

Louisiana Developmental Disabilities Council
Self Determination and Community Inclusion
Committee

October 19th, 2022

KIM BASILE: All right. Good afternoon, everyone. It is 1:04 and I would like to call the meeting to order. Brenton, if you would do roll call, please.

BRENTON ANDRUS: Yes, ma'am. Dr. Barovechio. Actually, she's not here, but Lanor Robinson on her behalf. Ms. Basile.

KIM BASILE: Present.

BRENTON ANDRUS: Ms. Crain.

CHERI CRAIN: Here.

BRENTON ANDRUS: Ms. Egle. Ms. Guidry. She will not be here. Ms. Hagan.

JULIE FOSTER HAGAN: Here.

BRENTON ANDRUS: Ms. Hano.

JILL HANO: Here.

BRENTON ANDRUS: And Ms. Harmon.

ANGELA HARMON: Here.

BRENTON ANDRUS: Ms. Hymel. Mr. Rocca.

TORY ROCCA: Here.

BRENTON ANDRUS: Mr. Rovira. You have six. You barely have a quorum, but you do have a quorum.

KIM BASILE: I see that. No one can leave. Thanks. Can we go ahead and have you read our protocol, meeting protocols.

BRENTON ANDRUS: Sure. So for committee members who are attending virtually make sure that your camera is on and that you have your first and last name showing so you can be counted towards our quorum. Please keep your microphones muted unless you're called upon by the chairperson and electronically raise your hand if you wish to speak and the chair will call on you when you can unmute. For attendees once you are recognized by the chair you will have your microphone unmuted and then you will be able to speak after that. For those of you that are in-person you can just raise your hand or acknowledge that you would like to speak, and the chairperson will call on you as well. Chat box

is only to be used if you're making comments that are relevant to the issues that we are talking about. But we encourage all of you to raise your hand and request to speak. If you plan on typing in the chat and raising your hand, just make sure your comments are not duplicative. Raise your hand, don't just put it in the chat or vice versa. Let's see. The order that we will go in as far as comments, we're going to go committee members that are here and then virtually will be allowed to speak. And then our public members that are here in-person and those that are participating virtually will then be allowed to speak. And then comments in the chat will be addressed last. If you are here in-person and you're a member from the public, you can just raise your hand and form a line at the end of the table we'll know to queue you to be able to speak. And finally, no comments about a person's character will be allowed. We will ask you to stop and if you do not the chair can ask that you be dismissed from the meeting.

KIM BASILE: Thank you. All right. Moving onto the approval of our July meeting summary. Everyone should have read that already. It is attached to the agenda. If there are no objections to the summary, we can approve the summary by unanimous consent. Are there any objections? All right. Seeing no objections the April meeting summary is passed by unanimous consent. First up is our noncontractual updates. We're going to ask Julie Hagan from OCDD who will share with us updates from the department. Julie, would you care to get us started.

JULIE FOSTER HAGAN: Sure. So because I usually have so many updates last meeting folks asked if I could send a report ahead of time so you guys should have received my report ahead of time. So I don't want to read this to everybody, so I'll talk and then--

BRENTON ANDRUS: Side note, if you are in-person her report is going to be at the very back of your packet. It won't be necessarily in order what the agenda said, but it will be added on in the back of the packet.

JULIE FOSTER HAGAN: Oh, sorry. I'll try to match the agenda next time.

BRENTON ANDRUS: The pressure is on for January.

JULIE FOSTER HAGAN: I'll try.

BRENTON ANDRUS: No. I usually send their packets out the Tuesday the week before a meeting and so-- but it's not a big deal.

JULIE FOSTER HAGAN: And so just know that sometimes things move pretty quickly. So what's here may actually have changed a little bit from when I sent it to you, so I'll include those as well.

BRENTON ANDRUS: Thank you for sending one.

JULIE FOSTER HAGAN: No problem. So the first kind of heading or update I have is on the Act 421 children's Medicaid option or TEFRA. I have been providing this committee with sort of the updates on applications, the number of approvals, pending reviews, denials for a few meetings now. So I've continued to update that information as of, the information here is as of October the 7th. You can see that we received 1323 applications. And then I tried to break it down by percentages so you guys could see sort of an idea of the number of approvals, denials and then what's pending.

During the last meeting you guys asked for me to provide some additional information in terms of how long it's taking or what the average length of time is. And so we actually do, we've been keeping a report so that we can look at it internally to be able to identify issues or gaps and take action where we need to. So what I provided for you guys is some information about what the time it is that's taking. So I'll do a little to help make sure folks are clear what we're saying. So the first bullet talked about time from application to decision. So that 104 days is from the time a person actually goes in and applies for TEFRA to the time that the decision is made, and they actually get it. So that's taking us an average of 104 days.

It's a little bit different to look at the time from the level of care mailing to the decision because when somebody applies there is some, you know, before we are able, we get the application, before we send the packet out to the families to say this is the information we need based on the application there's a

little bit of time because Medicaid has to make sure are they eligible for any other Medicaid services. So with TEFRA if you're already eligible for other Medicaid services, then you may not be eligible for TEFRA. And so from the time we mail out, you get the application and mail it out to the time of a decision, that timeframe is 91 days.

And then we also take a look at the length of time. So basically this is, you know, from the time we then mail it out, the time that we get it, the information back from families and then get it uploaded in the system is taking an average of 38 days. And then once we have the information back there are two things that have to happen to determine eligibility. One of them is looking at whether they meet the level of care determination. There are three avenues to meet level of care. One is your ICFDD level of care. One is nursing home level of care. One is hospital level of care. So there's a process for, you know, once we get the packets back determining if you meet level of care. That on average is taking us 24 days.

There is also a process that you have to go through that is through Medicaid. So remember, our local governing entities are the one doing our level of care determinations. And then on the Medicaid side there's a process called medical eligibility determination and the medical eligibility determination team, that's the T at the end of MEDT, has to determine do you meet the medical eligibility on the Medicaid side. That's taking us an average of 31 days. So folks had just asked for that. We've been gathering this since we started the program in January so that we could. Anytime a new program starts it maybe takes a little longer than we would like so we try to collect this kind of information to look at where we may need to, you know, take additional action or do things. And we have made some process changes and looked at process changes through as we've gone since January so that we could make it as efficient as possible. So happy to take any questions about that.

KIM BASILE: Brenton, any questions?

HANNAH JENKINS: Melinda Elliot has her hand raised.

KIM BASILE: Oh, Melinda. I'm sorry.

MELINDA ELLIOT: Hi. So I'm looking at all these numbers and days. So like the 91 days, the 38 days, the 24 days, the 31 days, those are all subsets of the 104-day total?

JULIE FOSTER HAGAN: Yes. And that's all average timeframe. You know, there's some that take less, some that take more. That's just your average time when we look at across the 13-- 1,323 applications that we've received so far.

MELINDA ELLIOT: But roughly it should take 104 days?

JULIE FOSTER HAGAN: That's the average amount of time, yes.

MELINDA ELLIOT: Okay. Thank you very much.

KIM BASILE: Anymore questions? Liz Gary.

LIZ GARY: Thank you, Kim. Hi, Julie. Do we know why 264 applications were denied? Were these just ones that were not deemed eligible as far as for their level of care or for having an SOA? Do we know that?

JULIE FOSTER HAGAN: Yeah. It's either that they didn't meet either the level of care determination or the medical eligibility determination. So yes, the denials mean that they've gone through the process and right, they didn't meet the criteria for MEDT or level of care.

LIZ GARY: Okay. I guess we don't know ages on that to determine if maybe they will eventually-- in other words, I guess do they look at those applications to make sure that maybe they were too young to determine that they would have had a DD yet because they weren't showing enough of the guidelines for DD? Are those things that will be relooked at or were parents like given that information back or just basically said you're denied?

JULIE FOSTER HAGAN: I don't know. I know that they are given information. You're able to appeal the decision so I know they have a letter that they receive talking about appealing. But I can pull that letter to see what information is on the denial letter. I don't know about ages. I know that they can break it down that way, but I don't know. I'll follow-up with the team on that.

LIZ GARY: Thank you, Julie.

JULIE FOSTER HAGAN: Uh-huh.

KIM BASILE: Any other questions?

BAMBI POLOTZOLA: I have a thought to that. And I appreciate Liz asking that question cause I was wondering that. That seems like a lot of people that the word is getting out to people who don't have children that qualify it seems. So I don't know how to think about that. But, I mean, that's a large percentage of people who I would assume that go in thinking that this is their opportunity to be able to get Medicaid. And I would assume that the child must have some type of disability. But are they confused at how significant that disability is or that, you know, whatever's going on with that child. So yeah, it just draws questions to me as well. So maybe more information about that next time, Julie.

JULIE FOSTER HAGAN: Okay.

KIM BASILE: Anyone else? All right, Julie. I think you're still up.

JULIE FOSTER HAGAN: Okay. Y'all jokingly called this the Julie show. All right. So budget updates. You know, in the budget for this year we did have a transportation rate increase. I need to verify with my folks, but we had everything programmed on our end so that those rate increases for transportation should have started for those services that don't require a waiver amendment. So some in our supports waiver transportation was billed as a separate service so we're having to actually make a waiver amendment. But in the ROW and the NOW instead of there being providers being able to bill the rate before was 12-dollars for non-wheelchair accessible transportation, 20-dollars for wheelchair accessible transportation. That's now a flat 20-dollar round trip per day. So those increases should have taken affect or will be taking affect by the end of this year. And then on the supports waiver we are working now to get that amendment in place so that we'll be able to start a separate billable service for transportation in the supports waiver as soon as we get that waiver amendment through.

For Early Steps we also had some rate increases. And so there was a 30 percent rate increase for Early

Steps provider services. There was a 40 percent rate increase for case management. There was also the changing of the case management from a unit basis to an hourly basis. So it's going to take us a few months to get that change done to make it the flat rate. But we still gave the commensurate 40 percent increase on the unit base while we're trying to work on changing it to flat rate billing. So some of our Early Steps services go through Medicaid and some of them go through our OCDD budget. On the Medicaid side there's only six services on the Medicaid side. So we were able to get those in place and providers saw the rate increase in their pockets at the end of August. And that paid the difference in the previous rate and the current rate retroactively from July 1 to current. On our OCDD side we have 30 something services so it's just a little more complex in the billing system. But by the end of October the providers, Early Steps providers will receive a retroactive payment from July 1 through October. And then moving forward it will be at the new rate for Early Steps.

A couple of legislative updates. House Concurrent Resolution 38 has asked us to study services or gaps in services for people with intellectual and developmental disabilities and co-occurring behavioral health concerns. We put that workgroup together. They started meeting. There will be a report that will be going to the legislature that includes, you know, the systems analysis that was conducted and any recommendations that they have were on target with that. We are also studying House Concurrent Resolution 39 and House Concurrent Resolution 40. One asked us to study barriers to hiring direct support workers and the other asked us to study the cost of providing nursing services. We are also on track. We've done a survey of our provider agencies. We've started our analysis of that survey and we are on track and will provide a report to the legislature within the designated timeline for those reports.

There's also House Concurrent Resolution 14 studying the voting rights of folks with disabilities. I'm on that. I'm happy to serve with my co-DD Council person, Jill Hano. We get to see each other in-person

sometimes for those meetings. I don't really have much to report out. That group is just kind of starting to get together and really kind of we're more, they're more giving us information about just the voting process in general. So we're having fairly regular meetings, but we're not at the point of recommendations yet.

And then Acts 450 and 366 related to comprehensive dental services for people with IDD. Trying to help get the word out. I know Kathy Dwyer who's the president to our state advisory council has been helping to try to get the word out to make sure that everybody understands that if you're an adult in our waiver services you now have access to comprehensive dental services. We've done a lot of communication. We'll continue to blast out information cause we do want to make sure that everybody is aware of that.

We are also working to have comprehensive dental services added for adults who live in our ICF facilities. We were hoping to have that start in January. We're still working on it. It's a little more complicated than in waivers because there's something called the standards for payment. It's a federal document related to the intermediate care facilities. And the standards for payments say that intermediate care facilities are required to pay for certain things with the per diem or the amount that they receive. And one of the things it says in the standards for payment is that they should provide a base dental service. And so we can't now pay them for one thing when part of it should be in the ICF per diem. So we're having to kind of work to separate those out and it's taking a little time to study that in terms of how we do it. We will move forward. The comprehensive dental services that are available for people in waiver and that will be available for people in ICFs is more than what's required in the standards for payment. So there will be more services, we just have to tease out what part should be paid verses what part will now be covered that they'll be able to receive through those comprehensive dental service.

For our kind of a Covid appendix K exceptions, we did see when the children returned to school, we sort

of had another spike in Covid. Or sort of an increase there. But now we see those numbers coming back down. And according to Dr. Kanter we're all feeling much safer and feeling good about the hospitalizations. There wasn't as many hospitalizations. There is a new Covid booster shot. Dr. Kanter who's our state health officer is encouraging all people to get it. There's also, and this is not specific to Covid, they watch, I'm definitely not an epidemiologist. I don't even know that I can say the word. But what they're saying is we've had relatively low flu cases over the last several years. Some of that's because we were in isolation and had our faces covered. But when we look to some other countries, like specifically Australia and some, normally what happens with them in their flu season kind of comes to us later. And so we are seeing other countries having spikes in flu, more serious flu. So we're definitely trying to help get the word out that people should consider not only a Covid booster, but also a flu vaccine this year. And the new Covid booster it's different than the previous ones because it's able to really direct to more of the strains. You know, we've been able to study more about the different strains of the Covid and so every time they come out with sort of a new booster it addresses those in the same way flu does. You know, people always say well, I took a flu shot and I got flu. But the shot only can cover certain strains and there's some strains that it doesn't detect. And so, but they're able to get that science down a lot better now. So we really are encouraging folks. The other thing we're seeing is that flu's coming earlier in those other countries so we would anticipate, you know, we don't usually get bad until it gets really cold. But we would anticipate it might be sooner. So Dr. Kanter was also encouraging all of us to get our flu shots earlier. Right now, as a matter of fact, to try to help protect.

We were just talking about this. I always love trying to explain the federal public health emergency. But October the 13th was when the federal public health emergency was scheduled to end. On October 13th health and human services, which is the federal government who is able to proclaim the federal public health

emergencies, they extended it another 90 days. And so the federal public health emergency is now scheduled to go through mid-January. Where it gets really confusing is that they said that they would tell us 60 days before the public health emergency ended. So they could still come back in November and say hey, in November it's going to really end this time in January. If we don't hear from them in the middle of November, then we would anticipate we won't hear anything again until January. And then in January, they can say it will go another 60 days or another 90 days and it will end. Or in January they could just extend for another 90 days. So there's tons of moving parts.

The biggest reason why we all are watching this so very closely for us in OCDD it's because we have a lot of things that we've allowed to happen differently or been given permission to do differently because we're under a federal public health emergency. And those things will need to, not all of them will end, but some will end, some will continue. But we'll have to get CMS approval for anything we want to do differently. We have approval for those exceptions to go six months after the end of the federal public health emergency. So with this current extension through January those exceptions and flexibilities that we have in place can go through June. And then we'll see if they do some extension in January then that deadline will change. The important thing about that is people, and we're trying to, we will be having a large webinar around January to explain for families exactly what's going to happen. These are what was in place, you know, kind of before the emergency, these are the changes we made during Covid and this is what it's going to look like or the things you're able to do or not able to do after the emergency. Because we want people to be able to start talking and considering in their planning what how it might affect them personally and what thoughts they may need to give to those things.

We have been meeting. There's been two topics that were really important to our stakeholders. One was right now family members can be paid caregivers. Before the public health emergency if you were a family member who lived outside of the home you can be a paid

caregiver. But if you were a family member who lived in the same home or a legally responsible relative you could not be paid to provide direct support services. During the Covid health emergency we removed that, and we've had a lot of family members who have been providing services. And so we've been doing, we've made changes to our waiver that will allow family members to continue to do that, but we have put some guardrails and safeguards in place that will need to be considered. And so we've been hearing from a workgroup that included representatives of people with disabilities, family members of people with disabilities. We have a member from the developmental disabilities council staff. We have local governing entities, support coordinators and provider agencies who are all kind of helping inform us, it's more listening sessions, as we look at what processes we need to put in place because CMS does have certain regulations and things you have to consider when family members are paid caregivers. We've been working with that group. We've had a lot of great feedback from them on that and we're now in the process of looking at what our ultimate process change will be.

We've also had another workgroup looking at virtual visits and how we use telehealth or virtual visits during the pandemic and if there's things that we would want to be able to continue afterwards. So done a lot of work on that. And again, at the January meeting if you guys would like me to, I'll have a lot more information about where we sort of landed on those final decisions from the input that we received from those workgroups. And then I'll also share opportunities that we'll have for, you know, we want people to know, we want people to be able to plan and so we want to get the word out, we want to do webinars. Want to do whatever we can to make sure everybody really understands what it's going to look like when we do get it to that after the federal public health emergency.

The last time I was here I gave updates on our American Rescue Plan Act funds and some folks asked if I would give a little more information about what each one of those categories was. So I tried in the report

to explain a little more about the particular activity. And so the first activity is our START model. And I let you guys know what that acronym stands for. Basically we're trying to get a team of experts into Louisiana to help us further-- you know, I mentioned earlier we have that HCR38 workgroup, but this is a group of national subject matter experts to help us really do a study and make recommendations for how to address the needs of people who are in crisis who have intellectual and developmental disabilities and behavioral health concerns. We had to get a contract with them. We've gone through. We're almost at the point of having the contract approved so we're hoping that come January that team-- they actually come in-person to your state, and they interview stakeholders so we'll definitely be doing some outreach to try to get different folks who can come in and talk to them about their experiences with the system or thoughts or any recommendations there.

Some of the other ones, the technology first and the value-based payment model, I gave you guys some additional information. I don't really have much to update on those two particular items. We're still kind of in the planning phases there. The community practitioners training, we are in the process of partnering with the Louisiana Dental Association. They have two conferences a year where they have, most of the dentists they have to get continuing education units to keep up their dental license. So we're trying to work with them and kind of cosponsor having someone go to those conferences who can speak to providing dental services. And maybe some unique or special needs people with intellectual and developmental disabilities. Just sensory issues they might have and how to best support them in dental offices. And so we're very close to being able to do that. We're hoping we can figure that out for their December conference. And then I think they have another one around June. So we will use some funding to do that.

We do also had permission to do a rate increase for support coordination. So I believe that we've gotten all of that programmed. So there will be a 30 percent rate increase for support coordinators. We're

hoping, you know, we know in addition to having a lot of turnover with our direct support professionals and some of the rate increases we were able to give to help increase the salary for those staff. We're hoping this rate increase for case management will really help them give an increase in pay for the support coordinators cause there's also a really huge recruitment and retention issue for support coordinators or case managers as well. So that happened this month where that rate increase was able to be in effect.

And then the final thing on here is the direct support workforce and support coordination retention bonuses. I've stated publicly in lots of different ways that we were really hopeful we would be able to get those out the door at the beginning of October. Unfortunately we were not able to do that. There were a couple of things that came up that required us to kind of go back and take a look at the bonuses. So we've worked on that. We had to have several meetings with Secretary Phillips and Under Secretary Johnson to make sure that we were following the rules in the way that we needed to and to make sure that we weren't putting anybody potentially at risk with the bonuses that we were doing. So we think that we're very near to being able to have those things worked out. But I'm not going to, again-- people all the time like me to give a date and then when I gave a date and it doesn't work out, I think we've log over 400 calls to our office about people from workers or providers saying hey, where's my bonus. You said it was coming in October. And so we're trying to help get the word out. We're still working to try to do that as expeditiously as we can. But again, we need to make sure some of these things that have come to our attention are addressed before we get those bonus payments out the door. We will still do bonus payments. They're coming. We're not stopping them, but we just need a little bit more time to figure that out.

I don't know if you want me to stop. I think you guys had also asked me about self-direction and the enrollment process. Before I go there if you want me to stop and take any questions.

KIM BASILE: Probably take questions first.

Anybody have any questions for Julie?

REKEESHA BRANCH: There are no questions in the chat.

KIM BASILE: Bambi.

BAMBI POLOTZOLA: I just want to make a comment about the voting, HCR 14. You weren't at the last meeting, but another one of your DD Council members is on it, Erick Taylor. He serves on it. Glad we have Erick on there. I'm not going to go in too much in detail about that, but there are definitely concerns about accessibility for those, that committee and also the progress that they're making because the report is due February 1st, and the next meeting is January 9th. And basically there wasn't a whole lot of content in the first two meetings and nothing really from the disability community. So I think-- Lillian DeJean who works in my office is serving on there. The majority of the council of this task force are people with disabilities. So I'm hoping that they'll be able to maybe get the leadership of that council to really look at and value the voices of people with disabilities and those experiences. So I just want to share that with the group.

And then I'm also on HCR 38 and I just wanted to say that Dr. Brandy Kelly, Julie, is just phenomenal, as you know. And she's doing a really great job of leading that group. And I'm looking forward to seeing some good outcomes from that group as well.

KIM BASILE: Anymore questions?

SPEAKER: Jill Hano has her hand raised.

KIM BASILE: Jill.

JILL HANO: I just have to say that Bambi was like reading my mind because the first two-- I mean, not like I'm trying to like complain by any means, but to echo Bambi, the report's due in February and everything she said, the next meeting's in January. The first two meetings were preliminary. So I am kind of curious to see how this plays out.

KIM BASILE: Thank you, Jill.

SPEAKER: Yiesha McFarland has a comment in the chat.

KIM BASILE: Ms. McFarland. Oh, I'm sorry. Question.

SPEAKER: She says will additional training for direct workers in the home environment be provided since the work has increased and the demand has changed.

JULIE FOSTER HAGAN: So during our workgroup meeting there was a recommendation that we, we kind of started by talking about the fact that there will need to be training for family members. So specifically when you're a family member that is providing services there are things that if you're just a family member that's not being paid that you can do. For example, you can give medication and there's nothing to say you can't give medication. If you're a parent and you choose to spank your child, you can do that when you're not being paid. However, if you are being paid to be a caregiver there are things you can't do even if you're still their parent or their family member. So you can only give medication if you've gone through a medication delegation process. There are certain rules. You can't, for example, even if you're a parent being paid and you're taking care of your child to provide extraordinary care and you're working during the day you can't also be working another job from home and being paid for that job and being paid to provide. That's Medicaid fraud. And so there was a discussion that there may be things that for family members who continue to be paid caregivers there's some training and things they need to understand because they may not think it's wrong, that's what they did as a family member. But they need to understand that when you're receiving federal funds to be paid to provide these services there's some expectations that come with that. And needing to make sure people understand that maybe even before they decide to become paid family members.

During the course of that conversation though there were several training items that folks said, for example, documentation, you know, having to write a progress notes and things like that. Or even what I mentioned before, not working two jobs at the same time. There were certain things that may not just apply to family members as paid caregivers, but anyone that's serving as a direct support professional.

And so one of the takeaways from that group that

our folks are considering is how do we develop those trainings, how do we make them accessible to folks, and in what ways do we do that. So it kind of came back to there may be some things that are specific to the family members serving, but that we potentially need to develop some training modules for other folks as well. That was a takeaway that we had and definitely something that we're looking into just kind of like what's the right format for that. How do we develop it. And anytime we develop things we also try to think about how do we make it more current. Because I know people have pulled trainings out that we did 15 years ago that don't make any sense anymore. So how do we make sure that there's at least some ability to routinely update that with Zoom and the ability to record and put things on YouTube that's made it a lot easier now than maybe it used to be. But yes, we're definitely looking at training kind of across many different facets for direct support professionals.

KIM BASILE: Anymore comments?

SPEAKER: There are no comments in the chat.

BRENTON ANDRUS: Well, it looks like--

HANNAH JENKINS: There are in the Q and A.

BRENTON ANDRUS: Yeah. Apparently, there was an issue with chat, so people put stuff in the Q and A. The chat issue has been resolved, but I don't know if y'all want to cover the Q and A.

HANNAH JENKINS: I can read those if you would like.

KIM BASILE: Go ahead.

HANNAH JENKINS: Okay. From Ms. Brenda Cosse. She said greetings, SDCI committee. The TEFRA demographics, age, region, parish, disability, race is info allowed provided publicly. And then she said if already answered please excuse. Had technical difficulties.

JULIE FOSTER HAGAN: I can see. I don't know the answer to that, but I can take that away.

KIM BASILE: Okay. Thank you. I think that's it.

HANNAH JENKINS: There's another question from Ms. Yiesha McFarland.

BRENTON ANDRUS: She put that one in the chat.

KIM BASILE: We just answered that one.

HANNAH JENKINS: All right. Then you're good to go.

KIM BASILE: All right. Julie, I think you're done.

JULIE FOSTER HAGAN: Just real quick just to say folks did ask me about the self-direction, like what is the process for self-direction enrollment. So I'm certainly not going to read, I think that's another six or eight pages or so. But I do include for folks in the information this is pulled from our self-direction manual sort of what is the enrollment process and what is the process that folks go through to be able to get enrolled in self-direction. I think someone had also asked like what is the specific timeframe it takes to do that. And there's nothing in place that says anything right now about this is how long it takes. And when I talked to my folks, they said the range is pretty significant in terms of how long it takes because there's things that are impacted like when you move to self-direction you have to hire your own staff and so there's certain things that have to be put in place. And so the timing is really sort of very dependent on each individual's circumstance. But I did provide information on what the process for enrollment looks like. So just sharing that. That's in the report as well.

KIM BASILE: I'm sorry, yes.

ERICK TAYLOR: I have questions. You were speaking about families working with people that's on the waiver service. Do y'all have things set in place that if you think something's going on with a family member working for someone with a disability?

JULIE FOSTER HAGAN: Yes. So if you have a family member that, if there's a family member that will provide services or be paid to provide services that has to be in the person's plan of care or their individualized support plan and there is a process, you know, for reviewing that. We also from the committee and one of the processes that we're trying to work out there were people on the committee who felt strongly that we needed to have a way to make sure that it's what the person receiving services wanted. Regardless if they're able to communicate using words or other

means of communication. And so we are looking at putting a process in place whereby there will be a conversation with the person receiving services with the family member not present so we can make sure that it's really what the person wants and if they have any concerns about that, that they're able to have an opportunity to address those concerns cause it can get awkward trying to have a conversation with your family member present if you have concerns. And so we will, as part of the process, we will build that into the process.

Having the family member-- what the federal government, the centers for Medicaid and Medicare services say is that if the family member is providing the services, then it has to be, and I quote, in the best interest of the individual. And so part of the discussion in the plan of care meeting needs to be is the family member, is that in the best interest of the individual for the family member to do that. And if comfortable to say that hey, I don't want you to be my paid caregiver then by all means the person can say that in the plan of care meeting. But there's a recognition that that might be hard to do so we'll build that in. So yes, if they had concerns about it, we will build that in. And if the person expresses concerns then they won't be allowed to be paid caregivers.

ERICK TAYLOR: One more question. Not trying to hold y'all up. What if they person can't speak for themselves?

JULIE FOSTER HAGAN: So what we've talked about is having a friend or an advocate or something else if they're not able to communicate. Having someone who is not the family member present with them. We're trying to kind of figure that out some. LGEs have like a peer support parent so there are some resources out there to try to help find someone if they don't, if they're not able to communicate in some way those concerns. But we will, that will also be part of the process.

ERICK TAYLOR: (Inaudible) Looking for something (inaudible) if they can't speak and for themself.

JULIE FOSTER HAGAN: Absolutely. Trying to help find an advocate that can help make that clear if

that's what they want.

KIM BASILE: Okay. Are there any more questions? Is that it?

BRENTON ANDRUS: I think Melinda has her hand raised.

KIM BASILE: Okay. Melinda.

MELINDA ELLIOT: Thank you, Kim. So I want to go back to self-direction. For any of these steps there isn't any timeline? Cause that process for self-direction is pretty miserable. I know in many places it says you can get help from your support coordinator. I read the book and my support coordinator knew less than I did. It wasn't until finally four months into the process that I was pretty mad, and the director of the support coordination agency started working with me himself that things started to move. And we even got to the point where it was to the Friday before the startup date on Monday and some of the paperwork still hadn't been done yet. And God bless the LGE division of developmental disabilities director. He helped me. Because the Friday before the Monday that I was supposed to start with Acumen paperwork still wasn't where it was supposed to be. You know, the support coordinators maybe need training about self-direction. Especially when I don't know anything and I read the handbook and I know more than the original support-- well, actually they change quite often. But I knew more than two or three support coordinators knew. And there needs to be some timelines in some place. Cause I worked hard for four months. It's not like I was lackadaisical about it. But again, that's just my 2 cents worth.

KIM BASILE: Thank you, Melinda.

SPEAKER: Corhonda Corley has a question in the Q and A box. She ask does a process exist for a change or bump in your waiver services. If so, please explain.

JULIE FOSTER HAGAN: Sure. So there is a process. The process is really originated just through a team meeting. So you should be having at least quarterly contact with your support coordinator. And if a person feels like the current supports that they're receiving are not meeting their needs, then there's a

conversation that talks about what are the additional support needs that a person has. It doesn't, it may mean a bump in a waiver. It may mean just accessing services that you're not accessing now in your current waiver. So it should be part of the planning process for part of either your annual plan or part of quarterly updates. But we do in all of your documents and in our trainings for local governing entities and support coordinators, it should be driven by the conversations from the person receiving services or their support team. If there's a need to increase.

And so basically if you are in a supports waiver or children's choice waiver and there's a level of review if the team feels like you need more services then the local governing entity is that first level of a review. There are documentations and justifications that have to be given and submitted to the local governing entities. The local governing entities are able to approve a move from children's choice or supports waiver into the residential options waiver. Within the residential options waiver there are also, there's four kind of caps or four levels in the residential options waiver. They can also approve kind of moving from one level to another within the residential options waiver. And then if someone then needs to be able to move into the new opportunities waiver that comes up to our state office through state office review and there are, we have specific forms and documents that are required that provides the justification for that. So that's kind of at a high level what our process is. If folks need to see those forms, I can get those forms. But the process is outlined in, I believe it's in one of our policies or operational instructions. And then the forms that have to be included are a part of that.

KIM BASILE: Okay. Is that all?

SPEAKER: Christy Curtis has a comment in the chat box. She says family support coordinators are not getting the training needed to assist families. Families know more about services than they do. Maybe we could consider hiring family members as SCs. We would have a stronger and more knowledgeable workforce.

KIM BASILE: All right. Is that all for Julie?

BAMBI POLOTZOLA: Can I just follow up though. I mean, there's nothing that's prohibiting-- they're talking about support coordination, right?

JULIE FOSTER HAGAN: FSC is what's in Early Steps.

BAMBI POLOTZOLA: Oh, that's FSC.

JULIE FOSTER HAGAN: But there's nothing, I think.

KIM BASILE: I took it as being just support coordinator.

JULIE FOSTER HAGAN: If they can clarify.

BRENTON ANDRUS: Family support coordinators is all they said.

JULIE FOSTER HAGAN: Oh, across. Okay.

BAMBI POLOTZOLA: Yeah. So what I was going to say is there's nothing that's stopping a support coordination agency from hiring a person who as Christy, a family member, except there are some very ridged rules in support coordination as in, you know, the caseload numbers, the education level, the caseloads. I've looked at it. And then the supervisory requirements. There are some things in that that I could see where that could cause maybe families not to have access. I certainly could think of some things that would allow for families to be able to be support coordinators such as, you know, having, instead of having 40 cases or 50 cases someone could be a part-time support coordinator. But actually the financial aspect of it would not work out in the business model. So just throwing that out there cause I think you would have that expertise that I don't think we can tap into the way it's set up now.

KIM BASILE: Another chat.

BRENTON ANDRUS: Just saying thank you.

KIM BASILE: All right. Julie, I think, are you done?

JULIE FOSTER HAGAN: I'm done.

KIM BASILE: Okay. We're going to move onto contractual updates and we're going to have Ebony up first.

EBONY HAVEN: Okay. So I'll be giving the update for Partners in Policymaking. We do have that in your status report in the blue folder. It's activity 1.1.1 and it's covered on pages one and two. The seventh and final Partners and Policymaking session for the class

of 2022 took place in July. The speakers were Rashad Bristo our chair, LaShawn James, Seoul Hays. And The topics were Louisiana Rehabilitation Services, assistive technology and taking your platform to the media. The 22-class concluded on July 12th with 19 graduates and both the class of 2020 and class of 2022 participated in the graduation ceremony on July 13th.

There were two LaDDC newses. One congratulating both those classes and then one promoting recruitment for the new class for 2023 and those were issued on August 12th and August 22nd as well as corresponding social media posts were posted on both Facebook and twitter. The deadlines for the application period was September 30th and we received a total of 28 applications. Twenty-six of those applicants were eligible and were pushed to the partners selection committee. And they met on October 12th. Based on the suggestions from the planning committee in April we're going to have single occupancy for the new class instead of double occupancy due to Covid and due to like increase cost for speaker and travel and everything. The team selected 15 of those 26 applicants with five alternates just in case it's determined that we're able to accept more into the class based on our budget. Which is 90,000. So more information will be shared about the actual applicants, because I know you all like to have demographic information, at the January meeting.

And then the last update I have for partners is that the partners coordinator position is currently vacant, and it's been advertised. We sent out an LaDDC news on last Friday, October 14th. And the deadline to apply is Thursday, October 27th. So next Thursday is the deadline. If you guys know anybody that may be interested in the partners coordinator position, we ask that you please encourage them to apply. Again, the deadline is next Thursday the 27th. And more information can be found on the council's website about the position. Are there any questions about partners?

SPEAKER: There are no questions in the chat.

HANNAH JENKINS: Ms. Corhonda Corley has her hand raised and Ms. Jill Hano has her hand raised.

KIM BASILE: Jill Hano first, please.

JILL HANO: What do we do if the position isn't filled by January?

EBONY HAVEN: I'm sorry. I didn't hear you question, Jill. Can you say it one more time. If it's not filled by January. So currently we're doing everything in-house, Jill. So Hannah Jenkins our administrative assistant, she's our new program monitor for partners. And she and I will take partners until we find a coordinator.

JILL HANO: Okay.

KIM BASILE: And Corhonda.

CORHONDA CORLEY: Hey. This is Corhonda Corley. And I am inquiring on the Partners in Policymaking coordinator vacancy. Was an exit interview done with the previous coordinator so that we can know what the reason is for why that Partners in Policymaking coordinator is no longer with u? And if there was some areas in which that we could actually do better at. If we could perform better. If it was something that maybe the coordinator needed more assistance. If the hours in which the coordinator is working. If there wasn't enough or etc. This is the information that would have been disclosed in an exit interview and I just think that it's imperative that we know whether or not an exit interview was done. And if not, then I recommend that we do an exit interview with the previous coordinator so those questions can be answered.

KIM BASILE: Correct me if I'm wrong, but the Partners in Policymaking coordinator worked for Jim Sprinkle, is that correct? So he would have been the one to hold any exit interviews. And I don't know that he's on today.

BRENTON ANDRUS: I would just say it's also a personnel matter so we couldn't discuss what would happen in an exit interview anyway.

KIM BASILE: Okay. Anything else for Ebony?

SPEAKER: Jill Egle has her hand raised.

KIM BASILE: Jill.

JILL EGLE: Yeah. I used to do partners way back maybe 2016, but now-- so you guys have to take onto assist with next year's class because of someone opting out?

EBONY HAVEN: The coordinator position is currently vacant.

JILL EGLE: They resigned, or they just left? Or y'all legally not allowed to embrace what?

EBONY HAVEN: Yeah. We can't disclose that information.

JILL EGLE: Okay.

KIM BASILE: Anything else?

JILL EGLE: Thank you for your time.

KIM BASILE: Okay, Ebony. It's still you.

EBONY HAVEN: Yep. Still me. So I'll talk about the videos. That's activity 1.1.5. And if you're following along in this status report you can find that on page six. So we contract with O'Neill Communications for this particular contract, and they have produced and released a total of three videos so far. They've all been published on the council's YouTube channel and interviews have been completed and production is underway on their final business of the contract. If you look on the chart you can see they've released Navigating an IEP which was released on June 16th. Partners in Policymaking which was released on August 1st. And the History of Americans with Disabilities Act which was released on August 26th. And we're waiting for two more videos, Covid 19 Pandemic Impact and Assistive Technology which we are anticipating will be released next month. And as soon as those videos are released, we'll share them on Facebook and our YouTube channel, and we'll send out social media posts. And if you haven't had a chance to look at the videos, they're really good. So I would encourage everybody to go and look at the videos if you haven't had a chance to yet. They're linked in the status report.

KIM BASILE: Jill Hano.

JILL HANO: This says FY22, right, that you've released three videos so far in FY22, correct?

SPEAKER: Right.

JILL HANO: Okay. Just cause I get everything-- this gives me a headache y'all. So we are reviewing FY22 fourth quarter, correct?

EBONY HAVEN: That's correct, Jill.

JILL HANO: So these three videos were in the

fourth quarter, right?

EBONY HAVEN: The June 16th one would have been in the third quarter.

JILL HANO: Shut up. I knew that when I said that. Thank y'all.

KIM BASILE: Thank you, Jill.

JILL HANO: But like-- I'm sorry. So is three videos in a fiscal year kind of low?

EBONY HAVEN: Well, they have two more that's still going to be covered under FY22, if that makes sense. So it will be a total of five. They just haven't released those because I think they had, for that assistive technology one in particular, there were some delays. So with the interview process. Cause they have to interview people, then it has to go in production where they edit those videos and then they have to send them to us to make sure that everything looks good or if we have any feedback for them and then they're able to release them. So it's a process.

JILL HANO: Okay. So but five videos is like average?

EBONY HAVEN: I will have to go back and look at how many videos they released last year, Jill. I can't recall like off hand.

JILL HANO: I want to say seven, but I could have just made that up. Okay. Cool. Thank you, Ebony.

EBONY HAVEN: You're welcome.

SPEAKER: Corhonda Corley has a comment and question in the chat.

KIM BASILE: Okay.

SPEAKER: She says by being the fiscal operator over the agency it is the DDC's legal obligation to conduct the exit interview or hire an external entity to conduct it. She also asked how are we seeking individuals to be interviewed. She also asked are the videos only on YouTube or are we posting them on the DDC website as well. And she asked do we have a goal number regarding outreach, particular areas, etc.

EBONY HAVEN: So as far as how we thought individuals could be interviewed, I know there was emails sent to the council members in particular if they wanted to participate in the videos. And these are specific videos so I guess if they don't have

subject matter knowledge they wouldn't be in those videos. So there was emails sent out to the council members. I'm not sure-- and then there's recommendations. So as we work with the contractor we recommend individuals, let's say for Partners in Policymaking, the current coordinator is in that video. So there are recommendations that we as council staff make to O'Neill Communication to include in those videos. But I think, if I'm not mistaken, emails were sent to council members if they wanted to participate in those videos. As far as the videos being posted on YouTube, I mean, we could put them on our website as well.

BRENTON ANDRUS: They are on our website.

EBONY HAVEN: Oh, they are on our website. So yes, they are. And do we have a goal number regarding outreach in particular. I don't think there's a goal number that has been set.

KIM BASILE: Anymore questions for Ebony?

SPEAKER: There are no more questions in the chat.

KIM BASILE: Ms. Corley.

CORHONDA CORLEY: I would like to know do we have a mythology or a method in which that we would like to be able to reach individuals other than virtual? Because I notice that we're talking about that the videos are only being used on Facebook and YouTube, but I'm wondering are we going to provide it where we can have it in writing. Just a little snidbit about what's going on so that more people can actually be reached. Because we do have to remember that our state is more than 60 percent rural which means that that's a large demographic and population of individuals that do not have access to Wi-Fi, internet or hot spots. So they may not necessarily be able to access anything that's being put on social media or on our website or YouTube. And so I'm just wondering have we considered those other methods or mythologies in order to provide communication to people that want to know about navigating the IEP, ADA, Partners in Policymaking, etc.?

EBONY HAVEN: So that's something that we can look into, Corhonda. I don't know necessarily if we've explored other avenues besides the ones that I've

already mentioned. But that's something that the contractor and the council staff can look into other ways to make sure that we're reaching every population.

KIM BASILE: All right. Is that all for Ebony? Okay. Let's move onto Rekeesha (inaudible).

REKEESHA BRANCH: Good afternoon, everyone. The information should be in your status report on page three and four. Just to give you a little bit of information as of September of this year LaCAN has over 6,500 individuals registered for the council and LaCAN list serve to receive information and action alerts related to the home and community-based services, HCBS, employment, education and early intervention. Some of the breakdown of the advocacy activities. Since October the first eight HCBS or action alerts were completed. 1,047 actions were taken. Eight education action alerts were completed with 930 actions taken. Hundred five participants attended four HCBS yellow shirt days. And 52 participants attended three education yellow shirt days.

Region two recently hired a LaCAN leader with a start date of October 1st of this year. I would like to take this time to announce and welcome our newest leader Ms. April Hampton in region two. She's pretty much hit the ground running. So she's been doing pretty well. Region nine currently has a LaCAN leader position available. This position has been advertised and those interested are definitely encouraged to apply. The job-- I'm sorry. The job position can be found on the LADDC website. LaCAN also continues to host two LaCAN leader conference calls per month which include updates on the current concerns and issues and development of strategies to better educate, maintain, support and lead LaCAN leaders. LaCAN summer leader training was held on August 18th of this year. LaCAN leaders discussed ideas and strategies to recruit, retain, engage and teach members. The leaders also discussed things that can be done during the legislative off session or season.

Also, during the months of July and August leaders hosted regional community input membership meetings in each region. Leaders discussed the outcomes of the 2022 legislative session, the legislative process and

asked members to provide input on the council's 2023 legislative advocacy agenda. LaCAN leaders and FHF directors participated in the 2023 legislative kickoff on September the 15th of this year. Advocacy leaders discussed, prioritized and rated all concerns or issues to generate the top items for the official recommendations toward the council's 2023 legislative advocacy agenda. These recommendations and/or issues were shared and discussed during the executive committee meeting this morning. You will have the opportunity to discuss and vote on the recommended agenda on tomorrow's full council meeting.

The leaders will attend LaCAN fall training in November or December of this year. The training will focus on preparing the leaders for legislative visits, understanding the council's advocacy agenda and discussing what to look for in testimonies. Just a reminder, legislative visits will begin soon once the council finalizes it's agenda and all of the fact sheets for each issue have been created. It will take a little time to create all of the information, so we don't have an exact start date at this time. In the near future information about the legislative visit teams will be sent out to all council members. This list the parent and self-advocate council members, the LaCAN leader and FHF director with everyone's contact information from each region. It will also list regional delegations and those on the key committees.

Please don't forget to follow up with LaCAN leaders about making visits. They will also be following up with you guys as well. Remember our goal is to see all key legislators first. Also, be on the lookout for LaCAN member meetings. Typically once the agenda is set LaCAN leaders will begin hosting meetings to educate members on the agenda and activities. Also, they will begin planning their hybrid roundtables which will occur across the state beginning in late January through mid-March. Does anyone have any questions, comments, concerns?

SPEAKER: No comments in the chat.

REKEESHA BRANCH: All right. The next thing I have to discuss is Families Helping Families. This information can be found on page four and five of your

status report. The yearend data for fiscal 22 is included in the annual summary report that was linked to the agenda. Due to various reasons four of our centers were unable to meet all of their deliverables. For region one they were unable to meet the deliverable for grassroots advocacy training, completing at least 25 outreaches, identifying six individuals to attend legislative visits and at least two legislative visits completed by the FHF director. The director has implemented a new deliverable tracking system to ensure deliverables are met in the future. Each deliverable is marked on a board and a check is placed by the completed deliverable with paperwork and supported documentation is turned in.

For region two they were unable to meet the deliverable for identifying at least six individuals to attend legislative visits. This director reported that moving forward the director will send out personal emails and make calls to all individuals who have inquired about any topic on the legislative agenda.

For region five they were unable to meet the deliverable for identifying six individuals to attend legislative visits. The director reported that moving forward their facility would be utilizing a new database that has a tab for a specific deliverable. For specific deliverables. I'm sorry. Staff can use this tab when speaking and identifying individuals for either providing testimonies or attendees for legislative visits. This information will also be reviewed in staff meetings to discuss any questions or concerns related to meeting this deliverable.

For region seven they were also unable to meet the deliverable for identifying at least six individuals to attend legislative visits. This director reported that the issue will be resolved moving forward by putting the following actions in place. The director and staff will use phone calls, parent consults, regional task force, committee meetings and other community activities to identify individuals for legislative visits. The director will also work with the local human service district staff to help identify parents and self-advocates who are willing to attend legislative visits regarding those agenda items that

are important to them. The director will also forward the names of the individuals identified to the regional LaCAN leader.

Region nine was unable to meet the deliverable of the legislative visits for FHF director due to the change in the director within the facility during the timeframe that LaCAN made legislative visits. The new director reported that moving forward she will make certain that an active role is being played in ensuring that all legislative visits are not only met but exceeded.

FHF centers followed the state fiscal year which started on July 1st. Based on the first quarter data centers are pacing themselves appropriately to stay on track to meet all deliverables. And that chart is also in you guys' packet.

KIM BASILE: Any questions or comments for Rekeesha?

REKEESHA BRANCH: All right. And lastly, we have supported decision making. And that will be on page six and seven of your status report. The council contracted with the Arc of Louisiana on this initiative. Training opportunities were offered statewide to adults and intellectual-- I'm sorry. To adults with intellectual and developmental disabilities and their family members to increase their understanding of supported decision making. Also known as the Dustin Gary Act of the 2020 Louisiana legislative session. And other legal options available in Louisiana.

Yearend data for fiscal year 22 was included in the agenda. Since the contract started on October 1st, 2021, the Arc of Louisiana completed all ten trainings. That's five statewide trainings and five professional trainings with 349 participants in attendance. The Arc of Louisiana was able to identify eight participants to mentor through the supported decision-making program. Six self-advocates have completed the mentoring process and the other two individuals will continue being mentored until they have a contract in place. The council will also continue to contract with the Arc of Louisiana for fiscal year 23 and will continue to receive reports and updates on this initiative. Any

questions on supported decision making?

KIM BASILE: Jill Egle.

JILL EGLE: So when you say supported decision making, you mean self-advocates have a say so no matter what, for like the DD Council they have a say so in making those executive choices and decisions?

REKEESHA BRANCH: Yes, ma'am. With this particular program they help teach you how to make those decisions.

JILL EGLE: Yeah. Because I'm going to be honest with you, I love the DD Council and I'm going to be on it between now and the new year until someone gets in one and ten and then apply again. But the thing is when I did this years ago and anytime I felt like as a self-advocate leader I wanted to say so I felt like I didn't have support at the time because then I would go take a break and I would get emotional. And I feel that self-advocates should be the force of the DD Council and that the DD Council staff should support them in representing them cause sometimes it's hard to do.

REKEESHA BRANCH: Yes, ma'am. And that's definitely understandable. We will definitely do our best to support anything you need moving forward. Just let us know. Whatever you need, we'll be there for you, Ms. Jill.

JILL EGLE: Thank you.

REKEESHA BRANCH: You're welcome.

KIM BASILE: Any other questions or comments for Rekeesha? Ms. Corley.

CORHONDA CORLEY: Yes. Okay. I have several questions. My first question was in regards to yellow shirt day. Are we going to have just a yellow shirt day like we used to have where we all showed up at the capitol? I know during Covid we all did it virtual. But we have not had one like that since Mr. Shawn Fleming left the DD Council.

My second question is did we ever do anything about the appointment for someone to become the executive director for the North Shore Families Helping Families? Because I do not recall that coming for the council for that to be agreed upon.

Third, supported decision making stuff. I see

that we have a lot of the training dates, but I notice that none of the training date information was accessible for individuals like in region two. So I'm asking if there will be another training session and how will we disseminate out information regarding these sessions so that individuals can actually attend. Because we do also have to think about that those individuals that were impacted and affected by the hurricanes and other natural disasters access to internet. So are we providing any trainings in-person as well? So I'm asking those questions to make sure we are reaching our individuals with disabilities and their families in a very prudent and mythology way that is accessible to all. And so those are my questions because I am aware of many, many individuals not knowing anything about supported decision making in this entire state. And so I think that we have to make sure that we're making everything accessible especially for your individuals in the IDD and DD community. As well as are we disseminating any information out to the school for the Deaf and blind too cause they do fall under us as well?

KIM BASILE: I see Ashley McReynolds is on. Ashley, would you care to answer.

ASHLEY MCREYNOLDS: Hey. This is Ashley. So we do it several different ways to advertise for the trainings. For the statewide trainings that are for individuals with disabilities and their family members we created fliers that we shared on the Arc of Louisiana's social media, People First of Louisiana's social media. And then we also sent them to the DD Council which blasted them out on their social media. So Facebook, Twitter. And then we had our Facebook and Twitter accounts sending them out as well. And then as far as-- Corhonda, what was the second part of your question?

EBONY HAVEN: She wanted to know about in-person trainings, Ashley, if y'all had considered those.

ASHLEY MCREYNOLDS: Yes. So moving forward this coming fiscal, this contract year I'm going to focus strictly on individuals with disabilities. And my plan is to coordinate with all of the local chapters of People First. And those that are needing in-person

they will be done in-person. And those chapters that are still meeting virtually I will, you know, meet with them virtually. But the last two years due to Covid we opted to just make those virtual. If you go on our website, we have resources. We have recordings that are available for anybody to access. So you can go back and watch one of the trainings. We also have all of the resources that after the completion of the training and the surveys that I sent out to all of the participants you can access the handbook, the sample agreement-- and I think that's it. And I've also-- and the power point. And then I have when I turn in my report November for October, I've worked on several different like one-page documents that will be uploaded and shared so you'll be able to access those new documents here in November.

KIM BASILE: Thank you, Ashley.

EBONY HAVEN: To address the question of the North Shore Families Helping Families executive director, that decision does not come before the council. North Shore Families Helping Families has a board that chooses their executive director. So we don't participate in that process. It was just announced to us who the executive director is, and it is Ms. Karen Ardus if anybody was interested.

BRENTON ANDRUS: And with regard to the yellow shirt days, I assume, Ms. Corley, you're talking about disability rights day because we did have yellow shirt days last year. We had quite a few of them. In regards to disability rights days or DRDs what we used to call it, that actually stopped a couple years before Shawn Fleming ever left the council. That didn't end when he left. The council actually voted some years ago, I want to say it was maybe 2016, to stop funding disability rights day and no longer make it an activity because the ultimate goal of disability rights day was to bring advocates to the capitol to connect with legislators and to be able to advocate on behalf of people with developmental disabilities. And while visually it may have appeared that that goal was accomplished, it actually was not being accomplished. Because what we found out is people were just trying to get a lot of people there in yellow shirts, but the

actual conversations were not happening between people and legislators. We were not actually affecting any sort of change on that particular day. So it was a large expense that the council was taking on for very little benefit. So it was decided that we would host more yellow shirt days and not focus on disability rights days. And I don't remember the exact year. I have 2016 in my head. It might have been 2017. But it was a few years prior to any previous leadership leaving and prior to Covid.

KIM BASILE: Jill Hano.

JILL HANO: I have an FHF question. I don't know. So how many of their nine centers met their deliverables, Rekeesha?

REKEESHA BRANCH: Five. Five of the nine were able to meet them, yes.

JILL HANO: Okay. Did I pronounce your name correctly?

REKEESHA BRANCH: Yes. You did good.

JILL HANO: Okay.

REKEESHA BRANCH: Thank you, Ms. Jill.

JILL HANO: Thank you. I keep forgetting if I had the status report.

REKEESHA BRANCH: No problem.

JILL HANO: Just kidding.

SPEAKER: Ms. Corhonda Corley has a question in the chat box.

KIM BASILE: Okay.

JILL HANO: Thank you.

SPEAKER: She says what are the methods of disseminating information to individuals who do not have access to websites, social media, etc.?

KIM BASILE: Did Ashley answer that below?

SPEAKER: She says I also created a one pager that was sent to LDOE, and they sent it out to the districts for schools to share with parents and students in IEP meetings and other events. Also was shared with all other FHF centers to send out and hand out to people who visit the centers.

KIM BASILE: Great.

SPEAKER: Ms. Corhonda Corley also asked the question can someone explain why the ED for the FHF of Greater Baton Rouge was approved through the council

although their board had already approved her. LDOE did not share the one pager.

KIM BASILE: Well, we did not approve anything for Greater Baton Rouge's ED.

BRENTON ANDRUS: What she's thinking of is the waiver. So we don't approve the directors. Ebony said there is a board that actually approves. However, the council does have a clause to basically ensure that we are comfortable that the peer-to-peer support component for FHF can be completed. We want to make sure that the executive director of those centers are parents of individuals with a developmental disability, or a caretaker, or an individual with a disability, or a developmental disability themselves. Because the idea is the whole point of their centers are they're family run, they're family oriented. And so if they want to hire someone that does not fit that particular criteria, they have to seek a waiver from the council that basically explains this is what they bring to the table, and this is how we're going to make sure that that peer-to-peer component is met. And so they did share information with us about FHFGBR and it's my understanding based on that director's experience is I don't know that the waiver was actually necessarily, but I think they took that step just in case.

And then for North Shore, which is what sparked this conversation, a waiver was not necessary because Ms. Arduis fits all the criteria that are in the contract. So we do not approve a director, but if they are unable to fulfill certain parts of the contract, they can seek a waiver from the council and the people that approve that waiver would be the executive committee which is where the FHFGBR waiver conversation was had. So I think that might be the approval thing.

KIM BASILE: Looks like we have maybe another chat.

SPEAKER: Ms. Corhonda Corley says thank you kindly for that explanation.

BRENTON ANDRUS: Very welcome.

KIM BASILE: All right, Rekeesha, is that all for you?

REKEESHA BRANCH: That's it.

KIM BASILE: Thank you very much. Now we'll move onto Brenton.

BRENTON ANDRUS: All right. So we only have two left. Great. First is the first responder pilot or the first responder training that's on page, if you're following in this nifty document that I have pulled up, go to page 16 for you. So many pages.

SPEAKER: Which it's not numbered.

KIM BASILE: They are up top.

BRENTON ANDRUS: Yeah. It's at the top under the title there. All right. So this particular activity we contracted with Interaction Advisory Group or IAG. And so they are doing trainings for our first responders. So that's not just law enforcement. It's also inclusive of fire and rescue, EMTs. Anyone that would be considered a first responder. And so the goal is to get them trained on how to appropriately address individuals with developmental disabilities. And hopefully by having that training that would allow them to go back and start reviewing their policies and implementing new policies that would create awareness for all of their first responders that are dealing with individuals with disabilities. To date they have done seven trainings with 79 members trained. In fact, I think it was last week they were in Plaquemines Parish training all of the sheriff's department there. They've also hosted six community trainings. So every few trainings that they do they try to have a community training which is more focused on members of the community and their family where they bring them together with first responders from the agencies that they're cosponsoring those trainings with to kind of learn from each other and get to know each other. We had 59 individuals that participated in those trainings.

Over this past quarter, like I said, they were just in Plaquemines Parish. Which I guess technically will fall under the current quarter and not the fourth quarter which we're talking about. But in the fourth quarter they were in St. Tammany Parish and St. John the Baptist Parishes in addition to their virtual trainings.

We are contracting with them again in FY23 which started October 1 and they're looking to do more of a hybrid approach. They mostly did virtual because

whenever they started their trainings it was mostly a virtual component that the council had, and they slowly increased some of their hybrid options. They've seen a lot more response at this point with more in-person trainings so that's what they're shifting towards in this new year. And they're also going to start trying to blanket more of the state. So the initial year that they had we had very good reception in North Louisiana. Specifically Northwest Louisiana. We want to give them a shootout. And so they're trying to move more towards central and southern areas of the state. Which they have been doing lately. So I don't know what they have coming up next, but usually whenever they have any community trainings coming up, which the general public can attend, we push that via our LaDDC news articles on our website and we also share it with FHF centers, with LaCAN and on our social media pages. So lookout for those whenever you have one coming up in your area. So any questions there about IAG on this first responder training?

SPEAKER: Ms. Corhonda Corley just has a comment in the chat. She says congratulations to Karen. She is a wonderful advocate and will make sure our community is informed.

BRENTON ANDRUS: Great. I would agree. Okay. So moving on. I also say we do miss having Karen as our region nine leader. So whoever decides to take on that task will have large shoes to fill. But they will get to work with Karen closely as she is the new director out there so that will be helpful.

Moving onto our last activity which is the emergency preparedness and response training. It's on page 17 of the status document that I did show you, but I pulled up the actual training flier that went out. We have contracted with Niagara University. This is our second year to establish a training program on emergency preparedness and response. And so they target individuals that have a responsibility in emergency planning, preparedness, response and recovery. Specifically as their roles pertain to individuals with disabilities and their families. So we had trainings that were done in June in the New Orleans area and that was at capacity with 35. They

had 21 that participated in the two-day training. Fourteen not in attendance. As in four that participated in half day training. So every time that they come to do a training, they have two options that you can attend. You have the two-day training which usually is geared more towards professionals and folks that have an active role in emergency preparedness and response. And then they have a half day training which a lot of times will get families and self-advocates and other members of the community that will attend just to get more of an understanding of their own planning and how all this relates to them.

They did a training in Pineville in September. And so there were 14 individuals that attended that training for the two day. And 11 that participated in the half day. And there were ten registrants that were no-shows. I did ask them a little bit about the no-shows and apparently this is common throughout the other states that they deal with as well. Just people, they sign up and they register and they end up not showing. There's not really much we can do about that other than what's already being done which is to send the reminders and make sure that people understand hey, you've signed up. I keep forgetting y'all are here. I'm looking at the camera. Have all these people behind me. Sorry. So what can we do. Some of it can we offer some sort of financial penalty which we can't really do. It's kind of hard for us to go back and say hey, we're going to charge you for not showing for various reasons. So outside of the reminders that we keep doing.

But I say all that to say if you are interested in attending any of these trainings and you go and it says the registration is full, if you go back and look at these fliers that push out, they always provide this information here, if you need an interpreter or if you have questions. This is Carey Newman. She is their program manager and that's her contact information. I would say it's probably a lot easier to get her via email than by phone. But I would still reach out even if you want to attend and it says it's booked. Especially if you are on the council or you are a contractor with the council or something. It's always

good to kind of name drop who you are. Just they might be able to squeeze you in even if it's full because sometimes there are restrictions depending on the location that they're at.

JILL HANO: That did work for me.

BRENTON ANDRUS: I know. It did work for Jill. They can usually squeeze you in. So yeah, reach out. If for some reason it says it's full reach out and see if they can make an exception for you. They may have that opportunity. They are coming to Baton Rouge in a couple weeks. November 9th through 10th. And that is the flier that you see here that is linked in our agenda you can go and register. Bambi, you have a question?

BAMBI POLOTZOLA: So I think the issue-- that's great that you're saying we can reach out to her, but I think they should not put the cap. Like cause if somebody registers oh, it's full. Okay. And then you go on about your business. Like they see that they have this much people over two trainings not show up so they should push that up higher. I mean, I've attended both of them.

BRENTON ANDRUS: Right. You're hogging all the spots. Very appreciative that you go to all of them.

BAMBI POLOTZOLA: But I did not register to Pineville because I saw what happened in New Orleans. And I was like I'm just going to show up and somebody would have to tell me to leave. Which I knew they weren't going to tell me to leave. But I wouldn't want to take a spot for that very reason because I saw how much they had absent in New Orleans. New Orleans was a smaller place. Pineville was a bigger place. I went in the afternoon where everybody was there, so I didn't realize that it was only 14 for the full and 11. I saw 25 people and I was like oh, this is very good.

BRENTON ANDRUS: Yeah.

BAMBI POLOTZOLA: So, I mean, that would be-- which I've worked with Dave pretty closely so I would make that recommendation that they just lift the cap a little bit more. And we need more self-advocates to attend the training because I know in New Orleans there was not many, there wasn't any self-advocates that I saw when I was there the entire two days. And

Pineville, I'm not sure if they were either. But I know Families Helping Families of Crossroads was very integral in helping out with that event in Pineville so and they made it really nice.

BRENTON ANDRUS: Yeah. And that's what they do everywhere they go. They try to connect with another agency in the area that can kind of help because they're in New York so it's very hard for them to get things (inaudible) here. Like, for instance, in Baton Rouge they've connected with the Red Cross. And also Baton Rouge is the hub so there's a lot of other folks that are helping them putting on this training. I can pass along the information about the cap. I know the cap is there because they have a certain amount that makes the class easier and comfortable to handle as opposed to too many people. But there are also tasks where some people, depending on which training you opt to participate in, where there are some follow-ups that you will have to do. Cause the idea is they want to be able to track the progresses that are happening after you go through this training. This is a FEMA approved training. Once you leave everybody has a task. So I do think I can pass that information along. Hopefully it helps.

But Baton Rouge November 9th through 10th at the American Red Cross. That's going to be their first training that they have going on for FY23. I think their goal is to have at least three or four more cause I think they were trying to shoot for four or five trainings total for this year. I think there actually was a lot of demand in the New Orleans area and they may actually consider trying to hit that area again if they've covered other areas of the state.

But yeah. So if you go, if you're interesting in the training if you go to the agenda all the information is there about the training. Kind of some of the information about what they cover. It will also talk to you about-- let's see. It's further down here. Inclusive planning and active participation specialist, that's the one that requires some follow-up after the two-day training course where you'll be reporting back about some of your efforts that you've made here (inaudible). So I encourage anyone to come around. I

have mentioned other areas like Lafayette and Lake Charles to try to cover. I know Monroe is still, like that northeast corner is still up for grabs too. So we'll see what's going to happen in the coming year. And we did, or not we, y'all, the council increased their budget, so they were able to offer more trainings this year than last cause last year was only two trainings.

KIM BASILE: Any questions for Brenton?

SPEAKER: Jill Hano has her hand raised.

KIM BASILE: Jill.

JILL HANO: Who sets the caps? Is it the council, the vendor or?

BRENTON ANDRUS: That would be the contractor.

JILL HANO: Okay. Cool.

BRENTON ANDRUS: And also just to throw in there as far as this training goes it's not just they schedule the training and then we try to do some heavy lifting and get people to participate. They also have their own list serve that they send all this information out to all the emergency managers, all the people that they know of in the state. Cause this is their second or third year going in, maybe third year. But a lot of their very first year that they contracted with us--

JILL HANO: Third.

BRENTON ANDRUS: -- was making connections in the state. So a lot of times they're sending all this information out and gathering attendees on their own without even going through us.

SPEAKER: So whenever, cause I did register for, and they did say there's a 50-dollar no show fee.

BRENTON ANDRUS: Yes. So that's in there. They haven't collected on it yet though. Cause we're in a situation where they are a public university, and they can't go and collect the money. And for our budgeting purposes it would make things ultra-difficult in our lives if we collected that money. That's not to say we would never do it. We just have to figure out a way to make that happen.

KIM BASILE: All right. Anything else for Brenton? Anything in the chat?

SPEAKER: There are no comments in the chat.

KIM BASILE: Y'all, we are two minutes ahead of

schedule. Do we have any announcements other than the committee meeting starts tomorrow morning at 8:30, full council right here. So does anybody else have any?

BRENTON ANDRUS: Education meets right here and on your screens at home at 3 p.m.

KIM BASILE: All right. No more announcements? All right. If I have no objections, we will adjourn the meeting by unanimous consent. No objections, meeting is adjourned.