

Louisiana Developmental Disabilities Council  
Self-Determination and Community Inclusion  
Committee  
April 20, 2022

KIM BASILE: Brenton?

BRENTON ANDRUS: Yes, ma'am.

KIM BASILE: Hey. It's 3:00. Are we ready?

BRENTON ANDRUS: We're ready. Okay. Let's see if that's better. Okay. We are ready, but I'm trying to see if we have a quorum. Cause I don't believe we do. We have five people on currently. You need six to make a quorum.

KIM BASILE: We do have five. I only see Jill and me on the list.

BRENTON ANDRUS: Yes. So in the room with us here at the office we have Ms. Cheri Crain, Ms. Angela Harmon and Ms. Julie Hagan.

KIM BASILE: Got you.

BRENTON ANDRUS: Yeah. I am not certain-- well, I'm not certain if Chaney or Jill Egle will join us. But I do know the others will not be available today.

KIM BASILE: Okay. So should we just go ahead and not do any motions?

BRENTON ANDRUS: You can share information. You just won't be able to make any motions or recommendations at this time.

KIM BASILE: All right. Well, I guess we'll just jump right in. Should we jump right into the noncontractual updates? Or should I go over the protocols?

BRENTON ANDRUS: Well, you can still go over the protocols for those that are here.

KIM BASILE: Okay. So first I'd like to welcome Angela Harmon for being appointed to our committee. Also, our new council program monitor, Rekeesha Branch. Some of our meeting protocols, we're back to in-person meetings, but we've allowed for some accommodations for committee members. For those committee members who are attending virtually remember you must be on camera and have your first and last name showing to be counted toward our quorum. Please keep microphones muted

unless you're called upon. Electronically raise your hand and request to speak. For committee members and attendees participating in-person Brenton will help me keep track of those who raise their hand. There is a three-minute limit on any comments. And comments about a person's character will not be allowed. So we're going to skip the approval of the October meeting minutes and we will go straight to the noncontractual updates if that's okay with everyone. So first up would be Julie Hagan from OCDD who will share quite a few updates from OCCD and Medicaid. And as a follow up to our last meeting, Julie will also be asking for feedback from our committee on what we think should be OCDD's major initiatives for next year. In your packet you received a handout with their current activities. Julie, you have the floor.

JULIE FOSTER HAGAN: Okay. We have that one up first, so you want me to go in that-- it's the Julie show for an hour. So you want me to go in that order?

BRENTON ANDRUS: Yeah. Or whatever makes sense for you.

JULIE FOSTER HAGAN: Okay. So yeah, we can start. Some of them all kind of like end up lumping together so I'll cover that one first and then as we talk some of them may be included. And they'll have to excuse my super fancy talking point notes that I made for myself this morning. During session your life is not always your own. So I wanted you guys to have, I know they mentioned you have information that we've shared during past meetings on kind of like the things that we're working on within the fiscal year. For those of you who might not have had that information for the last meeting, what we do in the Office for Citizens with Developmental Disabilities is every year around June my OCDD executive management team we get together based on what we know got included in the budget, any legislative asks or requests that we know we have to have and we do planning for the upcoming fiscal year. Which, you know, is July 1 through June 30th. And so what we wanted to do this year is have an opportunity to have a couple of different stakeholder forums so that we could make sure-- so one, we could share with you guys so even before our retreat we know that there's a whole lot that we started this year that

we're going to have to continue next year. We know that there's a whole lot of discussion during the legislative session right now about things that, activities that we'll need to engage in because if, in fact, they end up going through and being passed by the legislature, you know, those things, to be honest you with you all, are going to take a lot of time. But we do also want to make sure we have an opportunity to hear from folks.

I also want to share that, you know, a lot of times sort of the timing of things matters, right. So a lot of people may not know this, but we get our budget in June is when we find out what we actually have the money to start spending in July of that same year. And so then we start spending in July. But then in July and actually in August, so in August of this year I will have to start putting together a budget that won't start until July 1 of 2024. So actually some of the feedback that we get from you all it might be like well, why does it take so long. But if there's things that are going to cost money then it is just more of an extended process. So some of the feedback that you guys give me about activities that are important for our office to consider working on we can definitely take them back. I just want to, you know, kind of be transparent with you that if there's money tied to it then what I will do is take the feedback that I have from you all and we'll use it in our planning for what we would then ask for for consideration in the budget for July 1. Yeah, not for this year. For next year. 2023. I think I said 24. 2023. And so, you know, again, that way we call it in our budget new and expanded programs. So things that, if it's something like, you know, you're already doing this, and we think the rate needs to go up. So we had heard from the DD Council and others in the past that the rate for skilled nursing was not adequate. And so we can ask for that increase in the skilled nursing rate. We can look within our budget. Those things we can do. If it's something like a new service or a new program or a new activity, then what those are called new and expanded programs. And we have to give like justifications and rationales for that.

What happened with the American Rescue Plan Act

though, it's almost like the American Rescue Plan Act, the portion for home and community-based waiver services, it almost gave us an opportunity to do what we would normally request as a new and expanded program in our budget cause it said here's some money and that money that's extra federal dollars has to go back into the home and community base. So we had sort of a unique opportunity in this year. And that's why a lot of these things will end up being continued into the next year. So I definitely want to open it up for feedback. But I do have sort of a lengthy-- I would like to share with you guys first, I know y'all have the activities for what we worked on this year. But I want to share a little bit about, maybe more than just a little bit, I wanted to share with you guys at least so you know these are things we know we're going to be working on come July, you know, all of fiscal year 22-23. Either because we have the American Rescue Plan Act dollars or because legislatively. Or because we started, and we want to continue to see it through. And so hopefully that kind of makes sense in terms of the timing.

So I'll start with some of our home and community-based waiver specific activities. You know, one of the things, and again, this is where some of the overlap comes. So I'll share more detail about the appendix K exceptions. But one of the activities for sure that we'll be working on we've started making waiver amendment requests for flexibilities that we've had in place during Covid under our waiver that would continue in the next year. What we will be doing in fiscal year 22, 23 we had put together some focus groups. We had some outstanding work we needed to do with those focus groups. We will continue that work with them specifically on family members as paid caregivers and using virtual visits in home and community-based waivers. We did what we needed to with those groups to get our waiver amendments done. The next work we need to do is pull together and really start to operationalize what that's going to look like, what are we going to put in our manual. And we had identified in our focus groups several areas. So we'll continue that work next year. We will also, once we have that work finalized, we will have to update all of our

waiver manuals for our four waivers, and we will have to engage in training to the relevant stakeholders where training is needed and communication to the general public on what those changes look like. So we anticipate that continuing into the next year.

We've also, for about ten years now, been working on an electronic plan of care. We do want to continue that work. And what will happen with our electronic individual plan, or individual support plan, or individual plan of care it won't just be a plan of care. It's a whole, it's a whole process change. So that electronic plan of care will also be our assessment tool. We previously used something called the supports intensity scale. We know that that doesn't really work for us well here in Louisiana. It ends up that it's supposed to say these are the supports you need, but we have so many outliers that it's just not reliable and valid. So we're trying to come up with our own assessment tool. You know, as we look at which waiver is the most appropriate for a person to be in, what this assessment tool will be to help dive into the person's support needs in a person-centered manner and truly identify what the level of support needs that person has so that we can more efficiently and effectively get them into the right waiver. Eventually we still do plan, people ask me all the time, are you still planning to consolidate your four waivers into one. And yes, we are. But I can't consolidate them until I have a process that is reliable and valid to determine which tier in that consolidated waiver a person will be in. So we're still just working on those infrastructures. And the work we're doing on that electronic plan of care and our assessment, and our tiered waiver allocation will get us there. So what we hope to do this year, we've got the electronic plan of care and the assessment tool built. So what we will be doing in this upcoming year is piloting it, getting samples of folks so that we can truly test that reliability and validity to be able to get us that next step. So we hope to do that in the coming year. We actually hoped to do that for the last three years, but there's, you know, been Covid and hurricanes and things that always end up delaying it. But we are hopeful that this year we will really be

able to get back on track. Cause that's a huge priority I know not just for our office, but our stakeholders and family members tell us it's critical that we still try to get to that consolidated waiver for efficiencies.

We did get funding for remote supports. That was in our American Rescue Plan Act. Where we are on that right now and what will continue into next year, we're studying some other states. And so there was about five or six states who had implemented some sort of remote supports or remote technology that was somewhat sophisticated. You know, the personal emergency response PERS, which is basically the I've fallen and I can't get up button. Some people call that remote technology. Technically it is, but it's not really sophisticated. It's not necessarily what folks in our population really need. So the more sophisticated ones, we have about five states before Covid who had implemented them. There were a lot of states who started using, you know, you hear telehealth, telework. You know, remote technology can encompass so many very different things. We did a report this past year with a group where we really looked at kind of like tracking technology that you could use for people who were at risk of eloping that would help to keep them safe. That's remote supports. People who maybe don't need a caregiver with them all the time. They don't need help bathing or grooming and they're not transferring. They kind of just-- we have a lot of people here who get supports just so somebody's kind of looking over their shoulder to make sure they don't make bad decisions all the time. Well, a lot of states have found that you can use remote technology. People are happier cause they don't have a person sitting next to them. I don't want a person sitting next to me looking over my shoulder, right. So they've had a lot of really good outcomes for that. So what we're doing right now is really pulling from those states. We have heard that as states try to implement remote technology CMS is starting to have a whole lot more questions about it. And so what we do know is that if you don't reinvent the wheel and you can find things that worked in other states, maybe tweak them a little to meet your state's need, but tell CMS look, you've already approved it

here. We're kind of starting with that. We have already found two states that we know have-- it's fairly simple. Like we don't want to make this complicated either. We want to make it as simple as possible. So we're pulling in from those other states. And then we are going to come together with sort of our draft proposal of what we think will happen. We're going to be reaching out in this upcoming year for stakeholder feedback on that as well and what makes sense. So you'll be seeing that coming up this year.

Similarly we got funding in the American Rescue Plan Act for value-based payments. We were ready to roll that out before Covid and once Covid hit what we were planning is no longer relevant or pertinent. What we're really looking at doing is using our value-based payment models to help to incentivize support coordination agencies and providers who are able to engage with us in some person-centered planning, person centered thinking. Starting to kind of look at the whole person, look at people's goals. Not that we ignore health and safety, but really look more at, you know, meaningful activities in folks lives. And, you know, there's lots of different discussions that need to happen for that. So we are looking at using the value-based payment models to try to incentivize that. Again, we're putting together draft proposals. The other thing you'll see in this upcoming year is us reaching out for stakeholder feedback on our proposed models as it relates to the value-based payments. So that what we'll have to do is put that together. That will require a waiver amendment. We have to put it into our waivers for how we'll pay that out. So we'll need to get the feedback and then develop the waivers So it's a little bit longer process.

Another activity that we are working on that is, it's called shared living model. So a lot of other states have what they call waiver group homes. And we don't really have them here. But a shared living model, that's basically what a waiver group home would be. But it would be limited to say three or four people. So basically what that is is if you have folks who need 24-hour supervision, but they don't really need one on one staff. They don't need someone in arms reach at all times to keep them healthy or safe. They

could share, you know. So you may only need one staff or two staff for those three or four people. Not the same number of staff to individuals. And in other states a lot of times if you need that 24-hour supervision, then you're more in that home where you're sharing with other people. We have the ability to do that now. We have a rate, and we have a service in the residential options waiver where you can do that. Providers and families have told us it's not working. So we need to do something different with the way that we structure the rate. We need to do something different with how we help partner people. So, for example, it will never work if you just try to randomly find three or four people to live together. I bet you can all think of people you don't really want to live with. But if you find three or four people who have similar interests, who like, you know, to do similar things in the community. Maybe a group who all either work or don't work. You know, and so your day kind of looks the same. Then you have a much more success at something like that happening. So, you know, we're trying to build some infrastructure there before we just say hey, go do it. But we are also trying to work on the rate. And so we do potentially have in the budget this year some additional funding to help us look at the rate for the shared living and the shared rates models. And once we have that then that will really allow us to open the door to start piloting more. So we'll be doing work on that this year.

Some of you may be familiar with the home and community-based settings rule. The home and community-based settings rule came out some time ago. They have continued to extend the date. And every state sort of struggles a little bit. For us in Louisiana the biggest struggle we have with coming into compliance are with our day program and vocational settings. Because it says that you must work with people without disabilities. So, you know, we had a lot of programs here in Louisiana where people would go to what has become known as sheltered workshops. Or everyone goes to this building and does contracts. But all the people that are working are people with disabilities and they're not working with people without disabilities other than the direct peer staff that are



there and might assist. So we've been doing a lot of work over the years. Again, we were doing great with progress and then Covid hit two years ago and basically everything shutdown anyway. So then no one was working. No one was going to a day program. We just shifted to home. So we're having to get back on track. The federal government has told us we all have to be in compliance by April of 2023. So we have less than a year. And they have gone on record saying we're not giving you anymore extensions. I think they've given three. So we also have a lot of work to do to help work with providers. We don't want anyone to have to close. But we have to make sure that everyone is in compliance with what is outlined in that settings rule. So we have a lot of work to do with folks on that.

Another thing we're excited to get in our American Rescue Plan Act was funding for the start, it's called the Start Team to come in. The Start Team is a group, they're a nationally known group who helps states to set up kind of crisis response for people with intellectual disabilities and behavioral health concerns. So we have already started engaging with them. Anyone who works in state government knows that the contracting process is a pain in the butt. But we're trying to get through the contracting process now with the Start Team so they can come in. And what they do, the thing that's interesting is they have a model that they use, but they tweak that model to meet the needs of the state. So they don't just come in, like a lot of people will come in and say this is our model and do it this way. What they do is they actually come in, they do a state assessment. So they'll probably want to talk to you guys, and they'll want to talk to other stakeholders. And they find out, you know, what's working in your state, what's not working in your state. Where are the gaps. And then from there they'll work with us to put together here's our recommendation for how to best use our model in your state to meet your needs and roll it out. So again, this upcoming year that's one of the things we'll be engaged in is that assessment process. And then working to develop a pilot for kind of that crisis therapeutic response. I can tell you guys that, you know, it happened over Easter break. You know, a lot

of times if there's going to be an emergency it happens on weekend, on holiday. Somebody needs something and they need it right now. Somebody's been in the emergency room for a week, and no one has-- and so it's those kinds of things that just help you when somebody really needs something, and they need it now. They can't wait a month from now. The hospital doesn't really know what to do to help stabilize this person. And so it's really kind of addressing that kind of target population.

We also, unfortunately, had an audit by the Office of Inspector General related to our risk management processes. We did have to do a corrective action plan for findings that they had. Most of them surrounding our critical incident reporting. But we will have to continue our work in the next year to be able to continue the work that we're doing on that corrective action plan. So it's going to be a lot of training, a lot of education. We're starting-- we've done a review of some of our policies and procedures. There will be more of that so that we can really take a shift to our risk management system to try to be more preventive, more proactive. But also to make sure that we are, when something does then happen that it's being reported and that the interdisciplinary teams are really taking a look at what happened and what might we need to do differently to avoid that happening again in the future.

Dental training. We got funding as well to do some training to dental practitioners. Which when I get to the budget part, I'll share with you why that's so important. Because we are going to have the ability for a lot of our folks to have access to comprehensive dental services here in Louisiana that maybe didn't have it before. But just having access doesn't work if you don't have practitioners out there who might understand the unique needs of our folks with intellectual and developmental disabilities. So we're partnering with some other folks to figure out the best way for us to get training out in the field. And that's training for dentists and dental hygienists. But it also may be training for individuals and families and providers to help outside what might we be able to do to prepare people for going to the dentist

so that it can be more successful. So kind of training across the gamut. With our early steps we have a statewide systemic improvement plan that outlines different activities for engagement with families that we are always working towards. We do have the potential, we don't know yet, for some additional funding opportunities. So we'll also be working on, you know, working with feedback from our stakeholders on possibilities for what we might need in our early steps, in our early steps program.

And then the last-- well, no. Two more things. So the other thing that we know that we're working on next year are training for direct support workers. We have heard that that's a definite need. So we've shifted some of the resources that we have available. In our previous activities document you saw we did some shift of what used to be called our intermediate care facility programmatic unit. And the most success they had was on training. Training DSWs. So we're kind of shifting and using some that they have. So we have training modules for things like recognizing signs and symptoms of illness. Especially for folks who may not be able to verbalize to you what those signs and symptoms are. We have positive behavior supports. Engaging folks with severe intellectual disabilities in meaningful activities through the day. So just kind of give you an idea. We have more than that. But we want to be able to offer those trainings for our direct support workers. They will have the most current information. A lot of times some of the information that folks get if providers have to pay for those, then you might find that they're, you know, 10, 15 years old and maybe not what's current best practice. So not only do we want to get that information out there, but then we can continue to update that and make those offerings on our webinars. And then we do have in our business plan opportunities to increase the workforce. And so we will continue to work on that in the upcoming year.

And then just very quickly before I open it up. There are several things as well that are being considered by the legislature right now that if passed would also impact kind of where our office would need to focus efforts next year. House bill 55 by

Representative Butler would require dental coverage for adults in intermediate care facilities. So we would work with our Medicaid team to get that in. That would require state plan amendments and what not. So we would work with that team to do that. This is not, the next two are not directly, directly related to services for people. But there is a house bill 145 out there. If that passed-- so there's a lot of things that we do that have to go through the rule process. You may be familiar with the Louisiana Registrar. We have just within our Office for Citizens with Developmental Disabilities within our service structure there's probably about 150 rules that we have. What this legislation is doing is asking that all rules go in front of the legislature every year. And so that would be a huge lift cause we don't do anything like that right now. So understand that the legislature wants more transparency on things and so I understand why, but just letting folks know like if that did pass as is right now, it would be a significant lift for staff in our office.

There are also two bills, house bill 611 and senate bill 30 that are related to the facility need review process. The facility need review process there are certain provider types that are under what's called facility need review now. And so what that means is is that if you fall into one of these categories and you want to become a provider, you want to open a provider agency, you first have to submit a packet to the facility need review team that says that you want to be a provider in this area and you have to show why. Like is there a gap, are you providing some special service, or something like that. We already have a team who reviews those. But the legislation that's being proposed-- again, I'm not trying to say for or against any legislation. I'm trying to make sure, cause I'm neutral, we have to be neutral on all. But what the legislation would do would require some additional steps happen for that facility need review process. So again, I would have to give additional staff time to be able to process that because all of our home and community-based waiver providers are under the facility need review process. And so, and we do get when you look at, I think there's about ten provider types that

are under that facility need review. Of the ten are home and community-based providers are the number one. We probably have, I think in one year we get, they just did it the other day, it's like 300 or 350 applications for people who want to get into the home and community-based provider arena.

We do have there is HCR 14 out there that would put together a task force to study the voting rights of persons with disabilities. So we would have, we would participate as a member in that task force. HCR 38 is a study to study the folks with intellectual and do a report on the gaps for people with intellectual and developmental disabilities and co-occurring behavioral health. That would tie into what I was talking with you guys before about start that we're doing. But that resolution would then require us to get a report to the legislature on, you know, what those gaps are and what we would be doing. HCR 39 ask us to study and make recommendations for the barriers to hiring direct support workers for persons with disabilities. And we would, you know, be a part of that study, putting together a report. It would dovetail into some of the work I mentioned we're doing with our business plan and some workforce efforts that we already have engaged. And then HCR 40 ask that we study and report on the cost of providing nursing services in our home and community-based waivers and ICFs. So we would be part of a team that would work on that study and then making a report to the legislature.

So I don't say all that to you guys to say please don't now don't tell me anything cause look how busy I am. But I do just want folks to know that we do have a lot going on. And again, the American Rescue Plan Act and some funding options availability that we just didn't have before are out there. And we didn't finish-- yeah, we didn't finish any of them this year. So a lot of that's just automatically going to continue for next year. But I definitely am interested if there are certain, you know, gaps, barriers, activities that you think would be helpful. And again, this is across the gamut. So for those of you who maybe don't know, within my purview for our office is our home and community based, our four home and community-based waivers. Early steps does fall under my domain. The

Act 378 state general fund programs of the individual and family support and family flexible fund fall under my domain. And then I work collaboratively with Medicaid on intermediate care facilities. And so group homes and what not. I think that's all. Oh, we do have the resource center. I work collaboratively with Pine Crest Supports and Services Center and Central Louisiana Supports and Services Center. They're under my budget, but then programmatically they kind of report separately. So it's across the gamut. So happy to hear any suggestions or feedback for any of those programs. Again, for things we would want to consider this year or potentially consider in a budget request for next year.

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

JILL HANO: Julie, you're just going to have to write me up a white paper cause I don't understand the American Rescue Plan funding. But that's not the question. What did you say there were two legislative instruments that I wanted to get down that I did not. HCR 14 is the funding issues, correct?

JULIE FOSTER HAGAN: That's correct.

JILL HANO: And you said something that pertains to the DSW shortage or DSW training.

JULIE FOSTER HAGAN: Right. It's HCR 39 and it's asking us to study and make a recommendation on the barriers to hiring direct support workers for persons with disabilities.

JILL HANO: Thirty-nine?

JULIE FOSTER HAGAN: Yes, ma'am.

JILL HANO: Thank you so much.

JULIE FOSTER HAGAN: In terms of the American Rescue Plan Act, to be honest, Jill, I've now been to probably 30 different trainings on the American Rescue Plan Act and the funding part of it, I can't write you a white paper cause I don't really understand it either. This is what I know as simple as I can make it. From April, I think it's April, maybe March. For a one year period starting last year, and that period ended, any money that the state spent on home and community-based services, doesn't just have to be waiver, but any home and community-based services the federal government gave you some extra, what they call,

match money. So they gave us extra federal money for every dollar that we spent on home and community-based services in a one-year period. So we now have this pot of money that we got from the extra spending that we had. And now we have until March of 2024 to spend that extra money that they gave us. But it has to be spent, and this is what I love about it, it has to be spent on home and community-based services. So they can't go oh, boy, you got a bunch of money, we're going to go do something somewhere else. You have to spend it in home and community-based services. We have to tell CMS, and it doesn't, it's not like we just get to go this is what I'm going to spend it on, and I spend it. We also have to tell CMS here's how much money we got, and this is the extra match, and these are the things that we're going to spend it on. And then CMS has to say yes or no. And we still haven't got a yes on everything we want to do yet. So and then after they tell us yes, every quarter we have to send a report to CMS and say these are the activities and this is the amount of money that we spend on that activities and we have to do all that every quarter until March of 2024 or until we spend all the money. Whichever comes first. Now there's a lot of states out there, I don't want to confuse it, but there's a lot of states out there that are saying hey, CMS, you've taken nine months to give us approval and we still don't have approval cause we submitted these back in July last year. We're not the only one. Lots of states don't have approval. You need to push back that March 2024 deadline and give us some more time to spend this money because technically we can't spend it until you approve it and now you haven't approved it yet. So could you push that back. So they are considering pushing that back.

JILL HANO: So basically if they push it back the 10 percent would be retroactive?

JULIE FOSTER HAGAN: Well, remember we only get that extra 10 percent from March of 2021 to March of 2022. So the timeframe is done. You just had one year to get the extra. It's just that you then had three years to spend it. Does that make sense?

JILL HANO: Okay.

JULIE FOSTER HAGAN: And that's about all I really understand about it. And then just let me spend the

money.

JILL HANO: I really was writing in my notes I really like literally remember sitting here and writing the exact same thing last quarter.

JULIE FOSTER HAGAN: Any other questions or feedback for activities?

JILL HANO: Thank you.

JULIE FOSTER HAGAN: And times not up. Again, I know I shared a lot of information. So at the July meeting, you know, Brenton or Kim, if you guys would like, I'm happy to have an opportunity for folks to have kind of let some of that sink in. And then, you know, especially those things that might have a fiscal note that I would need to, you know, start preparing in my budget, I'm very happy to have an opportunity for feedback at the next council meeting too that might inform our budget preparation if folks might be overwhelmed by those three pages of notes I just read to y'all.

KIM BASILE: Thank you, Julie. Does anyone have any more questions for Julie on this topic? Okay. Julie, I don't think you're finished yet though, are you?

JULIE FOSTER HAGAN: No. But the other ones aren't nearly as long. I gave you guys an update some on the legislative, kind of some of the things that would directly impact our office. I will give you guys an update on house bill one in its current posture. So for those of you who may not know that the house appropriations gets house bill one. They have lots and lots of meetings and committee meetings where folks go and then they end up making amendments to house bill one. Which is the main budget bill for the entire state. They have done that, and they are ready to present it on the house floor. Which, unfortunately, is tomorrow. So you guys will see me in and out of the council meeting as I have to go to the floor in case questions come up. But the budget then goes to the floor of the house. We do anticipate that there's going to be amendments that happen, what they call on the floor, to the budget bill as it stands. It then has to go to the senate. This morning I was in senate health and welfare and several of the senators there expressed significant concern with the budget that they



know is coming because it takes 69 million-dollars away from LDH. And I'm only sharing what was testified. You know, someone was asking for a rate increase for ADA therapies and the comment was just, you know, you've asked for this. Everybody's asked for this. People need rate increases. We understand people haven't got rate increases since the stone ages. However, if you keep cutting LDH's budget you can't expect that LDH can then give rate increases if you're continuing to take money away and they're supporting venerable folks. And so I would anticipate based on that the senate will probably make some changes too. I say all that just to tell you I'll share with you what's in house bill one right now. But it is all potentially subject to change. At least as it relates to disability services.

So the original house bill one, so before amendments, did include funding for dental services for individuals with intellectual and developmental disabilities who are in waivers and in intermediate care facilities. So that was in the budget and that did stay in the budget. The rate increases that we gave for home and community-based services, and we worked very closely with the council on that in the past, the continuation of those rate increases was in the original budget request. Also in the original budget request, and it's still there, is a rate increase for the intermediate care facilities. This is the year that they get re-based. So they had a re-base. And then there's an additional amount to help with their direct support workforce. I think it's 12-dollars. It's about 12-dollars per day, per person increase in the rate. And those were the things that were originally in the budget. I try to say this as neutrally as I can. I do think to show the power of public testimony though, what was not in the budget was a rate increase for early steps. I don't know if any of you who watch public testimony, but there were some providers who got up and got a lot of attention from legislators, from the media afterwards. And so as a result one of the amendments that was added to house bill one is a rate increase for our early steps providers and case managers. And so that was added as an amendment. Amy and them might want to tell you more

about that. But they also added an amendment for the Families Helping Families that you guys had been looking for. There's lots and lots of other things.

If you looked at house bill one amendments and were confused, I will share with you this is the best that I understand it. Just so everybody knows I'm a speech therapist. I do have an MBA. But I am a speech therapist by trade. And MBA didn't teach me a lot of this. But what it appears is that in house bill one normally Medicaid has a budget and it's called Medicaid vendor payments. MVP is what you'll see it as a lot of times. What that includes is basically any and all payments to services for any Medicaid providers. So your hospitals is there. Your managed care organizations are there. Our waiver services are there. Your ICFs are there. Any Medicaid service is in that bucket. And the budget for last year was about 13 and a half billion dollars in that MVP budget. When you look at house bill one what got confusing for a lot of folks is they took the, you know, the five lines that were here's Medicaid vendor payments and they broke it out and almost like gave a line-item breakout. So it didn't really change much because the amount that they had in the budget when you add all those things up it's still the same amount as what was on those five lines that's now two or three pages. But now it says for home and community-based waiver services this is how much you have. For immediate care facilities this is how much you have. For managed care organizations. And it's not really been broken out like that before. You know, and there's good and bad about that. I don't know that everyone knew that was coming. So I think they probably have a lot of folks that have a lot of concerns about that because it's just not traditionally how we've done it. When you do it that way there's potential for good and bad to happen even within our own services that way. So I think they're just trying to really understand kind of where that came from and why. And so you may see a lot of questions about that. But I know folks, I got a lot of calls after like what does that mean. Does that mean your waivers are getting more or less or what. And it's just not typically broken out that way. From what we can tell it's just kind of a status queue of what they had

because when you add the numbers it's all the same. But there very well may have been things that they increased or decreased along the way. And it's just kind of confusing in the way they did it. Don't know that they'll talk about it on the floor tomorrow or not. But if you're looking at those amendments is what seems to be causing a lot of confusion for even folks in our department. You know, just trying to kind of really understand what that means for folks.

And then other than that, yeah, the other pieces that I mentioned earlier, we're just kind of monitoring those. Providing information when needed or requested from folks on that. Any questions about the legislative? Any legislative stuff? So kind of legislative and budget. In terms of the American Rescue Plan Act I mentioned earlier, you know, I mentioned in my report it's the exact same as it was last quarter. We got approval for our activities in this rescue plan act, home and community-based spending plan for the start, for VVP, for TEFRA, for remote supports. We still don't have approval for the rate increase for OAAS that would equalize the rates. The support coordination rate increase. And then we had bonus payments in there. We've not gotten denied, but we've not gotten approved. And so all of those things are still pending at this point. Any questions on American Rescue Plan? We do every single Friday ask for an update from CMS, and every Friday they say we're still working on it.

The next agenda item is continuation of appendix K exceptions. So you guys may have heard the public, the federal public health emergency, cause our state public health emergency has ended, but we are still under our federal public health emergency. It's either April 16th or 17th was the expiration date. Late last week they did extend it for another 90 days. They can only do 90 days at a time. So that puts it April, June, July, through July. I was a little surprised because what a lot of folks thought is that when they came out and said okay, it's extended another 90 days that they said it's extended another 90 days, but then it's going to end at the end of that 90 days. Because what the federal government has told us is that they would give us a minimum of 60 days' notice before the public

health emergency would end. And so, but they didn't do that. They just extended it in the same way that they have been. So lot of folks are very closely watching to see, you know, when they're going to end it. And so what that means is that when it ends, what that means directly for us as it relates to the appendix K exceptions is that from the end of the public health emergency, we then have six months for those appendix X exceptions and then they are no longer in place. And so six months past that.

For state, for the funding part and the state plan part what that means is that, so you hear CARES Act dollars and it's an extra, I think it's, I always say the numbers wrong, but there's extra money that we get from the CARES Act that was passed a while back that continues to come in. The CARES Act dollars continue to come in until the last day of the quarter in which the public health emergency expires. Interesting, right. So if the public health emergency expired June 25<sup>th</sup>, the end of the quarter is June 30<sup>th</sup>. So that means like you get five days' notice. If the public health emergency, if they say okay, it's over July 1<sup>st</sup>, you actually get the extra funding and things in place all the way through September 30<sup>th</sup>. So people are very closely watching the timing of when they say the public health emergency will end too. And kind of saying look, if you could let us know at the beginning of the quarter that would be really helpful because there's lots of things-- you'll hear terms like Covid unwind that people are using. And that just means all the things that are going to have to get undone that were done during Covid for flexibilities. Whether that be like our waiver exceptions or state plan. Or while we received this extra CARES Act no one can be removed from the Medicaid eligibility. And so there's also a significant amount of work that will have to be done to relook at all those folks that were eligible for Medicaid that might have needed to come off. Because normally just during the normal, you know, pre-Covid every quarter you had a large number of people who came off of the roles. You know, some went on, some go off. You know, based on need. So you've now got two years of people not ever coming off that we'll have to go back and reevaluate. They give us a year to do that.

So that doesn't have to happen in that one quarter. But there are other things. But if you don't get them off the roles, but then the money dries up at the end of the quarter. You know, cause it's the extra money that's helping to pay for those extra folks being there. So again, folks are really closely watching that.

In terms of where we are with our waiver approval for those PHEs, our new opportunities waiver was renewed. And so we were able to manage to get in. So they had some questions for us while we were going through the renewal process. We weren't sure what they would let us do or not do. But we were able to get in what we've talked about with family members as paid caregivers. And I've shared the details of that. We were able to get that into our NOW renewal. So at this point the family as paid caregiver is approved in our NOW. We've gotten approval on our children's choice waiver amendment. And so all of those post PHE that we shared and is available on our OCDD website if folks want information about that. Children's choice is approved. We have not yet gotten approval on our residential options waiver and our supports waiver. We actually have gotten a lot of questions, but for children's choice and for NOW it didn't include the dental. So the waiver amendments to add dental. So the questions that we're getting right now on our residential options waiver and supports waiver are really not about our post PHE exceptions, but more about how that's going to work with dental services. Remember I said earlier if you can find something a state's already done and copy it, then it's easier. Well, Louisiana's actually the first to do something good for a change in getting the dental services. So we didn't have anybody to copy from. Other states are actually looking at us and going to try to copy what we're doing with dental and adding dental into the programs. And so they're just taking-- when it's something brand new CMS just takes a little longer to really take a look at it and evaluate it. We anticipate that that's going to come, but they've just had a lot of questions for us as they look at that. And so as I mentioned earlier, we're waiting to get that CMS, you know, kind of that CMS final approval so

that we can then reinstitute those PHE, those two focus groups we've talked about. The family as paid caregiver and the virtual visits. Based on what we know CMS has been approved in our waivers. Any questions about that?

Okay. So Act 421. We, just an update, and I know Brenton attached things. Some of you guys that are part of DD Council I know have been a part of the workgroup. You know, anytime a new program rolls out or a new service rolls out there's going to be bumps along the way. And so when we rolled TEFRA out starting January 1 we automatically saw lots of bumps along the way. So we've been trying to take information in from people, you know, lessons learned and things like that. Update our-- you know, we've had to do training with the folks that are involved and do some updates. And we're hoping that the road is not quite as rocky. One of the things that our stakeholders told us would be very helpful is if we had some kind of a workflow. Because there's different pathways to get in TEFRA. If you go this pathway, you do this. And if you go this pathway, you do this. And there's, you know, OCDD is involved. The LGEs are involved. But then Medicaid's involved in that. So it just got confusing. And so we got together with a group of stakeholders and developed a workflow. And that is available. It's attached to your packet so you can link there. And the goal of that is to try to be as transparent as we can with stakeholders to see, you know, if you feel like your child would be eligible for TEFRA, what is that flow, and how do you do it, and what's the process. We also tried to include in that document if you get stuck or if things aren't working, then here's a phone number where you can call that will lead you to someone who hopefully knows what you're talking about and can help to answer your question and get you on track. We also had a couple times where people said well, I called the number you told me to call, and they didn't know what I was talking about. We also then take that and try to go train the folks that are answering the phone. So we use it all as a learning opportunity when we do hear. So we do want to know when things aren't working so we can use that as an opportunity to learn and modify or educate people on

the process.

One of the significant changes that we made early on is that for those of you who maybe don't know about TEFRA, there are three pathways to be eligible for TEFRA. The nursing home level of-- a child meets nursing home level of care. Hospital level of care. And ICF level of care. For children to meet the hospital and the nursing facility level of care there typically needs to be some significant medical issues. So they've been in the hospital for, I think, like 60 days. Or, you know, children who have trach needs or respiratory needs. And it's usually pretty intensive medical is required to be able to. And there's a whole assessment tool. The other pathway is the intermediate care facility level of care and individuals who have an OCDD statement of approval, so they've gone through our eligibility process and be deemed eligible, then they are eligible for TEFRA. There's not a separate assessment like nursing home and hospital. There's actually a form called a 90L that a person takes to their physician and the physician signs. We have instructions for the physician to understand that they meet an intermediate care facility level of need. Which means they have, you know, a developmental disability, they have support needs. You know, they need support and need engagement and things like that.

Prior to the implementation of TEFRA we looked at early steps eligibility because a child just has to have a developmental delay. The definition for early steps eligibility and developmental delay is different than your OCDD statement of approval. And so one of the things we did initially was said that if you are in that zero to three population then your pathway is really just your nursing facility or hospital level of care because we don't start doing OCDD eligibility for statement of approval until a child is two and a half. Approximately two and a half. We have a lot of concerns about that. There were children, for example, who may be in the zero to three who had, you know, down syndrome who maybe didn't meet the medical, but we know that it's a lifelong condition. And you're not going to not have down syndrome. You're not going to not have cerebral palsy. And so we went back, and we reevaluated it. And where we landed was that if you

are zero to three and meet early steps eligibility, you are eligible for services within the developmental disability system. And so your early steps eligibility is kind of the first step for ICF. And then you do then have to go to the physician and have a physician sign the 90L saying that you then meet that level of care. So that was a pretty substantial change. We initially, a lot of the denials we had were kids who were in the zero to three and didn't meet that, but still had the need. And so we've now reviewed all of the kids who were denied who originally, you know, applied who were in that range and have either gone through the process or in the process of reevaluating that. We've educated everybody on that change. The thing that I just really, really want to make sure everybody understands is that you're eligible because you meet early steps eligibility, right. But because you meet early steps eligibility doesn't mean that you're automatically going to qualify for OCDD eligibility using the federal definition.

And so, for example, we're very proud of the fact that fifty percent of the kids who are in early steps age out of early steps at three years old at the same level of their same age peers. And so early steps in getting that early intervention services in place has helped them. So if they're at the same level as their same age peers, then by definition they're not going to meet eligibility for OCDD services. So if you are receiving TEFRA through the ICF pathway based on your early steps eligibility and then you're not eligible for an OCDD statement of approval, then you're no longer eligible for TEFRA through that ICF pathway. You would have to meet it through the nursing or hospital level of care. I anticipate there's going to be a lot of confusion around that, so I'm trying to be as transparent as I can to help people understand that. And if you at any point, because we do redeterminations for OCDD eligibility as well, so if at any point you're no longer eligible for OCDD's statement of approval, and you were in TEFRA through the ICF pathway then you wouldn't be eligible for TEFRA through that pathway any longer either. So those are all tied together. And I'm happy to take questions about that if folks have them. In fact, I'll stop there and see if anybody has



questions about that. I do have some data to share with you guys. But I'll see if anybody has any questions about anything I just talked about first. It looks like Jill has her hand up.

JILL HANO: Okay. We need to readdress this whole never not going to have cerebral palsy issue because my mom never said that. Just kidding. Julie, do you know the exact date that the NOW waiver was renewed?

JULIE FOSTER HAGAN: I don't. But I can get it.

JILL HANO: Okay. No biggie. All right. And this activities that are approved from American Rescue Fund, are they listed in the report?

JULIE FOSTER HAGAN: I think so. I'll double check. I thought we did. I thought we had a section on that. I'll double check.

JILL HANO: If not, I'll find it.

JULIE FOSTER HAGAN: I'll double check. If not I have like a one pager I can send you.

JILL HANO: Perfect. Y'all know how I love to kill trees.

JULIE FOSTER HAGAN: Yes. It is in the report on page five, Jill.

JILL HANO: Perfect. Thank you. Thank you.

KIM BASILE: Does anybody have any more questions for Julie? All right.

JULIE FOSTER HAGAN: Do you want me to share the data or no? Does anybody want that? I'm good not. But no, just to give you guys a quick idea. We've gotten 510 applications through 414 for the TEFRA program. And it is typically taking about 15 days to do the level of care assessments. But you also have to go through on the Medicaid side something called MEDT. And that's taking about 26 days on average. And so of the 510, we're still in the process of reviewing 393 applications. We have had 16 denials and 94 applications approved. And four people withdrew their application. I did ask why people withdrew their application and just so folks-- the information I was given is that when you do a Medicaid application there are, there's a lot of information that you have to give in that Medicaid application. And that some-- I asked my folks to follow up with why. And I think of those four that were withdrawn, three just said they didn't realize the level of information that was going to have

to be provided and that they preferred not to provide that much information. And so they withdrew their application. Now I'm really done, Kim.

KIM BASILE: All right. Well, thank you, Julie. We're going to move onto contractual updates and we're actually ahead of schedule. So we'll go to Marilee first. You are the monitor for Partners in Policymaking and video initiatives. Would you please provide us with an update.

MARILEE ANDREWS: Good afternoon, everyone. I am going to first update you guys on Partners in Policymaking. That is activity 1.1.1 in our FFY 2022 action plan. Thank you, Brenton. So I'm going to report to you guys for January, February and March. Basically in those months there were three sessions, three partner sessions. So the first PIP session of 2022 started in January of 2022, virtually. And this was across three days. The first day was a meet and greet. And then the second day was a session, one kind of on disability history. And then there was a Q and A with Guy Caruso on social (inaudible). And that was virtual. There were 23 applicants who were accepted into the PIP class and 19 attended the January session. So 19 began in January. The second session was in February. It was two days long, virtually. The speakers were Nicole Learson who presented on boards and commissions and parliamentarian procedures. And Debra Whitefield who presented on grassroots organizing and negotiation. And then there was a full attendance. All 19 who began in January attended in February. And then the third PIP session was in March, and it was, again, virtually. And it was across two days. The speakers included Adrienne Thomas who is the PIP coordinator. Some people here on staff, Amy and Ebony. And then Amy and Ebony presented on Act 378, LaCAN. Which I know we all know is the council's grassroots advocacy network. And then the legislative advocacy agenda, writing testimony and things like that. And Ms. Thomas presented on the legislative process. So as I mentioned all three sessions were held virtually. Participation was on a platform called a Trello board. So that is kind of an interactive project management board. That's how materials were shared, assignments were turned in, communication between participants and

the coordinator. And then I believe there was also a Group Me where it was kind of another way to communicate for polls and surveys and things like that. So that was partners for January and February and March. I'm not sure if there are any questions on that.

BRENTON ANDRUS: None that I see.

MARILEE ANDREWS: Okay. Great. The second contractual activity I'm going to tell you guys about is our videos and visual materials contract that is with O'Neill Communications. So this is our second year of contracting with them for this. It is activity 1.1.5 if you are someone who likes to follow along in the action plan. So in January the council, we were able to sign a contract for the videos. And we sent it to O'Neill and they signed it like pretty fairly quickly and were able to backdate it, which is good, to October 1 which is the start of our contracts. And after that they kind of hit the ground running. They completed a review of the statement of work in the contract. We went over their deliverables, kind of talked about story boarding and topics. They had begun an intake form to request video participation from the council. And I know they're currently building an implementation plan for the video topics. And then since this was written, so like I mentioned, this covers January, February and March I believe that we're like finalizing the implementation plan. So we're almost done with that piece. And so that is videos and visual materials. I don't know if anybody has a question on that.

KIM BASILE: Any questions for Marilee? No. Okay. Thanks, Marilee.

MARILEE ANDREWS: You're welcome. It was my pleasure.

KIM BASILE: Okay, Ebony. You're up.

EBONY HAVEN: It's so hard to know where to look. If I'm looking at the people in the room or on the screen. So if I'm all over the place, that's why. So just for LaCAN as of March 22nd LaCAN has a little over 6600 individuals that are registered for the council and LaCAN's list serve and to receive action alerts, information, alerts about our home and community-based services, employment, education and early intervention.

As far as advocacy activities for LaCAN, our council follows the federal fiscal year. So from October 1st to September 30th. And since October 1st we've had-- and this will be a little different from the information that's included in your status report just because we've had additional action alerts and yellow shirt days. So I kind of wanted to keep you guys up to date as where we are as of today. So as of today we've had four home and community-based action alerts with 456 actions taken. We've had three education action alerts with 315 actions taken. And if you're curious about actions, that's either somebody responding to the action alert by emailing their legislator or calling them just to respond to the action alert. As far as education yellow shirt days there have been two and we've had 66 participants at those. And we've had two home and community-based services yellow shirt days. And we've had 43 participants at those.

So in addition to those yellow shirt days the LaCAN leaders are also attending BESE virtually just to stay up to date on the special education in our school systems. And I do want to point out that currently action alert number eight is still active. It was sent out yesterday. And Julie kind of gave you guys an update on HB 1, but if you go to the alert, it specifically says what's in the budget bill currently before it goes to the house floor tomorrow. So currently there's funding in there still for comprehensive dental coverage for adults on Medicaid waivers and the additional 500,000 for the Families Helping Families centers was amended into the HB 1. What HB 1 does not include is the funding for cameras in special education classrooms. So the alert will remain active until tomorrow, April 21st. So if you haven't taken action yet, you still have an opportunity to take action. But once you take action the next step is just as important. Make sure that you confirm your actions with your LaCAN leaders so that you're counted towards their confirmation list. There's also ways that you can participate virtually for yellow shirt days if you guys can't make it to the capitol. You can watch the committee meetings live from the legislature's website when the meeting's in progress. All you have to do is click the camera icon to

broadcast the committee meeting. You can also host committee watch parties on social media, share videos, share on your personal story, tag your friends, tag your representatives, senators and policymakers. And a lot of the times the LaCAN leaders use popular hash tags like hash tag LADDC, hash tag LAledge or hash tag LaCAN. So those are ways that you can continue to be involved virtually if you're not able to make it to the capitol.

LaCAN continues to host two LaCAN leader calls a month. And one of those calls is a leader only call where the leaders get together to discuss things that are working in their regions. Maybe they help just brainstorm ideas for each other to help each other be more, I guess, progressive in each of their regions. If something's working for one leader, they can share their ideas with other leaders. Also I just kind of wanted to bring up that currently the bill tracking list is on the council's website. It's on the homepage. And it's updated every Friday. Brenton updates that every Friday. So you guys have an opportunity to see where bills are in the legislative process that the council's tracking. LaCAN legislative visits. So the session began on March 14th, but due to the delay in getting the legislative agenda finalized we allowed the LaCAN leaders to complete legislative visits through the middle of session. Which was pretty much this week. So this week is the cutoff for those legislative visits. So as of today LaCAN leaders were able to complete a total of 52 formal legislative visits and out of those 52, 32 of those were visits with key legislators on our key committees. LaCAN leaders will continue to connect with legislators throughout the legislative session through action alerts and formal visits and by using those other tactics that we kind of talked about earlier.

I did want to kind of mention, cause I know it was mentioned in the executive committee, that some of the council members maybe aren't receiving the action alerts or maybe you're having trouble getting in contact with your LaCAN leaders. I just kind of want to make sure that we have current information on file for each council member so that we're able to share that information with our LaCAN leaders so that they

are making sure that they reach out to you guys. Especially for legislative visits we want to make sure that council members have an opportunity to take part in those legislative visits, for roundtables. We want to make sure you guys know about action alerts and any other way that you guys can be active and attend yellow shirt days or public testimony days. So if you can, just make sure that we, council staff, have current contact information so that we make sure that our LaCAN leaders are able to reach out to you. And that is something that we track with the LaCAN leaders every month. If they're reaching out to their council members and making sure that they tell you guys about alerts, yellow shirt days and other opportunities for you guys to be active.

LaCAN member meetings and roundtables. We had a great turnout at roundtables this year. Especially with our legislators, our policymakers. The LaCAN leaders in collaboration with the FHF centers, they hosted roundtables that started February 8th with region two. And they ended with region three on March 10th. There were a total of 30, I mean, I'm sorry. Three hundred-seventy-seven participants in attendance. Thirty-three of those were self-advocates. Hundred-sixty-three of those participants were family members. Hundred-fifty-one were professionals. And we had 30 policymakers in attendance for our roundtables this year. So I do want to kind of acknowledge our LaCAN leaders for all the hard work that they've done. We are currently fully staffed in each region, so they worked really hard especially on the roundtables to get those legislators in attendance. Which is one of the reasons why we were able to add the funding for cameras to our request because we received such positive feedback from the legislators at our roundtables. So I do want to just acknowledge the LaCAN leaders and to give them a huge thank you for all of their hard work. All of their hard work that they're doing currently during our legislative session, making sure that the legislators know about our advocacy, or the council's advocacy agenda. And making sure that we have bodies in the seats with their yellow shirts and people there to provide testimony for the issues that are on the council's agenda. So are there any questions about

LaCAN?

KIM BASILE: I have a question, Ebony.

EBONY HAVEN: Okay.

KIM BASILE: So LaCAN leaders who are representing LaCAN at the capitol writing green cards for specific bills, how does that, does that cross any lines as far as lobbying goes?

EBONY HAVEN: So no. Whenever they fill out the cards they're doing so as just a constituent and not as a LaCAN leader. So in their orientation, Kim, we go over like the strict policies that we have against lobbying. Advocacy verses lobbying. So they're not allowed to fill out a green card as a LaCAN leader. It's them as a parent or a self-advocate and not as a LaCAN leader. So it doesn't cross any lines.

KIM BASILE: Okay. Anybody else have any questions? Okay. Ebony, Families Helping Families.

EBONY HAVEN: All right. Brenton is going to share the document that should have been included in your packet, but it's also linked to the agenda for the FHF centers for their third quarter performance data. All of the centers are doing really well with most of them are exceeding the deliverables for most of the-- if you look at the annual target for each contract area. Most of the centers have already exceeded the deliverables for most things. And then those that won't, we will be completing third quarter summary reports for each center. And if a center is not on target for meeting that deliverable, Rekeesha Branch and I will be notifying that center and asking for their plan moving forward on how they're going to meet that deliverable. So just things to note about this particular chart. The centers don't have to turn in their data until the tenth of every month. And so one center in particular, and that's FHF Crossroads, they had some sort of damage to their center and their internet router was blown out. So they weren't able to get in March data or second quarter data by the time this document was created on the 11th. And then also just to note that FHF NOLA, GBR, Northeast Louisiana, and North Shore Families Helping Families, they weren't able to get in their second quarter data. So I tried to wait as long as I could because the deadline for them to turn in or submit data is the tenth. But I had to create this

chart by the 11th to get it in your packets. So some of the centers just weren't able to get their information turned in in time. But even without the third quarter data, they're still on track for meeting the deliverables by June 30th. Because just keep in mind the Families Helping Families centers are on the state fiscal year. Which starts July 1st and ends June 30th. So that's all I have. I don't know if there's any questions about Families Helping Families. The great news is the money is included in the budget for the Families Helping Families centers. The additional 500,000 that they received last of this fiscal year.

BRENTON ANDRUS: For now.

EBONY HAVEN: For now, yes. As Julie stated earlier, the budget is just going to the house floor, but it has to go through the senate and the senate floor.

KIM BASILE: All right. Supported decision making.

EBONY HAVEN: All right. If you're following along in the status report, sorry I didn't mention this earlier, the update for supported decision making is on page five. So the Arc of Louisiana holds this contract, and they did things a little different this year. So instead of offering ten regional trainings, they're conducting five statewide trainings for adults with intellectual and developmental disabilities and their families. And then they're doing an additional five trainings specifically for legal and medical professionals. So the first statewide training that they did was on March 8th. They had 16 people to register and six people attended. So we're hoping to get those numbers up for the additional four statewide trainings that they're going to be conducting later this year. They also conducted a judges' training on April 8th. And their second statewide training will be on Tuesday April 26th. So next week. So if anybody's interested in learning more about this legal option that's now available in Louisiana, next week would be a great opportunity for you all to sign up for this training. Additionally, with the trainings they're also mentoring self-advocates through the entire supported decision-making process. So currently they have six participants, and the goal is to mentor seven. So currently they have six people that are going



through the entire process. So I will work with Ms. Rekeesha who will give this report next time and we're going to give the committee a report based on the numbers that they report to us for April. So the judges' training that they did on April 8th, and we'll have data for the statewide, or their second statewide training that they're conducting on April 26th. Does anybody have any questions about supported decision making?

KIM BASILE: Any questions? Thank you, Ebony. Before we move to Brenton I want to jump back to Julie. I sent her a question if she doesn't mind responding.

JULIE FOSTER HAGAN: Sure. So I believe the question was if you have a diagnosis of down syndrome, does that mean you automatically qualify for TEFRA. Am I understanding that correct, Kim?

KIM BASILE: Yes.

JULIE FOSTER HAGAN: The answer to that is no. So there's not a list of diagnoses. If you read the TEFRA rules it does talk about the Social Security Administration classifications of disability. That is part of it. But to be eligible for TEFRA you must also meet one of the levels of care. And so there's not a list of specific diagnoses that automatically make you eligible. It is that you have the diagnosis, but then you also have the level of care through hospital, nursing facility. So if a person with down syndrome would meet it through hospital or nursing home cause they also have medical complications they may meet it that way. If the person with down syndrome had eligibility for Early Steps, or if they're under three, or eligibility for an OCDD statement of approval if they're over three, then that would be what would be included to then look at the level of care for the ICF. Your eligibility for Early Steps and your eligibility for OCDD statement of approval is not what makes you eligible for the ICF level of care. It's that 90L that makes you eligible. It's just that being eligible for Early Steps or OCDD gets you to the pathway for eligibility for intermediate care facility. I hope that's clear.

KIM BASILE: It is. And I appreciate it. Thank you.

JULIE FOSTER HAGAN: Can I clarify one other thing

for Jill Hano just very quickly. She asked me the date of the NOW renewal. We got approval from CMS on March 25th, 2022, and it was retroactively approved January 1, 22 for 5 years.

KIM BASILE: Okay, guys. We are on time. Even ahead, maybe. Brenton, we're going to move to you next.

BRENTON ANDRUS: Great. So just a few more contracts to go over. Our rapid response during states of emergency, natural disasters contract with Trach Mommas of Louisiana. That's activity 2.1.1 on page nine of your status report if you're looking through that. So just as a reminder this initiative is basically to provide supplies, equipment, other items that people may need in states of emergency or natural disasters just to kind of help them get through. They might be dealing with a financial hardship, or they might just be needing assistance during that time. And so we've been partnering with Trach Mommas since this started. I think we're in the second fiscal year that we've been doing this initiative. There really hasn't been any change from the prior meetings in that this has been a really complicated initiative and contract just because it's not as easy as just writing somebody a check when they need something. Like we talked about last time, we can't supplant any money that folks might be able to get. So let's say if we're dealing with a hurricane if you did not have insurance coverage you might be able to get assistance from FEMA. We can't necessarily just cut you a check knowing that FEMA is going to be able to help you with some of those needs. So the contractor's really struggled in trying to find folks that would qualify for approval, I guess, with this particular initiative. We've had a few people when we, I guess, last met in January we had a few families that were able to get some assistance. And that was mostly with, what was it, diapers, wipes, things like that they needed. I know that she was able to assist some people in February, but we have not received any billing for that yet, so I don't know that data. But in general, I mean, we're talking maybe a couple hundred bucks that we've been able to utilize throughout each quarter. So this hasn't been a very successful initiative, unfortunately. And it's not

through the fault of us or the contractor. It's just the barriers that we have of utilizing that money. So I do think at tomorrow's council meeting when y'all talk about the new plan this is not an activity that was recommended to continue. Simply because we haven't been able to be successful with this particular initiative. But this contract does run until June so if there are any individuals out there that might need assistance, they can reach out to Trach Mommas to determine if they would be eligible. And it doesn't necessarily have to be something that's happening now. I mean, we're still recovering from hurricanes, from floods. There's still issues going on with the pandemic. So it can be past issues that they're still dealing with. And that's [Trachmommas@gmail.com](mailto:Trachmommas@gmail.com). Or you can reach them by phone at 225-200-5178. So any questions about that particular initiative? All right.

JILL HANO: What activity is this, Brenton?

BRENTON ANDRUS: This is 2.1.1.

JILL HANO: Okay.

BRENTON ANDRUS: Yep. So next up is our first responder pilots. 2.2.1 is the activity number. It's on page 12. And so we have contracted with Interaction Advisory Group. They're a group based out of Alabama. And it's, I guess, spearheaded or headed by Dustin Chandler who's a former law enforcement officer and he's also the parent of a child with a developmental disability. And so his group has created this training that he's been doing for first responders, mostly law enforcement officers, fire fighters, EMTs. And basically just working with them to understand how their policies and protocols may interact with, you know, their actual responses dealing with people with disabilities, trying to teach them how to engage people with disabilities, what to look for. Just generally raising awareness and understanding around appropriate interactions whenever assisting people with disabilities. We did not have any trainings that happened in January and February. Which is based on what the contractor has mentioned and what happened last year. It was pretty common cause there's this window of time for holidays between November and about January to February timeframe where you don't get a whole lot of people that are participating in the

trainings. In February they did have a community event which is more for self-advocates, family members. First responders can attend as well. But the community events deal more with the other side. So if you're an individual with a disability, how do you interact with first responders. And then just kind of bring awareness to some of the resources that might be available to individuals here in Louisiana. So that February event we had ten attendees for that one. They also did another one in March. The one in March was an in-person event. So to kind of drum up some more participation starting in March IAG did an in-kind training. Which means they came to Louisiana, offered a training up in the Shreveport, Bossier area that they did not charge the council for. They had nine deputies that attended that training. And then they had 29, I believe, individuals that participated in their community event. So the community event was held with cosponsors for our Families Helping Families up there as well as the, I think it was Epilepsy Alliance of Louisiana also cosponsored that event. So they had a really good turnout for that one.

One of the things that the contractor had noted is that there's been a lot of participation from those deputies and sheriffs and police officers from the Shreveport, Bossier area. They sent a lot of their school resource officers through the trainings that we did last year and this year. And they've pledged that they're going to continue updating their policies and doing more outreach on their own to the disability community just to make sure that they keep those lines of communication open so that they can continue with the progresses that they've made up there. The contractor's also been working with a lot of agencies here in the southern part of the state. Because he's been getting a lot of participation from the northern part of the state. So he wants to make sure that the rest of this year, so this contract goes until the end of September, so try to get more involvement from those in the southern half. And be able to bring a lot more training initiatives down here. I think he's going to, now that our emergency declaration has been lifted, he's going to try to do more hybrid events. So still do some virtual and still try to get out to Louisiana

to do some in-person. So any questions about this one? There was a training that was supposed to be offered, I think, April 5th, but I don't have that information yet. They always bill a month after the activity. So you'll hear about that one at the next meeting. Great.

Last one is emergency preparedness and response training. That's activity 2.2.2. And that's also on page 12. This is the one we have with Niagara University where they have an established training program on emergency preparedness and response. They've been working with other states, other councils in other states to bring that FEMA approved training to those states. And so they have been working with us. Last year, they worked this year. So last year they did virtual trainings that kind of introduced their program to the state. This year they're actually going to be doing in-person trainings. We haven't had a lot of activity yet on this particular activity, I guess. Redundant activity. Sorry. That's going to start up in June. So I think June 7th and 8th they are going to be in the New Orleans area. It's an in-person training. If I'm not mistaken, whenever I talked to him the other day they had 35 people, 33 people registered for the training. Each in-person training is designed to accommodate about 35 people, give or take. So, I mean, we had only advertised, I think, on March 25th this training and it filled up just that quickly. It's going to be offered at, let's see if I put it on there. I don't think I put it in my notes, but I have it. It's linked in your agenda. It's going to be at the New Orleans Homeland Security and Emergency Preparedness office. It's a two-day training. They're going to do another one. I think they're shooting for September to do another one that's going to be more in the central or northern part of the state. Cause we only contracted this year with enough funds for them to be able to do two trainings. So I do think the planning committee recommendations are going to be to continue this initiative with more funding to allow them to come out to other, or more times to the state. So, for instance, we've only contracted with them to do two. New York contracted with them to do 21. Nebraska, I don't remember how many trainings Nebraska's contracted with them to do. But they've

already done eight or ten trainings in Nebraska. So, I mean, it cost, but in order for them, especially if you can only get 35 people in each training, I mean, you really need to bring more trainings for this particular initiative throughout the state. So I'll have more information for you probably at the next meeting cause we'll get that recap from their New Orleans training. But yeah, so any questions about that one? Jill, yes, ma'am.

JILL HANO: The 20,000-dollars, that's two in-person trainings for the whole contract year for the whole state?

BRENTON ANDRUS: Correct.

JILL HANO: Okay.

BRENTON ANDRUS: Two 2-day trainings. So four days if you look at it that way.

JILL HANO: Okay.

BRENTON ANDRUS: Yep.

JILL HANO: Just checking.

KIM BASILE: Anymore questions? Thanks, Brenton. Brenton, do we still have a quorum?

BRENTON ANDRUS: Let's see. One, two, three, four, five, six. You sure do.

KIM BASILE: All right. Let's go back and approve the January meeting summary. So everyone should have reviewed it already. If there are no objections to the summary, we can approve the summary by unanimous consent. Are there any objections? Okay. Hearing no objections, the October meeting summary-- no. The January meeting summary is passed by unanimous consent. And are there any announcements or anything that we need to speak about? Cause if not, I'd like to see about adjourning the meeting. Okay. Hearing no additional questions and no announcements, please note that the full council meeting will start tomorrow at 8:30. And if there are no objections, we can adjourn by unanimous consent. Any objections? All right, guys. See y'all bright and early 8:30 tomorrow. Thank you.