fit, and then I would like to have an opportunity then to hear more about things that we might want to consider for the following year.

KIM BASILE: Does anybody have any questions for Julie?

HALIE BELIN: Roslyn and Jill Hano have their hands raised.

KIM BASILE: Okay. Roslyn. Roslyn.

ROSLYN HYMEL: Yeah. I had hit another button. But anyway, for the programs that you was talking about in that, is that going to be, that we be and really-- how can I say it. Pay for, do we have to get tools like for that program that they need, you know, to function?

JULIE FOSTER HAGAN: Yeah. So what we do with our major activities that's part of why we wait to see what budget we're going to have. Because there are some things that we would like to do within OCDD, but if it takes additional money and that money is not allocated for it, then we can't include it in our major activities. And so that's why we usually wait. You won't see the document come out until July or August even though it starts in July, or even later sometimes, because we have to wait to make sure that if it's something that we want to work on that year that we have the money to be able to build it. And so the things that you see included here either have been funded or we anticipate being funded. And I was going to next talk about the American Rescue Plan Act. So there are some things in there that we're hoping would be funded through that American Rescue Plan Act that are in there.

ROSLYN HYMEL: Yeah. That was my other question I had for you. So, you know, how is that going to work as well?

JULIE FOSTER HAGAN: So what happens-- and Kelly, I was going to ask Kelly to kind of jump in too if she had things to add about the rescue plan act. The American Rescue Plan Act gives states an opportunity to get some additional federal funding for home and community-based services. And so what will happen is we are able to drawdown some additional money this year that we then have until March of 2024 to use. But we have to use those funds. We have to reinvest them. So we have to put those moneys back into home and community-based services. And they have to be used to improve home and community-based services. And so we have to tell CMS or the federal government how we plan to spend that money. And then CMS has to approve and say yes, the way that you want to spend the money meets all of the requirements for enhancing home and community-based services. And we still, unless Kelly has information I don't have, we still haven't gotten approval on the activities that we were wanting to do.

Which we've presented before as well. So as soon as we get approval, or if we get approval, then the activities that we've put forth will then be able to go ahead and start to implement them. But we can't do that yet until we have the approval on that plan. Kelly, anything I missed there?

KELLY ZIMMERMAN: That's it. We are still waiting on CMS approval.

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

JILL HANO: Okay. Sorry. Julie, so I am trying to go, I was looking through the business plan for LDH and then I was trying to like compare that to the initiatives you had and the goals you had, and it just didn't work. So can you explain to me how, like can you maybe quickly brief us on like how to read this? Cause I know OCDD, I know that the LDH business plan says four major commitments and its commitments and initiatives. But when I was looking from October, I didn't see any of your OCDD's specific initiatives lined out with the initiatives that are outlined under the four main commitments of the entire business plan. And I was trying to see how it's broken, how the book was broken down by agency. But I really didn't understand as far as the four major commitments. I really was having trouble to correlate how the OCDD initiatives fit in.

JULIE FOSTER HAGAN: Okay. So they don't. So that's why. And they should. You're right, Jill. So the LDH business plan is more global for the entire department.

JILL HANO: Okay.

JULIE FOSTER HAGAN: We would take the commitments for the department, you're right, and then look at how we could have initiatives and goals that fit into the overall department business plan. For this year we didn't have the commitments from the business plan, from the LDH business plan when we developed our major activities. Because we did it and it took a little longer. But you're right, in addition to needing to

solicit stakeholder feedback, another thing that we will need to consider in the future is this is what our secretary of LDH has set are the commitments for the department and then we need to look at where our activities and initiatives fit into those commitments. So you're absolutely right. That's something we'll need do in the future. But timing wise it didn't fall out this year, but it will be also something we look at for next year.

JILL HANO: Okay. And Kim, can I add, can I ask another question?

KIM BASILE: Absolutely.

JILL HANO: Can y'all mail me a hard copy of this?

JULIE FOSTER HAGAN: What is that?

JILL HANO: Sorry. Yes, ma'am. The business plan.

JULIE FOSTER HAGAN: I don't know that I have a hard copy. Kelly, I don't know if you do? I can ask about that. Do you know, Kelly?

JILL HANO: If not, y'all, I'm so dated. I'm so old. I'm so old fashioned when it comes to this. If not, like it's no big deal. I was just throwing it out there.

KIM BASILE: Jill, I'll ask Brenton. Brenton, if you can get your hand on a hard copy if you could get it to Jill Hano, please.

BRENTON ANDRUS: Yeah. I was going to say, Julie, if that's the version that's on the website I can always print it out and mail it.

JULIE FOSTER HAGAN: Okay. The way they did it graphically, and I don't even know that I'm going to say this the right way. It's difficult to print. Like it's going to take a lot like color and stuff like that. And so I think that's why they were trying not to like make a lot of hard copies. I think they went through the printer just to be more fiscally responsible because it's difficult to print. So I know that there was discussion about that. But they tried to also make it kind of prettier and easier to read and have certain things. But it is expensive to print. But I know that they had some printed copies. I just



don't quite know where they all are.

JILL HANO: Well, then, Brenton, don't print it. Because I was just asking for the like hard copy. But I can print the pages I need. Unless you want to bind it for me. Wink, wink. But don't fret.

JULIE FOSTER HAGAN: I have a summary too that I did that's really just very simple summary. I can send that to you. Okay.

JILL HANO: Thanks, guys.

KIM BASILE: Okay. I think Jill Egle's hand was up next. Jill, you're still on mute.

JILL EGLE: Okay. Ms. Julie, just curious. Trying to understand the big picture of all this. With the DD Council this year and with the OCDD and the LDH Department of Behavioral Health are we going to be, cause I've been worried, are we going to be in trouble with the IDD and the funding and everything from the government and the state? Cause I've been very concerned about that.

JULIE FOSTER HAGAN: So I think Brenton said this at the beginning. The governor is scheduled to present the executive budget next Tuesday at the joint legislative committee on budget. Which you can view on the laptop at [legis@la.gov](mailto:legis@la.gov). It streams live and you can go to the specific committees and it's joint legislative committee on budget. So he will be presenting it there. I do know that there's, you know, been word. One, we have, as long as we have the public health emergency, we also have those additional CARES Act dollars. And so they did recently extend the public health emergency again. So we do, at least for a period of time, have those additional CARES Act dollars. And I think we're all just kind of anxiously watching and waiting. And Kelly, again, I don't know if you have more from the Medicaid standpoint on that but.

JILL EGLE: Now what about the human district service authority and the Medicaid and the Medicare? Are we going to be impacted by that? Cause a lot of that is providing the supports, the Arc of Greater New

Orleans, all the providers, DSPs, PCAs. And what I've learned is that there's so many lack of PCAs and DSPs that don't want to work with covid going away. And it's like it's hard to get more people on the bandwagon.

JULIE FOSTER HAGAN: Yeah. In Louisiana and across the nation there is a direct support workforce crisis. We know that the numbers of people, trying to recruit new people and retain people is very difficult. And we do have, it's mentioned in the LDH business plan, and it's one of the things OCDD is taking the lead on working with some of our other sister agencies to look for things we can do to start addressing that workforce. We did recently give \$2.50 an hour increase that we've talked about in here with some requirements that the direct support workers' pay had to increase. But we know that there are other things that we may be able to do as well to assist. So we right now have some focus groups we're trying to, you know, we've met with providers and now we're trying to get direct support workers to talk with us and we're trying to find workers who've been working, who just recently started and then people who've been direct support workers for 20 years so that we can hear from them. Like for those new people, what made you decide to become a direct support worker. What are things that might keep you in the field. And then for those people who've been workers for, you know, 10, 15, 20 years what made you stay. What were the things that motivated you so that we can look for ways that we might start to address. Again, we know that the rate of pay is a big deal, but we also believe there's some other things that would help. And so trying to tap into what some of those other things might be by talking directly with those workers. And we will be kind of looking at, we've already started those meetings, but we'll be looking for ways to do that. I would anticipate in our activities that we do for next year you could start to see some more things based on what we learned from the workers themselves that we

want to do to help start to address that concern.

JILL EGLE: It's intense in the USA because a lot of people want to work. Especially like at Magnolia. I know leaders that go to Magnolia and some of the DSPs don't even want to work there. Magnolia is a good facility and most of the IDD that want to work, they look at them and they say well, you can't because you're different. Time to change. These people need to work to make a living, so they don't get, they don't lose their government, state services and SSI or whatever, you know. I want to take a change and I don't want to lose the DD Council. I want to always advocate for good rates through the arc of GNO or Magnolia or anybody that supports IDD as a DSP and a personal care attendant. I mean, it's touching to my heart, Ms. Julie. Cause I'm emotional. I want to make change for everybody that I meet. And I don't want to lose the DD Council.

JULIE FOSTER HAGAN: I understand.

JILL EGLE: I always get anxious when I log on, but I know that you guys, I appreciate what everybody does for the Louisiana Developmental Disability Council.

KIM BASILE: Crystal, I believe your hand is up.

CRYSTAL WHITE: Hey, Julie. Sorry about my voice, everyone. I'm a little under the weather. But you had mentioned that the public health emergency was extended. Do you know when it was extended to?

JULIE FOSTER HAGAN: Sure. So, and that's kind of the next topic, so I'll jump in there too. The public health emergency was set to expire mid-January. They can only extend it for 90 days at a time. That's all they're allowed to. So they did the extension for 90 days. So it gets very confusing though. They can end it sooner. But they have said that they would extend it for an additional 90 days. The HHS has also publicly gone on record to let us know that they would give, or let states know, that they would give 60 days' notice, at least 60 days' notice before the public health emergency ends. So we would also anticipate, I know some of the national organizations, like the DD

organization and the national Medicaid directors, they pushed back and tried to say we would prefer that you go on record and say you'd give us 90 days' notice before they end. But they would only commit to a 60-day notice. But they have said that they would formally announce at least 60 days before it would end. So even though they can only do the 90 days, and they always put that caveat in there that they could end it sooner if they want, they have also said that they would give us that 60-day notice. And so we would anticipate, especially with the Omicron surge right now, that it would go the full 90 days. It does get a little scary, I know, for people and for families because they lately, in the last few times that they've extended it, they wait until the week that it's scheduled to expire. And so I know a lot of times people will call me so like if it's mid-January, February, March, April then it goes through mid-April. You know, early April people start emailing me like hey, what have you heard. But they've not been doing the updates until kind of the week of. And they really kind of started waiting, they started doing that after they said we publicly are telling you we'll give you 60 days' notice. So I think it's almost like you can assume that if you haven't gotten notice that it's going to expire that it will extend. But states can't officially say that until we hear from HHS that it was extended.

CRYSTAL WHITE: Sorry, Julie. I also have a couple questions when you were mentioning quality improvements within the waivers. You had mentioned that earlier. I wanted to know if you have any more specifics on that? If there's any specific areas of concentrations? Are you guys developing any specific measures for those quality improvements? And would there be any reporting and who that report would go to?

JULIE FOSTER HAGAN: So the main area that we're working-- well, CMS requires in our waiver that we report quality metrics. I don't have that list in front of me now. But there are--.

CRYSTAL WHITE: Can you send that to us, please? I think we've requested that before, but I'm not sure. But if you could send that to us, it would be great.

JULIE FOSTER HAGAN: Okay. Yeah. And we have to report those-- and again, I'm not sure the frequency. So I'll have to verify that detail. And so there are specific measures. Right now we're not recommending any changes to those metrics. Part of building the infrastructure though, is really working on the electronic ISP. Which we call it the EISP, but it's a lot more than that. It will be our assessment tool, it will be the assessment we use, a person-centered assessment that drives a person-centered plan of care that then drives the data that we're able to capture. Because a lot of our data that you'll see right now is, in my opinion, a lot more just did you dot your Is and did you cross your Ts. It doesn't really, we don't have a lot of data that tells us are we actually making the lives of people with developmental disabilities better. And part of the reason for that is because that's hard to capture. When we have our electronic ISP, we will then be able to-- what we are building into that EISP is an opportunity to pull some data that will give us a better idea about are we helping making people's lives more meaningful. Are we helping people connect to the community better. Are we seeing, you know, less hospitalizations and those things. So we're in the process of building that into our system. We are, we're still kind of building that, but at some point in the near future we will be soliciting feedback on that part as well. And I'm happy to share the metrics. I'm not telling you that I think those metrics are the metrics that we need to have in place. But we don't have a way of capturing them outside of someone individually going into each person's plan of care, looking at the goals, looking at whether we've made progress and things like that. And it's just that's not easy to capture if you don't have that built into a system ahead of time.

CRYSTAL WHITE: Yes. And I hear that you're

building it into a system. Just an idea, just a thought off the top of my head. If you are going to try to reduce hospitalizations, I would venture to have a theory that since a lot of services end at the age of 19 that you could probably see and look at (inaudible) ages out of a lot of those services for EPSDT and things like that. So that would be interesting to me to take a look at to see like what other things can we add to the waivers to help prevent those hospitalizations as people get older and services are reduced throughout Medicaid and the waivers. That's just a theory.

JULIE FOSTER HAGAN: Okay.

KIM BASILE: Okay, Julie. I think you can move on.

JULIE FOSTER HAGAN: Okay. Continuing with the public health, you also have a document that I shared with Brenton, and he attached in the agenda about the post PHE Covid waiver exceptions. That's a summary of the work that we did during the last council meeting. Excuse me. I mentioned that we had pulled together three focus groups or planned to pull together focus groups and take a look at three flexibilities that seem to be top of mind for folks. Which was having families continue to be paid caregivers. The 16-hour rule and virtual visits. We got a lot of very positive feedback on the focus groups. And having-- we tried to make sure that we had representation kind of with lots of different groups on each of those focus groups. Including having, you know, individuals with intellectual and developmental disabilities, family members of children, family members of adults, support coordination agencies, local governing entities, provider agencies, advocacy organizations. And so we had people enrolled and capped the group to 25 because we thought that would be optimal for engaging in conversation. We did learn a few things that we'll use. Definitely like the focus groups approach. Almost everyone, I think there was only one or two people, almost everyone agreed that having representation from everyone at the table so that

people could express their viewpoint, but also hear, you know, the viewpoint of others was very beneficial to helping us move forward.

And so what the document that you have that Brenton's showing you now that was in the packet, it breaks down each one of the exceptions and then which waiver it's in. If it is in our waiver application, or in state plan, or in our manual. And then what the changes after the public health emergency will be for each one of those exceptions. You know, again, this came from all the feedback we got from the focus groups. This was also presented at a large stakeholder group. And I do want to make sure that it's clear, cause I have gotten a lot of questions, we did move forward for our residential options waiver, supports waiver and children's choice waiver. Those have been submitted to CMS based on, you know, after we met with the groups we made the modifications, we posted it for public comment. Our new opportunities waiver, we have to renew our waivers every five years. And the five-year period for the NOW ended this month, January of 2022. CMS had some questions for us about what we sent in. And so they gave us an extension through March for the waiver. We've answered their questions and now we're waiting for them to approve our five year NOW renewal. We can't send in the amendments for the post PHE and the dental, which we'll also talk about, until after we get approval. But because we've already gone out for public comment, as soon as the approval, as soon as they give us the approval on our NOW, we'll then be moving forward with submitting the NOW amendments for approval related to our post PHE. We anticipate these all being, you know, approved and in place well before we get to the six months after the end of our public health emergency which is how long they're in place. And what a lot of people are saying is let's say we get approval on our amendments in March. But we know that the public health emergency is going to, likely, going to go at least through March. And we know that we have six months after the end of

the public health emergency for our waiver changes to be in effect. So people are saying will we have to start doing the waiver amendments in March or do we get six months after the end of the public health emergency. So I want to be clear that those things that are in our waiver application that we can continue for six months after the end of the public health emergency, even after our amendments get approved, those flexibilities will still be in place. We just wanted to make absolutely sure that we had it in our waiver, any of the changes we are going to make were in the waiver and approval by CMS. That way when the public health emergency ends while we know those flexibilities will be in place, we now know that some of those are going to end and some of those flexibilities are going to be different so that allows individuals and families to work with their support coordinator to plan. Because you now know what will be allowable long-term in our waiver applications. But those flexibilities remain until six months after the end of the public health emergency. So I'll stop there and take any questions folks have about that. Again, I'm not going to read the document to you. We've presented it in a couple different forums. But as you read through, if there's questions you have, I'm happy to take them now or later.

HALIE BELIN: Roslyn has her hand raised.

KIM BASILE: Roslyn.

ROSLYN HYMEL: Yeah. The question is when I kind of glanced through it and that when you said that we was going to extend it, are we still waiting for the extension or is it going to be up real soon?

JULIE FOSTER HAGAN: So the federal government is who, the federal government is known as the Department of Health and Human Services. They are the ones who declare the public health emergencies. And so we've been under a declared public health emergency since I want to say January of 2020. Cause I think even though things really started getting bad in March of 2020 they backdated some things. But what happens is when you



have after a year when you have the public health emergency, they can only say that it's extended for 90 days at a time. And so in January they came and said it's extended for another 90 days. January, February, March, April. So when we get to April then they'll look at it again and say are we going to extend it or not going to extend it. They've also told us that they will tell us 60 days before it's going to end. So we should have a heads up or we will know about two months before it ends and we will make sure that we let everybody know, you know, as soon as we know that and let everybody know, you know, what if anything that means has to happen, you know, within those two months.

ROSLYN HYMEL: Also, even with the Covid we are in like the third session or group of the Covid again.

JULIE FOSTER HAGAN: It's the fourth spike. They call them spikes. And yes. Or surges. We're in the fourth surge of Covid right now. With the Omicron.

ROSLYN HYMEL: Yeah. But also, I don't know if I'm understanding this right, because I'm really concerned in that cause I really want to get back on my feet. And you, know, get back to work again. But it seems like, you know, the cases are really, you know, shooting up. Kind of going up again.

JULIE FOSTER HAGAN: They are.

ROSLYN HYMEL: But here's the thing though, are they going to close things down like they did before or what? Even have like a conflict even with this. Even what we are discussing now.

JULIE FOSTER HAGAN: So, yeah. The public health emergency is directly related to Covid. So you can have public health emergencies for hurricanes or wildfires or other things. And when they call-- when the federal government calls a public health emergency it just means that there's something going on in a specific area that is concerning enough that it is a public health emergency, and we may need to do things differently. So the public health emergency I mentioned that we've been in since January or March of 2020 is related to Covid. And so, yeah. Roslyn, when

they look at the surges and spikes and the number of cases and things like that, that's the information they use to determine if they're going to continue the public health emergency. In terms of whether things will be closed down or not, I don't know, and I can't answer that. I know that they look very closely at things like the number of positive cases. Very closely at the number of people that are in hospitals. And the number of ventilators we have available. And all of those things are on a steady incline right now. And so, you know, the public health officials will just have to look at that and use their best judgment to make decisions about what might happen. But I really don't know. I know that they use the data to help them make those decisions, but I just can't answer that in terms of--.

ROSLYN HYMEL: From what I'm understanding it's across the board of the State of Louisiana in that. How many states are there is really underneath all of this totally besides the State of Louisiana?

KIM BASILE: Roslyn, I'm sorry. I'm going to have to interrupt. Julie is in a really big-time crunch. If you have any questions if you want to type them in the chat to Brenton.

ROSLYN HYMEL: That was my last question.

KIM BASILE: Make sure we get you answered. Jill Hano.

JILL HANO: Really quick, Julie. I'm sorry. So in a nutshell, this paper I'm looking at, is this kind of the data that was collected when y'all did the workgroups in November?

JULIE FOSTER HAGAN: The document that you have is more of an explanation of what's going to happen. That column, waiver changes post PHE, that is what is specifically going to happen when the PHE ends and what will happen for that description of that activity. That came out of the work that we did with the focus groups.

JILL HANO: Okay.

JULIE FOSTER HAGAN: That's not telling

specifically what, you know, the focus groups. We do have that information on our OCDD website. Kind of the specific discussions of the focus groups. And I'm happy to share that with Brenton as well.

JILL HANO: Will you link your website in the chat, please?

JULIE FOSTER HAGAN: I'll try. I have to remember what it is.

JILL HANO: Thank you. If not, I can play around on the Google.

JULIE FOSTER HAGAN: Yeah. I have a hard time multitasking.

JILL HANO: And I know you're short of time. So again, my plan is, again, don't fret it.

JULIE FOSTER HAGAN: Okay. I'll make sure you get it though.

JILL HANO: All right.

JULIE FOSTER HAGAN: Okay.

JILL HANO: Thanks.

JULIE FOSTER HAGAN: Uh-huh.

KIM BASILE: All right, Julie.

JULIE FOSTER HAGAN: Okay. The next agenda item was the direct support workforce workers. This came up during our last committee meeting as well. And I mentioned that we had taken a look at some numbers(inaudible). I was not able before this meeting-- so apparently to get this information there's some manual, there's not a report that just automatically generates this. They are looking to see if we can do that. This comes from SRI contractor who takes a look at it. I was hoping to have the 2021 numbers for you guys. But I was not able to get those yet. So I'm happy to make this a kind of a report. I'm trying to find out if I can get it on a quarterly basis or if it's something that can be run annually. And unfortunately, I just was not able to have all that information before the meeting. But I'm definitely happy to next meeting make sure that I let you guys know, you know, am I able to do it annually or quarterly. And happy to make it kind of a standing

item in whatever frequency so that you guys can get this information. And one of the things we were talking about is being able to take a look at so what you'll see on this data report, the first box, just gives you an idea. There are a lot of direct support workers that work kind of in OCDD and OAAS waivers. So it's kind of hard to separate them so we just combined them, those workers. So you can see that there definitely are less support workers in 2020 as compared to 2018. And again, I'm hoping that we can get the 2021 numbers for next time.

And then in the next table what we were trying to look at is, you know, I mentioned in March of 2020 is when we really started seeing Covid. And so we were trying to take a look at the total number of overtime hours. And, you know, again, this is broken down by month and I will work on getting the additional data added to these for the next meeting. But you can see that even if you just to take a look from March of 2020 we've had about 14 and a half percent overtime. And in March of 2021 that jumped to 17.12 than the month before. Sometimes the months like February is a short month so that sometimes impacts, you know, those percentages. But we are definitely seeing an upward trend of overtime. And again, we'll have more data for the next report so we can see, you know, as we've now continued under Covid, what those percentages of overtime look like.

The other thing that we were looking at related to direct support workers is turnover. And so when you look at turnover, they were able to run the report kind of two different ways. One, the first one that you see is when it says turnover across agencies for all DSWs. That just may mean that I left, I left Magnolia, but I went to work at Arc of GNO. And those are fresh on my mind cause Jill just mentioned them. I didn't necessarily leave being a direct support worker for good, but I moved from one agency to another. And so you can see back in 2018 there looked like there was a lot of DSWs that kind of left one agency and went to

another. That number, you know, is a little bit lower now. But then when you look at the turnover kind of over across-- and when I say both program offices, that's OCDD and OAAS. And that is percentage of direct support workers who just left for good. So you don't see them any longer in OCDD or OAAS. They didn't go to another agency to work. They just quit being direct support workers. And you can see that percentage is pretty high. Over 50 percent of the workforce left the system for good. So, you know, and again, we'll have more data the next time that we report out on this. And so hopefully we can then take a look at, start, I think folks really wanted to start kind of drilling down to see what the impact of Covid has been. And so wanted to present this. This is, I believe this is information I can get at least annually, possibly quarterly. But I know based on the conversation we had last time, we were wanting to kind of use this to look for trends. So also wanted to present this. I don't know that we have enough current information to do a good analysis yet. But I did want to get some feedback back from the group to see if this is the type of data you had in mind based on our conversation. And if you see anything that might be missing or things that I might need to see if my team can do differently to present it to the group next time with that more current information.

KIM BASILE: I believe Matt Rovira's hand is up.

MATHEW ROVIRA: Thank you, Kim. I appreciate it. Julie, thank you for this information. And, you know, just intuitively looking at it, it seems accurate from my prospective. That 17 percent of the hours that are worked, or the 367,000 hours in overtime does seem about accurate across from our business prospective and talking with others. So thank you for providing that. And I'm going to be very brief in the question. The \$2.50 wage floor was very, very important to stabilize the direct support workers under the OCDD programs. Is that going to be in the executive budget? And you may have mentioned it already, but I apologize cause I

wasn't on the call. So if you could just touch base on that real quick.

JULIE FOSTER HAGAN: I can't comment or confirm on what will or won't be in the executive budget because I have not seen it. I'm not privy to that before it gets presented on Tuesday at JLCB. I can tell you that it was in LDH's budget request to the commissioner and the governor for consideration. The continuation of the \$2.50 increase.

MATHEW ROVIRA: Well, that's great. I appreciate you guys putting it in the budget and we'll do what we can do to make sure it stays in there. So thank you so much. It's vital. And I mentioned that because last year that money came out of the New Opportunities Waiver trust fund which the DD Council consults with the department and the administration on how to utilize those funds. And so one, I want to thank the DD Council members for recognizing that. As you can tell providers are struggling to find workers and these numbers just sort of reflect that what we've all been talk about. So thank you so much. The other thing I guess-- well, that's it. So thank you so much.

JULIE FOSTER HAGAN: And I guess so any data Matt or others that you guys think we might would want to add to this report that we're submitting that might be helpful for folks to know.

MATHEW ROVIRA: I mean where we're struggling, Julie, is on individuals who have acute needs or behavior needs, you know, as essentially a little bit more challenging clients. And, you know, while these numbers are overall, I don't know exactly how to capture that struggle that we're having with individuals that may require more assistance. You know, kind of the critical care clients. But I'll definitely think about that, and I'll email you if there's anything additional to add to it. And I'll consult with the Community Provider Association too. But just in summary, this appears very accurate from what we're experiencing. Where we're struggling is like on medication administration. You know, that is

finding individuals and training them to do that properly. I don't know how we would capture that type of thing. But that's one of the things that we're struggling with currently.

KIM BASILE: Okay. I think that's all the hands.

JULIE FOSTER HAGAN: Okay. I think the next, just I think Brenton just wanted me to give a quick update about overtime in self direction. We do have Medicaid and under Kelly's shop, Brian Bennett really oversees it, but we do have a self-direction advisory committee. And one of the things that one of the advisory committee members brought up was concern about being able to pay overtime in the way that self-direction is set up right now. There's not really a mechanism for when that needs to happen. And so we have been meeting with them. We've had one meeting and we have another meeting scheduled either this week or next week with them to follow up. Our office and Medicaid have been doing a lot of research what's happening in other states. We've learned that there are other states that are struggling with the same issue. So there is a national group called Applied Self Direction Group that we've been working with. And then the group that I'm part of, the National Association of State Developmental Disability Directors. Might hear folks called NASDDDs. They actually are asking to kind of partner with us too so they can kind of learn and think about things. It's difficult, it seems like we should just be able to say okay, make it happen. But there are a whole lot of considerations and ins and outs and pros and cons. It will require a change in the system in the way that we're doing it now. In terms of how we make that happen. You know, as Matt just mentioned overtime's an issue whether you're a traditional provider agency or someone utilizing self-direction. And so just know we are working with that advisory committee on that. I've also heard there's been some back and forth on social media some about it. I don't have a whole lot more to share right now because it's an activity that we're still working through. And I'm

happy to give an update to this group on where we are and what we've learned in working with the group at our next council meeting. But just wanted folks to be aware that that is something that we are actively working on as well.

And Kelly, I'll ask you to help tag team with me on the last two. The dental funding. Brenton included a dental LaCAN action alert on the comprehensive dental. We have done a lot of work this year jointly with Medicaid and OCDD to do waiver amendments that would put in place a service for adults in our IDD waivers to be able to get comprehensive dental services. Again, the funding for that is something that we asked for in our LDH budget. You know, until the executive budget is presented, we won't know for sure, but it is something that we put in and requested to be funded. When we did the waiver amendments related to the focus groups for what would happen after the public health emergency, we also did waiver amendments that would add dental, the comprehensive dental service. And so it is in the process of being added to our waiver and amended. And basically what will happen if you are an adult with an IDD some of you may know at one point, or we still do, have dental services in the Residential Options Waiver. But we have almost no one who's able to use that. And part of the problem is that if something is a true, is just a pure waiver service, then a provider has to enroll as a waiver provider. And so in order for dentists, in order for people to get the dental service through the ROW their dentist would actually have to enroll as a waiver provider. And most, almost all of the time, dentists aren't going to be able to really navigate that. They're dentists and they go through whatever normal process they do. But it's a whole different process. So we didn't want to set up it as a waiver service where dentists would have to be required to do that. So instead what will happen is we already have an established dental network through our managed care organizations. Our two dental managed care



organizations. And so what will happen is if you are an adult in an IDD waiver then the dental managed care organization will now get a monthly payment that then folks will then be able to go through that dental managed care organization to already established dental providers to be able to get whatever the comprehensive dental service is that they need. So your routine cleanings and any of those kinds of things. And that will go through that already established network. We are also doing some things with LSU's School of Dentistry and others so that we can help look for opportunities where we might provide education to dentists and dental hygienists on some of the unique or special needs that folks with intellectual and developmental disabilities might need so that they can have a better experience getting their dental services. So we have some work going on in addition to just asking for the funding to help make sure that we have, that not only the network's out there, but that there's some training opportunities for them to best support folks. So I'll stop there, Kelly. Anything else you wanted to add before we open for questions?

KELLY ZIMMERMAN: That covers it. Thank you.

KIM BASILE: Okay. Do we have any questions?

HALIE BELIN: Jill Hano has her hand raised and Melinda Elliot has her hand raised.

KIM BASILE: All right. Jill.

JILL HANO: Okay. Thank you. Matt and Julie. Back y'all triggered my mind about medication administration. Like is that on a case by case? Or cause like I know that like obviously like everyone is different levels of needs, but like is a rule like my provider agency has stressed, S-T-R-E-S-S-E-D. I can't talk, that my DSWS are not involved in my medication, administering my medication. And I don't know why, but for some reason I always thought that was just across the board. I mean, it's not cause people with 24-hour care need their meds administered. And again, depends on your specific needs. But like I'm sure I'm probably overthinking it. Cause I'm positive the answer could

be as simple as what was in my plan of care. So I was just wondering like not that I need medicine help, but, I mean, my DSWS are only allowed to help in that sense. Only provide the to and from transportation with the pharmacy. Can you A, tell me why that is? And B, if I need it altered, like who would I have to go through?

JULIE FOSTER HAGAN: So part of that, Jill, you should be talking with your coordinator about. There's an assessment that happens in terms of whether people need assistance with medication administration. And then what that assistance might look like. And that should be a part of your plan of your care included in there so that it's more individualized. I don't know if I have the answers to your questions specifically though. I don't know, Matt?

MATHEW ROVIRA: I mean, it's a great question. You're exactly right, Julie. There's a self-administration assessment that is conducted by an RN to make the determination, Jill, if you're able to self-administer your medications. It's based on your cognitive ability to understand what you're taking. And so you're very cognitive and you know what you're taking so therefore why you're taking the medication. So an RN would essentially make the judgment that you're able to self-administer. From a provider-- so you had it perfect on that. You know, from a provider's prospective it is extremely, it's costly to oversee med admin. I mean, from a training prospective and then from hiring a registered nurse to oversee that. And so providers are reluctant just to take on new med admin clients because of that additional cost. Or they don't want to if you're an existing client we would, you know, it's more advantageous to keep you as a self admin as opposed to med admin because of the additional requirements that are placed under medication administration. So I hope I answered your question. So it is based on an assessment tool that is conducted by a registered nurse. And you were determined to be able to self admin. So therefore they are right. The provider's telling the direct service

workers look, you know, Jill is to self-administer her medications and we're not going to take that responsibility on.

JILL HANO: So if I am under self admin and I have a weekly pill box and it says self admin, are the guidelines that the worker can't even help me put my pill box together on a weekly basis? Which would make sense considering how technical the process would be. Something as simple as putting pills in a pill box would have a major like needs assessment change, correct?

MATHEW ROVIRA: Yeah. I mean, from a provider prospective, if we were going to help you put your pills in a pillbox that would have to be done by a licensed either an LPN or a registered nurse. What I would advise is to talk to your pharmacy about packaging those for you. It's called blister packs, Jill. We use them for 100 percent of our clients that we oversee their medications. And so instead of using the pillbox pharmacies can prepackage those like morning, noon and night for you in advance to eliminate any errors. That's what we don't want as a provider and as obviously someone taking the medications is to make a medication error which could have big time effects. You know, we talked about reducing hospitalizations earlier. You know, taking your medications properly is the number one thing we can do from a healthcare model in not going to the hospital. And I would be happy to work with you online. Offline, excuse me, to see if we can talk to your pharmacy about prepackaging those.

JILL HANO: And Kelly, another question. Y'all are triggering me. Is there any way I can get a schedule two drug administered 90 days, or no?

JULIE FOSTER HAGAN: I'm not sure. Say that again, Jill.

JILL HANO: One of my medicines is schedule two. I can only get those. And my schedule two is very difficult, obviously. I get my ADD meds 30 days at a time. Like no refill, no automatic. Like write the

script, bring the script, pick up the script every 30 days. Not 29, not 31 type thing. Is there any way I can, I was just inquiring can I get that because it is a schedule two?

JULIE FOSTER HAGAN: I don't think so. You may want to talk to the support coordinator about that. And then she may be able to reach out. I think that there's certain regulations with some of those medicines that it can only be 30 days. But I don't know that for sure. Your support coordinator should be able to find out.

JILL HANO: Thank you.

JULIE FOSTER HAGAN: Uh-huh.

KIM BASILE: Are there any more questions?

JULIE FOSTER HAGAN: Okay. I think the last thing on the list is Act 421. And I'm going to defer to Kelly for that. And I am going to have to jump. If my other meeting ends early, I'll come back on in case there's questions as you guys work through the five-year plan. And I do apologize for having to leave.

KIM BASILE: No. Thank you, Julie. We appreciate it. And, Kelly, you're up.

KELLY ZIMMERMAN: Hi, everybody. So the last thing that Julie was going to share is the Act 421 update. That program, we are now accepting applications as of January 1 for Act 421, TEFRA. So far, we have 228 applicants for that program. And all, of course, all the applicants we receive their application. Then we have to send them their packet and they have to follow through with that level of care assessment and get that back to us to go through the whole process. But we do have those applications pending and going through the process. And so, you know, I can let you guys ask any questions about that. Just exciting news that we finally got CMS approval and are now accepting applications.

KIM BASILE: Any questions?

BRENTON ANDRUS: Matt has his hand raised. And Jill also has her hand raised.

KIM BASILE: Okay. Matt.

MATHEW ROVIRA: Hey, Kelly. Thanks for the update. And just give me a situational awareness. Historically if you had a DD diagnosis you qualified for Medicaid. So I guess kind of tell me about what was before and what's now. Just so I can understand Act 421 a little bit better. The brief summary.

KELLY ZIMMERMAN: Yeah. Sure. And I'm just going to open up our web page to make sure that we all say the right things. We do have an update on our website which is [ldh.la.gov/421](http://ldh.la.gov/421). And basically this program is brand new, and it really helps families with children with disabilities who traditionally would not qualify for Medicaid due to income. So this program sort of ignores the income of the parents and is able to offer services to the children. Now the children have to meet certain level of care requirements in order to qualify and that's part of the assessment after the application. But that's the difference is that this by-passes the income. There is a full breakdown on the website which is [ldh.la.gov/act421](http://ldh.la.gov/act421).

KIM BASILE: Which Jill was next?

BRENTON ANDRUS: Jill Hano.

KIM BASILE: Jill Hano.

JILL HANO: Shoot. Oh, how many applications did you say you got in?

KELLY ZIMMERMAN: So far for this program there are 228 applications. 228.

KIM BASILE: Kathy Dwyer. I might have it wrong. Is it Kathy had a question? Yes.

JILL HANO: Thanks.

KATHY DWYER: Thank you, Kim. And thank you for being here Kelly. I also put my question in the chat. How would Act 421 address families that are on the Families Opportunities Act. Would they automatically review those families to see if they qualify for Act 421?

KELLY ZIMMERMAN: That is a great question and that is something that we are actually actively reviewing right now.

KATHY DWYER: Great. Thank you.

KIM BASILE: Is that all of our questions? I'm going to take that as a yes. Thank you, Kelly and Julie. We appreciate it. Let's see what's next. Now we move to contractual updates--

BRENTON ANDRUS: I think you muted, Kim.

KIM BASILE: Sorry about that. We're going to move to contractual activities now. Thank you, Kelly and Julie. Is Adrienne Thomas still on the Zoom with partners?

ADRIANNE THOMAS: Good morning. Yes. I'm here.

KIM BASILE: Okay. Great. If you want to give us your update.

ADRIANNE THOMAS: Okay. Good morning. Happy New Year to all. And I think there was a committee, a report submitted if Brenton or Marilee may have taken care of that. There were four focus areas for this quarter for Partners in Policymaking. The first being that the 2020 Partners in Policymaking class completed all their requirements on October 31st, 2021. They did an in-person graduation ceremony tentatively scheduled for March 2022, but we know how they may be affected by the current pandemic.

The second thing the virtual webinars for 2021 were also completed. The topics, there were four webinars that were coordinated. The topics included inclusive education, family engagement, employment, and political or advocacy action. The guests speakers included Senator Katrina Jackson, Cindy Arceneaux and Rose Gilbert. We also had some partners graduates that participated. Corhonda Corley, Wallace Johnson and Constance Causey.

The third thing in November 2021 the recruitment efforts were extended via social media, Families Helping Families networks, through the Partners in Policymaking alumni, press release, interviews and other promotional means. Some statistical data was compiled to organize an overview of snapshots of the alumni by region, council involvement and Families Helping Families involvement was also shared. Some of those things were shared via the alumni page for like

encouragement reaching out to people to apply.

There were a total of 25 applications received for the 2022 Partners in Policymaking class. There was a selection committee made up for the council members. And I also attended and met on December 1st, 2021 and reviewed the 25 applicants. Of the 25 applicants received 3 were self-advocates, 21 were parents and 1 was both a self-advocate and a parent. Of the 25 applications received 2 were found ineligible leaving a total of 23 applicants eligible for review. And all 23 eligible applicants were accepted into the 2022 class.

The final fourth thing. In December I sent the coordinator or myself sent out PIP points. A quick little monthly update for the new class provided information about the upcoming session in January. And provided a quick welcome. A little quick biography of the coordinator, myself. And that the 2022 Partners in Policymaking class is moving forward virtually at this time due to the current suspension of in-person activities. In this virtual format the class meets via Zoom at least one day per month and complete activities throughout the month. They have access to all the documents and participate in an interactive project management board that we use through Trello. And we also communicate in text and complete polls and surveys through the Group Me platform as well as our (inaudible) application. And that concludes what's been going on in Partners in Policymaking from October through December 2021.

KIM BASILE: Does anyone have any questions for Adrienne? Okay. Thank you.

ADRIANNE THOMAS: All right. Thank you, guys. And have a great day. Looking forward to a great year.

KIM BASILE: Thank you. All right. We'll move onto our update on our videos initiative. Marilee, would you like to present us with the update?

MARILEE ANDREWS: Yes. Good morning, everyone. Thank you for having me. So the videos activity. Activity 1.1.5. And I'm going to give you an update from October 1 to December 31st. Four videos were

released. These were part of the fully included series. Why DSPs are important for the disability community. Understanding Louisiana's waivers. Employment and people with disabilities. And what are Families Helping Families resource centers. And then O'Neill Communications, our point of contact there, has been in close contact with our executive director, Ms. Amy Deaville. And they reviewed topics for the contract beginning October 1. They reviewed what was expressly listed in the federal fiscal year 2022 action plan. And that is a list. I can read it to you guys. Accessible housing. Covid 19 issues. IEP guidance. Successful educational outcomes. And inclusive employment. And other demonstrations of it can be done and you can do it. And all aspects of inclusive living. Partners in Policymaking. Assistive technology. Inclusive after school and recreational activities. The ADA. The DD Act. Civil rights. IDEA. And dispute resolutions. Voting rights and accessible options. LRS services, especially transition. And how to access those services. Ms. Deaville and our contact with O'Neill also discussed potential additional topics. A deeper dive into the council. Including certain images from the capital crawl and the piece with the ADA. And employment. And that concludes the update for the videos contract.

KIM BASILE: Thank you. Are there any questions?

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

KIM BASILE: Jill Hano.

JILL HANO: Thank you, Marilee Andrews. Always two questions. I'm so sorry, y'all. Okay. The four, what timeline did you say the current status, October 1 what?

MARILEE ANDREWS: So the report, the summary I just gave you covered the time from October 1, 2021, to December 31st, 2021.

JILL HANO: And then can you ballpark like the first, like three or four 2022 topics? You listed out Covid. I never got it.



MARILEE ANDREWS: Yes. So essentially the videos that will be produced within this contract period.

JILL HANO: I found. I didn't realize it was on, these was on my status report. But these are what y'all were talking, you and the contactor were scheduling for 2022?

MARILEE ANDREWS: Yes.

JILL HANO: Topics. Okay.

MARILEE ANDREWS: It wasn't me. I wasn't here. But it was our executive director, Ms. Deaville.

JILL HANO: Okay.

MARILEE ANDREWS: And she met with our contactor for the videos, O'Neill Communications. And they discussed topics for the videos for this fiscal year's action plan.

JILL HANO: Okay. Covid, IEPs, employment and partners. Ballpark.

MARILEE ANDREWS: Yes. And assistive technology.

JILL HANO: Okay. I got it. Okay. Oh, sorry, y'all.

MARILEE ANDREWS: Oh, no. No problem.

JILL HANO: Cause I'm in planning committee mode. So maybe this isn't appropriate, but IDEA and the dispute resolutions, dispute resolution is a chapter in IDEA?

MARILEE ANDREWS: Okay. Yes. IDEA and dispute resolutions, right. That's one thing.

JILL EGLE: But dispute, that's what I'm saying. Like dispute resolution kind of like okay, not to sound so petty like, but dispute resolution is a part of IDEA?

MARILEE ANDREWS: Yes. It's listed as a part of the IDEA topic. And these topics are from the federal fiscal year 2022 action plan. And when you guys, when Brenton and Ms. Basile get you to the part of the agenda that deals with the federal fiscal year 2023 planning, I believe y'all are going to look at this action plan and you can talk about it more there if you're interested in it. Cause I know you mentioned that a minute ago.

JILL HANO: Okay. Cool.

MARILEE ANDREWS: I'll paste those topics for you.

JILL HANO: Thank you.

MARILEE ANDREWS: You're welcome.

JILL HANO: All right. Thank you.

KIM BASILE: All right. Thank you, Marilee. Now we have Ebony who will give us an update on our initiatives.

EBONY HAVEN: Hi. Good morning, everybody. And happy new year to you guys too. I'm going to be giving the update for LaCAN, FHF and supported decision making. So I'll start with LaCAN, and you can find your update in your status of planned activities on page two and three for LaCAN. As of December 2021 LaCAN still has over, has a little over 6300 individuals registered for the council's LaCAN and list serve. The council, of course, follows the federal fiscal year which begins on October 1st through September 30th. So since October 1st, 2021, we haven't had any action alerts. We haven't had any yellow shirt days. But please be on the lookout for upcoming action alerts when the legislative session begins on March 14th. As far as BESE meetings, leaders are still attending BESE meetings virtually just to stay up to date with special education in our school systems. LaCAN continues to host two LaCAN leader conference calls per month. And that includes one of those calls is a leader only call that the leaders host on their own. So those calls include updates on current issues or concerns, development of strategies on how to educate, maintain, support and lead LaCAN members. We're also collaborating on ideas on how to assist members with writing testimonies currently and conducting legislative visits and our roundtables via Zoom.

Our LaCAN fall training and legislative visits. We dedicated our November 9th LaCAN leader call to the fall training. So we reviewed the factsheets and we made sure that the leaders were up to date on the council's 2022 advocacy agenda. And then we also

reviewed expectations for legislative visits and round tables which are coming up. And I'll discuss those in just a second. As of right now LaCAN leaders have already started scheduling and making legislative visits. And as of today we've had a total of five legislative visits completed. And I have a total of five that are upcoming that have been scheduled. There have been a couple of challenges with the leaders complete-- well, scheduling and completing visits. Only because the legislators right now are preparing for a special redistricting session that's going to begin in February. So I've had a couple of leaders that have scheduled visits, but they've been canceled at the last minute due to the legislators' schedules. So they'll continue to try and schedule those visits and make those visits through the middle of session. Which will be around April or mid-April. So make sure you follow-up with your LaCAN leaders about making visits. They'll definitely be following up with you all. It will be really beneficial to have your expertise and your experience on those visits. And as of right now they're still being conducting virtually. So in most cases this creates more opportunities for you guys to attend. So they'll be following up with you and they'll make sure that they let you guys know once meetings are scheduled. So if your schedule allows you can attend those. Their goal is to see all legislators on key committees first.

So LaCAN member meetings or round tables. The LaCAN leaders are in collaboration with the FHF centers to host their virtual round tables around the state. Round tables have been scheduled in each region starting January 25th, which is next week, with region five. And ending on March 10th with region three. (Inaudible) and LADDC to announce the upcoming meetings and they'll be posted also. Also, be on the lookout for LaCAN newsletters and events that the leaders are hosting. For those in region two your LaCAN leader Katie Crows, she's hosting a series of meetings on Thursdays at noon. And this is giving LaCAN members an

opportunity to connect with their lawmakers and to just connect with each other. And to get information about the legislative session. At her last meeting this past Thursday Representative Bacala was in attendance. And he was able to address the LaCAN members who were there. So just be on the lookout for those meetings in region two. And also in regions one and ten, the LaCAN leader, Christina Martin, she's hosting learn with LaCAN webinars. And those are to educate members on the legislative process and keep members up to date with the council's advocacy agenda. And just be on the lookout, in general, for member meetings and announcements to provide testimony in all the regions. Because right now a lot of the leaders are posting on social media. They're hosting more member meetings, in general, just to keep members engaged with the upcoming legislative session. So that's it for LaCAN. Does anybody have any questions?

KIM BASILE: Any questions?

MARILEE ANDREWS: Jill Egle has her hand raised.

KIM BASILE: Jill. Jill, you're on mute.

JILL EGLE: So in terms, so the legislative session starts the 13th? When does that end? And it is going to go, I mean, are they going to go a month later? Cause I know sometimes they extend the month due to what they have to try to, you know, with funding and with the governor's budget is it going to go past the ending a month later or?

EBONY HAVEN: So right now, Jill--.

JILL EGLE: And I know Ms. Christina Martin is my contact through region one and ten. But I want to know, Ms. Ebony, what, you know, what kind of personal message I need to, you know, convey to Harris and Hilferty about IDD? Or is it through the DD Council? Is it separate? What am I going to be doing? Am I ever going to be allowed to go to Baton Rouge where my dad can take me?

EBONY HAVEN: Okay. So I'll answer the question about when session starts. Session starts March 14th. And I don't have the end date. Do you have the end

date, Brenton? I know it's sometime in June.

BRENTON ANDRUS: It's June 6th.

EBONY HAVEN: So from March 14th to June 6th that's the regular legislative session. I know that they're having a special redistricting special session that's going to begin in February sometime. And I'm not sure about special sessions after the session ends on June 6th. But we'll definitely keep you all posted. As far as what message you should be relaying, Christina is in the process of scheduling meetings in your region. So she's going to make sure that she reaches out to you whenever she schedules with Representative Hilferty, or I can't remember the other person you mentioned. But any representative, especially if you're a constituent, she's going to make sure that she reaches out so that if you are available to attend that you can attend those meetings. And then the conversation will be centered around the council's advocacy agenda. Which is funding for comprehensive dental care, cameras and special education funding for that, and data and monitoring, and also LAPie. So the conversations will be centered around those items that are on the council's advocacy agenda.

JILL EGLE: So it has to be on the DD Council's advocacy? Like because of myself, I think Jill Hano and Roslyn are all part of Ms. Christina's in region one and ten. It has to be related to DD Council. We couldn't give a personal message about what we've been through or how we want them to make change or?

EBONY HAVEN: Oh, no. I'm not saying that, Jill. You can definitely tell your personal story and make sure that you give information about how they can make change. But I was just saying that the legislative visits that Christina schedules, those visits will be more centered around the council's advocacy agenda. But you can definitely share your story with your legislators anytime you like.

JILL EGLE: And Ms. Ebony, I just wish that the rates would be level out. Cause, you know, I go to the Uptown Community Center and I'm on the board for Arc of

Greater New Orleans. But I don't know if DD Council is advocating for that. Can they ever level that out? Whoever's the committee. If it's the senate or the house side. Because providers need rates. I don't even know if my provider-- cause all the providers that I get, the services to go to the Uptown Center, do the providers rates go down when the funding is impacted, or can it ever go up?

EBONY HAVEN: I think that's a complicated question. To answer your other questions, it's not on the council's agenda right now. But during August and September the LaCAN leaders are hosting those community input meetings. So you can definitely make sure that you add that as far as your input as to what the council should advocate for for the upcoming session. Or the next year's session, I should say.

JILL EGLE: Okay.

KIM BASILE: Ebony, before I move on, I have a question for you. What type of roadblocks have the LaCAN leaders hit in setting up meetings? Because I'm hearing that other people are able to meet and that we're not.

EBONY HAVEN: Yeah. So right now I know with the special session that's coming up for redistricting a lot of the leaders are just running into roadblocks as far as the legislators' schedules. So I know that they're having outside meetings about the restricting special session that's coming up. And so I think what's happening is they're scheduling visits, but then at the last minute they're canceling. I know that that's happened to at least two leaders. The LaCAN leader in region nine, she had like I want to say three meetings scheduled and all three got canceled like at the last minute. So that's the kind of roadblocks I think that they're running into. Just the legislators' schedules with the special session coming up. Those legislators just are very busy and those are the roadblocks I think that they're facing. We have some other leaders on that can maybe comment on the other roadblocks that they're facing. But that's the

information they've given me.

KIM BASILE: I guess my question is if these other entities are able to get in with the legislators, why isn't LaCAN? It seems like they would have the same roadblocks and they're able to overcome them. Why are we not?

EBONY HAVEN: Well, I would say as far as like regions one and ten and region two, and even maybe region four, you have new LaCAN leaders there. And so they are still working to build those relationships with not only the legislators, but the legislative aides that assist them with making those visits. And I would say maybe the other organizations that you're referring to, they may have those relationships already built up where that it may be just easier because they have those relationships to get in. So, I mean, we try to come up with strategies to help the LaCAN leaders overcome those barriers by using our council members, if you guys have personal relationships with those legislators to help them get into the door. But also just other LaCAN members that may be constituents, if they have those relationships with those legislators that could be a key to getting into the door as well. So, I mean, it may be that where the relationships just aren't there because the LaCAN leaders are still new. I don't want to say all of them, but some of them are still brand new. And so it's just going to take a while or maybe just take a little bit for them to build those relationships with the legislators and the aides. I hope that answers your question.

KIM BASILE: Thank you.

BRENTON ANDRUS: Sorry, Kim. I do have another-- this is Brenton. Just another thing to tack onto that. Unlike previous years, it has taken longer for us to square away the information we need for our agenda. So some of this was discussed during the education committee cause most of our agenda this year doesn't fall under the purview of this committee. But we're looking at dental, which we've already talked about. And luckily that one is fairly easy as far as what our

ask is, and that factsheet has been ready, and that agenda item has been ready. But there have been some struggles with our LAPie, which is the Alliance for Postsecondary Inclusive Education. Not that we don't have the information for that, but we're still in talks with legislators to see who's going to be bringing that legislation. We were also kind of holding back a little because we were trying to determine if the governor was going to include that in his particular package of things that he might want to bring to the legislator. So, I guess, you could say that part was more of a diplomatic move in that we kind of wanted to see what his decision was going to be there before we pulled the trigger to say hey, let's move on this issue. Cause we want to try to collaborate in that aspect.

And cameras legislation has been difficult as far as just trying to figure out exactly what it is that the council's looking for, what it is that Senator Foil is looking for cause we do know that he plans on bringing the bill back. So only recently have we been able to engage in some of those conversation. Unfortunately, whenever some of our meetings were scheduled with these individuals, they canceled those meetings. So we did have some meetings, especially right before the holidays, scheduled with legislators, at least council staff had those meetings scheduled to be able to talk about the agenda items so we can finalize what we need to do. And the legislator canceled those meetings because more than likely we were running up on the holidays. So with the holidays historically our legislative visits and our communications with legislators have usually stopped about mid-January. They don't pick up until after about that first week of January due to the holidays. So we do have some ground that we have to make up on. But we also directed our leaders not to jump into visits until we could finalize exactly what we wanted to say because what we run into is confusion. We try not to confuse people with what our agenda's going to



be and we'd rather have it out a little bit later than try to get on the front end and folks get confused because we have to keep changing it. Because there might be things that we might want to see that we know we might not be able to push through this session and we may have to tweak it a little bit. So we don't want the wrong information out there. So I think that has been more of barrier than certainly some of the stuff Ebony was talking about was an issue. But I do think more of our barrier has just been trying to get the details of our agenda squared away and in a posture that we felt comfortable to be able to submit to the public. And so I do think, at least for two of our issues, which would be LApie funding and dental funding I think we're there. And I think we're pretty close in figuring out what we want to do as far as cameras go. But a lot of it our actions have been strategic in that we don't-- you know, for instance, some people are like well if this legislator doesn't want to handle this, why don't you jump to somebody else. But we're trying not to burn bridges, for lack of a better term, and we really want to stick with the people that have collaborated with us in the past and that have really tried to make sure that, you know, what we're advocating for happens. We want to try to continue working with them. And until we get a flat no that they're not willing to collaborate with us on some of the things that they want that we want, we want to kind of holdback from trying to jump on or jump ship with that legislator and move onto somebody else just cause it's taken a little more time to try to negotiate that agenda item. But I hope that sheds a little more light where some of those barriers have been.

KIM BASILE: No. It does. Thank you. Are there any more questions for Ebony regarding LaCAN?

HALIE BELIN: Roslyn and Jill Hano have their hands raised.

KIM BASILE: Okay. Roslyn.

ROSLYN HYMEL: Yeah. For me I could never really get all the information, Ebony, because of my Facebook

is down. You know, in that because of my tablet got broken over the holidays in that. I had to get a new tablet. So I have to reboot everything and all. And I'm going through a little change with that. So is there a way for me to get the information that I need for the LaCAN?

EBONY HAVEN: Yeah. So Roslyn, if I'm not mistaken, I'm pretty sure you're a member of LaCAN?

ROSLYN HYMEL: Yes. I am.

EBONY HAVEN: You should be getting the LADDC news that we push out, our newsletter. And then Christina will make sure that she reaches out to you once she schedules legislative visits. She'll just make sure that she reaches out to see if you're available to attend those.

ROSLYN HYMEL: Because like I'm saying I cracked my screen Christmas day I cracked it.

EBONY HAVEN: I'm sorry.

ROSLYN HYMEL: So I have a new one, but I never got my Facebook up and running again.

EBONY HAVEN: Okay.

ROSLYN HYMEL: So what I'm saying is, is there another way for me to get all the information and the dates that I really need?

KIM BASILE: Ebony, can you have her LaCAN leader contact her? That way she can get all the information she needs.

EBONY HAVEN: Yeah. I sure can.

KIM BASILE: Thank you.

ROSLYN HYMEL: That's what I'm looking for. Thank you, Kim.

KIM BASILE: Excellent. Okay. Jill Hano.

JILL HANO: Okay. Brenton, we have three items on our legislative agenda. Three, four.

EBONY HAVEN: Three.

JILL HANO: Okay. And then cause I'm in the middle of seven things, I'm still trying to write in my notes something about our video topics. But I'm testy about a parking spot. Shoot. Okay. Again, y'all triggered my memory. You said so two of the three factsheets are

available on the website, correct?

EBONY HAVEN: Correct.

JILL HANO: Okay. And then so we don't have the factsheet for the cameras bill, correct?

EBONY HAVEN: Correct.

JILL HANO: Okay. Why not? And when will it be available? And thanks, Marilee. She just posted.

MARILEE ANDREWS: You're welcome, Jill.

EBONY HAVEN: Okay. So just to go back to your question about why the cameras factsheet isn't available, Jill.

JILL HANO: Yeah. Cause I heard y'all talking about that, but I just-- I don't know, y'all. Sorry.

EBONY HAVEN: No. It's okay. I can explain it again. Brenton was just saying that, you know, there were some difficulties getting on the same, well, getting information about what Senator Foil wanted to change. We knew that he was going to go back and open the bill again, but we didn't know exactly what changes he was preparing to make. And then we had information from the council about what you all wanted to see as far as data and accountability and monitoring and then the funding. So we just wanted to make sure that we communicated what the council wanted to see and then see what Senator Foil was planning to change in the bill. Which is why we haven't released the factsheet because we wanted to make sure that we continued to support whatever changes he was going to make. And then we were going to release the factsheet then. We were just able to get a meeting with him yesterday. So we'll be working on that factsheet and hopefully by Friday it should be available.

JILL HANO: Okay. Thank you.

KIM BASILE: Anymore questions for Ebony? All right. I believe you have more though, Ebony?

EBONY HAVEN: Yeah. I do. The next thing is Families Helping Families. And I think Brenton is going to share the second quarter data with you all. Just keep in mind that the Families Helping Families contract, even though the council is on a federal

fiscal year, the Families Helping Families centers are on the state fiscal year. And the state fiscal year starts July 1st. It goes from July 1st to June 30th. So the centers are already in their second quarter which marks like the halfway point for their contract period. And I have put together the table for you all there that he's sharing. Unfortunately, a couple of directors were dealing with Covid, so they were unable to submit their data by the deadline. And their numbers don't have complete data, those centers that have the stars by them have only numbers from October and November. And then Families Helping Families of Northeast Louisiana, I do have all of their data from October to December. I do not have their second quarter data where they list their outreaches, the number of people they surveyed and provide some other information. So they're missing a couple of things, but for the most part most of their data is up to date.

I do want to point out that there were additional deliverables added based on their new contract. And the column where it says sections 504 Rehabilitation Act of 1973, those trains are new. And if I'm not mistaken, I was asking about those trainings last council meeting, specifically what they covered. And I got information from our FHF directors. The first training covers the basics of 504, a little history, eligibility criteria, members of the 504 team, using data to determine the levels and types of supports needed and things that parents should actually discuss at the 504 meeting. The second training compares and contrast 504 and IDEA. So that's a little bit about those trainings.

And then the second deliverable that was added was additional outreach centers that the FHF centers could go to. In addition to hospitals, pediatricians offices and special education offices in school districts applied behavior analysis clinics were added and fiscal therapy clinics were also added. And each center is going to be posting newly designed Families Helping Families centers posters during those outreaches at

those different pediatricians' offices, hospitals, the special education offices and school districts and those ABA and fiscal therapy clinics. Just to bring awareness of FHF and all the services that they offer. Does anybody have any questions about Families Helping Families?

KIM BASILE: I don't see any.

EBONY HAVEN: Okay.

KIM BASILE: Supported decision making.

EBONY HAVEN: All right. The last thing I have for you guys is found on page five of the status of planned activities. Again, the council contracted with the Arc of Louisiana to offer a training event to increase understanding of supported decision making and other legal options available in Louisiana. The contract changed just a little from last year. Instead of ten regional trainings, they're going to offer five statewide trainings for adults with intellectual and developmental disabilities and their families. And they're going to offer five trainings for legal and medical professionals. So due to the pandemic and the council's suspension of in-person activities these trainings are still going to be held online instead of in person. And the trainings schedule is going to be shared with the DD Council, Families Helping Families centers, People First of Louisiana, Disability Rights Louisiana to promote as more trainings are scheduled. Currently the Arc and Disability Rights, they're in the process of revamping their power point presentation and scheduling those statewide trainings. But as soon as they're scheduled an LADDC news will be released, and those dates will be put on the council's website. But as far as the five trainings for legal and medical professionals, they do have one scheduled for the Judges' Association and that one will be held in April 2022. Again, this year at each training participants will receive the handbook with tips and strategies. And two individuals with developmental disabilities will be mentored through entire process. I did want to highlight something that Ashley shared with me, Ashley

McReynolds with the Arc and Melanie Bray with Disability Rights Louisiana. They worked on an article about supported decision making and on October 27th it was published in the American Bar Association Journal. So they're making really good strides with that. And does anybody have any questions?

KIM BASILE: Jill Hano's hand is raised.

EBONY HAVEN: Okay.

KIM BASILE: Jill.

JILL HANO: Thank you, Kim. Okay. Ebony, I'm going back to Families Helping Families cause-- sorry. Did I hear you say something about putting more, are there new trainings? I don't know what I'm saying.

EBONY HAVEN: You're fine, Jill.

JILL HANO: Added on the education. Y'all.

EBONY HAVEN: I think I know what you're asking.

JILL HANO: Can you delete this off YouTube? Like I'm embarrassed. In the last couple months has FHF added any educational trainings that are reflected on this report? Yeah. Y'all take this off YouTube.

EBONY HAVEN: Okay. I think I know what you're asking. The 504 Rehabilitation Act training, that one was added. Due to the additional funding that Families Helping Families received during the last session.

JILL HANO: Okay.

EBONY HAVEN: Yeah. We added two trainings for Section 504, and we added additional, I guess, outreaches for them at the ABA clinics and the physical therapy clinics so those 504 trainings are new.

JILL HANO: Outreach. So the FY21 budget, was that in affect July or October 1?

EBONY HAVEN: Okay. So the Families Helping Families, they get the state general funds that the council receives--.

JILL HANO: Wait. I'm sorry.

EBONY HAVEN: So it was July 1st.

JILL HANO: Okay. Cool.

EBONY HAVEN: July 1st.

JILL HANO: Okay. And then what outreach on the services were-- oh, is this on the status, what

outreach services were added?

EBONY HAVEN: So now they're going to applied behavior analysis clinics or ABA clinics and physical therapy. Yes.

JILL HANO: As of July 1?

EBONY HAVEN: Yes.

JILL HANO: Okay. Okay. Perfect. I'm sorry for the confusion.

EBONY HAVEN: You're fine, Jill.

KIM BASILE: All right. Any other questions for Ebony? Ebony, I think you're good. Thank you.

EBONY HAVEN: You're welcome.

KIM BASILE: Okay. Next up is Brenton on the remaining initiative.

BRENTON ANDRUS: Okay. So just a few more left to go through. Activity 2.1.1, that is our rapid response during states of emergency and natural disasters. So if you're looking at your status of planning activities page seven is what it would be on. But this is, just for some background, this is a contract that we have with Trach Mommas of Louisiana. And so the purpose of this initiative was to be able to use funding that was provided by the council to purchase supplies, equipment, other items that were needed for people during states of emergency or natural disasters with the idea that these would be things that an individual might not be able to get through other means like Medicaid or private insurance or other federal things like FEMA. And it also would be those that might be facing financial hardships or need assistance at that time. So Trach Mommas has been working with a variety of groups to advertise the availability of these funds and to assist people where they can that have been impacted by hurricanes or the other many disasters that have plagued our state over the years.

Unfortunately, over this past quarter there have not been any funds expended or no families that were assisted. I did reach out to the contractor, and she mentioned that there were just limitations and prohibitions in the contract that were a barrier to

spending these funds. And that is accurate. Because with our particular funds, so our DD Council funds, our federal funds we have to be much more restrictive in what we can use our dollars on. Because we can't supplant for anything. So, for instance, we can't just pay for a particular item for this family if insurance is going to cover it or if other federal programs like FEMA might be covering that. Cause, again we can't use those dollars to cover something that's available somewhere else. And we also, we can't just one of the things that the contractor asked is if we can just stockpile their warehouse of things that she knows people are going to need later. We can't do that either because we have to be able to tie all our funding to a demographic. We have to know that it's going to be going to someone. We can't just stockpile and never be used. That's not something we're able to do. But so we have been kind of brainstorming ways with the contractor how we can try to utilize these funds. It's going to take some creativity on their part. Which I'm following up with some of the LGEs to see if they can identify families that might be in need that may have sought assistance through individual and family support or something that might be tied to either previous hurricanes last year, hurricanes this year or even issues that might be impacting them due to Covid. We did talk about how they are able to reimburse families for any expenses that they may have already had as long as they're able to show that itemized receipt for the purchase of that particular equipment that they might have needed. And also just trying to have that understanding that it doesn't have to be something of an emergency or disaster that happened right now. We can look at other things that folks are still recovering from. Always use region five, for example. They're still recovering from hurricanes last year. We still have people that are recovering for Hurricane Ida this past summer. So it doesn't necessarily have to be something that's happening right now. It could be other things that people are still trying to recover



from and that they're being impacted from. So I encourage anyone that if you need assistance to reach out to Trach Mommas, see if they can help. Also, refer any families that you may know of to Trach Mommas. They can be reached by phone at (225)200-5178. They can also be reached at trachmommas@Gmail.com. And they do have a website, trachmommas.org that you can reach out to them as well. And I'll drop the information into the chat right now in case anybody wants that information on hand. There you go. So any questions about that particular activity before we move onto the next? I don't think I see anything.

So next up is first responder pilot. That is activity 2.2.1. This is on page 10 of your status of planned activities if you're looking at that. We've contracted with Interaction Advisory Group or IAG for this particular activity. And so that's intended for our first responders. And that's law enforcement officers, fire and rescue, emergency medical technicians and other similar professions to basically establish and implement policies and protocols on how to appropriately address individuals with developmental disabilities with the hopes that's going to reduce unnecessary arrests or other physical escalations. And so they're conducting skill building activities for first responders to raise awareness and understanding on appropriate tactics and interactions and behaviors when dealing with an individual with a disability. Unfortunately, this past quarter there were no trainings that were held. So that would be between the October and December timeframe. They did have trainings that were scheduled in November and December, but we didn't have any first responders that registered for those trainings. In speaking with the contactor this is not uncommon. It happened last year. It happened again this year. Just running up to the holidays there's a lot of people that take time off. There's a lot of folks that aren't necessarily registering for trainings during that time. And so they ended up just canceling those two trainings since

they didn't have folks registered. And they'll try to make those up in the coming quarters. They have until September 30th. That's how long this contract is for this year. So they're going to try to make up those two trainings later in the year when they know that they'll have people available. The contactor, they also work in other states, and they had similar issues in other states as well. Just happens to be the time of year where things are a little bit slower.

We did share an LADDC news, I believe it was earlier December, December 5th or 6th. And that advertised this particular initiative, but also, they were having a community training event. I think they do five or six of them total throughout the year. This for the general public. And so they had one that was held on December 16 and had seven members in attendance. And what they do in these particular trainings is not only go over different resources that are available to individuals with disabilities and their families, but also look at their interactions of kind of what to do when they are engaging with first responders. The contactor did note that they did have a family member that at that time they did not have any services in place for their children and were able to find out from these particular resources exactly how to apply for the services offered by the state. And they were also able to get connected with the Families Helping Families resource. So that's a success story there for one of those attendees. But that's it as far as what they're doing. As more of these community training events are scheduled, we'll advertise them. But as of right now, I don't know that there's one actually on the books, but I would imagine in the next month or two there's another one that's going to be coming out. So any question about that activity?

All right. And so last up is emergency preparedness and response training. This is activity 2.2.2, I believe. And so this is a contract that we have with Niagara University. So they're supposed to establish a training program

on emergency preparedness response here in Louisiana. And so they target, specifically with this contract, individuals that have a responsibility in emergency planning, preparedness, response and recovery as it pertains to people with disabilities and their families. So earlier in November we shared an LADDC news that talked about this initiative and the upcoming trainings that they had. They had three trainings, I believe, that were held in November and December. And they had over 400 people that participated in these trainings. I did have a conversation with the contactor a few days ago and he stated so far, as far as those online trainings that they did last year and then the three that they did in this contract year, the attendance for those trainings have far exceed participation in any of the other states that they've been working in. And they are in multiple states, and they do other work with other councils throughout the US. And so by far the reception, as far as people attending those trainings, have been great. And we do much better, you know, if we're going to brag on what Louisiana does, we're doing it better here and we're getting more folks in these trainings.

Later in the year they are supposed to come back for their phase two of this project. Which is an in-person training. There's two training events that are going to occur throughout the state. I don't know the locations yet cause that hasn't been set yet. But I do think there's going to be one probably in the southern part of the state, one in the more northern part of the state. Both of these are going to be two-day events. And so the last half of the day on the second day is really going to be open to the public so that anyone can attend that is interested in attending. But the bulk of the training, that day and a half, is really going to target these specific groups

and organizations that are responsible for doing emergency planning and response in our state. He did mention, and Dave is his name, Dave Waylon is the project director for this particular initiative--.

ROSLYN HYMEL: Can you repeat that again cause I missed something because my tablet froze.

BRENTON ANDRUS: Not sure what part you missed.

ROSLYN HYMEL: What you was just saying.

BRENTON ANDRUS: Okay. There's going to be two trainings later in this contract year. Probably more towards springtime or early summer that's going to deal with the emergency management trainings. He's going to do these in-person trainings. And so the first day and a half is going to be for those particular groups and organizations that are responsible for emergency planning and response in their particular area. Whether it be at a parish level, a state level, a regional level. But those folks. And then the last half of the day is where the general public can attend. That will be the last half of the day on the second day. But those have not been scheduled yet. They're going to come up later in the contract year. So this first quarter he just finished up his Zoom trainings and these other trainings are going to occur later in the contract year. But Dave Waylon is the project director for this particular initiative. And he did mention to me that he has had some difficulty getting some of the key players in our state to be receptive to their involvement as far as just training for emergency management needs. Specifically, he mentioned that he hasn't been able to get a whole lot of response for Louisiana Emergency Management Association, Louisiana Emergency Preparedness Association and State Emergency Operation Center and the Governor's Office of Homeland Security and Emergency Preparedness. These are all equivalent agencies in other states that he's worked very closely with, and he has not been able to get them as engaged here in Louisiana and he's not sure why. So we were kind of brainstorming some ways to try to get

those people to the table. But if you do have particular contacts in those agencies or you know someone in those offices, just get with me at some point in time after the meeting and maybe we can try to get Dave connected with some of those people. Because they really do play a big part in the training and in the knowledge that we're trying to get across the state. As far as some of our state agencies like OCDD or OAAS, the aging and adult services, a lot of our provider associations and our advocacy groups and our provider groups, he has had no issues engaging them. They have been very receptive to this particular training. So it's just some of our other folks that are directly involved in emergency management response here in Louisiana have not been as receptive. So we're hoping just with continued engagement we'll get them on board by time these trainings come out later. I do see Jill Hano has her hand raised.

ROSLYN HYMEL: Jill, you're muted.

JILL HANO: Can I ask a question or does Kim have to acknowledge me?

KIM BASILE: You're good, Jill. You can ask a question.

JILL HANO: I'm so bad at this. Okay. So on our status report. Okay. The numbers presented in the action plan that I'm looking at, were these makeup trainings? Where do they fall? Like is this all part of FY21 or I'm still a little shaky on this. November 3rd, this is FY22. Or the date falls under the date FY22, but we as a council have not done any FY20. Like our trainings, like when we get the status report in April. Those will be the first FY22 numbers from contracts that you give us, right?

BRENTON ANDRUS: No. So what's in that status report is everything that happened in our first quarter of this current fiscal year. As the council, we follow the federal fiscal year. Which is October through September. Everything in your status report there is the information we have from October to December.

JILL HANO: Okay.

BRENTON ANDRUS: Specifically on this contract the trainings that happened in November and December were a rollover from FY21 which ended in September. Those were trainings that were scheduled to happen around hurricane--.

JILL HANO: Ida.

BRENTON ANDRUS: And so we had to cancel those due to Hurricane Ida and those lasting impacts. And so we rescheduled them to happen during fall of our fiscal year 22 contracts. Which is rolled over to new contracts.

JILL HANO: Okay. So both options were correct. All right. Thank you so much.

BRENTON ANDRUS: You're welcome.

HALIE BELIN: Roslyn has her hand raised.

KIM BASILE: Roslyn.

ROSLYN HYMEL: Hi. Like you said when it rolls over, what month would it roll over from that we missed from when we had Ida, the Hurricane Ida?

BRENTON ANDRUS: In this particular situation I think the original trainings that he had scheduled were scheduled for August and September. And so because of Hurricane Ida we canceled those. And the contract ended September 30th. So the new contract started October 1st we just added those three additional trainings in that particular contract so we can make sure that we still had those trainings done. This wasn't enough time after Hurricane Ida to get those rescheduled in enough time before the contract ended on September 30th. That's why we had them done in this fiscal year.

ROSLYN HYMEL: Oh, okay. So this fiscal year, can you kind of remind me up on how for 2022? How does that work again?

BRENTON ANDRUS: Yeah. So we follow the federal fiscal years. That happens October 1 of every year begins a new federal fiscal year. And it ends on September 30th. So right now our fiscal year started October 1st of 2021. And it's going to end September 30th of 2022. So for everything that we do here at the

council we follow that federal fiscal year with the exception of our Families Helping Families contract. Because that runs only off of state dollars. So we follow the state fiscal year for our Families Helping Families information. I know that part gets a little confusing.

ROSLYN HYMEL: That's why I had to ask because I was like scratching my head. You said from October 1st to what?

BRENTON ANDRUS: September 30th.

ROSLYN HYMEL: December 30th?

BRENTON ANDRUS: September 30th.

ROSLYN HYMEL: September 30th?

BRENTON ANDRUS: Yes, ma'am. The end of September.

ROSLYN HYMEL: Okay. Of this year?

BRENTON ANDRUS: This year. Yes. This upcoming September 30th will end our fiscal year.

ROSLYN HYMEL: Oh, okay. Thanks. That's what I wanted to know.

BRENTON ANDRUS: You're welcome.

KIM BASILE: All right. Any more questions for Brenton? I don't see any hands raised. All right. Thank you, Brenton. Okay. The last thing on our agenda is an opportunity for us to consider activities to recommend to the council to be included in our fiscal year 23 action plan which will begin on October 1. Attached to the agenda is the council's current plan which lists the goals and objectives the council is currently working on in its five-year plan. Keep in mind this committee is only responsible for goals one and two. And all the activities that this committee may recommend must be aligned with these goals and objectives. Also, what we come up with today is simply a recommendation. Should the council agree with our recommendations, the planning ad hoc committee members will determine what items will be brought forth to the council for a vote. So I'm sure-- I'm not going to go ahead and read the goals one and two. Everyone should have read those already. So does anybody have any comments? Matthew Rovira has his hand raised.

MATHEW ROVIRA: Thanks, Kim. One of the things as a provider I see out there that individuals with developmental disabilities, I think is a need, is the new tiered waiver system. An individual that may be exiting out of Pinecrest, for instance, is going to be put on a supports waiver. And it is incumbent upon them and their support coordinator to justify why they need additional supports to potentially get up to the ROW. Which to me, you know, I've been in this industry for 15 years and, you know, historically when you were being discharged out of a state facility you pretty much got 24-hour SIL supports because that's what you were getting in the state facility. But that's no longer. My question and my thought process is these individuals need help getting, navigating this tiered waiver system. What I'm being told by my directors is that these individuals have to fight tooth and nail to get the supports they need to live in the community. And I guess, Kim, the big-- there's a lot of turnover, unfortunately, with support coordination. So you lose a lot of historical knowledge on, you know, you may have a support coordinator who is brand new, doesn't have maybe the knowledge to help that individual get the supports or justify them. So I really do think that's a need. And I know that's sort of a 5,000-foot level. But when I think about my role on the DD Council, and I think about the mission of the DD Council is ensuring these community living and supports that they can participate in the community. And I really think there's a void there. I really do. I mean, you know, the people aren't being discharged from group homes or developmental centers that are, there's only one that is run by the State of Louisiana, because they're having such a difficult time navigating the tiered waiver system. I know that's sort of a broad brush I just painted, but I wanted to share that with the group.

KIM BASILE: Okay. Thank you. Jill Hano. Jill, are you still there?

JILL HANO: Okay. I'm here. I'm sorry. As far as



y'all know one of our ad hoc committees we're trying to plan YLF. It's basically a leader-- well, it is a leadership conference for high school age self-advocates. We're just, we're in the planning phases, but. And we had one I think in the early 2000s and it hasn't been in Louisiana since after Katrina. We kind of lost funding. A lot of factors. And we haven't had one since 2005. I noticed in the past we had as one of our activities, under one of our goals we had put a specific activity related to youth. So I'm A, asking to put more research on our activity for youth. So as one of our activities we need to put youth related activities. And then B, we need to talk about adding this YLF as one of our contracts in FY23 as one of our contractual activities. I'm thinking this is, I think just youth. And then adding our upcoming YL onto the goals and activities as part of our plan in FY23. Thank you.

KIM BASILE: Thank you, Jill. Crystal.

CRYSTAL WHITE: Hey. I wanted to talk about the things that Matt was talking about pertaining to whenever you turn into an adult waiver there are not enough supports put in place to keep someone coming out of a facility. I also know of a family, a mom who is terminally ill. Just got a waiver for her adult son, trying to set up supports so that he can be able to be supported after she is no longer here. Which is going to happen, could happen very soon. And the way the process is taking so long he was first offered two hours of direct support work. Which is not near enough of what he's going to need to be supported in the home. The way our system is set up right now it could actually be pushing more people into institutions that are trying to avoid that and set it up. I just wanted to mention that. It also could create a cycle the way we have it now.

KIM BASILE: Thank you, Crystal. Jill, is your hand raised again?

JILL HANO: No. It is not. I didn't lower it.

KIM BASILE: Thank you.

JILL HANO: You're welcome.

KIM BASILE: Any other comments?

BRENTON ANDRUS: Kim, if we could, I just want to go over some of what I've already jotted down. Cause I think I might have to circle back with what Crystal is saying and see how I can tie it in there. But for Jill, basically you were looking at increase activities focused on youth advocacy and involvement. And also contracting to get our youth leadership forum up and running. Does that cover the ideas you had?

JILL HANO: That is exactly what I meant.

BRENTON ANDRUS: Okay.

JILL HANO: That is what I meant, but that is in human form. So thank you.

BRENTON ANDRUS: No problem. And so Matt, you had mentioned just, I guess, it would be some sort of activity that we would have to come up with that would focus on individuals needing assistance to sort of navigate the tiered waiver system. Which could possibly help increase the discharge rate of folks that are coming out of ICFs. Is that about kind of sum up what you were talking about?

MATHEW ROVIRA: It does. Historically that was done by support coordination. You know, granted we used to have 9,000 people on the waiting list. And I'm very pleased that we changed things and we went to the tiered waiver. But there's a gap. There's still a gap there. Crystal sort of mentioned the gap that she is talking about with the mother that's needing additional supports. Essentially, if we could fund someone that would be extremely knowledgeable about the tiered waiver system to help an individual family to navigate it. Because unfortunately, that is not-- in my experience, because of the high turnover rate at the support coordination level, there's a gap there. And these individuals are not able to transition like we would think because of the lack of expertise. So I'm kind of saying yes to what you just said. I mean, if we could somehow have an individual or look deeply into what's going on. And perhaps help families navigate

this justification that they're having to go through to get the services they need.

BRENTON ANDRUS: And so I guess the original thought or the original conversation that I pulled away from what you had mentioned, Matt, was focusing on getting people out of, or how it could potentially impact folks coming out of ICFs. And Crystal, I think yours was focused also on folks that are currently in the community and making sure that they have their supports they need. But if you want to elaborate on that.

MATHEW ROVIRA: So right now, Brenton, the way it works if you're being discharged for an ICF you start off at the supports waiver. And as Crystal mentioned, the supports waiver only offers two hours a week of personal caregiver services. While there are some day program services in it as well. For many that's not enough. For many. I mean, these are individuals that were receiving 24-hour, seven day a week, 365 day a year supports and now they're expected to go out in the community with just two hours of supports. And then it's up to them to justify why they need more. And for many, many families it's just they don't have the expertise or the sort of the knowledge to navigate that struggle. And so if we, essentially if we could be sort of a resource for them or have someone that's a resource for these individuals, I think it would go a long way here in Louisiana. Really could, personally.

CRYSTAL WHITE: Matt, if I may, I'm thinking about, you know, I understand the reason why they do have it set up is to make it the most cost effective for the state. And I do understand that. But I think there should be, if someone comes in in a SUN level four which means that they are at an immediate risk, three to six months to being in an institutionalized, homeless, anything like that or someone's already in an institution maybe that can be a trigger to put them into a different process that moves along quicker to get them more supports. Because I think the problem is, is not the fact yeah, they're starting too low.

But as you know. the process to move from the support coordinator, get the information in, getting the approval, getting it back, getting everything set up it's way too cumbersome and too long. And it's taking months. And then people are having emergency situations and not getting what they need and what they rightfully deserve to stay in their homes and community. So maybe if we can, you know, if there was some kind of like trigger like the people who are already in the facilities and the people who are SUN level fours those should go through this emergent process to expedite figuring out what their needs are. And not just starting them out at two hours a week. Does that make sense? Am I making sense?

MATHEW ROVIRA: Yeah. You're making complete sense to me. I mean, if you're institutionalized or if you're at a level four, you know, in my mind it shouldn't be so very difficult to get the needed resources you need to live independently. But unfortunately, it is. And any help we can provide as a DD Council or any funding we can assist with getting these individuals sort of through this bureaucratic difficulty would benefit them to live independently. Which is part of that goal number two.

BRENTON ANDRUS: So we're looking at trying to streamline that process. Especially like Crystal had mentioned. Matt, you had mentioned. ICF, a high SUN score, there should be some sort of expedited way to get you those waiver services as opposed to going through this elaborate process.

CRYSTAL WHITE: Or there could at least be team in place. Like an emergency team that doesn't change over. You know, where it's not a support coordinator. It's someone that works with the state that knows how to navigate through all of these supports and all of these different departments. So I would say the creation of an emergency coordination team of some sort for this population. Matt, what are your thoughts on that?

MATHEW ROVIRA: Well, you know, having a team that could help would be great. You know, maybe

particularly if that team is made up of people who are already employed maybe at the state level. I don't know if it would be worth funding a position, perhaps. And this is just a dream, within the DD Council, that would become the authority on this subject, you know. On okay, I mean, this is an example right now, today. An individual at Pinecrest looking to be discharged, there's actually attorneys involved, they're trying to get her out. She has to start off on the supports waiver and then justify her way up. How scary. And so there's a lot of, right now, it sounds like because of the high turnover rate at the support coordination level we almost need an expert at the state level to help these individuals navigate through the process. A team would be great, Crystal. I would be happy even if we could fund a position perhaps or along those lines.

CRYSTAL WHITE: I think it's such a-- and like you said, there's attorneys involved. It's a complex issue where not your just average trained support coordinator is going to be able to know the ends and outs of this. I do believe these groups of individuals are at a more complex level of need for support coordination. And maybe if we can suggest having an emergency team at the state level. I think that would be the best route to go. I think because within the state somebody in the waiver and the Medicaid department should know how to navigate getting in and out of those facilities in a more streamline fashion. Brenton, I don't know how you can write that up and how that could be a part of our goals, but I am very much on board for helping that population that way.

BRENTON ANDRUS: Yeah. So share my screen here. This is certainly not-- I'm not necessarily trying to wordsmith how the planning committee is going to figure out how they want to word all this stuff and activities, if they accept it. But this is kind of some of the stuff that I've kind of pulled out just to give them an idea of some of the things y'all mentioned. Which would be individuals needing assistance navigating the tiered waiver system. Some

of the bullets, like these two here, that was just for my notes. But there was conversation about maybe contracting with someone that would be knowledgeable about all aspects of the tiered waiver system. That would help folks not only those in the community, but also those that are trying to transition out of ICFs and get the supports that best fit their needs.

Also, there was talk about, you know, trying to streamline the way that you would receive those supports if you're coming out of an ICF, if you have this SUN score there would be an expedited way to get you those services. The creation of that emergency coordination team at the state level to help navigate individuals through that process. We had that I think where you mentioned Matt having that individual. Crystal, you had mentioned trying do that team. One of the things I pulled out of what you were saying, Matt, was just a high turnover rate for support coordination. I did add it as a bullet. We can take it out. Whatever y'all wanted. But I know that kind of seemed like something that was also an issue there since we don't have that longevity and that expertise, we can't necessarily rely on some of the information that comes out of supported coordination due to turnover. And then at the bottom are the two things that Jill Hano had mentioned as well. I don't know if y'all want to word. Move these up a little bit. That was just mostly for my notes. So I don't know if y'all want to wordsmith any of those things in particular. Again, we're just trying to get general ideas for the planning committee. And then kind of figure out what sort of activities we can make this happen. Or advocacy for particular changes and rules.

MATHEW ROVIRA: Yeah. Brenton, I think you've captured it now. Obviously, more details have to go into it. But I think you've captured it. And thank you so much.

KIM BASILE: Does anybody have any suggestions on wordsmithing? And Jill, I see your hand is raised.

JILL HANO: Y'all did a great job. But I was kind

of going back and forth. Are y'all talking about, like I know it's a thin line, but are y'all almost talking about two different things? Like maybe like the tiered waiver system stuff would be one activity. Then the ICF transition would be another one. Because I was thinking like even though it is related, it just seems like it almost, unless I'm wrong, it's almost two. It's right at that point where it could just be two separate activities or unless I'm wrong. Cause, I mean, like the tiered or ICFs. Transitioning is out of ICFs is almost an olive branch of the tiered waiver system. And I feel like people don't know a lot. We haven't really explored a lot or tapped into yet what a tiered waiver system can do. So like I don't have knowledge enough about this to know that it's the same or could that almost break in two? And then I had another question, Kim. What did you say about people getting hours in the ROW waiver? You said something about two hours.

KIM BASILE: I think Matt was saying about with the supports waiver. Matt.

JILL HANO: Okay. What were you saying about the supports waiver?

KIM BASILE: I don't know that he's still on the meeting.

BRENTON ANDRUS: Yeah. I think he had to jump off. I'm seeing a message now.

JILL HANO: Okay.

KIM BASILE: Crystal may know if she's still on.

CRYSTAL WHITE: I'm still on, but I don't think I can speak for that side of everything like he could.

JILL HANO: Okay. But did my other comment make sense or is it better to have it as one goal?

BRENTON ANDRUS: Well, as a point of clarity, you're not changing any goals. So your goals are set. We set all of our goals and objectives with our five-year plan. So you're looking at changing activities. I'm having some internet issues, so I missed some of the stuff you were talking about. I do think a lot of this kind of falls under some of the same areas. We do

actually have two activities planned that these things could possibly be a part of. We would just have to hash out how to make that an activity within those specific things. Like, for instance, activity 2.1.4 talks about advocating for opportunities to transition out of institutional settings. Which I think some of this, that first bullet, the information under there can fall under there. And then activity 2.1.3, which is a lot of what we talk about in our Act 378 meeting, but we also talk about it here too. Is just making sure that there is adequate or overseeing implementation of community family supports system plan, advocating for adequate funding, expansion of services, consistent implementation. And so I think a lot of what those bullets include could fall under some of those activities that are already there. Just to get some more specified sort of activities instead it being so broadly written. That could actually guide us more in some of the actual activities that we do. But that's just my thought at the moment.

KIM BASILE: Brenton, can you clarify for me do we get down to specifically saying which activity we want to add these under? Or are we just speaking global to present it to council that then will go to the planning committee?

BRENTON ANDRUS: So how it should be done is you can come up with more global ideas as long as they fall under the goals that are set in one and two. And then the planning committee, so between the planning committee and even staff and other folks are doing research beforehand to see where some of these things might fall and some of the things that can be done. And then that is for the planning committee to kind of decide how they want to incorporate that into the plan that they are going to want to recommend to the full council. And then at that point the full council gets to look over the whole plan and if they choose to make some adjustments there that's on them. But yeah, you're going more global now. It will be whittled down with the planning committee. And then it will go to



the full council for the final approval.

KIM BASILE: Perfect. So since we are at 12:00, which is our stopping time, maybe we can formalize a motion, a global maybe motion with two separate, one with the youth and one with the aging out and we can present that.

BRENTON ANDRUS: You can do it as one motion. You can just have this motion. These are the recommendations that we have, and we can just list those bullet points that are on the screen. And then they can- I'll take the names off, of course. That's just for me to remember if I have questions to go back to you guys. And then from there it will go to the full council tomorrow. And if they approve, they'll pass that onto the planning committee.

KIM BASILE: Excellent. Do we have any more questions or comments on this?

HALIE BELIN: Kelly Monroe has her hand raised.

KIM BASILE: I'm sorry. Who?

HALIE BELIN: Kelly Monroe.

KIM BASILE: Kelly.

KELLY MONROE: Hey. I just wanted to help answer some of those questions. I believe that, and I'm not sure if Julie came back on or not, but I believe places like Pinecrest have a transition team already. And when someone's transitioning out you no longer, or when someone's being offered services, you no longer have to go straight to supports waiver. It all depends on how the support coordinator completes the paperwork. So you can actually go straight to a NOW waiver depending on the level of care that you need and the amount of resources that you have at home. And then also I wanted to help with the two hours a week comment. There are, so in the supports waiver you get roughly about I think it's eight hours a month and some people split that up into two hours a week. So that's where that two hours came from of PCA services. It's really just meant to help out with transportation and stuff like that. It's really not anything that is going to be significant enough for anybody to be able to live

independently. So anyways, I just wanted to help answer those questions.

KIM BASILE: Thank you. Anyone else?

HALIE BELIN: There's just a comment in the chat from Annastacia Boudreaux. She said Pinecrest has a transition team and is aware what documentation is required in the tiered waiver process. Pinecrest has a transition team. It's the same thing. Okay. Oh, no. It's not. I'm sorry. Pinecrest has a transition team and is aware of what documentation that is required in the tiered waiver process. The LGE is involved in these transition meetings.

KIM BASILE: Thank you. Okay. Brenton, where do we go from here?

BRENTON ANDRUS: It does look like you have one more hand raised, I think.

KIM BASILE: Who is that? Oh, I missed it. Sorry. Melinda. Sorry about that.

MELINDA ELLIOT: Thank you, Kim. And I guess one of the things that I wanted to mention is there is typically people at the Families Helping Families center that can also help the parent that's trying to navigate the services that they can get with the different waivers and what to do when it isn't moving quickly enough. I know that there's turnover at some of the Families Helping Families centers. So maybe some of that historical knowledge isn't there. But that's one of the things that I do at my center. Just sort of mentioning that.

KIM BASILE: Thank you.

MELINDA ELLIOT: Thank you.

BRENTON ANDRUS: So from here, Kim, to answer your question. If the committee is okay with, or if any individual is okay with what's on the screen, they can put forth a motion. We'll need a second. So at the will of the committee.

ROSLYN HYMEL: I make a motion.

KIM BASILE: So Roslyn, you want to make a motion as presented on the screen?

ROSLYN HYMEL: Yes.

KIM BASILE: Do I have a second? Do I have a second?

JILL HANO: I'll second it.

KIM BASILE: Great. Jill Hano seconds it. Any more discussion? Which I think we've already done. But anymore? Any public comment? Any objections? Any abstentions? Motion passes without objection.

ROSLYN HYMEL: I was about to say that.

KIM BASILE: All right. I think that is the end of our meeting. Thank y'all all for coming today. I appreciate it. And if no one objects, we would like to make a motion to end the meeting.

ROSLYN HYMEL: Once again, I could put that motion for the meeting to be closed.

KIM BASILE: Brenton, I don't believe we need.

BRENTON ANDRUS: Nope. As long as there's no objection you can end the meeting by unanimous consent.

KIM BASILE: All right. As long as there's no objection we're going to end by unanimous consent. All right. The meeting is adjourned. Don't forget we have Act 378 I think at 1 and executive committee meeting at I don't know what time, Brenton, 3?

BRENTON ANDRUS: Three.

ROSLYN HYMEL: That's what I saw. I think they have one for 3:00.

KIM BASILE: Yes.

ROSLYN HYMEL: If I didn't read my package right.

KIM BASILE: All right. Thank you, everyone.