

Louisiana Developmental Disabilities Council
Act 378 Subcommittee
July 19, 2023

BAMBI POLOTZOLA: Welcome to the Act 378 Subcommittee for the Louisiana Developmental Disabilities Council. At this time we want to welcome everyone here and it's good to see people in person that we haven't seen in a while. So good to have all you guys here. And glad to have our people who are watching on YouTube. Do we need to do a roll call?

BRENTON ANDRUS: Yes, ma'am. All right. Ms. Airhart. Ms. Banks.

NICOLE BANKS: Here.

BRENTON ANDRUS: Ms. Basile. Ms. Hagan. Dr. McKee.

HYACINTH MCKEE: Present.

BRENTON ANDRUS: Ms. Polotzola.

BAMBI POLOTZOLA: Present.

BRENTON ANDRUS: Ms. Tarver.

MARY TARVER: Here.

BRENTON ANDRUS: Mr. Taylor.

ERICK TAYLOR: Here.

BRENTON ANDRUS: All right. And you do have a quorum.

BAMBI POLOTZOLA: Good. So we'll go over-- we also have some guests here. Lauren Womack is the guest here. And let's see who else do we have that's a guest. I think the rest of the people are staff. Okay. And then we have for Julie Hagan, you're here for Julie?

BRANDI CROFT: I am. Brandi Croft.

BAMBI POLOTZOLA: Brandi Croft is here for OCDD until Julie gets here. So welcome to the committee. Oh, you're a guest. I'm sorry. Jill is technically a guest, but she's been here a while. And if it helps anyone it's a good point that you made because the Act 378, it's complex. It's the act that created the disability service system in our state in 1989. And so Jill, to your point, I was on this committee for many, many years and still had so many questions and still do have questions. But I think that's the important point is that we ask questions so we're making sure the

system is working the way it was intended to work. So please ask questions if you have any questions. Meeting protocols.

BRENTON ANDRUS: Yeah. We'll have our ground rules which are behind you. Since we're in person we don't have virtual protocols but remember to wait to speak until you're recognized by the chair. Make sure you silence or turn off your cell phones. We have our mission statement posted. Please try not to use alphabets which means acronyms. Try to spell out what you're saying so everyone understands. Only if necessary, use electronic communication. And that would be texting on your phone. And the rest of the stuff is not really going to apply for this particular meeting other than be respectful of each other's opinions. Keep in mind side conversations, you want to keep them to a minimum. Unlike when we used to be in the hotel you could mute your mike. These mikes in front of you are always live and they are very sensitive so they will pick up side chatter. They will pick up when you shuffle your papers, when you make noise at the table so keep that in mind.

JILL HANO: (Inaudible) put me by a mike. All I do is shuffle papers.

BRENTON ANDRUS: It doesn't matter. It picks up everything in the room.

JILL HANO: Can I just comment? Other than YLF, all I'm saying is no acronyms forgetting it's only a rule here.

BAMBI POLOTZOLA: Okay. So we'll go onto the item on our agenda which is the approval of the January meeting summary which is in our packets for those of us here and it is online for the public.

NICOLE BANKS: I motion.

BAMBI POLOTZOLA: Okay. We have a motion that is made to accept the minutes by Ms. Nicole Banks.

BRENTON ANDRUS: By unanimous consent.

BAMBI POLOTZOLA: Do we have unanimous consent to approve the minutes? Yes. Thank you. So we will move to the next item on the agenda which is the Office of Aging and Adult Services Arc of Louisiana report. Kelly Monroe will do that report.

KELLY MONROE: Hey, guys. Everybody should have this in their packet. We were able to close out the

year, so you'll get final numbers. Sometimes it goes over, and we can't give you the final numbers, but we were able to do it this year. So for the fourth quarter we were able to serve 57 people. That's a little more than what we normally do. Normally it's 41 to 42 people that we're able to serve on the contract. But through some unfortunate situations there was some money left over, and we were able to serve some extra people. Throughout the whole contract we were able to serve 21 extra people with some one-time funds and then also adding them to the contract.

So of those 57 people 20 of those people were African American, 36 were Caucasian and one was Hispanic or is. Thirty-two of those people were male and 25 were female. The ranges for this, and I had it mixed up, it's from 30-year-olds to 20-year-olds. The 30-year-old instead of 20 years old. I had a mistake right through there, so I just corrected that.

So the next page showed you the regions where the people reside. There were eight people in region one. Thirteen in region two. Four in region three. Two in region four. Four in region five. Two in region six. Eleven of those were in region seven. No one receiving services in region eight. And 13 in region nine.

If we go to the next page, I think there was 44 people at the last quarter that we had served so you might be, I don't know if anybody's looking at the last one. So 57 people received support coordination. Forty-one of those people received personal care assistance. Three received rental assistance or utility assistance. Fifteen received medical supplies and equipment or stipends. And then three of those received vehicle or home modifications.

So the funding for services is \$898,720.41. And we actually only left 65-dollars on the table this year which is pretty amazing. We were able to help a lot of people out with onetime funds. So if you look at the fourth quarter, you'll see that 109 just in this later quarter was spent on one-time funds. But that was mostly like home modifications, vehicle modifications, a lot of medical supplies, wheelchairs, things like that that we were able to help out with this year. So the total expended amount for the entire year was 898,785.41.

JILL HANO: Where are you getting the-- I'm sorry.

KELLY MONROE: That's okay.

JILL HANO: Where are you getting the 65-dollars?

KELLY MONROE: The 65-dollars that was left over was in the total contract amount.

JILL HANO: Okay.

KELLY MONROE: If you turn the page to, it just grafts out where the expenditure of the funds went. We just kind of went over those. But the next thing we can go over is the waiting list. We added nine new applicants this quarter, so it brings it up to 77 people who are now on the waiting list with the majority of them residing in region one at 20 people. Region two has 13 people. Region three at six. Region four at 16. Region five at two. Region six at one. Region seven at four. Region eight at two. And region nine at 13. That brings us to 77. Right now it looks like we're working on like a 2-year waiting list before people come up on the waiting list. So I'm hoping that maybe that will change in the near future but who knows.

BAMBI POLOTZOLA: Kelly, with these people on the waiting list do you have any assessment if they are receiving other types of home and community-based services?

KELLY MONROE: We do, it's just not on this report. It's asked on the application but it's not on this report. But I can add it to the report if we need to.

BAMBI POLOTZOLA: I'm just wondering if these people are receiving other services.

KELLY MONROE: The majority of them are not because majority of the people who are on SPAS or waiting for these services don't qualify for waivers because of the income requirements.

BAMBI POLOTZOLA: Right. I think that would be good to know.

KELLY MONROE: Okay.

BAMBI POLOTZOLA: And add that on there. And also, this is a little thing. You can tell you've been doing the report a long time because it has DHH regions. The middle of the page where you were just reading.

KELLY MONROE: Oh, I typed over the old ones.

HYACINTH MCKEE: And on that note it says FY 19-20 on page three. But that's okay. We can do a line and

initial.

KELLY MONROE: Oh, wow.

HYACINTH MCKEE: That's all right. We know it's FY 22-23.

KELLY MONROE: Yeah. We've been doing this since 2008 so I guess I'm happy I don't have 2008 on here. Okay. Wait, Bambi, I don't want to forget. You want to add...

BAMBI POLOTZOLA: Like how many of these people that are on the waiting list, how many are receiving other types of services.

KELLY MONROE: Okay.

JILL HANO: And that made me also (inaudible) the OAAS packet.

BAMBI POLOTZOLA: So they would be in the numbers if some are receiving OAAS services. So they would be in the OAAS report, but we wouldn't know which ones they are.

KELLY MONROE: Okay. And it is important to know on the applications people don't fill out everything until they get the services so there are some information that won't be on there. Like the next thing when it comes to race eleven people did not put what their race was. And so that will be missing. And sometimes if we ask for like income that might be missing and we have to hunt it down. So it may not come out to be exactly what 77 people would have turned in. But I'll do our best to try to get you that information.

Okay. So when it comes to race, 30 of those are African American. Thirty-four are Caucasian. One is Hispanic. And one is Caucasian Asian. And the other is 11 unknown. We did try to get that information from them but those same 11 people who were on the past three reports that we keep asking and have yet to hear from. Yes.

ERICK TAYLOR: Is it a requirement?

KELLY MONROE: That they have to tell us?

ERICK TAYLOR: Yes.

KELLY MONROE: It's not. It's just something that was asked for in the very beginning, so we just report on it.

ERICK TAYLOR: So my question is if it's not a requirement would you think that would be pushing them

away of y'all having that on there?

KELLY MONROE: I don't think so cause I don't make them do it. I just, you know, ask them if they want to answer it. They will still receive services whether they tell me or not. And it's not an application that the Arc of Louisiana comes up with. It's the Office of Aging so I can't, I can only report on what they require us to do.

ERICK TAYLOR: Okay.

KELLY MONROE: Yeah. I think they just like to know demographic wise like who are they serving. I think they're just. Okay. So of those people 34 are male and 43 are females. And again, there are 77 people on the waiting list. I, you know, this is all based on the next thing that we're getting ready to go over. It's kind of based on 35 hours a week. If people are asking for PCA services and we're giving you an amount that that's going to cost, we're basing that around 35 hours a week cause it's just the average of what people receive at 14-dollars an hour. I will say it is becoming very difficult to find people to work for 14-dollars an hour. So we will be having a conversation soon with OAAS to see what we can do about that.

So the next page kind of just breaks out like what people are looking for. So 63 of those people are seeking PCA services which is pretty average. That's always been the service that people want the most. But the next would come in medical equipment and supplies. Most of those are like wheelchairs or, you know, lifts, those kind of things. We did like an average of what those things cost and so if we were to serve all of these people the average of that total cost would be 1.8-million. So that did go up. I think last time it was 1.5-million, but it did go up a little bit. Does anybody have any questions?

SPEAKER: Jill.

JILL HANO: So what confuses me, and I've never been here so I'm just making this up as I go along, but these services, I'm so embarrassed to ask, but these services are listed like in the piece of legislation Act 378?

KELLY MONROE: They're listed in-- wait. Say that one more time.

JILL HANO: In the act.

KELLY MONROE: Oh, no. No. So you're wanting to know are these the only services you can get because they're listed in legislation?

JILL HANO: No. But these services are broken out in the actual Act 378?

KELLY MONROE: No. Not necessarily. I mean, some of them are, but pretty much you can, anything that relates to your disability that would help you either become more independent or employed is what we can pay for. And so if we pay for something new, I'll add it to the chart.

JILL HANO: Okay.

KELLY MONROE: But these are just, you know, a summary of what most people get. But if there's something that's out of the ordinary, like I really probably should have taken transportation off because nobody's gotten that in a really long time. But I keep it on there because time to time people do ask for it. But it's a list that I made up.

JILL HANO: Okay.

BAMBI POLOTZOLA: So Kelly, to get back to what Erick was asking, the demographics question. I was going to ask, Erick, do you think, what are your thoughts on those questions? Do you feel like those demographic questions would keep someone from trying to access services?

ERICK TAYLOR: Yes. I do think it would. Some people don't like to share that. They feel like what is that question for. And another question that I feel that they don't like to share is like the income because people kind of be iffy about sharing stuff like that.

KELLY MONROE: Now the income is in law. In order to become eligible income does matter. It's pretty high. It's 650 over priority level but it does matter. And so I can't imagine them being able to take that out, but maybe we can work on the other stuff. And I can talk with Melinda and see, you know, how she feels about making some of these changes. But it would be policy changes and it's something that the application comes through LDH. It's not something that I can tweak, unfortunately.

BAMBI POLOTZOLA: I can see it twofold. Like you

don't want people not to do something because of that but at the same time if we can look at these reports, I always look to see are we serving people, whatever services that we're serving people across our racial differences in the state, so we don't have any disparities in services. So I can look at this based on the data and say no, we're, you know, we have racial representation that mirrors what our state, you know, demographics are. So I think that's important to have for us to be able to ask those type of questions but at the same time I wouldn't want people not to apply for something, you know, given that type of information. You can always not give it. You can always just not answer that question.

My other question, Kelly, was in regards to the 14-dollars an hour. How is that payment made?

KELLY MONROE: The Arc of Louisiana pays the staff.

BAMBI POLOTZOLA: The staff directly, you take the taxes out and all that? Okay.

KELLY MONROE: We have to as the fiscal agent also. And so we have to make payment and then we also do all the quarterly taxes for them.

BAMBI POLOTZOLA: Okay. Any other questions?

KELLY MONROE: But we do not hire or fire.

LAUREN WOMACK: It's not on here so I can table. But do y'all, you usually do comments as we go? Okay. One thing I was thinking if we add to the survey is say because we want to ensure that everybody is, you know, equally represented. We ask these questions, these questions have no determination on your eligibility to participate. I mean, just a suggestion. And then my other one for the people on the waiting list do y'all have like other resources that they can like look at LATAN, they can look at the free LATAN medical equipment if they have neuromuscular, they can go to a (inaudible) clinic, things like that. And then our city, I work for the city, and they have their own housing rehab program that can do like the ramps. I didn't know if y'all kind of refer them to see if we can get some of the people off the waiting list.

KELLY MONROE: We do. And that's why our waiting list is so small. It's only 77 people. We do have a support coordinator in our office that works with each person, so she determines eligibility and then she'll

work with them and if they need some like immediate assistance, she'll start to like refer them out to other services. She also helps them fill out applications for one of the waivers because the waivers are technically safer than these funds because these are all state general funds that can be swept at any time. So we do make those referrals and she does help them apply for those other waivers.

LAUREN WOMACK: And then my last question. They have programs for people that are aging to like get a part-time job and a lot of the issue that they face for like the adults and aging in Lafayette they have para transit that will pick them up and bring them to the jobs but in other rural areas they do not. So those types of clients, would that be transportation?

KELLY MONROE: That would be something we would pay for.

LAUREN WOMACK: Awesome.

KELLY MONROE: Yeah. We would definitely pay for that, going to work or medical appointments. Things like that.

LAUREN WOMACK: Great. Thank you.

BAMBI POLOTZOLA: Any other questions for Kelly? Thank you, Kelly. Okay. So next we have Office of Behavioral Health report which is in our packet and Kristen Savicki.

KRISTEN SAVICKI: So this is the fourth quarter report on the consumer care resources bonds and flexible family funds as disseminated, as given to folks who qualify on the basis of their behavioral health needs. And just as a reminder I know Tanya and I usually do these reports at the same time. We always like to remind folks that the 4th quarter report is not the final year-end report. All the LGEs are still kind of processing the last invoices. So these are not the final totals. We typically provide those final totals usually in the September meeting?

SPEAKER: October.

KRISTEN SAVICKI: October. Thank you. So just kind of a quick summary on the consumer care resources fund. You'll see that almost all of the LGEs have expended kind of the amount of funds that they're supposed to. Which is that our performance threshold for them is we want them to expend 95 percent of their

allocated funds by the end of the year. They're almost all there. I want to give a little shootout to Metropolitan. They were on a corrective action plan this year based on not being able to expend all their funds last year. Anyway, they've successfully taken corrective action. Figured out a way to get these funds out to families who need them and they're at 100-percent of expenditures. Just wanted to make a note of that.

There's a handful of LGEs that are still under that 95 percent right now. That may change. In fact, Jefferson Parish is confident that they're going to get above 95 percent once they process all their invoices. Checking with Northeast right now. Florida Parishes has run into some barriers. And so Florida Parishes is projecting that they may not get there by the end of the year. And so we'll be talking to them about a corrective action plan and how to fix that for this coming year. And make sure they're able to figure out what was going on with their, you know, what was going on in their area or what was going on with their processes that may have been a barrier this past year.

BRENTON ANDRUS: Have they identified any barriers? Because that's super low compared to...

KRISTEN SAVICKI: No. We haven't gotten that information from them yet. But that will be information that we'll have for the next meeting. Any questions on that before I move to the flexible family fund? On flexible family fund what we like to see here is that each quarter the LGEs have filled 90 percent of their slots. They're all meeting that so that's good to see. There's, you know, a handful of LGEs that have a couple slots that weren't filled at the time they put in the report. You know, they're kind of working through processing new folks on the wait list to get them into those slots. That should be resolved or possibly is resolved, it just wasn't resolved at the time of the report. So all of the LGEs seem to be doing well in connecting families with that cash subsidy program.

BAMBI POLOTZOLA: Do we have any questions?

BRENTON ANDRUS: Not a question, more of a statement. At the last meeting, which was January, there were, I don't remember who, but someone had asked

about eligibility for consumer care resources and flexible family funds. Just a general overview of what would make someone eligible for those programs and the rep at the time didn't have an answer for that. So I don't know if you're able to maybe share a little bit there.

KRISTEN SAVICKI: Sure. Just in terms of eligibility. So the reports that we're talking about right now are folks who are eligible based on the behavioral health needs. You know, it's very similar to, I mean, similar in process but there's just kind of different documents for behavioral health needs as opposed to DD needs. So I'm sorry. I'd have to go back and look at the policy but it's typically a, you know, some kind of eligibility based on having behavioral health needs identified in school. That can be a route, you know, on a kid's individualized education plan, IEP, they may have it noted that they have behavioral health needs. That can be used to show eligibility for this program. It could also be a treatment plan from a therapist talking about behavioral health needs and, you know, qualifying diagnosis, treatment plan. Is that the kind of question you were speaking to, Brenton, in terms of eligibility?

BRENTON ANDRUS: Yeah. I mean, I think they were just kind of just wondering like these are the kind of X, Y and Z would generally put you in that category being able to qualify and fill out an application.

KRISTEN SAVICKI: Yep. It's pretty broad, honestly. And it's all, you know, there's various manuals for the consumer care resources fund and the flexible family fund that speak to the eligibility. And then those manuals are coming from LDH guidance but then it's actually each LGE's responsible for administering the program. So they'll be able to speak more specifically about how that works at each LGE. But yeah, the establishment that the youth has some form of a behavioral health need that's putting them at risk for having to leave the home and these supports are really intended to help keep their kids at home and get them the support they need in the home.

BAMBI POLOTZOLA: Thank you, Brenton. Does that satisfy?

BRENTON ANDRUS: I mean, that would be up to the committee of who wanted that information if it satisfies what y'all are looking for. That wasn't my question. That was just something, I don't remember who mentioned it at the last meeting. As your staff I follow up on things.

BAMBI POLOTZOLA: So I have a question that I don't know if it's appropriate and it might be bringing in Julie. Which welcome, Julie. But it has to do with children and behavioral health, and they have developmental disabilities. So I'll just give you the example. A family that has multiple kids with developmental disabilities in the developmental disability system getting services but has the behaviors are extreme, dangerous, significant. Like to me, I'm not a medical diagnostician, but it sounds like there's some mental health, behavioral health going on. And so who is responsible for that? And like what systems work-- I referred them to the OCDD resource center, but I'm just wondering like how is that put together with the behavioral health side and does that work together to meet these?

KRISTEN SAVICKI: I would say all of the above. I mean, there's a lot of kids in our system, there's a lot of kids in our state who need services from a lot of different systems, and we have to work together and coordinate those and make sure kids get what they need from different sides of the system. And there's a lot of ways that that coordination happens. You know, some of it rises to the level of state office. We like to have things resolved a lot before it has to get to folks like Julie and Karen and me. But one, place just to give a good example, one place that's doing a lot of good coordination for kids is in our CSOC program, the wraparound facilitators come into the home, they meet with the family, they help understand all the different needs that the family might have. They help the family create a plan that kind of pulls services from different places and puts them together. So that's just one example of one kind of structure that I think is doing a pretty good job of trying to pull all those pieces together because it can be complicated for families. There's a lot of different things to pull together from different places and those wraparound

teams have been working hard to try to connect all the dots for families.

BAMBI POLOTZOLA: So if that family would call the OCDD resource center would they connect them to the CSOC? Are they working together or do the families need to contact the different systems? How does that work?

JULIE FOSTER HAGAN: So good morning, everybody. I'm Julie Foster Hagan, the assistant secretary for Office for Citizens with Developmental Disabilities. I apologize for being late. I had to go to an architectural something. Something I knew nothing about and make a recommendation about something I knew nothing about to tear down some buildings that are under our office. Bambi, what we try to do, and people use the word no wrong door and that means lots of different things. It can mean a formal process. But whether someone calls the resource center, whether they're going through the LGE. I mean, all of those different folks should be able to. And I know that doesn't always happen. But they should be able to try to make sure that they can link into other folks. I would say if they have a developmental disability and they have a DD statement of approval probably best to go through the local governing entity. That can happen because we can get involved through the resource center but a lot of the local governing entities, some are doing this better than others, but almost all of them have a mental health or a behavioral health services that they provide. And what a lot of them are doing is they're kind of making themselves known to be the provider who can support folks with co-occurring behavioral disorders and intellectual and developmental disabilities because they work across both sides at the local governing entity.

But the other thing that we were really super excited about is in the, you know, all of the behavioral health services do go through the managed care organizations. If it is specific treatment services that they're getting it's going to go through your managed care organization. The resource center can be a resource. So if they have a behavioral health professional in the community who maybe needs to understand that there might need to be some tweaks to

the treatment because the person has a cognitive disability or a sensory disability or something else, then they can help them know how to maybe modify that treatment. So the resource center is available for that. But we also in the new contracts for the managed care organizations that started in January, after several years of delays because of contract negotiation type things, but the new managed care organization contract actually has language in it that requires that the managed care organizations have a liaison and have some additional specialization and expertise for behavioral health professionals who have knowledge of supporting people with intellectual and developmental disabilities. It also has some training requirements and we're working kind of through what that means and some quality metrics that they'll be looking at to make sure that there's access to professionals through the managed care organization who have kind of both. And we're definitely partnering a lot of different ways. You mentioned CSOC. When there's placement needs, we have a lot of groups to meet together on that. We're regularly meeting with Department of Children and Family Services. For example, Office of Juvenile Justice, our office and Kristen for those cases that do make their way up. You know, we do try to resolve it at the local level because they're going to have a lot more firsthand information about the situation. But there are some that the local level's just not able to. But there are multiple ways. But I would say a family should be able to get pointed in the right direction, but the local governing entity really should be part of what's helping connect them. And by all means if they call our resource center then our resource center clinicians can help them make those connections as well.

KRISTEN SAVICKI: One more thing. I'm sorry. You ask a question and then you get us rolling. The guide that I know that y'all worked on, is that coming out?

JULIE FOSTER HAGAN: Yep. We're working on the finalization--

KRISTEN SAVICKI: Fantastic. That just did a nice job of kind of mapping all that out. I think that guide will be really helpful.

SPEAKER: We should have it ready by next week.

JULIE FOSTER HAGAN: We did a partnership with the Arc of Louisiana on a grant that they had, and we developed a guide that Kristen was referencing that will help families kind of know where to go and what all the available resources are not just with like here's a name but here's a name and a phone number and a website. It goes through several different avenues. The intent is to help families know where to go.

KELLY MONROE: Hopefully once they open it up, they'll be able to like walk through the process, hopefully. We think it is, but we do this every day. We have sent it out to some family members to kind of like look at it to see.

SPEAKER: To test it.

KELLY MONROE: Yeah. To test it out. Is this helpful. What do you need.

BAMBI POLOTZOLA: And so I think-- thank y'all for that information. And I think that ties into like one of the, it's part of our plan is to have a contract with someone to do the training on navigating the system co-occurring disabilities. So I think that's important to tie into this. I would just say Julie also for the OCDD resource center on the web page I sent it to someone who was helping that family and they were like oh, the number's there at the bottom in the email address. But we're like families don't understand this. It was at a level that was really high. When I went back and looked at it it was very like very kind of, I don't know, platitude. Like really our objectives are this. Families go to that or even providers or something, like it really needs to be some concrete basic information. So maybe if somebody-- just a few paragraphs on that web page.

SPEAKER: What's the web address and the telephone number, who has that? Anyone has it?

BAMBI POLOTZOLA: The OCDD resource center? I just Googled it. I don't have it right now.

JULIE FOSTER HAGAN: I can send it.

BAMBI POLOTZOLA: OCCD resource center has a few paragraphs. It's resource.center@la.gov and there's a 225 and 318 number.

SPEAKER: Resource.center at..

BAMBI POLOTZOLA: @la.gov. That's the email address.

SPEAKER: That's the email address?

BAMBI POLOTZOLA: Huh-uh.

SPEAKER: And so if a family emails they'll get a response from is it like a system?

JULIE FOSTER HAGAN: No. We have somebody who monitors that email, and we do like a triage so they would be asked to indicate what are they calling about. Because in our resource center we have psychologists, social workers, dieticians, occupational, physical, speech therapists, nurses so we have a gamut of services of professionals that work there. So at the intake they sort of triage it to make sure it goes to the right person. So the person who's doing the intake may call for additional information or if not, it will get routed and then they would hear from the professional that it was routed to through the triage.

HYACINTH MCKEE: And so it's a 225 and a 318 number, right? That's what I'm hearing?

JULIE FOSTER HAGAN: I'm going to verify that. I thought we had gotten a 1-800 number.

HYACINTH MCKEE: So has there been any dialogue of making that a 1-800 toll free number so that people won't be charged?

JULIE FOSTER HAGAN: I thought we had but I will follow up on that.

HYACINTH MCKEE: Has there been any dialogue of just really, I mean I'm looking at the website, just making it more appealing, accessible, user-friendly to the families that need access to it? Like I'm looking through it and I'm digging through it. So is there any dialogue about how can we make this--

JULIE FOSTER HAGAN: There's a need to do that for our entire OCDD website.

HYACINTH MCKEE: It's a challenge for people to navigate through, especially when they're experiencing their own crisis, their own lived experiences. And for me to scroll down and see a 225, 318, not 1-800, you know. There's just, it doesn't look like people can access it the way they need to access it. Especially when they're experiencing what's happening in their lives. And so this is just-- and for me to ask about it and no one know the number is concerning for me too as well.

LAUREN WOMACK: Anybody done like a survey of just

the basic information of the service providers like to help pick because I know they probably have more than one organization they can pick from.

JULIE FOSTER HAGAN: So the resource center, we do have just a limited number. We don't provide direct services and we don't bill. All that goes through our behavioral health section and our managed care organization. So we really are more limited to kind of providing technical assistance or consultation. Someone wouldn't choose us to be their direct service provider. That goes through the managed care organization.

LAUREN WOMACK: Like to make an informed decision, I mean, instead of just knowing eeny, meeny, mini, moe. Like if they had like an objective or someone had an objective. These are the service, they service this many people--

KELLY MONROE: Sounds like she's talking about, remember when we talked about doing those report cards on the providers that gave you a little explanation of how many people they serve. Like what do they normally do. Those kind of things.

LAUREN WOMACK: I mean, that might be way down the line.

JULIE FOSTER HAGAN: That has come up several times as something that's needed. I can speak for our home and community-based waivers. So if you're choosing a personal care attendant provider agency, choosing an employment provider agency it's complicated. We have started to work with Medicaid. Medicaid has a new what's called a provider enrollment module in their system to see what we can put. Part of the problem is as state agencies, we are not allowed in any way to influence a person's choice of providers. And so we have to be careful about how we present that and what we present so that it doesn't..

LAUREN WOMACK: I totally understand.

JULIE FOSTER HAGAN: There's not a perception. But we have continued to hear from families is there some way we can get, what is some information that we can get, and we have started that discussion like what are some things whether that's in a provider portal or some way that we can help people better make informed choices.

LAUREN WOMACK: Even a list of questions to ask.

JULIE FOSTER HAGAN: We do have that.

SPEAKER: When you talk to somebody ask these questions so it's not just printing everything out in alphabetical order.

JILL HANO: I find if we're to piggyback on Dr. McKee was kind of saying is that I find LDH websites across the board difficult to manage because for years and years all I wanted to know was flexible family fund and I can't just get the information I want on the website.

SPEAKER: Have you ever done focus groups of people who wanted?

JULIE FOSTER HAGAN: On the website?

SPEAKER: Yeah. In general.

JULIE FOSTER HAGAN: We started that about three times and things came up. But I have it down as a request from DD Council group that we try to refocus some efforts on our website and just user friendly.

SPEAKER: Get outside help.

KELLY MONROE: User friendly but also colors. It's really not good for people with low vision, the light green is very difficult for a lot of people to see, and all the hyperlinks are in light green with that light blue, and it's supposed to be like high contrast. Maybe like the dark blue and white or something like that to where it's high contrast would be good because there are a lot of people who have made comments that they weren't able--

JULIE FOSTER HAGAN: And that is our entire LDH.

KELLY MONROE: Yeah. I mean, it's pretty colors but it just.

SPEAKER: If you click the accessibility button it doesn't give you that option?

KELLY MONROE: I don't know if it does or not. I think you can, but a lot of people don't.

SPEAKER: We on it now. It's not doing it.

HYACINTH MCKEE: Hold on. Let's see. It might.

KELLY MONROE: Like there's one section where it says find a provider.

HYACINTH MCKEE: It's doing it.

KELLY MONROE: It's really small where you click to find the provider.

HYACINTH MCKEE: It has it on the accessibility.

KELLY MONROE: It does?

HYACINTH MCKEE: Uh-huh. We just found it.

KELLY MONROE: I would still make it darker because some people don't know about the accessibility buttons.

BAMBI POLOTZOLA: Like people who get into the late parties.

KELLY MONROE: I feel like I'm being attacked right now.

HYACINTH MCKEE: I feel like I'm being attacked.

BAMBI POLOTZOLA: Thank you, guys, very much. Looking forward to the guide that the Arc is putting out. You'll be sending that out, I'm sure, to everyone next week.

KELLY MONROE: That's Ashley's project.

ASHLEY MCREYNOLDS: So we started two years ago. We created a provider guide first. And that's accessible to any physician, provider of any sort and it really walks through how to make accommodations and modifications to assessments, the visits, to anything you can think of to make it more accessible to individuals with an IDD. We did that one first and then we put a larger group together and developed an individual and family guide. So it is done. Our last meeting is scheduled for Monday, and it will just be like any last-minute changes, feedback and then we will PDF it and it will be available for individuals and families to use. And what we did is at the beginning the first three pages are really just a table of this is what you need, here is where you go. And then everything past that is expanded upon information that exactly replicates the table. So if you're really in a crisis and you don't want to flip through and find. If you really just need a phone number, somebody to call the first three pages will get you the information.

KELLY MONROE: And LDH, y'all are putting it on your websites, aren't you?

JULIE FOSTER HAGAN: Yes.

KELLY MONROE: We would be happy if the council wanted to put it on theirs too, we would be super excited.

JULIE FOSTER HAGAN: And we are also working on a website that's specific for people with co-occurring intellectual and developmental disabilities and behavioral health jointly with OBH.

KELLY MONROE: Very exciting.

JILL HANO: Training is in our FY 24 plan so come October 1st, correct? There will be trainings of co-occurring needs that will be provided through the DD Council.

BAMBI POLOTZOLA: And a plug, the Governor's Office of Disability Affairs is having their conference next week.

JILL HANO: Where did I hear that from?

BAMBI POLOTZOLA: And Dr. Randy Kelly with OCDD and Ashley McReynolds with the Arc will be doing a presentation on Thursday morning about that at 9:00. So if y'all want to hear more they will be sharing information there. Okay. And Dr. Savicki if you want to, if anyone has any more questions about the children's program we can go to the adult program.

KRISTEN SAVICKI: Yes. And that will be a pretty quick update. You know, I'm experiencing my lack of readers comment. The LGEs who administer the adult program are all reporting either 100 percent or very close expenditures for the year. I think a number of them completed their expenditures even earlier this year, so they weren't waiting on June invoices like the child support program. Any questions on that?

BAMBI POLOTZOLA: All right. Seeing no questions. Thank you. We'll move onto our next agenda item. Actually our last agenda item which will be Julie, you or Brandi.

JULIE FOSTER HAGAN: I'm going to let Brandi take it.

BAMBI POLOTZOLA: Okay. So Brandi Croft with OCDD. Welcome. You can go ahead and give your report.

BRANDI CROFT: Okay. For the individual and family support the expenditures reported this was the first part of July, so all of the billing was not in yet. But most of the LGEs, the local governing entities were pretty close to the 95 percent goal at that time. So it's expected that those that were right at it they would meet that or exceed that. There were just a few that were a little bit under. Imperial Calcasieu was one that was at the time reported 81 percent. But with the billing that has been submitted they're now at 99.52 percent. That was also including some end-of-the-year adjustments. They have exceeded that 95

percent goal.

Northwest Human Services District, they were at 92 percent at that time, but they are now at 100 percent. Northeast Delta was at 86 percent at that time and now they are at 92.83 percent. So they are still a little bit under and may still have a little bit of billing to come in. So there were various reasons they felt they didn't quite meet it this year. There were some funds that were not expended due to maybe some persons they did not attend their vocational programs or they didn't use all their personal care attendant funding as they expected. All of the funds were obligated for the year but that was a couple of the reasons. There were a few people, there were some people that did again receiving waiver services those funds were returned to the budget. And there were some items such as medical equipment and supplies that had been ordered and some modifications that, home modifications, vehicle modifications that they're waiting to get some billing in. That may affect the numbers there. And we have Jefferson Parish Human Services. They were at 91 percent previously but now they're at 98 percent and they are still receiving and processing billing. Any questions on those?

BAMBI POLOTZOLA: I have a question. It's the question that I ask probably at every meeting. But like when you see Northeast and, you know, they say some of the funds are for PCA and voc rehab programs that may not be spent due to people missing work and not utilizing staff. Like I'm just wondering, and I know we get a report I think in October that breaks down how they're spending the money, but like are we spending state general fund money on things, on services that they could be getting from waiver services or should be getting from LRS if it's, you know, vocational programs and not utilizing, in my opinion, like using more state general funds when we could be leveraging federal dollars?

BRANDI CROFT: So, for example, the personal care attendant, the funding for those services sometimes they use the funds to supplement like long-term personal care services if the person doesn't meet the criteria maybe for a waiver offer or one of our waiver offers due to the SUN screening, the tiered waiver.

BAMBI POLOTZOLA: But if they're getting long-term, I mean, you're going to get at least 18 hours of long-term usually is what I always see, 16 or 18 hours at the minimum. And then they need more personal care hours than to me that would put them in a position to where if they have a DD then they could probably they need about 20 hours of service just say at least that much so then to me that would put them as being eligible for a waiver.

BRANDI CROFT: Yeah. They can request...

JULIE FOSTER HAGAN: So you guys, we had talked about this I think last year and we did do some updates in our training that we do for the people who conduct the SUN screening to make sure that we were being consistent in terms of how we were looking at this program and making sure that someone wouldn't be considered to have urgent or emergent needs just based on, you know, if these funds weren't available, you know, how to consider that. So we have done some updates there. That happened this year.

We also have taken a look at this specifically and there are some people who maybe only need respite, you know, once a year. And so if that's the case, while you're correct there could be waiver funds that could be used, that may not really mean that they have an urgent or emergent need that would mean that they would then have a waiver offer. And so they do try to when somebody's in this program and doing a SUN screen, really do some more drill-down in terms of is it something that is temporary verses, you know, if it is something that they're going to always need the 20 hours and they're not getting more than what they're getting in LTPCS, yes, that would definitely be looked at differently.

And we did see that unfortunately there was not consistency in the way that was being looked at in our SUN screen prior and we have done some training and education. So I do think when we get the October report, we can definitely take a look at that and maybe compare it to last year and see did we see any reduction in that. I don't know that we will have done that yet because we did the training but then we had some turnover of our SUN screeners and so we have some new folks. So that's sort of an ongoing process. But I

would like to see compared to last year and this year and see if there's a difference and then see is there more that we need to potentially drill down on.

BAMBI POLOTZOLA: And I also just think like with voc rehab I've heard from people vocational programs that sometimes it may be that people are shifted to these day programs when they actually could be in a more integrated type setting. But this is, you know, what the LGE will say this is the services that we have and it's pretty readily available. And I know you guys are doing a lot, Julie, to try and remedy that. But I just wanted to bring it up for awareness. I don't know if you have any comments on that or not?

JULIE FOSTER HAGAN: No.

BAMBI POLOTZOLA: Ashley.

ASHLEY MCREYNOLDS: We had our BRAC meeting yesterday, Capitol Area, and this came up under the vocational stuff and they said that they have seen an increase in individuals going into the supports waiver as whereas before there was not as many like rolling into the supports waiver. So I don't know if the training through the SUN like has improved because I talked about if they're getting funding through Capitol Area it's not going to trigger like a high enough score on a SUN for them to move when they can be probably better served under a supports waiver and the funding is more secure for them, you know, for that particular program. They did mention yesterday that they sort of have seen an increase in individuals being, you know, given a supports waiver. So maybe the training is starting to improve that process.

LAUREN WOMACK: Have y'all seen how many percentage that aren't meeting their total hours due to staff shortages? Cause I didn't know, I mean, personally that's an issue with me. Just not staff, you know, my husband's having to do it, but he shouldn't because he's disabled as well. But if you don't have staff.

JULIE FOSTER HAGAN: We do know that's becoming--

LAUREN WOMACK: I didn't know if y'all had to look at that or if you're monitored.

JULIE FOSTER HAGAN: So what we typically do at the end of every year, this is not related to this program, related to our home and community-based program.

LAUREN WOMACK: Okay. Thank you. That's fine.

JULIE FOSTER HAGAN: But what we do is we do look at the number of hours, we call it a PA. So everybody has a certain number of hours that are assigned to them. And then you can compare that to the number of hours that was actually used. The problem is is that, and it's always a lot higher, the number of people, the number of hours that are authorized verses the number used. But there are a lot of times when people say, you know, my child has 10 hours but we're going to go on vacation, I don't need you. Or I got home from work early. And so what we don't have a way to do right now is to differentiate between hours that are not done because the person chose for them not to be done for some reason verses the number that are not done because a worker wasn't able to do it. But we have started conversations to try to figure out how might we drill down because we know the direct support workforce crisis is as huge as it is and we know that there's a need for us to really take a look at that. I would say make sure cause in the quarterly, your quarterly meeting with your support coordinator just make sure that they're documenting that in their quarterly notes because that is one of the mechanisms that we use to be able to see is it because we are not finding workers. That's more of a manual check than sort of automatic check that we're trying to do.

LAUREN WOMACK: Yeah. I have a really good relationship with mine, but I know a lot of people that maybe don't understand that concept. I'm just worried about them falling through the cracks and getting hours that they need taken away. So I'm glad y'all are looking at it. Thank you.

ERICK TAYLOR: I still look at the situation that we got going on. I don't think we paying them enough to even get people out there willing to work because it's not enough to make a living on and to get them to work. If we get more money out there, we can call the staff that can give the service that we need.

BAMBI POLOTZOLA: Anymore questions? If you want to go on with the next one, Brandi.

BRANDI CROFT: The flexible family fund. All of these met that goal for the year.

BAMBI POLOTZOLA: Any questions about the flexible family funds?

JILL HANO: Julie, I have a question but you're not going to like it.

JULIE FOSTER HAGAN: That's okay.

JILL HANO: Do you remember some paperwork on what a flexible family fund is and what the program does?

JULIE FOSTER HAGAN: Sure.

JILL HANO: Thank you.

BAMBI POLOTZOLA: Can we just have that, Julie, for the next meeting for everybody in their packet?

JULIE FOSTER HAGAN: Will do.

BAMBI POLOTZOLA: And Jill isn't on this committee. I don't know why.

JILL HANO: Because I don't know, like I have not understood a word you said all day. That is why I'm not on the committee.

BAMBI POLOTZOLA: This is a lot. It's complicated. You have to listen over and over again. But thank you for asking that.

BRENTON ANDRUS: Flexible family fund specific, that particular program is what we're talking about.

JULIE FOSTER HAGAN: I thought she said both. We were just going to do like a summary of what the program is and pull it from the manual.

BRENTON ANDRUS: For both. Okay.

JULIE FOSTER HAGAN: And Kristen, I know the question earlier if you want us to do that together with OBH, sort of a high-level summary this is what the program is, and this is the eligibility we can get that.

JILL HANO: Y'all know I can't wait till October.

BRANDI CROFT: For the Act 73 there's some information on the entities and their goal this year on the 9 percent. Any questions?

BRENTON ANDRUS: Is there anything from Acadiana? Because all year they haven't dedicated the 9 percent in their reports so I'm not sure if this is something that would change by the October report or if they just missed the mark. They usually don't.

JULIE FOSTER HAGAN: I'll take that one. So we're trying to, I think they're still trying to figure out-- so Acadiana, so that everybody understands, is that okay if I backup a little bit, Brenton?

BRENTON ANDRUS: Sure.

JULIE FOSTER HAGAN: So Act 378 was put in law many

years ago. There was another law that was put in place a few years ago that required that the local governing entities, whatever their state general fund budget is, that 9 percent of that be spent on these two programs. The IFS and the FFF. And we have to monitor. What happened in Acadiana's budget for last year is they were-- during the legislative session there's some money called like supplemental money. So money when you have extra and legislators say oh, here's a project, here's a project. Here's some state funds. So Acadiana was given, and Kristen I don't know if you know the amount because I think it was on the behavioral side. They were given a large pot of state general fund money to do a program, but they couldn't pull that money down for anything except that program. And they didn't necessarily say that they could do that program and spend the money in the year. So that's where the confusion comes in is because they didn't just have access to that money, and they didn't spend any of that money because it was for a special project, so they've been trying to figure out how do we give the money back because they didn't ask for it. And so it did increase their 9 percent. I thought they had told me they were still going to go over, but we can follow up with them on that to get to where they are on their final. Cause I thought what they were telling me is that it shouldn't be a problem regardless of how you count it that we should be over, but it was a pretty large sum of money. I think a few million that they got. But it wasn't anything they could quickly do in one year's time and get going and have expenditures on it. But I will definitely follow up with our fiscal on that one.

JILL HANO: So it's 9 percent on IFS and flexible family funds?

JULIE FOSTER HAGAN: Whatever their state general fund budget is. Whatever money they get budgeted to them through state general fund 9 percent of that has to go to these two programs.

BRENTON ANDRUS: So technically though it doesn't have to be 9 percent of those dollars. It just has to be the equivalent. They can pull it from another source if they wanted to fundraise for the additional dollars or whatever they needed.

JULIE FOSTER HAGAN: True.

BRENTON ANDRUS: Just as a sidenote on the specifics of the legislation.

BRANDI CROFT: Most I think on all of these they felt like they would meet it by the time the official report comes in.

BAMBI POLOTZOLA: Historically Acadiana has always been over. So this is an anomaly.

BRENTON ANDRUS: I just wanted to make sure because if they're returning the funding, I don't know how that plays into it. Had they kept the funds then it would count even if it was for a specialized project, the way I interpret the legislation.

JULIE FOSTER HAGAN: Right. Our LDH fiscal did give them that information to clarify that with them.

JILL HANO: So is everyone in compliance?

BRENTON ANDRUS: Maybe. Everyone else is. That's the debate with Acadiana is how they reconcile that portion.

JILL HANO: Okay.

JULIE FOSTER HAGAN: And if you come back to the October meeting, you'll see all our yearend and know for sure if they met it for the year.

BAMBI POLOTZOLA: So just for clarification on the question about Acadiana. In this first column under the Act 73 report where they have 17 million in change, that is including that extra?

JULIE FOSTER HAGAN: Yes.

BAMBI POLOTZOLA: Amount.

JULIE FOSTER HAGAN: Yes.

BAMBI POLOTZOLA: So they're still at 95 percent, which is the lower number.

BRENTON ANDRUS: Yeah. I mean, they spent the 95 percent of what they've targeted as their 9 percent. I guess the question is--

BAMBI POLOTZOLA: Wait a second. Okay. So the 17 million and some change is state general fund. Nine-percent of that should be 1,587,252, right? And then they actually spent 1,504,119. That's the fourth column. So that is the 1,504,119 is 95 percent of the second column?

BRENTON ANDRUS: The budget said 95 percent budgeted IFS, FFF.

SPEAKER: So they budgeted 1,000,539.

BAMBI POLOTZOLA: But the last column said percent expended of the 9 percent so they should take the fourth column and divide it by the second column.

JULIE FOSTER HAGAN: I don't know. We can find out. And I do know that the column that says the total LGE state general fund that is set by our LDH fiscal, not by the LGEs.

BRENTON ANDRUS: So I created the report so I went in and doublechecked so I could check the formula. It is by the amount equal to 9 percent, not by the total. The percentages are based on what they should have dedicated what the law says they should at least dedicate. Looking at 95 percent of what the law says they should because they're not that short. 1.53 to 1.58 of what they should dedicate. So I would imagine even if this is rectified and that money was shaved off they still would have dedicated more than the 9 percent.

BAMBI POLOTZOLA: So about 83,000-dollars difference in what they should. Okay.

JILL HANO: Okay. So what I don't understand is so what from Acadiana is in question?

JULIE FOSTER HAGAN: So at the end of the-- so normally the state general fund money that they get is in our Department of Health budget and in your regular house bill one sort of budget. It's like they breakout each one of the LGEs and they say that they get a certain amount of state general fund. Sometimes outside of the regular house bill one when there's extra money left over for the year, they can give state general fund to anywhere in the state to cover certain extra things. They call it the supplemental bill. And so Acadiana got some extra state general funds in the budget for fiscal year 22, 23 for a special project that they didn't ask for, so they hadn't started to do the legwork on it. I'm not saying whether they agree or disagree with the project. I'm just saying that they got the money but there needed to be a lot of development of the program before implementing and so that couldn't happen just in that one year. So that extra supplemental money they got didn't get spent but it still counted as state general fund for them. Does that make sense?

JILL HANO: Yes.

JULIE FOSTER HAGAN: Brenton, I don't know if you wanted to add anything?

BRENTON ANDRUS: No. Works for me.

BAMBI POLOTZOLA: Okay. Any other questions for OCDD on their Act 378 program? Okay. For our October meeting, Brenton, don't we get the reports, more expanded reports on like what each LGE spends by category?

BRENTON ANDRUS: Yes. So in October with the exception of the Arc's SPAS report you'll get a final report with what you see here because the report you got from the Arc that was their final report. Everyone else you'll get the final report with all the June invoices. And then you do get an IFS or individual and family support, I forget what it's titled, but essentially a breakdown of all the priorities for all the requests and then you get to see how that funding was spent. So I do, this happens every year, so I do encourage you-- this year's a good year, right. This October we'll do it right. Review that document prior to this meeting because that document keeps appearing up until the April meeting because folks aren't reviewing it for the October meeting. We don't have healthy discussion. So please look at it ahead of time. You will get it with these other documents whenever I email you that information. But you'll see kind of the breakdown of what they spent that funding on. It's broad level similar to what Kelly does in the SPAS report. Tells you if it's personal care attendants or vehicle or home modifications or whatever it may be.

BAMBI POLOTZOLA: That was going to be my point. I know that it's a lot of work and coming here's a lot of work but that's really important for us to be able to ask those questions. So look at it. Everyone is required to have at least one question.

BRENTON ANDRUS: I will say over the last couple years I've worked with Tanya we've done a really good job trying to condense it for you guys and really make it a lot simpler to understand, that particular report.

BAMBI POLOTZOLA: Okay.

BRENTON ANDRUS: But about 12 pages. But it's more of a graph and you get it for each LGE or local governing entity.

BAMBI POLOTZOLA: Any other announcements? Okay.
The next meeting is at...

BRENTON ANDRUS: The next meeting is at 1 for
self-determination and community inclusion. And then
there's the education meeting at 3. They will be in
this room. And the full council meeting is tomorrow at
8:30.

BAMBI POLOTZOLA: The meeting is adjourned.