

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

KIM BASILE: Good afternoon, everyone. I'm going to call the meeting to order. It is 1:01 on July 20th. Brenton, could you do roll call, please.

BRENTON ANDRUS: Sure. Dr. Barovechio. Ms. Basile.

KIM BASILE: Present.

BRENTON ANDRUS: Cheri Crain.

CHERI CRAIN: Here.

BRENTON ANDRUS: Ms. Egle.

JILL EGLE: Here.

BRENTON ANDRUS: Ms. Guidry.

CHANEY GUIDRY: Here.

BRENTON ANDRUS: Ms. Hagan.

JULIE FOSTER HAGAN: Here.

BRENTON ANDRUS: Ms. Hano.

JILL HANO: Present.

BRENTON ANDRUS: Ms. Harmon.

ANGELA HARMON: Here

BRENTON ANDRUS: Ms. Hymel. Mr. Rocca.

TORY ROCCA: Here.

BRENTON ANDRUS: Mr. Rovira.

ROSLYN HYMEL: I'm here.

BRENTON ANDRUS: Ms. White. Oh, wait. Who was that? Roslyn. Got you. Ms. White. You have nine, so that is a quorum.

KIM BASILE: Thank you. First of all, I want to let everyone know that we have a new committee member, Tory Rocca. So welcome, Tory. He represents Disability Rights Louisiana and was appointed recently. I'm going to now turn it over to Brenton so he can review meeting protocols.

BRENTON ANDRUS: So for the sake of time, I'm going to go over the abbreviated version. But here is the long version if you want to read. It's linked in all of our agendas and on our website. But for members that are attending virtually, remember you must have your camera on and have your first and last name displayed so we can count you towards a quorum. Please

keep all microphones muted unless called upon by the chairperson. Electronically raise your hand to request to speak and wait to be called on by the chair. For attendees, once you're recognized to speak by the chair, your microphone will be turned on. After speaking, your microphone will be muted. Also, we do have the chat box, but please only make comments about relevant items that are being discussed. Also, keep in mind that sometimes, depending on the conversation, we may have a lot of comments and your comments may get lost. So I encourage you to actually request to speak rather than just typing all your comments. But it's up to you. But you can raise your hand to speak as well. Staff, we will help keep track of the hands raised and the comments. And if you are, or, I guess, the order of the meeting, if you're trying to make comments, we're going to handle comments from committee members that are in-person and virtually first. And then we will take comments by members of the public that may be here in-person. If you are a member of the public in-person and would like to speak, you can go form a line at the end of our table here and then we can call on you. And then we'll take comments from the public that have their hands raised that are participating virtually. And then last will be comments in the chat box if there's any. And finally, any comments about a person's character will not be allowed.

KIM BASILE: Thank you, Brenton. I'm going to move onto the approval of the April meeting summary.

BRENTON ANDRUS: Roslyn has her hand raised. Did you have a question about protocols?

MARILEE ANDREWS: Thanks, Brenton.

ROSLYN HYMEL: Yeah. I do. Now on protocol, is that some new ones have been added on the protocol?

KIM BASILE: Go ahead, Brenton.

BRENTON ANDRUS: No, ma'am. These are the same protocols that we've had, you can see a date on here, since September 2020. We have not updated protocols.

ROSLYN HYMEL: I wasn't sure up on the protocols.

BRENTON ANDRUS: Yeah. These are the same ones that we've been using for the last couple years. Also, I forgot to announce we are in a time crunch today. We have a hard cutoff at three cause the next committee

starts. So our goal is to hopefully be done a little sooner so we can make that transition. So just please be brief with your comments and keep it relevant to the conversation, please.

ROSLYN HYMEL: Okay. Thanks. I thought I was lost.

BRENTON ANDRUS: Oh, no. That wasn't directed at you, Roslyn. Just everyone in general.

ROSLYN HYMEL: I know.

BRENTON ANDRUS: Your comment was on point. It was about what we were discussing. So that works.

KIM BASILE: Okay. Everyone should have received the last meetings minutes and their agenda via email. So those should have been gone over before the meeting. If there are no objections to the summary, we can approve the summary by unanimous consent. Are there any objections? Hearing no objections, the April meeting summary is passed by unanimous consent. First up on the agenda is noncontractual activity and I'm going to turn the floor over to Julie Hagan with OCDD.

JULIE FOSTER HAGAN: Good afternoon, everybody. So I have several updates and I have promised Brenton and Kim that I will start to try to get a report. I know a lot of folks like to be able to read it ahead of time and it's hard to keep track of what I'm saying as I one, talk very fast and two, usually have lots of information. I did share some of my talking points with Brenton so they are on the screen right now and folks can refer to that. Cause I know some of the legislation was like wait, what was that bill, what was that act if folks want to go back and look at it. If you want to refer to the screen I did, I'll be using that to give my information. So first up I have a legislative kind of LDH recap, and I shared some of the more relevant legislation that was passed during the session that might have an impact on the IDD community. So first off, in house bill 1 they added some language, I know the council has talked a lot about rate increases and wanting to make sure that the funding does go to the workers directly. So there was some language added in house bill one. Cause we do, and I'll talk about the rate increases that came across.

ROSLYN HYMEL: What pages are you reading that

from?

JULIE FOSTER HAGAN: It's on the screen right now, Roslyn. It's not a report that I was able to get out ahead of time so it's on the screen.

ROSLYN HYMEL: Okay. All right.

JULIE FOSTER HAGAN: So the House Bill 1 language requires the department to have a mechanism that we ensure that the rate increases in the funding that it does make its way to the direct support workers, and it asks that we have audits in place and fines and sanctions if, in fact, they're not giving the money to the direct support workers. And we have a report that we have to put together and get to the legislature by May 15th and that will go to the House Health and Welfare, Senate Health and Welfare and the Joint Medicaid Oversight Committee. Don't know, sometimes they put reports on their agendas and sometimes they don't. But that will be a publicly available report once we gather that information. So that, they kind of call it the preamble. That was just kind of like hey, anything that's a rate increase, this is what you guys have to do and we want a report to show it.

Also, included in some additional funding, last year they were able to get funding for the implementation of adult in our OCDD waivers to have access to comprehensive dental services. We worked through that, worked through the implementation last year. And this year, starting July 1st, adults in our OCDD waivers now have access to that. That's something we're really, really proud of. I was in a national convention last month and like we got a standing ovation for Louisiana doing that. Like other states are looking, you know, instead of looking at Louisiana badly, folks are looking like hey, wow. Y'all are doing something awesome. And that's not me. That was a result of our OCDD has a state advisory council that started a dental task force two or three years ago. And they have been very strong advocates. Found an advocate in Representative Butler and have done a lot of research, done a lot of work.

They were able, I'll talk about House Bill 55 while I'm talking about dental. They were also able to get legislation and then funding added for to start in

January for adults living in our immediate care facilities to have access to those same comprehensive dental services. So we're working on the amendments that we need to, to be able to make sure folks have access to that. And then one of the things that we found is that even, you know, just because you say congratulations, you now have a service that's paid for, that doesn't mean that you have the (inaudible) to know what to do with people who might have unique needs with intellectual and developmental disabilities. So with our task force and with OCDD and some others, we're also trying to do some education to dentists and dental hygienists. LSU School of Dentistry now has some curriculum. In fact, I have a friend whose daughter is in dental hygiene school. And she came and she was like, Ms. Julie, Ms. Julie, we learned all about how to do dental hygiene on people that you, you know, people that you work with. And I was like-- and she was excited about it. You know, I thought that was great that they have it in there. So we're trying to make sure that it's not just a service that's there, but then people can't access. But what do we need to do to make sure. So that's kind of where our next focus is on dental. There's some issues, you know some people require sedation. A lot of dentists say, you know, yes, if you absolutely can't get it, let's do sedation. But a lot of dentists are now saying, but what can we do differently in our dental practice so that you don't require sedation, but that you're more comfortable coming to the dentist. And so those are some of the continuing education things that they're working on trying to build that capacity.

In our home and community-based waivers they did continue, we last year had gotten a \$2.50 rate increase for services that are provided by direct support professionals. And that was continued this year. There was also an increase that we're working on because it's taking some changes and updates to make it happen. Transportation, if you go to a day program or use transportation for vocational services, it used to be that it was billed 12-dollars an hour for non-wheelchair transportation and 20-dollars an hour for wheelchair transportation. Well, our provider

advocates went and advocated to get just a flat rate of 20-dollars per round trip for transportation because they said they use the same vehicles. It's not like a different vehicle one way or the other. And so the legislature added the funding that was needed to be able to get that base rate to the 20-dollars an hour.

Our intermediate care facilities, there is an add-on of 12-dollars per person per day that they receive. That increase is directly also similar to the rate increases in our OCDD and OAAS waivers that's tied to recruitment and retention. So there are some expectations that with that 12-dollar per day that that money goes to the direct support workers. The way that intermediate care facilities are paid and the way that waiver providers are paid is different, so the rules aren't exactly the same. But there will be requirements that money goes directly to the worker for that additional add-on.

MARILEE ANDREWS: Ms. Julie, I just wanted to jump in before you got too far.

JULIE FOSTER HAGAN: Okay.

MARILEE ANDREWS: Roslyn has her hand raised.

JULIE FOSTER HAGAN: Okay.

KIM BASILE: Roslyn.

ROSLYN HYMEL: Yeah. This is what, you know, I really want to know in that. For the transportation in that, now this is my kind of question cause Magnolia has a day program in that and all. And we have two vehicles in that. And one of them is for Denise. And we have ours as well. Does that really considered, what's the word, another kind of transportation?

JULIE FOSTER HAGAN: So if the 20-dollars round trip for transportation are for people receiving services through home and community-based waivers. So they can bill the 20-dollars for transportation when people who live at home and they come, and they pick them up and bring them to the day program or pick them up and bring them to their job and go back home. So that's a waiver service. For the group homes and intermediate care facilities, that's kind of all part of that overall daily rate that they receive. It's not something that they can bill for separately. Does that answer your question?

ROSLYN HYMEL: Yeah. But you see like for another one it does do it with that too prior to Denise's own private car is underneath her brother's name as well. So he pays for the car. He pays for the van that she rides in. So does that really effect the 20-dollars as well?

JULIE FOSTER HAGAN: I'm not sure. I would have to know more about that individual situation. It doesn't sound like it, but I just don't know enough to be able to answer that. But you can send me an email, Roslyn, and maybe get me more information about that individual situation and I can let you know. I'm not sure who Denise is.

ROSLYN HYMEL: She's a resident here in the group home.

JULIE FOSTER HAGAN: Well, that would not affect her. That 20-dollars would not affect her if she's a resident there in the group home.

ROSLYN HYMEL: Okay. Just wanted to find out. Thank you.

JULIE FOSTER HAGAN: Uh-huh. Another thing that happened in the legislative session was the intermediate care facilities, when somebody would go on leave to go into the hospital or to go home with their family for a few days, the providers were only able to bill 75 percent of the 2009 rate. And providers said that, you know, it really was, you know, just because a person is on leave, they still have to have staff and other things and that it was a hardship on them. So they made a change to increase so that providers are able to bill 85 percent of the per diem during the leave days.

And then for Early Steps we were able to get-- well, there was public testimony, and the legislators heard the public testimony and added money to the budget for Early Steps providers to get, there's a 30 percent increase for all Early Steps services. And then a change in the case management to allow for a billing of 169-dollars a month for case management. The rules on that will be coming out soon. We're kind of working ferociously. That wasn't something we had in our budget request. It was something that came about. So we didn't have it until June. So we're

trying to do as quickly as we can, get all of the, we have to do a rule change and some other things in the system. That does apply to our OCDD budget and the Medicaid budget because Early Steps services happen in both places. So, hopefully, we will be having those rate increases in place very soon.

Some additional legislation that happened during the legislative session was House Bill 64, which has been signed and is now Act 202. It provides relative to the definition of a child. So there was language that made it, that said that defined a child as being under the age of 17 is what it previously said. And this legislation changed so that the definition of a child is under the age of 18, not 17. So that's what that legislation did.

House Bill 384 requires that our pediatric day healthcare facilities, you might have also heard those called PDHCs, they are now required to provide for installation and operation of cameras at their premises. I think that came about from Representative Wheat. Someone had reached out to him about something that happened in a PDHC and families were advocating for cameras in those facilities.

House Bill 827, that was related to screening of children for autism spectrum disorder. We really had this in place before, but this really codifies it. It requires physicians who provide EPSDT screenings through Medicaid to include a standardized screening for autism spectrum disorder during the routine child well visits. And I know Dr. Amanda Dumas is a pediatrician that's the associate Medicaid clinical director. And she's been working with folks. But apparently that was already in place, but this will, again, just kind of make it stronger language to try to help make sure those autism screenings happen.

House Concurrent Resolution 14 created a task force to study and make recommendations relative to the voting rights of people with disabilities. The secretary of state will be lead on that. But the Louisiana Department of Health has a seat on that task force. So we're working now to identify who that designee will be.

And then House Concurrent Resolution 38 forms a

working group to study the unique needs of individuals with intellectual and developmental and disabilities and co-occurring behavioral health needs. I had a lot of people reach out to me. This piece of legislation, OCDD will be taking the lead on. Dr. Brandy Kelly will be our primary lead there on our end. There was already a grant that the Arc of Louisiana was able to get that had started to study this. So this workgroup kind of uses the folks who are already working on that grant and expands it to add a few other people so that we can really take a look at making recommendations. We all know there's a gap in services, a lot of times, for people who do have behavioral disorders and intellectual and developmental disabilities. So the outcome of that will be for that task force to really kind of brainstorm on things that we can do. And includes our managed care organizations who are the ones that provide our behavioral health services so.

We also had House Concurrent Resolution 39 which request a study and recommendation concerning barriers to the hiring of direct support professionals who provide Medicaid covered services to people with disabilities. We all know there's a workforce shortage that it's really hard for folks to find direct support professionals to provide the needed services. This legislation it seems broad, but it's sort of, it did narrow the scope. It talked really specifically about not requiring direct support professionals to have a driver's license. And it also asked us to take a look at the-- so there's something call a direct support worker registry where if you have been convicted of certain crimes then you're not allowed to be direct support professionals. There are some on there that you would definitely never ever, ever want anybody serving as a direct support professional. And they're not asking us to get rid of the registry. What they're asking is let's say you maybe had a felony like a crime of theft, and it's now been 20 years. You've not done another crime. Would there maybe be some of the criminal offenses that we might want to take a look at. And if we didn't have those prohibitions, might expand it. Of course, there's still some concerns there. And so they've asked us to put a group together and study

it. I know someone from the attorney general's office has already reached out to me saying they have some concerns and would like input. So definitely something that we'll be pulling folks together. OCDD is lead on this, but we'll be pulling legal and pulling other folks in, you know, for feedback on-- again, all of that would have to be changed in statute. So the report would just be recommendations related to that.

House Concurrent Resolution 40 requested LDH to study and report on the cost of providing nursing services and certain Medicaid funded programs and facilities for persons with intellectual and developmental disabilities. So OCDD is lead on that and we'll be pulling some information there. That was Representative Turner.

And then finally Senate Bill 260, which became Act 242, that made some modifications to the community and family support system fund. We have talked in the past a lot about that fund in DD Council and we do typically collaborate with DD Council on, you know, spending. That's what we call a statutory dedicated fund. Which just means it's not part of your normal state general funds. It's kind of a special pot. And what Senator Hewitt did with this legislation is kind of make sort of three different pots of money. One of the ways money gets in there is, you know, OCDD used to operate nine or ten state operated facilities. So we had to own the properties where they were. Well, when those properties sell, instead of the money going to what a lot of people just call the greater good, you know, just kind of goes into a big black hole. What we said is well, if we sell those properties because we've downsized and closed state facilities, that money needs to go back into a system that helps build the IDD service system. So when we sell an OCDD property, it goes into that community and family support trust fund. And we've sold a lot of them, so we get money. DD Council has asked us in the past, for example, we got, I think, 3 million-dollars when we sold the place that used to be in the Houma Thibodaux area, Peltier Lawless. And so we were able to use that funding to distribute to some of the LGEs to go towards our Act 378 programs. Our family flexible fund and individual

and family support fund. Cause they had a little less than some of the other LGEs. So we were able to do that. So those are just an example of what we do. So basically that's one pot of money. And then it says that we still use, the purpose of that is to still use those funds in the same way that we have always used the community and family support trust fund.

And then in the last, over the last two sessions, not this one, but the ones before, there was some money, a tax that was levied and some fees that were levied on medical marijuana and then some fees that were levied on sports betting or sports gambling. And it took a portion of those and put those in that community and family support trust fund too. So now they're saying that the money from the medical marijuana, half of that should go directly for Early Steps or early intervention. And then they're saying the other half of the medical marijuana, and then all the funds associated with the sports betting would go to support and enhance developmental disability services within the Medicaid program, or OCDD or its successor. So it doesn't really say here's how to spend it. I think it just made different pots of money that now has different language about how it can be spent. We still, we, OCDD, just because 3 million-dollars gets added, we don't get to just say hey, I'm going to spend this money. You know, it's not like somebody writes us a check. We still have to go meet with stakeholders to talk about how we're going to spend it and get appropriation from the legislature to spend it. Right now we're not seeing that much money has made its way in from medical marijuana and the sports betting.

JILL EGGLE: That's illegal. Why they're doing it if it's illegal?

JULIE FOSTER HAGAN: Medical marijuana is legal.

JILL EGGLE: That's helps elderly?

JULIE FOSTER HAGAN: Different people there's different reasons. I'm certainly not the expert in medical marijuana. But there are different things that--

ROSLYN HYMEL: But wait a minute. How can marijuana help people in that kind of term?

JULIE FOSTER HAGAN: Yeah. Different people feel very differently about the use of medical marijuana, and I certainly am no expert, but it is legal now. And there is a 7 percent tax that is levied on it after the expenses are made. And so what happens is that that tax money will go into this trust fund or this statutory dedicated fund.

ROSLYN HYMEL: Even though that is in that, even with-- wait a minute. Isn't it like assault and battery as well to have marijuana?

JULIE FOSTER HAGAN: No. And they do have some families who have children with disabilities who feel very strongly that medical marijuana has helped them. So I think there's, you know, I'm not trying to talk about-- that's like a huge can of worms. I'm just talking about the tax that's levied on it and that it will go to this fund. Again, we haven't really seen a lot of money. We actually have reached out to the treasurer too cause I think by now folks thought there might be more money deposited. I think last year there was about somewhere between three and 500,000 and that was all. And then, of course, the sports betting is just started. So it does have the potential to have revenue that's added there and that we will be able to talk with you guys about, you know, some appropriate spending for the disability system. But again, for now we're just kind of watching to see what moneys get added there. And I guess Senator Hewitt was just trying to help make it a little more clear about the different things it could be used for. Any questions on legislation?

MARILEE ANDREWS: There is a comment about legislation.

JULIE FOSTER HAGAN: Okay.

MARILEE ANDREWS: Melinda Elliot asked, does anyone happen to know the bill number for the increase in transportation rate?

JILL EGLE: I wondered myself because I advocated for that too.

JULIE FOSTER HAGAN: It was in House Bill 1, so it wasn't a separate piece of legislation. They added that funding in House Bill 1. House Bill 1 is, I don't know, hundreds maybe thousands of pages. But I can try

to find the specific page number and send that if it's helpful. It's under what's called schedule nine which is the Louisiana Department of Health section. And then there's a Medicaid section that's Medicaid vendor payments, MVP. And then in that Medicaid vendor section there's language that specifically talks about the transportation increase.

JILL EGLE: Julie, like with that, we have to advocate that every year with the new governor next year for transportation rates through the Arc of GNO? Is it going to be just funding forever and ever or do we have to testify every year?

JULIE FOSTER HAGAN: That's in there now. It's for good unless there's a cut and somebody cuts it.

JILL EGLE: So it passed in the session, but how long is it for, till 2026? How long did that funding allocate between now and five, six more years?

JULIE FOSTER HAGAN: So that's the thing--

JILL EGLE: I don't mean to overwhelm you.

JULIE FOSTER HAGAN: No. No. I'm just saying, the thing that's kind of difficult about the budget is you only know the budget one year at a time. And they could decide, you know, it's hard for me to say. The funding is in there now. When we develop our budget request, we're going to have it in there like so it would continue for next year. But when it goes through that legislative process, you know, every year you just never really quite know what you're going to get.

JILL EGLE: That's for rates, providers and DSP rates?

JULIE FOSTER HAGAN: Yeah. Normally it's kind of like you would expect that it continues. Unless I'll talk about the American Rescue Plan Act dollars in a minute. That is a little different because there is a start and end point for them. But when it comes to the rate increases that are just part of the budget, typically if there's rate increase that's part of the budget then next year we'll just assume, they call it a continuation budget, we'll just assume it's still in there. But you never know.

JILL EGLE: Yeah. It would be nice if it would just be like that forever. But then when we have to go with the legislative it's like one day after the other

advocating.

SPEAKER: All right. I see--

MARILEE ANDREWS: Yeah. So Melinda said thank you. And I think Brenton posted a link to House Bill 1. And Ms. Corhonda Corley has a comment. She says, how many bills did this session have that impacted individuals with disabilities in any form? And how many did the DDC actually try to push/veto? And then after that you have two hands raised. Roslyn Hymel and Jill Hano.

JULIE FOSTER HAGAN: I would defer to the DD Council.

BRENTON ANDRUS: On our website it is our bill tracking list, which is everything that we monitored. And you can get to it from our home page. It's on the little slider at the very top. I think it's the second little slider that comes across. And so anything that was considered a priority one and two is something that we were actively involved in. Anything that is considered a priority three we just monitored to see if there is any development in such a way that we feel like we may need to be involved. But generally, we focus on those issues that are on our agenda, which is what we get actively involved in to quote veto or push. Which is generally our number priority ones. But we did do some work on priority twos as well because that was an additional issue that popped up during the session. But off the top of my head, I don't have an exact number for the question of how many of all the bills that impacted all individuals with disabilities. We have a more narrow scope and I think we were monitoring probably 80 bills or so.

KIM BASILE: Okay. Roslyn has her hand up.

ROSLYN HYMEL: Yeah. The question is I'm going to go back for a second because I have it written. But battery, if I'm reading it right, in that what could that really be because that one I'm stumped on. What is that? I'm curious on that.

JULIE FOSTER HAGAN: What do you mean battery, Roslyn?

ROSLYN HYMEL: If I may, it's like B-A-R-R-I-E-R-S.

JULIE FOSTER HAGAN: Oh, barriers.

ROSLYN HYMEL: Yeah. Barriers. What is that and what does that do?

JULIE FOSTER HAGAN: Sure. So what they're asking us to study is they're saying that it's very hard right now whether you live in a group home or whether you're in your own apartment, you know, you have direct support professionals, sometimes they're called direct support workers, sometimes they're called personal care aids. But all those folks. There's really like a shortage of that, and a lot of people are having trouble finding people to be able to do those jobs. And what this resolution is asking us to do is they're saying there are some barriers that are in place. Or some things that might be making it harder to find direct support workers. And so they're asking us to take a look at some of those, which some of those are the criminal offenses I talked about and the driver's license. There might be others. But they're asking us to study that and to give them a report on are there some things that we might do that might make there be more people eligible to be able to provide direct support services. Or are there maybe some things we have in place that are stopping people from going into that field that we might want to look at changing. So it's barriers are just like what are there that's stopping us from, are there some things that are stopping us from having an adequate pool of those workers. And that's what we'll study.

ROSLYN HYMEL: Oh, okay. Is that something new for that as in barriers for many of people?

KIM BASILE: Roslyn, can I get Brenton to get in touch with you after the meeting and he can explain it more?

ROSLYN HYMEL: Yeah. I would like that.

KIM BASILE: Thank you. All right. Jill Hano.

JILL HANO: Okay. Can I get this emailed to me, please?

JULIE FOSTER HAGAN: Yeah. I need to make it pretty and then I will send it out.

JILL HANO: Thank you.

JULIE FOSTER HAGAN: Uh-huh.

KIM BASILE: Okay. Are there any more questions or chats?

MARILEE ANDREWS: No, ma'am. I believe Brenton posted the bill tracking link.

KIM BASILE: Perfect.

JULIE FOSTER HAGAN: Okay. The next agenda item is a TEFRA update. I've been supplying you guys just with our updated numbers. So as of July 15th we've had 940 applications received. Of those, 491 are pending review. Three-hundred-fifty applications have been approved. Eighty-five applications have been denied and 14 applications have been withdrawn. So we're continuing right now to track that on a weekly basis. It's helping us, especially like when we look at the applications that are pending review. We're also tracking kind of like where are they in the process. What's the length of time that it's taking so that way since any time you roll out a new program sometimes there's kinks that you have to work out. So we're tracking those as closely as we can to where those kinks might be so we can make sure we're getting folks from the application to actually qualifying for Medicaid as quickly as possible. And tracking the amount of time. Any questions on TEFRA? Okay.

And then just a couple things on our OCDD major activities. We talked a lot in this committee about the federal public health emergency and what that means. And the fact that, you know, a lot of the flexibilities and exceptions we have in place under our waiver are tied to that federal public health emergency. And I know it causes folks a lot of worry because they can only extend that 90 days at a time. And so folks get worried when it gets close. What the federal government has told us is they promised they would give 60 days' notice before it's going to end. But what happens is, is like it was scheduled to end in the middle of July. Well, they didn't tell us until last Friday that it was extended. And we kept trying to tell people we really know it's coming. They're not just going to end it in two days without telling you, but they don't really tell you. And so I know it causes a lot of anxiety. But right now it's extended through mid-October of 2022. So that means for our waiver exceptions that are in place they will be in place at least through April of 2023. Because remember, we can go six months after the end of the Federal public health emergency. We don't know, I know

Tara LeBlanc spoke to some folks yesterday. She's our Medicaid director. And said, if anybody has a crystal ball, that would be great to know when it's going to end. But what we are hearing is that because there is big midterm elections in November, it is likely that mid-October they will extend it one more 90 days, another 90 days. And then when we get to January, then it's really iffy. But again, I can't say that. And that's the problem a lot of us have is until that federal declaration comes out, I can only tell you I really don't think it's going to, but nobody can say for sure what's going to happen until you have that federal declaration.

So right now that federal PHE's through mid-October, which means we have until April before those exceptions will expire. We have been though, it also confused a lot of people and I think we talked about this last time, we've gone ahead and made changes to our waiver now so that when we do get to the point where they cancel the federal public health emergency, we already have changes in place in our waiver so people know what is there to be able to prepare and plan. It doesn't mean because we change the waiver that those are the new rules, and the exceptions aren't in place.

We did have some additional work we needed to do on family members as paid caregivers and on virtual visits. And so the session sort of got us off track. But because the PHEs have been extended, we weren't feeling like the pressure to hurry up. But we will be getting those roots back in this upcoming quarter. We had some focus groups that had folks across different spectrums of our disability system. We'll be pulling those folks back together. Reaching out to see if folks want to participate and if so, continuing. And if not, we might be looking for new members of our focus group. So we can clearly define things like if a parent of a minor child is the person who's the paid caregiver you have to show that the care that they're giving is extraordinary care. And so we have to clearly define what does extraordinary care mean. You also have to say if a family member is a paid caregiver, doesn't matter any family member as a paid

caregiver, that it's in the best interest of the person receiving services and that through self-determination it's determined that's what that adult would want. And so we have to do some additional planning around what that criteria is going to be so we can clearly define that. So that will be the work we're following up on. We'll start that back this quarter.

And then we've also talked a lot in here about the American Rescue Plan Act. What the American Rescue Plan Act, specifically section 9817. Cause when you talk about the American Rescue Plan Act it did a whole bunch of stuff. But there's a part of it that helped home and community-based services. And it allowed us to pull down some extra federal money over a year's time and then it gave us-- originally it only gave us three years to spend it. They've now extended that to give us four years to spend it because it took them a while to approve what we were going to spend it on.

But just to give you guys, and I've shared this with you all before what the initiatives are. Just to give a quick status update on them. The START assessment, the START team is really a nationally recognized team that does work with people with, mentioned earlier, intellectual and developmental disabilities and cooccurring behavioral health issues. So we are working now on getting the contract. Anybody who has ever had to do a government contract knows that unfortunately that is a total pain. So we're trying to get that. So the timing of that-- and we're trying to push as hard as we can cause START's like hey, we're ready to go, but we now have about five other states who want us so if you can't get your contract state then we might-- so we're trying to get it going. In fact, I have a call with a lawyer when I leave here today about what can I do to try to get that going as quickly as possible.

We also have talked about their spending for value-based payment model and remote technology. We're in the very, very early stages of that. We're still putting kind of our project management plan together there. We talked about dental and some of the things that we're doing to try to build capacity. We're going to partner with Louisiana Dental Association. They do

two continuing education events per year and most dentists in Louisiana go to those because they have to get continuing ed units. So we have found a couple of professional, a couple of dentists who really specialize in dental services for folks with intellectual and developmental disabilities. So we'll get a contract with the dental association that will pay for them to be speakers specifically at those two continuing educations.

And then we talked about bonus payments. So direct support workers and support coordinators will be able to get a bonus payment. And that will be for anyone who if you're a direct support worker and you work 16 or more hours in a month, or a support coordinator have ten contacts or more per month for individuals they will be eligible for a bonus. That bonus will go from April of 2021 to current. It will be bonus of 125-dollars to the worker themselves. Hundred-fifty will go to the provider and this will require them to keep documentation and give it directly to the worker. That will also, I have a lot of questions that it also applies to folks in self-direction. That will go through the fiscal intermediary though instead of through the provider. So we're working on operationalizing that and we're hopeful that can start in October. But it's taking us a bit of time to make sure that we get that right.

And then we also had the rate increase of 30 percent for the support coordinators. We are in the process and, again, that one we're fairly certain will be started at least by October. And then you guys were also interested in the OAAS has rate increases to get their rates commensurate with our OCDD rates. That is also in process, and we hope to have that started by October. But that one, again, even though that's through ARPA and not through House Bill 1, there's still going to be the same requirements that they meet a floor for the direct support workers and that they, to make sure that 70, either 70 or 75 percent goes directly to the worker. That language will be in there requiring that goes to the worker as well.

KIM BASILE: Bambi has a question.

BAMBI POLOTZOLA: So in regards to the bonus pay

for the workers, and I heard you say like y'all working through like how the process is going to work. So you're talking about April of 2021. Like providers or even people in self-direction there could be a lot of turnover in staff. Like how is that going to?

JULIE FOSTER HAGAN: So we tried, we tried to figure-- what we wanted to do, and by we, I mean OCDD, and what ended up happening wasn't exactly the same. Cause what we're doing folks that are staff, whether you're direct support workers or support coordinators, in some way or another have to go through one of our databases. It's with SRI. The direct support workers have to enter EDV. So we know who's working. We know how many hours they worked and all that because it's clocked through EDV. For the case managers they have to, any time they do any kind of outreach or contact they also have a system through SRI that they can put those contacts. What we really wanted to do is say anybody who worked for 4/2021, whoever they worked for, that provider is going to get it and you're responsible for finding them even if you don't still work there. Because we felt like the workers still needed to get that bonus. And if you can't find them, they could go over to that unclaimed property or whatever. We weren't able to figure out how to make that happen and there was a lot of reasons, I don't know all of them, why we couldn't. So what will happen is let's say we're able to pull the trigger October 1, it will be for the direct support workers and the support coordinators that are working for that agency as of April 1. And then they'll pull that from the system. And the provider going back they'll just get like one payment for all the workers that are currently employed there. And then moving forward it will be, you know, as you work it will happen that way. So yeah, if you worked for another agency or if you quit you won't be able to get those bonus payments.

BAMBI POLOTZOLA: Yeah. That's interesting. I don't see how you can keep, you know, that's money we're saying that those people earned. That's interesting. But you have the great legal team so if they say it's okay. I wasn't expecting that answer. I just know that I did hear from providers that that is

an issue. Like somebody worked in April and May in 2021, how do you find them. That is a concern, but I didn't think that was going to be the response. And then we talk about the emergency rule process, like what is that timeframe? Do you have any?

JULIE FOSTER HAGAN: Sure. So typically if things have to be done through rule you can expect it to take about six months to be able to get implemented. Because these are American Rescue Plan Act dollars and so need to go quickly and that's through like our appendix K, it has to go through senate, the chairperson of Senate Health and Welfare has to approve things to go through an emergency rule. We could, if we put forth something as an emergency rule and they say no, it doesn't meet the criteria, there's certain criteria that you have to meet to be emergency, and they feel like it doesn't, then they can call an oversight committee to then stop you. So we typically reach out to the chairperson of Senate Health and Welfare, and we say hey, we think this meets the criteria of an emergency rule. Do you agree. You know, we can know ahead of time if we're going to call oversight. So we have had discussions with him, and he's agreed that these are emergency. So with emergency rule as soon as it's published you can make it effective. You don't have to wait for it to go through all of the notice of intent and the feedback and all of that because it's an emergency. What we have to do though when we do an emergency rule, because it's kind of like this has to be done because it's an emergency situation, we have to follow it up with a regular rule. So people will still have an opportunity to go through notice of intent, comment on it because it can't just stay as an emergency rule. It has to then be enacted as a regular rule.

BAMBI POLOTZOLA: The point of my question is when can the providers and the staff be expected to get those funds?

JULIE FOSTER HAGAN: We're trying really hard to get it by October 1. So it's not the emergency rule that's going to hold us up, it's the lift. So what has to happen is all those complications, like the support coordination 30 percent increase we do what's called a

lift. So you basically make a change in the system, you test it, you would anticipate that to work. With the bonus payments because we have to interface with EDD, have the criteria of the 16 hours and the ten, have the criteria of working, now you have to do all that and then they run a test. Normally we have found issues with something that complicated. Depending on if we have to do two, three or four tests on the billing system that's what effects the timing of it to be able to get started. And that's why it's always hard to predict. We're hopeful it will be October 1, but if we run into a bunch of issues where we have to go back and fix it and retest, it could be longer. But we've been working on it for a while, and they have all the parameters identified. I think they're ready to run the first test. It will kind of depend on that.

BAMBI POLOTZOLA: My last question to go back to that bonus payment, when it's finally made you go back to April 1st of 2021. Let's just say there is a staff person who's been with that same provider since that time. Is that provider supposed to pay them that full amount of the one, was it 125? So 125 a month for that's 12 months, 15, 16 months. That could be up to like 2,000-dollars calculating it out.

JULIE FOSTER HAGAN: Yeah. And they'll get like a big lump sum. They'll get the information of which employees it's tied to and all of that, so they know for accounting purposes.

BAMBI POLOTZOLA: I'm totally for it. Like our workers need to get more money, but I also hear and know that you have that issue that you feel like when people get their income tax your workers aren't there. So I'm wondering if this is going to cause like an unintended consequence. But they have to pay all in lump sum?

JULIE FOSTER HAGAN: Yeah.

BAMBI POLOTZOLA: Okay.

JULIE FOSTER HAGAN: And they still qualify for it ongoingly. But yeah, it's not going to be a big lump sum. It's going to be 125 a month.

BAMBI POLOTZOLA: Initially at the time it could potentially be close to 2,000-dollars.

JULIE FOSTER HAGAN: Yes.

BAMBI POLOTZOLA: Which is great.

JULIE FOSTER HAGAN: We need to follow it with a letter saying please, please, please don't quit.

KIM BASILE: All right. Anymore hands raised?

MARILEE ANDREWS: I see one hand by an attendee, but I have some comments as well.

KIM BASILE: Okay. Let's get the attendee first and then we'll go to the comments.

MARILEE ANDREWS: The attendee's hand is Liz Gary.

KIM BASILE: Liz, you have the floor.

MARILEE ANDREWS: She's transferring over to speak right now.

LIZ GARY: Hi. Thank you, Kim. Thank you, Marilee. Julie, I apologize. I missed, I think I missed your TEFRA overview. But I had a question. Something recently I was told by several families is that they went through the SUN assessment, and they were told that they needed to apply for TEFRA first to see if the TEFRA would satisfy what their needs are and then they would look more into the needs for the waiver. Can you tell me more about that, if that's a fact. Is that really occurring? Because I do need to share that Medicaid TEFRA may work for a lot of families, but it may not when it comes down to respite. And PCA services are so different than the respite services, so I have some concern with that. So if you could tell me what's going on with that, I would really appreciate it.

JULIE FOSTER HAGAN: So that issue has come to our attention and where we are in the process, and if you want to add it, Brenton, as a follow-up next meeting to make sure you hold me accountable for doing that. I can tell you what they're doing is if we're revisiting it. We're trying to make sure we have that process mapped out as cleanly and neatly as it can be so that you don't have unnecessary delays in getting directed to the right program. And that we then have, we plan to do, we've already done some outreach with the LGEs on it and then we're cleaning up our process and then we'll do training with the LGEs. So don't want to say too much more cause I know they're working on updating that process right now. But I'll be happy to share more specifics on what that new process is. What any

changes that we have to make to make sure that there's not those unnecessary delays.

LIZ GARY: So I appreciate that, Julie. My only concern with that is that just applying alone for Medicaid takes a while for the process to actually hit and if the SUN assessors are looking at this as a possible only TEFRA issue and not a possible SUN assessment and not, and feeling that we're going to do it that way, you're creating more delays for the families who are already suffering waiting for services. And I know we say there's no waiting list, but there's still families out there that are, you know, are having to get reassessed and having to appeal because the SUN assessments may not actually be factual. Thank you. I appreciate it.

JULIE FOSTER HAGAN: Uh-huh.

KIM BASILE: Any other hands raised?

MARILEE ANDREWS: I do not see any other hands raised.

KIM BASILE: Okay. The chat box, please.

MARILEE ANDREWS: Okay. Melinda Elliot commented, would the OAAS rate increase be temporary? And another commenter said-- I apologize. My computer's acting up.

JULIE FOSTER HAGAN: I think I saw one if you want me to take those. So I think I saw someone else said when does it end. So with the American Rescue Plan Act we have the ability to spend those funds through March of 2025 or until they run out. So, you know, we drew down money for a whole year. So we have a pot of money that we have to spend for all these different initiatives. So a lot of times we say we can do it. So just like the Bonus payments. Right now the bonus payments can continue until March of 2025 or until we run out of money. So we have to closely watch that. The OAAS rate increases were done through the American Rescue Plan Act, so they are in place through March 2025 or until we run out of money. Now what we plan to do and what we hope we can do, I mentioned earlier, you know, the budget is set by the legislators, and we develop a request that we put in place to the legislatures. So just like the OCDD rate increase right now is being funded through the NOW fund and because we had extra money, we were doing great with

the NOW fund. And that's fine that we're spending it there now. But eventually we're not going to have the money in the NOW fund to cover it. It's going to have to go into what we call the base Medicaid budget. Same with the OASS rate increases.

So what we will do is before the ARPA money runs out, I don't know that we'll have to do that in the upcoming year, but in the following year in our budget preparation we'll have to say hey, we want to continue these. This is a need for our disability community, and we want to continue it. And so we'll have to put it into the base, into our budget request and ask that the legislators fund it. Which means they help us find the state general fund to cover it to be able to then get the Medicaid match. So we will do that.

Now I'll share with you guys, just very quickly, at the national level part of the thing too is at the national level they were looking at should the federal government be doing something to help support some of these initiatives longer term. So we also have to closely watch that and see what additional federal funding might come down. So for this year, you know, we're good. We have enough money to cover us this year and even next year on the initiatives that we have. But it doesn't mean that they're just going to end March of 2025. Now we may come to you guys, Jill, like you said, you know, for advocacy. We may come to you guys and say hey, you know, we're going to ask for this, but we're going to need some advocacy with the legislators to help us help them understand why this is needed to continue in the disability services system. So right now it's through March of 2025 or until we run out of money. But we do plan to request these be added to the base budget longer term.

KIM BASILE: Is that all of the chat box?

MARILEE ANDREWS: There is more. The next comment is Tamra Crane. She says, what about DSWs that were under self-direction? To clarify, when to expect for self-direct DSW from fiscal intermediary?

JULIE FOSTER HAGAN: They fall into that same category of our testing. We're trying to make that happen by October 1. But again, I hate to say that and put the caveat there because-- but it will happen in

self-direction similar to the same time it happens with the traditional providers. We're working on all of that together.

MARILEE ANDREWS: The next comment is Roslyn Hymel sharing her phone number with Brandon. The next comment is, again, from Tamra Crane and she says, when is the 125-dollars projected to end?

JULIE FOSTER HAGAN: That's what I was just saying. March 2025, or until we run out of money, or if something's added in the base of the budget.

MARILEE ANDREWS: Ms. Corhonda Corley commented, who will receive the money if the family had a DSW and then the parent became the employee under self-direction? Would it be both individuals or just one of them?

JULIE FOSTER HAGAN: So if the worker and the family were both employed as of, you know, the date that it's paid out, then yes. Cause someone may have more than one worker. So it's any workers, if you have two or three, they're all- and anyone who provided 16 hours or more and is currently employed will be eligible. That's if you're a family member or a direct support worker. And that's all workers in that category.

MARILEE ANDREWS: Melinda Elliot said, thank you. And Ms. Roslyn Hymel has her hand raised.

KIM BASILE: Roslyn.

ROSLYN HYMEL: Yes. I do have a question. In the pot, like you were saying, is there going to be, like you said, going to be used in that. But how much is really in that pot? Or is there a duplicate, another pot?

JULIE FOSTER HAGAN: I can provide you guys with that detail the next time. So we were able to drawdown extra money from April 1, 2021, through March 30th of 2022 for all home, any service that was considered a home and community-based service we got an extra 10 percent federal match on. That extra 10 percent federal match for all home and community-based service is what made our pot. So I don't know it off the top of my head, but I can get it. So we now know we have this much money and we'll have until March of 2025 to spend this money. But it can only be spent on home and

community-based services.

JILL EGLE: Which is a good thing for people with IDD who go to state facilities who want to work. I mean, it's going to level out. But Ms. Julie, what if the funding from the government's not run legally, how does that affect Louisiana? I mean, the government knows how to run their funding and is Louisiana okay with all of this?

JULIE FOSTER HAGAN: Oh, you're talking about like if there's a shutdown?

JILL EGLE: Yeah. Because if there's a shutdown in DC, that means people with disabilities--

JULIE FOSTER HAGAN: We've already drawn that extra money down, so we don't have to worry about that.

JILL EGLE: Okay.

ROSLYN HYMEL: All right. Because for me, I'm going to try to get into like Families Helping Families with that and all. Cause I wanted to really work there, you know. Is there going to be like two separate pots? One for Families Helping Families and for the DD Council as well or how does that work?

JULIE FOSTER HAGAN: For the American Rescue Plan Act, again, that's the part of the American Rescue Plan Act that they call section 9817, that's only for home and community-based services. So it's not related to the other things. In House Bill 1 when we know what the budget is, then there is money that goes to DD Council, and I believe DD Council can probably talk more about that, there was more money added specifically for Families Helping Families in House Bill 1 this year as well. So when they decide to add money, so like when they said okay, we'll add transportation they put language in there that says we're giving you this money, but this is what you have to use it for. So in the DD Council budget it says we're giving you money, and this is what you have to spend it on, Families Helping Families. So the budget itself, that House Bill 1 that Brenton put a link to, that's where it tells you what you have to spend it on if they give you extra.

KIM BASILE: Okay. Great. Thank you, Julie.

ROSLYN HYMEL: For me I'm glad that I did ask that before I do go, you know, work there. You know. I

would say like I didn't know this, you know. I would rather ask now.

JULIE FOSTER HAGAN: Okay.

KIM BASILE: Okay. Thanks, Roslyn. All right, Julie. Thank you. We're going to move onto contractual updates. Marilee, I believe you're up first. Marilee.

MARILEE ANDREWS: I'm here. I am at the office, but I'm staying in my office because I'm also monitoring the Zoom. That's why I'm not a room over with you guys. So the first activity I have is activity 1.1.1 and that's Partners in Policymaking. From April to June of this year there were three sessions of the 2022 class that happened. The third one was in April and the speakers were Cindy Arceneaux and Rose Gilbert on inclusive education and lifelong learning. The fourth PIP session was in May and the speaker was Dr. Al Condeluci on social capital. And the fifth PIP session of the 2022 class was in June last month and it was Dr. Brandon Kelly and Tanya Murphy on service coordination and case management. So for the 2022 class all of these sessions were held via Zoom. The same as they have been since the beginning of the class. They use a Trello board to communicate and post documents and complete their homework. They communicate with each other on the Trello board and then also did Group Me. And they complete polls and their homework and their assignments and all those types of things. So that is what happened in Partners this last quarter. And Jill Hano has her hand raised. And I'm not sure if you guys wanted to say anything.

KIM BASILE: Jill, go ahead.

JILL HANO: My progress report and what you said didn't quite matchup.

MARILEE ANDREWS: Okay. So what are you looking at, Jill?

JILL HANO: I think-- okay. Unless I'm crazy, which I think you were a little off. Cause you said the third session was in April, but this says the fourth session. I'm not trying to be-- this is coming off bad. Like I'm not trying to be critical. Like so the fourth session took place in April.

MARILEE ANDREWS: So the fourth session was in May. So just talking about--

JILL HANO: That's not what this says.

EBONY HAVEN: So, Marilee, let me jump in real quick. Because, Jill, I do the status report currently, and so when Marilee turned her notes in for this part for the Partners session, I noticed that the session numbers were off. So in March the third session was held. So in April the fourth session was held. The fifth session was in May. And then the sixth session was in June. So what you have on your status report is correct. I'm sorry I didn't get back with Marilee to tell her that I changed the numbers. So that's why on her update she still has the old numbers. So I apologize for that. The status report is right.

JILL HANO: Okay. I just wanted to clarify. Thanks, Ebony.

EBONY HAVEN: Yeah.

JILL HANO: Thank you, Marilee.

MARILEE ANDREWS: Oh, that's no problem. Thank you for asking. That was helpful for all of us.

KIM BASILE: Okay. Do you have another one to go over? Activity 1.1.5.

MARILEE ANDREWS: Yes. I don't see anything else for Partners. So the next contract is on videos, and it is activity 1.1.5. This is, the contractor is O'Neill Communications who we've had for a while. They are building an implementation plan for the video project, and they have completed the first video of this contract and it's called Navigating the IEP. They were doing interviews and in production for the second video which is going to cover Partners in Policymaking and the Americans with Disabilities Act. And that is, again, for this last quarter, April, May, and June.

KIM BASILE: Are there any questions or comments?

MARILEE ANDREWS: I don't see any comments in the chat. I don't see any hands raised.

KIM BASILE: Great. Thank you, Marilee. Rekeesha, why don't we go to you next.

REKEESHA BRANCH: Good afternoon, everyone. I'm going to go over LaCAN information. As of June 2022 LaCAN has over 6,500 individuals registered for the council and LaCAN list serve to receive information and action alerts related to home and community-based

services, employment, education and early intervention. Since October 1st, 2021, 13 HCBS action alerts, we've had 13 HCBS action alerts with 1,047 actions taken. Five education action alerts with 930 actions taken. Hundred-five participants attended HCBS yellow shirt days. And 52 participants attended education yellow shirt days. Legislative session, LaCAN leaders have supported 65 members and 57 formal legislative visits. Of which 34 of those meetings were held with key members. LaCAN continues to host two LaCAN leader conference calls per month which include updates on current issues, concerns, development of strategies to better educate, maintain, support and meet LaCAN members. Since October 1st, 2021, 206 LaCAN members have participated in 24 virtual/in-person regional LaCAN member meetings to discuss various topics including outcomes of the 22 legislative session. On June 30th LaCAN leaders participated in a debriefing session to discuss ideas and strategies for improving advocacy activities and its effectiveness. The summer leader training for LaCAN will be held in August of this year. In preparation for the council development is advocacy agenda in October of this year. LaCAN leaders are in the process of hosting community input meetings. These meetings will be hosted in all regions between now and mid-August. We sent an info alert out about this on July 13th. In addition to advertising the meetings on our social media pages, you can also go to [LaCANadvocates.org](http://LaCANadvocates.org) to find a list of upcoming meetings. And this is updated as new dates are scheduled. And the last thing, region two and region nine, LaCAN leadership, they are currently preparing for vacancies. Those positions have been advertised and those that are interested are definitely encouraged to apply.

KIM BASILE: Any questions or comments about LaCAN? Okay. Let's move onto Families Helping Families.

REKEESHA BRANCH: All right. Since October 1st, 2021, centers have assisted over 19,686 individuals with disabilities and families with information, referrals, peer to peer and other supports. There have been over 29,788 units of information and referrals completed with 259 trainings conducted with over 4,088

individuals in attendance. Centers have also conducted 254 outreach activities to hospitals, pediatricians, school districts, applied behavior health analysis clinics and physical therapy clinics. FHF centers follow the state fiscal year which starts July 1st. Therefore the data shown is for their fourth quarter. Based on their fourth quarter data three centers were able to meet all their deliverables for this fiscal year. Four centers were able to meet 12 out of 13 deliverables. And one center was able to meet ten out of 13 deliverables. For all centers that did not meet their deliverable for fiscal year 22, a plan must be completed to explain what happened and how they plan to obtain this goal for the up-and-coming year. All centers will also be participating in a desk audit for fiscal year 22. Documents have been requested and must be submitted for review by July 29th of this year.

KIM BASILE: Questions or comments about Families Helping Families? Okay. Bambi has a question.

BAMBI POLOTZOLA: So the numbers are like vastly different. I'm just wondering like some of these things I don't know like what's the difference between a lot of them. So but I can see where one Families Helping Families centers might have did a lot in one section and not in another. Is the reporting consistent? Is the definition of what each of these did is very consistent?

BRENTON ANDRUS: Yes. I mean, we define it in their contract.

BAMBI POLOTZOLA: Okay.

BRENTON ANDRUS: Now, I mean, we have conversations and we're hoping that we're all interpreting everything the same way. But, I mean, I guess there could be discrepancies in how they interpret things, but it is defined in our contract of what each thing is.

BAMBI POLOTZOLA: Have you noticed that, what I'm seeing on these numbers? Like some of them do this like one area average, and then others are way above average and, in another areas--

BRENTON ANDRUS: Right. It's common and it's been that way for years. I kind of chalk it up to, if we look back at Act 378, how some of the LGEs perform better in areas than others. So I think a lot of it

has to do with regions. A lot of it has to do, sometimes when you see a change in leadership we'll see in that year where things will drop, or centers will get better at one thing that maybe they were not great at before. But we also, a lot of those numbers are going to fluctuate just based on the needs in that region at that time. It doesn't necessarily concern me. One of the things we did do a couple years ago we changed up the contract to include that they would have their director meetings. Or kind of-- that's one of the purposes so they can communicate and start bouncing ideas off of each other when one's doing something well that they can all start trying to do things similar. Or at least get some ideas how they can improve in their center. But yeah, I mean, it's all pretty consistent. The needs are different in different areas. I would say there's probably a bigger difference during Covid years. But ultimately, I'm not concerned is what I'm trying to express.

BAMBI POLOTZOLA: Well, that's all that matters.

BRENTON ANDRUS: That's right. That's all that matters. No.

KIM BASILE: Anymore questions?

MARILEE ANDREWS: Roslyn has her hand raised.

KIM BASILE: Roslyn.

ROSLYN HYMEL: Yeah. Because when I was looking for it over in that and I'm seeing a lot of low, low numbers in that in certain areas. For like the zeros and the ones and the twos, is there something that they didn't have the training in, or they are missing, they are not trained in a properly manner? I might be wrong, but please correct me up on this because on the training from 1973, you know, in that thing, I'm seeing there is twos, one 7 and a four. But there's a lot of twos in there. Why is that?

BRENTON ANDRUS: So whenever we do a contract with anyone, we have what we call deliverables. It says you have to at least do this. So with Families Helping Families some of the things we ask them to do are specific trainings. So, for instance, the one that you're look at, Section 504 of The Rehabilitation Act of 1973, we say that they have to do at least two trainings a year on that particular topic. So that's

why you'll see some of the centers do two. Some centers maybe they did seven or they did four. So they may have done more or less. But in general, the expectation is they do at least two of those trainings. That's why some of the numbers are low because we don't expect them to do a lot of that particular training. Now, for this instance, you can see the one with a zero, that means they didn't do any of those, any trainings on that topic. For whatever those reasons may be. Which I don't have them off top of my head. Sometimes it's just a documentation error. Sometimes it legitimately wasn't done. Or sometimes trainings happen that we end up not counting because we don't have, kind of like we talked about a minute ago, what we define as a training we didn't feel like it was met, so we didn't give you credit for that training.

ROSLYN HYMEL: Is that the reason why it's 23?

BRENTON ANDRUS: Twenty-three? Oh, that's the total. So throughout the state there were 23 trainings on Section 504 that were done across all the centers.

ROSLYN HYMEL: All right. Because I'm seeing like some high ones like 44, 686.

BRENTON ANDRUS: Right. Yeah. That will be all your totals off there. And then each column breaks down each of your centers. And then that very last column is just their totals of all the centers put together for that deliverable. And the very last column right here. Not showing up whenever I do this.

ROSLYN HYMEL: It threw me off. It threw me dead off.

BRENTON ANDRUS: Yeah.

REKEESHA BRANCH: And Roslyn, for any center that didn't meet the deliverable they have to send in a plan of action to kind of let me know what happened and what they plan to do next year to not have the same issue occur again. By the next meeting I will be able to answer that question as to what happened with that particular region.

ROSLYN HYMEL: All right. Would they ever catch up with the other ones, or no?

BRENTON ANDRUS: No. It's over now. They've started a new contract year starting July 1. So if they missed it, they missed it. They won't make it up.

That's what the corrective action plan is for, what steps to make sure they hit that deliverable next year. And, generally, most of our centers meet all of their deliverables. Through Covid times we've had some that would hit and miss depending on if they were doing in-person or hybrid trainings, virtual trainings. So we would have to wait and see just exactly why they ended up missing that deliverable. And like Rekeesha said, that will come out in October you'll have a yearend report for the centers.

ROSLYN HYMEL: Okay. For the next meeting then.

BRENTON ANDRUS: Right. And so that data won't change. That is the data as far as I know. But you might get more information as to why they missed something or how they plan on fixing it.

ROSLYN HYMEL: Oh, okay.

KIM BASILE: Thank you, Roslyn.

ROSLYN HYMEL: Thank y'all.

KIM BASILE: Supported decision making.

REKEESHA BRANCH: All right. The Arc of Louisiana has been offering training events to increase understanding of supported decision making and other legal options available in Louisiana. Instead of ten regional trainings, they are conducting five statewide trainings for adults with intellectual disabilities and their family members in five training events for legal and medical professionals. Thus far they have completed five trainings. That includes a judges training, bar association training, a registered nurses training and two statewide trainings totaling 148 participants in attendance to these trainings. That consisted of 19 individuals with disabilities, 21 family members and 108 professionals. Additionally, the Arc have identified seven self-advocates to mentor for both contracts. The seventh self-advocate will begin receiving services this month. A report will be given to the committee in October on the progress for this initiative once more data is received.

KIM BASILE: Any questions or comments? All right. Thank you, Rekeesha.

REKEESHA BRANCH: You're welcome.

KIM BASILE: Brenton, you want to go next?

BRENTON ANDRUS: All right. So the final

contracts, I think we have three more to talk about. The first one is the rapid response during states of emergency and natural disasters. If you're looking at your status of planned activities page, I think that's 11. Activity 2.1.1. So this is a contract that we had with Trach Mommas of Louisiana. And so the purpose was basically to provide resources for families that may have been impacted by natural disasters. Whether that be hurricanes, or Covid, or floods, or whatever other disasters we have in this state. Which seem to be on a regular basis. And so ultimately the idea was we could use this funding to offset any needs that they may have. Maybe there was something that wasn't covered by Medicaid, or insurance or something that FEMA wouldn't cover. And so to date they spent over, a little over 1,800-dollars assisting five families. All of these families were impacted by Hurricane Ida or Covid. So two families received communication devices and specific communication software. One family received some Covid supplies like masks and hand sanitizer and stuff like that. The other two families received incontinent supplies I think that were ruined during one of the hurricanes. This contract, it did end in June, so we're done with this one. You won't see it on the next committee meeting. But I still encourage any of the families if you do have needs, if you do need assistance, you can still reach out to Trach Mommas. They do a lot of things outside of just the contract that they had with us. So they can be reached at (225)200-5178 or you can email them at trachmommas@gmail.com. So any questions about this particular contract before we move on? Don't see any. Okay.

Next up is our first responder pilot and that is on page 14 of your status report. That's activity 2.2.1. This is a contract that we had with Interaction Advisory Group. And so the purpose of this contract is to train our first responders. So that's law enforcement officers, emergency medical technicians, paramedics, fire, police. Getting them trained so they can establish and implement policies and protocols on how to address and interact with individuals with disabilities. Specifically developmental disabilities.

And we're hoping that these sorts of trainings would eventually lead to, you know, less incarcerations, less arrests, less encounters between people with disabilities and police that end negatively. To date there have been four trainings with first responders. And they've had 26 people that participated in those trainings. They also usually try to host community training events as well. Which is where they try to keep, not keep, they try to get interaction between those first responders and the general public and people with disabilities. And kind of like a community forum or community event. There were four of those held as well with 46 people that participated in those trainings. There was a training that was held, I think it was last week in St. Charles Parish. But I don't have that data here, but we'll be able to report that out at our next meeting. And it was an in-person event. The contractor for the first part of this year was doing strictly virtual trainings. But he did do an in-person training in March and then the one last week was in-person as well. We will be contracting again with them starting in October. So fiscal year 23 they're going to start up again. A few of the things that they're going to be focusing on in the upcoming year is bringing some of those trainings further south. So right before Hurricane Ida they had some agencies in South Louisiana lined up for trainings and unfortunately when the hurricane came through that was no longer a priority at that time. And so they're trying to get back into some of those. Which they did last week when they went to St. Charles Parish. So trying to build more connections in the southern part. I had given a shout-out at the last meeting to Bossier Parish Sheriff's Department. They've been very involved and trained quite a few people in their department. Especially their school resources officers up there as well. So we're trying to get that sort of buy-in from more of the statewide presence, I guess. They are also going to be looking at doing virtual and in-person. So sort of a hybrid approach where he's going to offer some trainings for folks virtually and then also come to Louisiana and do some trainings in-person. Any questions? I thought I saw a hand go

up, then it went down. I don't know if there's any questions for this one.

JILL HANO: That was me, but I'm good.

BRENTON ANDRUS: Okay. The last one is the emergency preparedness and response training. That's on page 15 of that status report. And it's activity 2.2.2. That is with Niagara University. And they are establishing a training program on emergency preparedness and response. And the idea is to target those individuals that have a responsibility in emergency planning, preparedness, response and recovery. Specifically as it pertains to individuals with disabilities. In June on the seventh and eighth they did their first training. It was an in-person training in New Orleans. Registration for these events, usually they keep it kind of small. They don't want too many people. It was 35 for that particular training. And so it filled up. It was at max capacity. Unfortunately, not everyone showed. Only 21 actually showed of the 35 that registered. But there were 21 that participated in the two-day training. Also a half day component. So there were four individuals that participated in the half day. Per the contractor he felt like the information was very well received. That particular area, the New Orleans Homeland Security Emergency Preparedness folks were very well represented. It actually was held in their office in downtown, I believe.

But there was some other agencies that were involved. The Governor's Office of Disability Affairs, I think everyone was there from your office. Four of you from Bambi's office were there. Thanks for showing up for that. We appreciate it. Bambi is over there. That's who I'm talking to if you can't see her. Off in the corner. There were also folks from OCDD there. The LDH emergency response coordinator was there. I think Disability Rights Louisiana had some people there. And there were a handful of other provider agencies that actually sent representatives there as well. There is another training that is coming up in September. That one is going to be in Central Louisiana in Pineville at the Keys Community Park. We did send out an LADDC news, I think it was last week,

announcing the training. There's also information about the training that was linked in this committee agenda. So you can go pull that document up and read about what they're doing, where it's going to be at and how you can register. I think right before this meeting they may have sent me an update about registration. The last update is about half filled. But it's closer. I think there's going to be a few more people in this one. I think their limit is 35 at this training. And it's almost full, so if you are interested in going, I encourage you to register soon so you get a spot.

Lastly, the contractor is still trying to develop some of those relationships and some of the key players in the state that are responsible for emergency planning. He would like to see more participation from those individuals in the training. But this, I mean, we've only had one training so far. We have another one coming up and they are going to be doing more trainings next year. I think in fiscal year 23 he's going to do five or six. Don't quote me on that, but I think it's five or six. And so look forward to more trainings next year as well. Any questions you guys have about that contract? Roslyn.

MARILEE ANDREWS: Roslyn. Oh, you got it, Brenton.

ROSLYN HYMEL: Yeah. For me on the training I was noticing that too. But is that like for certain people could sign up like you said? Or is it just like what, for who is it really for? Because I know, I don't know if I'm going to attend on that or what. I don't know how it didn't, I didn't get the information.

BRENTON ANDRUS: You could attend if you're interested in attending. You would probably be more interested in the half day component. So for the full two days the target group there are the people that are actually responsible for the emergency planning and the recovery, the preparedness part. Those are the individuals that are going to make the rules and regs to help make sure that everything runs smoothly in times of disaster and that we can make sure that people with disabilities are taken care of at that time. So for the full two-day training there's also a component after the training. You're not just going to get

trained and then walk away. There's a commitment after that that you would still be involved and that you would go back to your agencies and that you would help create these policies and become what they call an IPAP specialist. Which I can't remember what IPAP stands for. I know I have it written down here somewhere. But anyway, that's more on the professional side of things, move for provider agencies, or support coordinators or other emergency preparedness folks. The half day is for people that are more just kind of interested in getting some information and learning maybe how they can prepare for themselves, and kind of what people should be doing to help you. So if you are interested in attending, anybody can go as long as there's space, you would probably be more interested in the half day as opposed to the full two days.

ROSLYN HYMEL: All right. Now for that I know I won't able to make it in-person cause I don't have a ride, but could I ever take it on Zoom?

BRENTON ANDRUS: They don't have any Zoom trainings right now. They did their virtual components last year. This year it's in-person. Because it is a lot of information. It's a pretty intense training as far as materials that are reviewed. It's better suited as an in-person type training. So the only thing I can recommend is probably waiting to see if they have another one that comes around in your area. They did just do one in New Orleans, but there might be one that they're going to do later that's closer. The idea is they're going to blanket the state. So right now he's just, for this fiscal year he only had two, so he did New Orleans and he's going to do Central Louisiana. But next year he'll start covering more areas and maybe they'll be one that will be a little closer for you.

ROSLYN HYMEL: All right. Cause I'm in Jefferson Parish.

BRENTON ANDRUS: Right.

ROSLYN HYMEL: That's why I'm really asking.

BRENTON ANDRUS: Uh-huh. And those that work in the home area, you can always send them the information. It's linked in our agenda that we have online, you can send them that information and maybe someone from your group home can attend and represent

and bring that information back as well.

ROSLYN HYMEL: Oh, okay.

BRENTON ANDRUS: And there's no cost to attend. There is a fee if you don't show up. It's my understanding, anyway. But there is no cost to actually attend. So it's not going to cost them anything to participate if they're interested.

ROSLYN HYMEL: Well, you see for me I do want to be part of it because I rather get it now before I get my job in that. I rather get the training in for myself.

BRENTON ANDRUS: Understood. Hopefully we get one that's a little closer to you.

ROSLYN HYMEL: Please. And let me know on that.

BRENTON ANDRUS: Yes, ma'am.

ROSLYN HYMEL: All right. Thanks.

KIM BASILE: Thank you, Roslyn. I think you have a chat.

MARILEE ANDREWS: You have one comment in the chat from Dr. Charlie Michel.

KIM BASILE: Okay.

MARILEE ANDREWS: Two of my employees went to one of these trainings in the last week or two and both agreed it was worth the time and investment.

BRENTON ANDRUS: Great. Glad to hear that.

KIM BASILE: All right. Is that all for Brenton? No more questions? Okay. Thanks, Brenton. Does anyone have any announcements? Okay. Except for our meeting tomorrow, 8:30.

BRENTON ANDRUS: Right. And you have the education committee that will meet after this one at 3:00.

ROSLYN HYMEL: I'm trying to get a link in. Trying to copy a link.

BRENTON ANDRUS: I think Jill just raised her hand.

KIM BASILE: Jill Hano. Jill.

JILL HANO: Is Julie still in there because I totally spaced out. Like I had requested and then I didn't. But Early Steps got a raise in House Bill 1?

JULIE FOSTER HAGAN: I'm sorry. Say that again, Jill. Something about Early Steps.

JILL HANO: Is Early Steps included in House Bill 1?

JULIE FOSTER HAGAN: Yes. There's a portion in OCDD budget and a portion in the Medicaid budget.

JILL EGLE: Is that for the IDD?

JULIE FOSTER HAGAN: That's zero to three.

JILL EGLE: Arc of GNO they have a department that works with that. Okay. So y'all passed that bill too. Okay.

KIM BASILE: Okay. If there are no objections, we can adjourn by unanimous consent. Any objections? All right. I hereby adjourn the meeting. See y'all tomorrow.