

Louisiana Developmental Disabilities Council  
Executive Committee Meeting  
November 29<sup>th</sup>, 2023

CHRISTI GONZALES: Welcome, everybody. It is now 2:08 and like to call this meeting to order. Do we have a quorum? We do? Okay. And we can call the roll.

EBONY HAVEN: Ms. Jill Hano.

JILL HANO: Here.

EBONY HAVEN: Ms. Brooke Stewart. Ms. Renoda Washington. Ms. Angela Harmon.

ANGELA HARMON: Here.

EBONY HAVEN: Ms. Christi Gonzales.

CHRISTI GONZALES: Here.

EBONY HAVEN: You have three members present and you have a quorum.

CHRISTI GONZALES: All right. Thank you. Before we get started I want to remind everyone of a few rules. For attendees, please wait to be recognized by the chair before speaking. And to help the meeting run smoothly please keep side conversations kept to a minimum and comments related to the topic we are discussing. Also comments about a person's character will not be allowed. All right.

We're going to go over our October meeting summary. Does everybody have one?

EBONY HAVEN: They should be in the packet if they picked one up from over there.

CHRISTI GONZALES: If there are no objections to the summary-- does anyone have objections to the summary? If there are no objections to the summary we can approve this summary by unanimous consent. Are there any objections? All right. Hearing no objections, the October meeting summary is passed by unanimous consent.

First on the agenda is consideration of council membership. We will have Ebony Haven and our Vice Chair Jill Hano provide an update about council membership. Ebony.

EBONY HAVEN: Okay. So in October-- I can start Jill and you can take over.

JILL HANO: Well, you know more so.

EBONY HAVEN: In October you all voted for an applicant to fill the facility institutional seat, Ms. Christina Bechtold. After the meeting we informed her that the council had made the recommendation for her to fill the seat. However, she contacted me maybe two days later and informed me that she had a change in her circumstances from when she was interviewed and she just didn't feel like she could make the commitment so she didn't want to accept the position. There was another applicant that the council received for membership in order to fill that particular seat and the applicant's name was Ms. Renee Holt. I included her application in y'all's packet. And so you have two decisions. You can extend her the offer to fill the seat. She did interview with Jill so if you guys have any questions Jill can answer those. Or you can decide to put the position back out and we can accept new applicants and interview and the membership committee would have to meet again to fill that seat. So those are your two options.

JILL HANO: Do you have her score, Ebony?

EBONY HAVEN: I can try and pull it up.

JILL HANO: I know I liked her.

CHRISTI GONZALES: We only had two applicants for that position, correct?

EBONY HAVEN: Correct. Okay. So Ms. Christina Bechtold, the person that you all did choose, she got a score of 12 and Ms. Renee Holt got a score of ten. And that would have been out of 20. I didn't score. I didn't make any of the scores so I don't know if y'all have questions about how she answered questions. But Jill, you would have to answer those if they had questions.

JILL HANO: I almost, like I was looking through paperwork and thought I saw her interview questionnaire and I almost brought it but didn't.

CHRISTI GONZALES: So do you feel comfortable?

JILL HANO: I mean, I don't think-- I think the iffy part on her interview was about the mission of the DD Council. But when I applied like I didn't even know there was a DD Council. So, I mean...

EBONY HAVEN: Can I add something, Christi, just for y'all's consideration? So the position that she's filling is Roslyn Hymel. Roslyn's term ended on March

2022. It's been over a year. We're almost in the two years because we're in December almost. So if you guys want to just consider that information as well.

JILL HANO: We could advertise it and still not. Especially since this position is so specific. So I remember I was impressed. Like I said, I don't remember the details, but I do like her. She was really sweet.

CHRISTI GONZALES: Okay. We trust you. Y'all want to go ahead and make a motion?

JILL HANO: Hold on. Do you represent a local nonprofit organization concerned with individuals. No. If so what organization. Data Quest. That doesn't...

EBONY HAVEN: I think she just might have made a mistake.

JILL HANO: Okay. Because I was thinking I don't get that. But yeah. I motion to bring the full council to submit Renee Holt to the governor for membership.

EBONY HAVEN: Well, I don't think it has to go, it doesn't have to go back to the full council if that's the will of the executive committee.

JILL HANO: Okay. I don't know.

EBONY HAVEN: Because we had an applicant and then she couldn't make the commitment so you guys would be able to--

JILL HANO: Oh, okay.

EBONY HAVEN: Make the recommendation.

JILL HANO: Cool.

EBONY HAVEN: And I will put the motion on the screen. Hold on one second. Angela, did you second?

ANGELA HARMON: Yes.

CHRISTI GONZALES: So we have a motion from Jill Hano to recommend Renee Holt to fill the institutional facility seat on the Louisiana Developmental Disabilities Council. And we have a second by Angela. Is there any discussion that we need to have? Is there any public comment? All right. Any objections? All right. Any abstentions? So the motion to recommend Renee Holt to fill the institutional facility seat on the Louisiana Developmental Disabilities Council passes without objection. And no abstentions. All right. So that passed. Welcome Renee to our next meeting.

Up next on our agenda is the 2024 legislative

advocacy agenda. Ms. Ebony.

EBONY HAVEN: Okay. So in October, again, you guys voted for the 2024 legislative advocacy agenda. One of the items was a funding increase for direct support worker pay raises. So on November 2nd we had a LaCAN call where Ms. Julie Foster Hagen, our OCDD representative who sits on our council, came to to discuss that particular item with LaCAN leaders and FHF directors and council staff. At that meeting she informed us that there's no avenue where the Office for Citizens with Developmental Disabilities or OCDD, or where the Louisiana Department of Health could directly pay direct support workers' pay raises. So since there is no avenue to do that we would have to change our agenda item.

So she kind of went over options with the FHF directors and the LaCAN leaders. And just to kind of give you guys more information. The raise has to go through the providers. And I think the easiest avenue is for there to be an increase in the reimbursement rate. So we did that a couple years ago where we increased the reimbursement rate to 18.50. And with that 18.50 there was a wage floor of at least 9-dollars an hour for direct support workers. After learning that information the LaCAN leaders and FHF directors decided that they wanted to ask for another wage increase of 11-dollars per hour.

JILL HANO: This year?

EBONY HAVEN: Yes.

JILL HANO: Okay.

EBONY HAVEN: They were going to make that recommendation to you guys to increase the wage floor from nine to 11-dollars an hour. In the spirit of collaboration we also met with the providers. We met with Kelly Monroe, Ashley McReynolds with the Arc of Louisiana. We met with Ms. Caroline-- I forgot your last name.

CAROLINE MEEHAN: Meehan.

EBONY HAVEN: With the Community Providers Association and we met with Ms. Jackie Blaney with independent living, Supported Living Network. We had a very great discussion with them where they brought up concerns about the 11-dollar per hour wage floor, increasing it. Some of the concerns were increased

overhead costs for the provider agencies. And then also the ask would only be to increase wages for the DSWs. There are other staff within the provider agencies, office level staff, midlevel staff that would not receive a wage increase. And so the providers are here today. I'm going to allow them to come to the table and just kind of present information. And then we also have our LaCAN leader, Ms. Christina, to present information to you guys on behalf of the families. So I'll just allow you guys to come to the table and discuss with the committee.

CHRISTI GONZALES: Thank y'all for coming.

CAROLINE MEEHAN: I can kick us off. Again, nice to meet-- I know some of y'all, not all of y'all. I'm Caroline Meehan with the Community Provider Association which is a statewide advocacy group for waiver providers and other disability service providers. I really thank y'all for having us. It is my first time here in person at a DD Council meeting because I started my job in 2020 so I have been virtual for most of them. But I really, I just appreciate the partnership with the council we've had over the past few years. As y'all know we have gotten some significant rate increases for waivers and I know we've worked with y'all to get that done. So, you know, that's why we're coming to you today and hope we can continue to work together in the session.

And before I get into I guess what the three provider groups are going to present and work on during this session, just to kind of level set, I think we're all coming from different perspectives, right. We're coming from representing providers. Y'all are coming from representing yourselves, your children, your family members. But at the end of the day I know and I believe what we all want is good quality services for people with disabilities in communities with well-qualified, consistent staff. I mean, I think nobody can argue with that.

And we know and y'all know better than anyone that one of the main barriers to quality consistent staff is low DSP wages. And so that's something, you know, our provider members talk about all the time. I know obviously is a major concern for the council. And so we've been thinking about ways to tackle that over the

past few years. And I think, you know, doing the rate increases, doing the wage floor. And I think where we've kind of landed is what we really want to work on is the root cause of the low DSP wages which is the fact that Louisiana doesn't have a rate reimbursement methodology for these services. So until we have that, until we really know the cost of providing the whole service that somebody receives, not just the DSP and the DSP wage, which is the core component of the service, but all the other things that support that DSP in that service. Until we have an actual model to know how much that cost I think we're going to keep running into the same problem, the same conversation every year.

You know, I know in most states most states have a rate methodology. So what they start with is this is what we think a DSP should be paid. Like this is the per hour amount and then they build from that. Okay. If we want to pay a DSP this much how much is everything else going to cost. How much is insurance going to cost. Supervision, transportation, overtime. I mean, we have some providers here who can talk about all the other expenses. But all that stuff has to come out of the reimbursement rate that the state pays.

And so what we're hoping to work on we're making an ask to the department, they have some leftover money from the American Rescue Plan Act. Some of that money was used for DSP bonuses. Y'all might remember that. They have some money left over and we want to ask them to use that money to develop a rate methodology for these services in Louisiana. So that's what we've kind of decided rather than continuing to try to build on this really shaky, almost nonexistent foundation, you know, and adding more wage regulations or just doing, you know, bits and pieces trying to get that wage up. If we can just start at the bottom and get a stronger foundation. So that's what we, you know, that's what we're talking about within our three provider groups and are going to make that ask to the department. And so that's what we wanted to talk to y'all about today and then hear a little bit more about what you're hoping to accomplish for session. But Kelly, Jackie, JP, do y'all want to add anything?

KELLY MONROE: We had-- JP kind of went back and

like looked at what actually comes out of the rate. And so I would like to like pass some of this-- I hope I have enough. Jackie, you and I will share.

JILL HANO: Very Christmasy.

KELLY MONROE: Green's for money. And the red is to just draw the attention this is exactly what like we have to pay for. But if you look at what's the cost just in that first big square of what the rate is, what's the average hourly wage that people are getting and then all these other hourly averages. So if you look at it the total's 23.95 on a day reimbursement rate of 8.50. So they're losing \$5.45 roughly. An average. But if you look at the night rate which is paid at 13.52 they're losing \$10.43 to serve someone at night. And I just wanted to kind of put this together. All four or five of us were like let's put something together that's super simple that really kind of speaks to exactly what is it that we pay out of this 18.50 rate. So that's what this whole top piece is going to be. And then everything else we still have to pay for all of these other things. Liability insurance. Like all of the other things. And I know some of it's just kind of like oh, that's owning a business. But truth be known, that's the only funds that come in so we have to use the money that we get on our reimbursement to cover all of these things.

So I wanted to kind of just show this to you guys. See if you had any questions. I feel like it's self-explanatory, but if there's anything that maybe we could expand on. JP runs a provider organization so he would be able to probably be better to answer some of the questions. Anyways.

CHRISTI GONZALES: Can we go over like the insurance? I understand all the other stuff, but like the insurance, the non-owned auto insurance.

JP GASPARD: That would just be your general liability or anything to cover your business, your duties and officers and directors. Like Kelly mentioned, I am JP Gaspard. I'm the executive director at the Arc of Baton Rouge. And this gives you good representation on a daily basis of the information that we look at. With just our Medicaid reimbursement alone last fiscal year, so for the 22-23 fiscal year if the Arc would have only been able to receive funds from

Medicaid we would have lost 232,000-dollars. And that's not on that sheet there. I just pulled some numbers from our financials. So we then have to go out and try to find grants or other opportunities in the community. Which as you know coming off of Covid that some of those funds and some of those spots people aren't just in a position to offer that.

Where we're currently at during four months of the 23-24 fiscal year I annualized where we would be at and for the 23-24 we would be losing an additional 206,000-dollars as well. So in a two-year period almost 450,000-dollars if we just look at what Medicaid reimburses us to provide a service. So that's our biggest thing is we want to offer a livable wage to our direct support workers. No one at the Arc is stuffing their pockets or has a large salary. But this just shows you what the day-to-day business is. So I think the methodology would be great. And we're all for moving our folks to 11 or higher, but that has to be tied into reimbursement rates on Medicaid.

CHRISTI GONZALES: And that's what I wanted to ask. So if we wanted to increase you're not getting the reimbursement back to make up for the difference for what you're paying the workers, correct?

JP GASPARD: I can speak to whenever in October of 2021 whenever there was a rate increase with Medicaid reimbursement the LDH, the legislature said that your direct support workers have to make at least 9-dollars an hour. So some of the reimbursement went to us, but then some of it went to get those folks up to 9-dollars an hour. Originally they talked about a \$1.75 increase to every single employee. That was the talk after the fact. If the Arc would have had to do that that would have cost us 187,000-dollars. So we moved everyone up that wasn't at 9. But for example, if somebody was at 8.50 we had to get them to 9. But then they talked about if they're at 8.50 you need to give them that \$1.75. So that would have been 9 in change. If we would have had to do that for every single direct support worker that we had on staff that would have cost an additional 187,000 a year. Then I analyzed the same thing. If we had to move everybody's current wage where they're at now to 11 that would have cost the Arc 205,000 a year. So we just need our Medicaid



reimbursement to increase because before they increased our rates in October of 21, which it really wasn't an increase, they restored our rates from 2008 levels. So no business can continue to operate on their same revenue levels on a 13, whenever you're at the same mark 13 years later. We don't have any control of going and changing what we provide.

KELLY MONROE: Yeah. And I think it's also important to note that unlike other businesses around where they're like oh, McDonalds is paying X amount of dollars and these people are paying-- well, McDonalds also gets to increase their rate on the hamburgers and we can't. So everything we do is just whatever this reimbursement rate is that's what you have to go on. And so we don't have the luxury of saying, well, we're going to charge Medicaid more for services. We just don't have that luxury. But it's also important I know before LDH was saying oh, we don't require this or we don't require that, but licensing does. And so if they don't require it licensing does require it and that's why it's on the sheet of paper. So supervisors that nobody thinks about the DSPs are making almost as much as the supervisors in some situations. And that's going to cause a huge problem when supervisors are expected to jump in and do X, Y and Z whenever people are out. It's just like Caroline was saying, if we could think about like not doing this for right now and just doing the rate methodology and really taking a look at it. I mean, there is one thing that we are going for money wise and it's to have the night rate and the day rate to be the same because it is a 5-dollar difference and that is causing a huge issue. But if we could focus on and where all of us work together on getting the rate methodology, getting LDH to agree to that and then once they do it we know it's going to come back saying it's not adequate. We know that's what it's going to say. But once it comes back if we can all get back in the room together and then work together in order to come up with okay, so what should it be. Like what should the rate be and then what should the floor be for the DSPs. And knowing that there are other people that support that service every day that should also be increased too and not just the DSPs.

CAROLINE MEEHAN: The beauty of the methodology going forward is it's like a formula, right. And some states, I mean, it's the dream, right, they have automatic rate increases every few years, you know, to support where DSPs should be and where all the other staff should be.

KELLY MONROE: Maybe we add that next year though. Maybe we add that every three to four years it needs to be looked at.

CAROLINE MEEHAN: And then the methodology can tell you like in formula we think DSPs should make 15-dollars an hour. How much does the rate need to increase to support all the other things that have to be paid for rather than us just kind of..

SPEAKER: Having to look elsewhere.

CAROLINE MEEHAN: Yeah.

KELLY MONROE: Looking elsewhere is just nonexistent anymore. You can run fundraisers but they're not..

CHRISTI GONZALES: The same people keep giving.

KELLY MONROE: United Way is giving less money these days because nobody's giving to United Way. It's bad all the way around.

CHRISTINA MARTIN: I can only speak for myself in terms of how I develop my own ideal around what the service providers pay should look like. So I actually went and looked at a few different models. And I think I sent it to you guys in the Group Me. But New York State, for example, pays their direct service workers 23-dollars and some change an hour. And while I know in state comparison of funds and taxes and all those things we're not anywhere close to that, I feel like it's discouraging for some of our families and maybe even some of our workers where they hear from these other states that, you know, I make 25-dollars an hour. I make 18-dollars an hour.

KELLY MONROE: What's that reimbursement rate though.

CHRISTINA MARTIN: Yeah.

KELLY MONROE: It's in the 30s.

JILL HANO: Is the reimbursement rate the rate that goes to the provider?

KELLY MONROE: Yes.

JILL HANO: Okay.

KELLY MONROE: So it's in the 30s in New York.

CHRISTINA MARTIN: And I guess why I recommended the \$11 an hour was because that was half of that, right. So I figured that we could at least probably substantiate half of that. I do understand the reimbursement and I want us to be able to work together so that we can get you guys paid through proper reimbursement and also get our direct service workers money that they need. There was also something that was mentioned to me that we had not thought about before, and I can't speak for everyone so I'll be calling a leader meeting so that we can gather more information around this. But that some of this is actually affecting individuals' abilities to continue to get things like Medicaid and be, you know, qualified for certain services that they weren't getting qualified before or that they were qualified for before. And so I think we do need to have some discussion around that as well because of course we want our people to make more money. But we don't want to put them in the middle-class bracket to where they're no longer able to afford outside insurance and no longer qualified for government subsidies. So we're definitely going to have to have some conversations about that.

I can't speak for all the LaCAN leaders. I do agree that there needs to be some type of methodology. Because without the methodology you're basically running amuck, right. And so I don't know what you guys, because this is y'all's thing, I don't know if that's something that y'all are interested in. I know I'm definitely interested in. I hope the rest of our LaCAN leaders would be interested in that as well. But how does that affect our agenda and like what would that look like. Because if we were to say like can we advocate for methodology? Can we do that?

KELLY MONROE: I think they're willing to do it. We're writing a letter and requesting it now. And I think there's interest by the department to do it now. So I don't think we have to advocate for that. I think it's going to be we're going to turn something in by the end of the week. We're hoping that you guys will sign on, but we're going to turn it in regardless and request it.

CAROLINE MEEHAN: It doesn't have to be done legislatively.

KELLY MONROE: Yeah. It doesn't have to be done legislatively.

CHRISTINA MARTIN: Because that's what I was about to say. Like how would that look for us as LaCAN leaders for our agenda because honestly, you know, if we take that off the agenda we're going to get pushback from the community so I want to make sure that I'm the most informed possible so that when I go back on the grassroots level I'm able to explain to people why we came to the decision that we did.

JILL HANO: Will the actual rate, like would be and I have the one issue, but to make like a methodology, whatever, like that would be a different type of that would be a separate instrument, correct?

CHRISTI GONZALES: Yeah. That would help us see about raising the floor of the reimbursement rate.

CHRISTINA MARTIN: It would create a formula for them to be able to see it as a whole and not just in spatial parts.

CHRISTI GONZALES: And that way we don't have to go back over and over and ask. I think that would be something.

JACQUELINE BLANEY: If we say something, and tell me how this sounds, if we say something like funding increase for direct support workers' pay raises based on the state rate methodology determined by this official process.

CHRISTINA MARTIN: LDH, right.

CHRISTI GONZALES: Y'all say y'all wanted to add beside just direct service personnel.

SPEAKER: Other staff.

KELLY MONROE: I think that when you do the rate methodology it's going to include that.

CHRISTINA MARTIN: That will encompass us taking care of everyone. Not just the provider, workers...

KELLY MONROE: There's a lot of support that goes into that DSP being able to do what they can do. And we certainly don't want to not count them in. And what happens is is that, you know, let's say JP had some of them that were closer to 9 and he bumped them up to 9 or whatever. Some of that other money went probably, I don't want to speak for him, but I know for some of the

other providers it went to upping those other staff too. Wait a minute, what about me. Like I've covered for them several times. I've done whatever.

CHRISTINA MARTIN: There is no incentive at that point to be a supervisor.

JILL HANO: From a DSP supervisor, like a level of need prospective, and I don't know, like I can't put words in my agency's mouth, but I'm on the low end. And like so I mean I've never had staff calling and okay, let me find you backup. Or okay, the owner be like okay, I'm coming in to be honest. I mean, I'm having a friend come over once a week to help me with my groceries, with my hygiene. And then like my mother who is great, like my mother gets me to all my appointments, cooks for me, helps me with baking and all that. But like so as a consumer like the only help I'm getting is my PCA. So like when you say rate reimbursement like I have such a hard time with this because like why do you need a reimbursement to blow me off. And before I had my mom like I obviously had PCAs come over, sleep, like not like stay in shifts, but like hey, I'm the type of person I don't need six hours of care. So in an eight-hour service I'm going to take a nap or do some downtime for me. And I would rather you go home than take a breather just to get your eight hours. So from my perspective, which I am trying to be better at, but like the provider rate, like I mean I know this affects so much more than below my fingertips. But like I don't see it. I mean, like pay you 45-dollars to call me back in three weeks when I have already solved the issue.

KELLY MONROE: Well, I mean, there's going to be issues with providers. I mean, I'm not going to lie and say that everybody's perfect. They're not. But if you continue to have issues like that if I were you I would start looking for another provider because that's not the way it's supposed to happen. That's what I would do.

CHRISTINA MARTIN: And so to kind of summarize and piggyback off of what Jill said in a more grand prospective of things is that when we have a wage that is to most so low you don't get the quality control that you need to support someone of even a higher function. So how are we to ensure that people like my

daughter-- because to be honest with you I haven't put my daughter on a waiver yet because there is no one that would be qualified to take care of her as a DSW. Just honest. And I don't have the time to do the whole self-determination thing, right. Do I want her to have a worker, absolutely. But my daughter is severely, profoundly disabled. She's nonverbal. She's aggressive. She's all the things, right. And so to put someone in there to do that physical position with her for 9-dollars an hour, I'm not going to keep anybody and I'm putting my daughter at risk by doing so because then I'm putting her in there, no offense to any DSWs because I know I'm on camera, but with the potential for someone to not be educated enough to know what to do with her. It leaves my daughter vulnerable to abuse. It leaves her vulnerable to neglect. Et cetera, et cetera, et cetera, right.

So I think the biggest problem with our families is quality control. We want to be able to have workers that we can actually trust to be around our family members. That are making an adequate rate so that they can go home and take care of their families too because this is such a high stress level job. Being a mom of a kid severely profoundly disabled it is sometimes a debilitating job even as a parent. And this is just my honesty, you know. How can I put that on someone else and then say I'm going to give you 9-dollars an hour. Hope it's good for you. So that's where we're running into the disconnect is that we agree that reimbursement, all the stuff that goes into the industrialized setting of it has to be remediated as well. But we're looking at the immediate desire, need of our families because they have people who have had to cut back hours, not be able to work, they're not being able to provide for their families because they don't have an adequate care specialist in there with them.

This is kind of not an agenda item, but while we're on that subject I personally have said this and I'll bring it to the ears that we need to create pathways for direct service workers to get not necessarily skilled nursing professional degrees, but some sort of subsidy where they are more educated, they're more trained. They have opportunities for

growth, right. So that we don't have to continuously come back in and be like look, you're doing baseline medial work, but we want you to make 14-dollars an hour. You're CPR certified. You're this certified. All these things, right. So depending on whatever that pathway looks like for you you can get more of a rate increase. But right now we're stuck with like it's just-- I'll use this for lack of better terms, I'm a burger flipper, right. I can't never be anything more than a burger flipper without the appropriate training. So unless someone comes in and shows me how to do a management position I'm going to be stuck in that medial income that whole time. And so our direct service workers are experiencing not being able to move forward in their positions due to not having a certification pathway, but then our families are getting the repercussions of that by not having certified, trained, skilled professionals working with some of our most venerable.

I think that ultimately our goal is to bridge that gap to make sure that we have skilled professionals working with our disabled community, but also to make sure that our providers are thriving so that they can continue to provide these services to our community. So if there's a way that we could bridge that gap, that would be great.

CHRISTI GONZALES: I have something. When you said pathways it just took to my mind. We have this process with early childhood and daycare providers, we have a pathway set for them, the state does where they get more education. They go on this pathway to get their associates and, you know, then they can be the director of a center and so forth. Why can't we use the same pathway for direct support workers and follow the same procedure.

CHRISTINA MARTIN: We can model it.

CHRISTI GONZALES: We can model it off of that. And that would be something to look at.

ASHLEY MCREYNOLDS: So just to speak on that. OCDD is working with local colleges to create that. So they're starting with, if I remember correctly I think it's...

KELLY MONROE: Baton Rouge Community.

ASHLEY MCREYNOLDS: Baton Rouge Community College

and Southern. So they are. I have also thrown out the idea several times of creating a jump start pathway to allow those in high school to get some specialized training and credentials.

CHRISTI GONZALES: Because they do the pre-nursing.

ASHLEY MCREYNOLDS: Yes. So I think a push for a jump start pathway would be great. I love that they're starting in with some community colleges and Southern University. I think it's a great place to start. But I don't think we should not look at the jump start pathways to allow those in high school to get credentialed and certified. And then that holds a lot of the training costs off of the providers. You know, if they'll come in trained and certified and credentialed and then, you know, then they can just go to work. So I think a jump start pathway is something that still needs to be like put on the table.

CHRISTI GONZALES: Well, it could be part of this pathway. You have the two tracks when you graduate. It could be one of those tracks. Combining the two is a no-brainer. But sometimes a no-brainer just...

CHRISTINA MARTIN: The legalities of it all.

CHRISTI GONZALES: Yes. But I think having that pathway would definitely step up our quality control for our DS workers.

CHRISTINA MARTIN: It would make them more accredited. It would make people more willing to want to invest in them because they don't feel like they're investing in burger flippers, to be quite frank and honest, right. Someone with a high school education. You are asking me now for 18-dollars an hour. And I personally, you know, the more education you get, the more money you make, right. That's just the way our society and the world works. But not giving them those opportunities keeps them at bugger flipper forever.

JACQUELINE BLANEY: Many agencies do have that kind of system in organizations. I very much support making it something that's available and encouraged by the state so that we have a more consistent policy of that. But many of our agencies do have levels, if you will, based on training, based on experience, based on the difficult challenges where the work is performed. So monitoring what health standards refers to as monitoring, what we refer to as quality assurance is



one of the reasons that the level of in-house support coordination, or supervision, or management, whatever we all use different titles, is there to go in and do on-site training. To be able to get that level, the quality of that level to know that when somebody is experiencing a challenge that you look at what needs to happen and you have enough education at that level to do on-site training for staff. The state Department of Health requires us to do to go in and do regular on-site visitations. Now the quality of those visitations is going to depend on the experience and education and understanding of that person going in to do that. So it's one of the reasons we encourage us to look at all levels of staff.

The other thing is that I'm really happy to hear you talk about the value of education because the training you'll notice the training is on the sheet. Training is something that comes out of the rate, is important but is never really funded the way it ought to be if you know what I mean. And just like any other industry, any other area if you don't have the quality ongoing education then you will lag in best practice. I have been around 35 years and I'm still learning, right. So we have to have that but it's not funded. The best practices out there in the world.

CHRISTI GONZALES: And also it's called Louisiana pathways for the education track and there's also a tax credit. There's scholarships. There's a lot of things that could go into the DSWS to further their education as well and provide a more equitable service for the families too. So I think that this would be something really that would be good for both side, every side.

KELLY MONROE: We need the department to also buy into it because once you have an education those people want money for that education. They need to be part of the conversation also.

CHRISTI GONZALES: And have a career ladder to go up. Something you can model off of it.

CAROLINE MEEHAN: Other states do similar things. DSPs for sure. And then the rate, again going back to methodology, the methodology accounts for if you get certain continuing education, certain qualifications--

CHRISTI GONZALES: You move up.

CAROLINE MEEHAN: You move up.

CHRISTI GONZALES: Something I think that would benefit everyone.

KELLY MONROE: It absolutely would.

CHRISTINA MARTIN: And I say that to say, because I have families that say some of the workers are great. But then I have families who say as Jill mentioned my worker came over here and slept for seven hours, slept for eight hours, you know. And so while anyone can do that people who are more inclined to not do that are ones who are more educated on their job position and what that actually entails. So I just think more training, more education, more of those things creates more money, right. And so that's our ultimate goal is to get them trained, certified, skilled in the homes and then retained. We want them to be retained. We want them to continue to be able to excel based off their skilled profession.

I agree that I never want to tell someone as a business owner, I own a graphics business, I don't ever want to tell someone what they should pay their employees. I don't want nobody telling me what I should pay my employees. But I think conversations about us working together to get everyone on the same page and happy is definitely where we need to be. Because LaCAN definitely is not against providers. We want to make sure that everyone is equally taken care of so that everything is covered. And so if we need to have other conversations, maybe if you think, Ebony, with other leaders around what that would look like. If Christi wanted to make a recommendation to change the agenda item. I'm not really exactly sure how that would look for us.

EBONY HAVEN: So LaCAN is the council's advocacy network. So you guys, this is y'all's decision.

CHRISTINA MARTIN: So I don't even know if I have any dominion in this. Just my suggestion.

JILL HANO: What was the purpose of putting this on the agenda? Cause I'm still not really sure what we--

CHRISTI GONZALES: We can't tell them to increase the pay.

JILL HANO: Okay.

EBONY HAVEN: The agenda item y'all voted for in October, we can't do it. And there's no way for OCDD, there's no avenue for them to give the workers' pay

raises.

JILL HANO: So it comes down to this is a verbiage issue because I mean in my simple mind if we had written to increase the provider rate we wouldn't be having this meeting.

CHRISTINA MARTIN: Let me explain to you why we worded it the way we did. Because there were a lot of people that felt an inadequacy between the last reimbursement raise or the last wage floor raise, excuse me. Having this made it so much easier for me to understand, right, because now I know I have all these things that I have to take into account into that reimbursement rate. That's something that we didn't have before. So knowing that okay, now we're in the hole basically 15 bucks, you know. Let's say we have a worker that worked 24 hours just metaphorically speaking. By the end of the day now the Arc is in the hole 15-dollars an hour.

CHRISTI GONZALES: At the end of the year it's 200 and something thousand.

CHRISTINA MARTIN: If at 11 dollars an hour every DSP they would be \$205,000 in the hole without a provider reimbursement. So that's a problem because then that makes the Arc not be able to be substantial or provider services not be able to be substantiated.

JP GASPARD: And you may have families that use self-direction and self-direction, those companies are able to reimburse the same rates as us. I have a cousin who's utilizing that service. They're able to offer 16-dollars an hour. So yes, that is a lot better wage than our starting wage but it's the education like you mentioned.

KELLY MONROE: And they don't have any of this.

JP GASPARD: They have none of that. They're getting 16 but they're still, they don't have the training and they're still having the same issue of finding people. So money is a huge part.

SPEAKER: (Inaudible).

JP GASPARD: These figures are for the Arc of Baton Rouge. But the self-direction just doesn't have any of these overheads. I worked with my cousin. Our only training was we had to turn in our driver's license, our car insurance and do a once every three years CPR first aid.

CHRISTINA MARTIN: Didn't they change that though? Now with self-direction don't you have to do like an annualized report kind of or no?

JP GASPARD: As far as you mean training or to do?

CHRISTINA MARTIN: As far as like what you provided as a service. Cause like as a parent being the service provider now I have to send you a report of the services I provided whether monthly, annually. How does that work?

ASHLEY MCREYNOLDS: You have to sign a sheet of paper attesting that you have read everything that is required. But it's not an actual--

CHRISTINA MARTIN: It's not the same assurances as a worker.

SPEAKER: No.

CHRISTINA MARTIN: That's what I'm trying to see because I'm not waiver.

KELLY MONROE: You can't compare the two. They're apples and oranges.

JP GASPARD: My point to bring that was also we've had some families leave the Arc, basically use us for day habilitation but on their in-home or respite PCA side they've left. Then a few months later they've come back and said hey, can our family member come back because they had difficulties finding the workers even with that higher wage. So it is part of...

ASHLEY MCREYNOLDS: Submit 16, whatever it is.

CHRISTINA MARTIN: Yeah. There's a lot of people who have problems with that.

ASHLEY MCREYNOLDS: And I brought this up in our meeting with Ebony and a couple other council staff. This industry is never going to be where it was just a few years ago. Like people are not going into this field of work. Everything is such a technology driven world that wage is such a small piece of the puzzle at the end of the day. Like we have to really get creative on our delivery service system, you know, remote supports, technology supports, whatever that might be. Without that you're going to have people going without services because people are just not entering this field anymore.

CHRISTI GONZALES: So we would need to reword our agenda item. I know we said about developing a methodology and maybe levels of pathways.

CHRISTINA MARTIN: Sorry. What was your name?

JACQUELINE BLANEY: Jackie.

CHRISTINA MARTIN: Would you read your recommendation again so Christi can hear it about how you said..

JACQUELINE BLANEY: Direct support workers and other staff based on information determined--

CHRISTINA MARTIN: Methodology. That was it.

CHRISTI GONZALES: To the methodology. And maybe we can add develop a pathway of. We can do two separate.

ANGELA HARMON: So when you hire people, say you would just hire me. If I come in and say hey, it's something I'm interested in doing. There's no real qualifications?

JACQUELINE BLANEY: We have a job description. We have a screening tool. And then our entire staff does the interview. I have four supervisors and an HR person who conducts the interview. All of whom have more than ten years' experience. So when you're interviewing someone you're interviewing someone with your son, your son in mind. And knowing that person gives you a good way of saying is this person going to be a fit. Part of it sometimes is this person really needs someone who can take them to work. Do you have a valid driver's license and valid transportation. If not, you get screened out. You don't get interviewed.

CAROLINE MEEHAN: And a background check.

JACQUELINE BLANEY: A background check. And then, you know, we have a screening tool that includes questions having to do with if the person believes in person centered approaches and self-direction. The words are written in a way to pull from that person how do you feel about that. If they score well enough they get invited back to go interview with the parent or the person. And you're not hired until you do all of that. And then you go through the 16 hours training. You can blow out of that at any time. You have to complete all of that and then you're offered employment. I know we've said this-- my name's Jackie Blaney again, but I really appreciate the opportunity to talk to y'all. And when I was driving over here the phrase "better together" kept coming through my mind. I know that's a cliché, but it is so important to know. My gang here

that pulls me into this sometimes, that we are better together and appreciate the opportunity to meet y'all because most of y'all I hadn't met.

We know that it's so important to have that ongoing training so I was glad to hear you talk about that. And retention is a huge issue. We're getting ready to have a Christmas party and my staff came to me a few minutes ago and said we want to give a special something to the people that's been with us 20 years or more. I'm like what. We have ten people that have been with us over 20 years. That's putting an emphasis on-- about 95 staff, because we put an emphasis on what does it take to retain this person. A chunk of it is money because you have to pay the bills. But a chunk of it also is do you feel valued and does your opinion count. So when we have what we call leadership meetings, that's DSPs in the organization for one reason or another have passed the readership test. And it's not a little test, if you know what I mean. But those leadership meetings are trainings, but they're also listening sessions. So when those staff say you know we think that if all of us did X, Y, Z it would be a better outcome. I know most of our folks, but I don't make the decisions. It's made based on those kind of discussions. Those are retention strategies.

CHRISTI GONZALES: I'm sorry. Let's go ahead and make our motion and then that way we can make sure that we need to be where we need to be. So we want to reword our agenda item.

EBONY HAVEN: Before y'all make the motion the survey methodology doesn't need a legislative item. So this is for y'all's legislative agenda. So the survey methodology doesn't have to be on the agenda because they have said they're already interested in doing that.

CAROLINE MEEHAN: If y'all want to sign onto the letter.

CHRISTINA MARTIN: (Inaudible) out of there that direct service providers will receive compensation once the methodology is created.

KELLY MONROE: Yeah, but by saying that that means that if this passes nothing happens until LDH completes the methodology. And so then providers get nothing until. And I'm wondering like is this something that

we can like table until the rate methodology is over. Can that entire like piece.

CHRISTI GONZALES: Can we do that, Ebony? Can we table, not like table it for two years down the road, but just table it until we have a methodology. Can we do that?

EBONY HAVEN: So you guys, this is y'all's agenda. You can table it. I do just want to make sure that I am-- and I wanted the providers to come and give their prospective, but I also wanted you guys to keep in mind that the LaCAN leaders and FHF directors work hard to recommend items to you guys. They're having those membership meetings. They're the ones that are on the ground with the families and getting information from them. So I'm not sure how long the rate methodology-- I know I keep saying (inaudible) is going to take.

CHRISTI GONZALES: But if we have that rate methodology we wouldn't have to come back over and over.

EBONY HAVEN: But to answer your question, yes. You guys can decide to take this agenda item off all together. I know Kelly mentioned that they were going to advocate for making the night rate the same as the day rate. So I mean we could collaborate with them on that. Or you guys can come up with a totally new agenda item all together.

CHRISTINA MARTIN: That's hard to do right now because we don't have all the lists of all the ones previously. I know a few off the top of my head but I do not know exact what were in our like top ten.

JILL HANO: Can I say something? Because I feel horrible because after Christina talking like my needs are nothing compared to Janay's needs. And like I just feel bad and that defeated the purpose of me being on this council. But I talk from my perspective when I needed to look past my (inaudible) and I need to look at this from the prospective of the greater good. So I apologize to the room for like being kind of chippy when it came to this because I-- or I understand that a DSW is more than taking you shopping, taking you to--

SPEAKER: They can be. They don't have to.

JILL HANO: So I just wanted to like put that out there.

CHRISTINA MARTIN: I will say in terms of the day

and night match testimony for that is going to be extremely hard to get because no one is going to really understand what that encompasses on a ground level.

JILL HANO: I'll do whatever you tell me to do.

KELLY MONROE: I feel like it's going to be easier because the expenses are the same whether you're working days or nights. The costs are the same. So I actually think it's going to be a lot easier. And if anything we have to pay our night people way more money than we pay the day people because we can't get anybody who wants to come and stay in the middle of the night. Most people who are DSPs are women and most women have families. They can't break away from their families to go sleep with other families in the middle of the night.

ASHLEY MCREYNOLDS: Most families that have night hours they can't get them served. They can't get them filled.

CHRISTI GONZALES: So we probably should table it.

JILL HANO: I know now a solution may be to close the gap between the day rate and the night rate.

SPEAKER: As a first step?

KELLY MONROE: Okay. What do you guys feel about maybe--

JILL HANO: Do we want the day rate and the night rate the same?

SPEAKER: Uh-huh.

JILL HANO: Okay.

CHRISTI GONZALES: So maybe we could go with having the day and night rate the same and then while we do that we can work on the methodology. How about that, y'all?

CHRISTINA MARTIN: How do we go about making sure that LDH does methodology in an appropriate timeline because that's something that is going to be a huge question and a huge concern.

KELLY MONROE: Caroline's already drafted a letter that we have signed on and we were waiting to turn it in to see if you guys were interested. And Caroline can send it to Ebony and maybe Ebony can send it out.

EBONY HAVEN: I'm sorry. I was talking to Brenton.

KELLY MONROE: Side conversations.

EBONY HAVEN: I'm so sorry.

KELLY MONROE: You did not follow the rules.



EBONY HAVEN: I apologize.

KELLY MONROE: So Caroline has drafted a letter to go to LDH about the rate methodology and using the ARPA funds that are left over to do the rate methodology. And we were holding off to see what you guys thought about it before we sent it out. We have our names on it but would love to have the council also be part of it. And so Caroline could send you the letter, or and you can send it out or do you have to vote on it now? Like how does that work? Cause I have it on my phone. I could send it out to you.

CHRISTINA MARTIN: It will usually take probably about two years to create a methodology behind it.

CAROLINE MEEHAN: Yeah. I don't want anyone to think this is happening next session.

KELLY MONROE: I feel like it would happen next session.

JILL HANO: So like by 2026.

BRENTON ANDRUS: I think one thing you have to consider is methodology right now shouldn't be guiding what you want to do right now. The methodology is something you should sign onto, in my opinion, and we can work together on that. But that's a separate conversation (inaudible) this session because that is not this session. That is something (inaudible) like a long range.

CHRISTI GONZALES: Work on the rates being closer and then a long-range project being the methodology.

JILL HANO: Do we need to have an agenda item meant for a study group within LDH to look at the methodology that by 2026 or no?

SPEAKER: I don't think you need to have (inaudible).

CHRISTINA MARTIN: For us too, Jill, it's been very complex because you want to make the families happy, you want to make providers happy, you want to make workers happy. So you have a huge encompassing portion of individuals.

KELLY MONROE: You really have to make them all healthy. Forget happy. You got to be healthy and if you're not healthy none of it is going to work.

CHRISTINA MARTIN: All to be thriving. And so I think our first step in my personal opinion for this year is to start the process of being able to thrive.

JILL HANO: Okay. So I kind of jumped the gun.

CAROLINE MEEHAN: Cause Jill, I think with the methodology we're going to ask LDH to hire an external contractor and I would ask in that contract that it includes what people are going to talk to to do the rate methodology. So that's when I think a workgroup, what you were suggesting, is going to be important.

CHRISTINA MARTIN: And now all of this sounds amazing in theory. What if we propose it and then they tell us no. Do we then have to revisit it because it's not a legislative fix so how do we advocate for it from there?

CAROLINE MEEHAN: If LDH says no?

CHRISTINA MARTIN: If they do not accept the use of the ARPA funds.

KELLY MONROE: I think they will.

CAROLINE MEEHAN: I think they will. If they don't then I think the legislature.

CHRISTINA MARTIN: So then it would be a legislative item.

CHRISTI GONZALES: So maybe a motion to see if they would use the ARPA funds and if not--

SPEAKER: We don't need a motion for that.

CHRISTINA MARTIN: Like okay, let's say for instance, I know this won't happen, but like let's say you go back to the office and you submit it today. When would we have an answer from LDH that they would actually approve or disapprove the use of the ARPA funds for the methodology?

KELLY MONROE: They have to use the funds soon or they're going to lose them.

CHRISTINA MARTIN: Because if we could know something like before Christmas I mean we may be able to keep our agenda item.

EBONY HAVEN: I don't want to put like that type of timeline.

CHRISTINA MARTIN: That's what I'm saying. Like what is the timeline we will know?

JILL HANO: Don't our federal funds have to be spent by March of 25?

CHRISTINA MARTIN: So they basically have until that time.

JILL HANO: So, I mean, we don't have a whole ample of time.

CHRISTINA MARTIN: Making a match maybe.

BRENTON ANDRUS: Just as a point of order. For those that are watching this on YouTube there's a lot of people talking at the same time and talking over each other. And so I'm being told there's a lot of feedback there. So please one at a time.

CHRISTI GONZALES: All right. So I need a motion.

JILL HANO: Are we adding to close the night and day reimbursement gap to the 2024 agenda?

EBONY HAVEN: That's what you guys are deciding right now.

JILL HANO: Okay. So that's the council's agenda?

EBONY HAVEN: Yes.

JILL HANO: So it's motion time. Angela, let's go. How do I do this?

CHRISTI GONZALES: Make a motion to close the gap between the nighttime reimbursement rate and daytime rate.

JILL HANO: I make a motion to change the 2024 legislative agenda item that the funding increase from DSP to say to close the gap between the daytime reimbursement rate and the nighttime reimbursement rate.

ANGELA HARMON: I second.

CHRISTI GONZALES: We have a motion from you, Jill Hano, that we change our 2024 legislative agenda item from funding increase for direct support worker pay raises to closing the gap between daytime and nighttime reimbursement rates. And it was seconded by Angela Harmon. Any discussion? Is there any public comment? Any objections? All right. Since there are no objections it is passed by unanimous consent. All right. And we'll change that agenda item.

KELLY MONROE: Thanks so much for meeting with us. We appreciate it.

CHRISTI GONZALES: Hearing no additional questions we move onto announcements. Our next council meeting will be held January 17th and 18th. The staff has already contacted Louisiana Department of Health's legal office again after the October council meeting and we were informed that LDH's legal office is drafting a rule and anticipates it to be released March 2024. Therefore all council meetings will still be held in person. All right. Does anybody else on the

committee have any announcements to make? Hearing none. If there are no objections we can adjourn by unanimous consent. Any objections? I hereby adjourn the meeting at 3:29.