

Louisiana Developmental Disabilities Council  
Quarterly Meeting  
January 18<sup>th</sup>, 2024

CHRISTI GONZALES: The quarterly meeting of the Louisiana Developmental Disabilities Council will come to order. I would like to thank everyone for coming and hope everyone made it through this crazy weather we've been having. And happy new year to everyone as well. Ebony, can you please give us the roll call for attendance.

EBONY HAVEN: Ms. Cherie Kelly-Adulie. Ms. Avera. Ms. Banks. Dr. Barovechio.

PATTI BAROVECHIO: Here.

EBONY HAVEN: Ms. Bayham.

MELISSA BAYHAM: Here.

EBONY HAVEN: Mr. Billings.

MICHAEL BILLINGS: Here.

EBONY HAVEN: Ms. Crain. Ms. Hagan.

JULIE FOSTER HAGAN: Here.

EBONY HAVEN: Ms. Hano.

JILL HANO: Here.

EBONY HAVEN: Ms. Harmon. Ms. Hymel. Ms. Jordan.

MEREDITH JORDAN: Present.

EBONY HAVEN: Ms. Moore. Ms. Nguyen.

PASQUEAL NGUYEN: Present.

EBONY HAVEN: Ms. Perrodin.

MELINDA PERRODIN: Present.

EBONY HAVEN: Mr. Piontek. Ms. Richard.

MELINDA RICHARD: Here.

EBONY HAVEN: Mr. Rocca.

TORY ROCCA: Here.

EBONY HAVEN: Ms. Stewart.

BROOKE STEWART: Present.

EBONY HAVEN: Ms. Singletary.

SAMANTHA SINGLETARY: Present.

EBONY HAVEN: Mr. Taylor. Ms. Washington. Ms. Webb. Dr. Wilson.

PHIL WILSON: Here.

EBONY HAVEN: Ms. Lauren Womack.

LAUREN WOMACK: Here.

EBONY HAVEN: Ms. Tangela Womack.

TANGELA WOMACK: Present.

EBONY HAVEN: And Ms. Gonzales.

CHRISTI GONZALES: Thank you, Ebony. At this time we will have Ebony read the mission statement and the ground rules for today.

EBONY HAVEN: So the council's mission statement is to increase independence, self-determination, productivity, integration and inclusion for Louisianians with developmental disabilities by engaging in advocacy, capacity building and systems change.

Our ground rules are members must be recognized by the chair before speaking. Be respectful of each other's opinions. Break for ten minutes every one and a half hours. Discuss council business in a responsible manner. Except as necessary restrict the use of electronic communication. I.e. texting during council and committee meetings. Silence or turn off all cell phones. The mission statement is posted at every meeting. Be on time for meetings. No alphabets. And side conversations are kept to a minimum, done quietly and restricted to the subject at hand.

CHRISTI GONZALES: Thank you, Ebony. The next item for business is the approval of the meeting summary. A draft of the October 19th meeting summary is distributed. The summary will not be read unless requested by a member. Are there any corrections that need to be made? If there is no objection the meeting summary is approved and distributed. Hearing none, the meeting summary is approved.

The next item of business is the chair's report. We have made some committee appointments. The Self-Determination, Community Inclusion Committee is Lauren Womack, Tony Piontek, Melinda Richard and Tangela Womack. Congratulations. For the Education and Employment Committee, Mary-Francis Avera. For the Act 378 Subcommittee, Lauren Womack and Tony Piontek. The governor has appointed six new members to our council. All of our new members are being afforded the opportunity to participate in all meetings before being appointed to serve on a particular standing committee.

As chairperson here is some of the meetings that I've attended since October. The Executive Committee meeting on October 18th. Act 378 Subcommittee meeting. Self-Determination, Community Inclusion meeting.

Education and Employment Committee meeting. The council meeting. And the Executive Committee meeting on November 29th. We also, Jill and I attended the ITAC conference in July. The executive director conducted an orientation for the executive committee on December 29th, but I was unable to attend due to my son being in the hospital. I was also wondering that we do need volunteers for these two committees. The 2025 Planning Committee and the Bylaws Ad Hoc Committee.

EBONY HAVEN: Just the FY 25.

CHRISTI GONZALES: FY 25 Planning Committee, okay. Do we have any volunteers?

LAUREN WOMACK: Lauren Womack, volunteer.

JILL HANO: Before I commit, because I want to volunteer, but what do we know about virtual meetings?

EBONY HAVEN: So it's still on the same thing. ODH is supposed to promulgate and release a rule by March 2024. So I'm anticipating that you guys will be able to meet virtually.

JILL HANO: For this?

EBONY HAVEN: For the Planning Ad Hoc Committee.

JILL HANO: Okay. Then I'll volunteer.

MICHAEL BILLINGS: Christi, put me down as well.

CHRISTI GONZALES: Okay. Thank you, Ms. Lauren.

PATTI BAROVECHIO: I volunteer, but only if we can do virtual.

SPEAKER: And I would like to volunteer for the planning committee, the planning 2025.

CHRISTI GONZALES: Thank y'all so much.

SPEAKER: I volunteer if we can attend virtually.

JILL HANO: How many members should, like how many council members do you recommend like the make of the, or the make of the committee?

EBONY HAVEN: I think it's really important to have a mixture of state reps and citizen members on the planning committee just because the state representatives have ideas about what the council can do to help their agencies. I hate to say it like that, but how we can further the council's mission. So I think it's a good idea to have a mixture of parents, self-advocates and state agency reps. I don't have a number, Jill, but I do think it should be a good mixture.

CHRISTI GONZALES: Anybody else?

JULIE FOSTER HAGAN: Based on that I will. I thought it was more for families.

SPEAKER: Ebony, is this for creating the five-year plan?

EBONY HAVEN: Not the five-year plan, but the FY 2025 action plan.

CHRISTI GONZALES: If there are no objections I would like to appoint the following members to the FY 2025 Planning Committee. Lauren Womack, Jill Hano, Michael Billings, Patti Barovechio, Melinda Perrodin, Brooke Stewart, Julie Hagan.

JILL HANO: Can you put that Patti and Brooke volunteered if it was virtual.

CHRISTI GONZALES: Yes. Then we're going onto are there any questions regarding the chair's report? All right.

EBONY HAVEN: So the executive committee, none of the committees were able to meet on yesterday. But on the executive committee's agenda there were two important items that they were going to discuss and they were going to bring recommendations back to the council. Unfortunately they weren't able to meet and bring recommendations so we're going to bring those before the full council. So the first thing was the council's bylaws. The council's bylaws haven't been updated since July 2018. And it is ITAC's recommendation-- ITAC is our Information and Technology Assistance for Councils. They recommend updating the bylaws every year. And like I said, the bylaws haven't been updated since July 2018. So I was going to bring before the Executive Committee a recommendation that they should form an ad hoc committee so that those bylaws can be updated. There's some very outdated things in the bylaws and I think it would be a good idea for the council as a whole just to go through the bylaws to make sure that everybody understands the bylaws and that some of the things that are in there are updated. I know one of the things is that the plan has to be mailed and that's sort of antiquated. I had to mail the plan last year to all the members before the April meeting. So if we can go in and update just to be emailed. Just things like that. So I don't know if Christi wants to accept recommendations at this time.

CHRISTI GONZALES: Yes, you can.

JILL HANO: What?

CHRISTI GONZALES: The recommendations to update the bylaws.

JILL HANO: Because I have my bylaw recommendations on deck.

EBONY HAVEN: We'll have to form a committee, Jill. That's what I'm talking about, recommendations.

CHRISTI GONZALES: Do we have any objections for creating a bylaws committee? Hearing none, we'll go ahead and ask for recommendations for anyone who would like to serve on that committee. Not everybody at once. So anyone?

JILL HANO: I'll do it.

CHRISTI GONZALES: Jill. Jill Hano.

MICHAEL BILLINGS: Mike.

LAUREN WOMACK: Lauren Womack.

BROOKE STEWART: Brooke Stewart.

CHRISTI GONZALES: And Ms. Lauren?

LAUREN WOMACK: Yes.

CHRISTI GONZALES: Anyone else? Okay. I would like to appoint the following people as part of the Bylaws Ad Hoc Committee. Jill Hano, Michael Billings, Brooke Stewart and Lauren Womack. Do we have any objections? Okay. Thank y'all very much. Hearing none, we'll go and continue.

EBONY HAVEN: So the other item that was on the Executive Committee's agenda was the executive director salary recommendation. Again, unfortunately the Executive Committee couldn't meet on yesterday to provide another recommendation to the full council for consideration so I'm just going to allow Christi to open it up for discussion.

CHRISTI GONZALES: Based on our last meeting in November we spoke about the executive director appointing Ebony and the salary and many other things. We received a lot of information regarding that about the different positions around the state and from different states about other executive directors' salary and so forth. She did provide us a copy of the duties and responsibilities. So this is something that we can discuss.

EBONY HAVEN: And if you guys need anything pulled up on the big screen, we can pull it up. But everybody

should have gotten the information. It was in the extra packet that was on the table.

CHRISTI GONZALES: Go ahead, Mr. Phil.

PHIL WILSON: So first off, the issue for me is not just about salary. It's also about making a closed door, behind Executive Council decision not involving the council as a whole and not in terms of participation in that decision or approval of that decision. It was presented as if this was a done deal and this was just the Executive Council went and decided this is what we're going to do. That doesn't feel like it's achieving the goal of transparency.

Second point for me is if we're going to offer 160,000-dollar salary there needs to be a national search. We can't offer that kind of salary, which is not typical of an executive director in the State of Louisiana, or frankly most states for an organization that's the size of the DD Council. So if we're going to stick with 160,000, and if it truly works in the budget when you take out the fact that surpluses exist now but they're not recurring revenue that you can't really factor into a salary decision.

And then the final thing is I don't feel comfortable having these discussions with the whole council, with basically, in my mind, still an applicant for the position in the room. That person should be recused. It should not have been in the room when the Executive Council discussed it.

CHRISTI GONZALES: She wasn't in the room.

PHIL WILSON: So by the same token if we're going to have these conversations I feel like Ebony needs to recuse herself during these conversations.

CHRISTI GONZALES: Mr. Phil, do you want to go into executive session? We can do that.

PHIL WILSON: I'm not sure of the parliamentary procedures here. I will leave that to others who know that better. But I feel like this needs an open discussion so that we don't repeat what we did a few years back. Like things that didn't feel transparent to most of the council as a whole. It was a lot of things were done in the last five years ago and previously where decisions were made in Executive Council and presented to the council in a way that it was sort of the decision's already been made. And that

doesn't feel like a board that I want to be part of.

CHRISTI GONZALES: So do you want to go into executive session?

PHIL WILSON: I don't really know what that means is what I'm saying. So explain that. That would be great.

NICOLE LEARSON: So executive session is when only the members of the council are present in the meeting so that they can have open discussion. It's typically used when you're talking about sensitive items or personnel issues or personnel related items. It requires a motion and a second. And then by unanimous consent everyone who is not a member of the council should leave the room while you're in executive session. If there's an invited person or guest that you need in the meeting, for instance, like maybe the parliamentarian or someone to offer information then that person can be invited in. And then once you come out of executive session you don't discuss what was discussed. You simply make whatever motion you're going-- or take whatever action you feel like you've arrived at.

PHIL WILSON: So with that-- I kind of thought that was it, but I didn't want to. The other obvious question is then we have a lot of guests. I don't know if this is the right-- there's a way to do this. People would have to go out and stand in the hall or something. Because, again, we have a lot of guests and I'm assuming they would not be part of the council. Is that correct?

NICOLE LEARSON: Yes.

CHRISTI GONZALES: Mr. Michael.

MICHAEL BILLINGS: I move that we go into executive session with the parliamentarian remaining in attendance.

BROOKE STEWART: Second.

CHRISTI GONZALES: If there are no objections we will now enter into executive session.

{Executive Session}.

CHRISTI GONZALES: And it was discussed that, it was decided that we need some more data and we're going to send it back to Executive Committee. We were given

a list of information. We decided on what information needs to be collected and once we have that information the information will be discussed in Executive Committee. So the motion to discuss the ED salary will be presented at the next council meeting.

EBONY HAVEN: Can I ask a question? I would need to know like what additional information.

CHRISTI GONZALES: Yeah, we have it. The next item of business is the executive director's report. The chair recognizes Ebony Haven.

EBONY HAVEN: So if you look in your packets my report will be on the gray paper. And so there are a couple of highlights that I wanted to highlight from that report. One of the things is that the FY25 budget request for the council was submitted to LDH on October 12th. The council's program performance report or PPR that we submit every year to our federal partners, the Administration on Intellectual and Developmental Disabilities was submitted before the December 30th deadline. And the council should receive feedback sometime in the spring. So depending on when we get the feedback I will provide that at either the April meeting or the July meeting.

One other highlight is the LaCAN legislative advocacy agenda for 2024 changed. One of the items that you all voted for in October, which was a funding increase for direct support worker pay raises, was not possible as written. LDH doesn't have a direct way that they can pay DSWs directly a pay raise so that agenda item was going to have to change. The Executive Committee met on November 29th and they discussed it and they decided to change that agenda item and collaborate with the Arc of Louisiana to increase the waiver rates for night services.

One last thing that I just wanted to mention at that November 29th meeting the Executive Committee decided to sign onto a letter with the Community Providers Association of Louisiana, the Arc of Louisiana and the Supported Living Network. They sent a letter to LDH and they were asking for them to use the unused ARPA funds for the development of a rate methodology for Office for Citizens with Developmental Disabilities and for the Office of Aging and Adult Services home and community based. That letter was



sent to the interim Medicaid Executive Director Ms. Kimberley Sullivan and she responded just saying that they were going to have to get the new administration more information before they can provide an answer for us on whether or not they can use those ARPA funds to conduct a rate methodology to determine what the rate should be for DSWs. And that's all my highlights. Does anybody have any questions about that report?

CHRISTI GONZALES: Thank you, Ebony. Are there any questions from council members on the report?

MICHAEL BILLINGS: I have one. I'm just playing catchup here on some stuff. Were you talking about the rates for direct service workers? Is that talking about getting like an annual review of those rates?

EBONY HAVEN: Are you talking about the rate methodology?

MICHAEL BILLINGS: Yes.

EBONY HAVEN: So the rate methodology would probably compare states, similar states to Louisiana to determine what the rates should actually be. So right now the rate is at 18.50. Please correct me if I'm wrong, Julie.

JULIE FOSTER HAGAN: Everything but Children's Choice.

EBONY HAVEN: Everything except for Children's Choice. So the rate methodology would just determine what the rate should be. I think Louisiana is one of the lower states, the lower paying rate. So that methodology would just determine what the rate should actually be.

MICHAEL BILLINGS: Okay. And that's been one of the things-- would there be like an annual review of that? Like we had cost of living, inflation go up and, you know.

JULIE FOSTER HAGAN: So there's nothing right now that requires that for home and community-based waivers for ICFs. There's a requirement that we look at what they call a re-base every three years. It doesn't mean it's funded, but it means we have to do what's called a re-base where it's calculated what that would be. Interestingly enough they just did on our, like there's an email chain I'm on that's all state DD directors are attached to and that was one of the questions they had. And it does look like some states, but they have to do

legislative action for it, some states are building in legislative requirements that you do a rate study every so many years.

And then we're also waiting, the home and community-based services act service rule, which is a pretty big new federal regulation that we're looking at probably coming out in the spring, has some requirements around rate transparencies and things states will have to do differently around rates. And one of those things is looking at requiring that there be some regular intervals of rate studies, rate evaluations, looking at inflation and things like that. So that was, anyway, what was in the proposed rule was already, people made comments on it and we're waiting on that final rule to come out. So it's likely that there's going to be some federal requirements that require that we start to do more around rates than what we have previously done.

CHRISTI GONZALES: Are there any other questions about the report? The report requires no action and will be placed on file. The next item of business is the budget report. The chair recognizes Ebony Haven.

EBONY HAVEN: I'm not sure what color the page is for the budget report. It is included in your packet. I don't have a lot of highlights. Just one thing I wanted to mention was that everything with our contractual activities is on schedule. All of those contractual activities are moving along. We know we weren't able to have our committee meetings on yesterday where we give updates to those contractual activities, but if you all look at your status reports that are included in your packet you will see where we are with each activity in your FY 24 action plan.

And then just one more thing I wanted to note. As you'll see there's dues and subscriptions. For December we had a pretty big due in subscription. That's our subscription to the National Association on Councils on Developmental Disabilities or NACDD. That's our annual membership dues and we pay those in December. So that's pretty much all of the updates or highlights I wanted to make on the budget report. But I'm willing to answer any questions.

CHRISTI GONZALES: Thank you, Ebony. Are there any questions from council members in reference to the

report? The report requires no action and will be placed on file. The next item of business is our committee reports. The first report is from the Act 378 Subcommittee. The chair recognizes committee chair, Bambi Polotzola.

BRENTON ANDRUS: We didn't meet yesterday so there's nothing to discuss.

CHRISTI GONZALES: Is there anything you would like to share? Okay. Ms. Brooke, do you have anything to share for the Self-Determination Community Inclusion?

BROOKE STEWART: Yes. The Self-Determination and Community Inclusion Committee did not meet yesterday due to inclement weather so please refer to your status report in your council meeting packet for updates on contractual and noncontractual activities. In our committee meeting we were supposed to discuss activities we would like to recommend to the Planning Ad Hoc Committee for the fiscal year 2025 plan which would begin October 2024. Since we did not meet we would like to take this time and open it up to all council members to provide possible recommendations for activities to be included in the plan.

The Self-Determination Committee is responsible for goals one and two of the plan. Goal one deals with the advocacy and leadership while goal two focuses on community living supports. Keep in mind the goals and objectives are set by our five-year plan. We are just looking for ideas about possible activities. We can recommend to keep some or all of the activities or we can look at recommending additional activities that fall under goals one and two. In your packet there's a copy of our current action plan for your reference. So would anyone like to get started? We'll open it up to everyone on the council for recommendations.

CHRISTI GONZALES: Any recommendations?

MICHAEL BILLINGS: The recommendations for the five-year plan?.

BRENTON ANDRUS: So this will be for our action plan which is going to start October 1. So our five-year plan is still active so all the goals and objectives that you see in that document you cannot change. Those are set in our five-year plan. So we're just looking at activities. And so what we would have done in Self-Determination is look at specifically

goals one and two. You'll get a chance to look at Education and Employment next. But goals one and two deal with advocacy and leadership and community and family support system plan and seeing if there's anything that you might want the planning committee to consider, you might want the staff to do some research on, or you might have research on and talk about a different initiative. Because what we'll do in the planning committee is basically take our pot of money and start diving it up amongst the contracts that we think we might want to try and do initiatives on. One thing we typically ask you to look at is are there any objectives in there that are missing information that aren't quite, we don't have an initiative that's quite living up to that particular objective. That might give you an idea. Maybe there's something missing. That's kind of the idea. Normally we would have had more time in committees yesterday to come up with recommendations but. And you can also keep things that we're currently doing or you can say let's not do that anymore or come up with new recommendations.

MICHAEL BILLINGS: Would that be a place to add onto the LaCAN legislative agenda for rate increases?

BRENTON ANDRUS: That would be at our October meeting. Well, starting in July, August you'll have community input meetings in LaCAN and that's where we give, or the public gives ideas of things to be on the advocacy agenda. So the advocacy agenda will be different than necessarily the action plan.

MICHAEL BILLINGS: Okay.

BRENTON ANDRUS: Our action plan we're looking at contractual things, noncontractual which might be just work that staff or council members do directly with maybe some agencies or whoever can help us out with that particular initiative. Unless you have an activity that relates to increases somehow.

CHRISTI GONZALES: Lauren.

LAUREN WOMACK: There's something called an ABLE account that's for people with disabilities, developmental disabilities. And I don't know enough about it, but we have one in the State of Louisiana. What it is is it's an account for people with disabilities that their family can put in and it doesn't go against their Medicaid benefits. And I

didn't know if that would be something that we could look into or get more information.

CHRISTI GONZALES: What's it called, Lauren?

LAUREN WOMACK: ABLE account. We have it in the State of Louisiana, but just to get more information about it and how it works. And maybe have a state contact. Bambi, do you know more about it?

BAMBI POLOTZOLA: Kelly Monroe does.

KELLY MONROE: I'm sorry.

LAUREN WOMACK: ABLE account.

KELLY MONROE: What about it?

LAUREN WOMACK: One of the things I was proposing that maybe could be one of our action plans is to promote it or get more information for people.

KELLY MONROE: Yeah. That would be great.

LAUREN WOMACK: What I was thinking is getting, I don't know exactly a vendor would tie into that, but maybe just promoting it and families help them save for their future and things like that.

KELLY MONROE: We actually have a meeting coming up, is it next week? I think it's next week. I can get the information. It's open to the public if you would like to attend. I know that was one of their priorities also is promoting it.

CHRISTI GONZALES: Can you send that information to the office so we can share.

KELLY MONROE: Yeah.

BAMBI POLOTZOLA: February 23.

CHRISTI GONZALES: Where is it going to be at?

BAMBI POLOTZOLA: The Galvez building which is downtown near the Capitol.

KELLY MONROE: Don't be late because it usually doesn't last long. But yeah, they talked about that at the last meeting that they wanted to really start promoting it especially since we had those two changes happen to the ABLE. It's really one of the best in the US as far as I'm concerned.

CHRISTI GONZALES: Any other recommendations. Ms. Melinda.

MELINDA PERRODIN: I think for the social media they should consider a TikTok page because I know as a special education teacher a lot of people look for information about special education and laws. I know the council on the Facebook page they share a lot of

informative video. I think they should share these videos on TikTok. You know, so people could know more about the council because the TikTok is growing. That would be my recommendation to consider TikTok.

CHRISTI GONZALES: Do we have an Instagram?

BRENTON ANDRUS: We don't.

CHRISTI GONZALES: If you have an Instagram and post it on Facebook it will automatically post to Instagram.

SPEAKER: I have a recommendation too. I was at the council for state governments conference a couple months ago and I met with a senator from Colorado named Tonya Lewis I believe her name is. And in that state she got a bill passed for foster parents that were fostering children with developmental disabilities and they were required to take a specific training. And I think that that's something that we should look into. Especially since they're trying to recruit and retain more foster parents in the State of Louisiana right now for DCFS. And so that's my recommendation.

CHRISTI GONZALES: Training for foster parents.

SPEAKER: Specifically for developmental disabilities.

CHRISTI GONZALES: So foster parent training for children with disabilities.

PHIL WILSON: Where does that fall under?

SPEAKER: I have no idea.

JULIE FOSTER HAGAN: I was just going to say I'm happy to talk more with you too. We just recently did two focus group sessions trying to talk about some ideas that we could have to promote folks to foster kids with developmental disabilities. We started and we have now some contacts with DCFS in our Office for Citizens with Developmental Disabilities. There's now an administrative change so we're kind of waiting to get back on track. But my boss is the deputy secretary. He and I have already talked about needing to continue that work with DCFS. I don't have anything specific to tell you at this point, but we'll definitely be reaching out and we'll go through the council and other avenues to continue that conversation. I know it's important to folks.

CHRISTI GONZALES: Michael.

MICHAEL BILLINGS: I am a foster parent of children

with developmental disabilities which are therapeutic foster parents. So it's a different certification process if you go through different agencies. And most of those do have continual training. But there is not a specific one for developmental disabilities. So I think that would probably be a good addition there. I haven't seen it.

CHRISTI GONZALES: Phil.

PHIL WILSON: So where I think people probably talked about it a couple times, but we're really trying to put a big initiative on fetal alcohol spectrum disorders. I was going to hold this until we got to the Education and Employment piece because it seemed like it would fit under some of those goals. But we're in conversations with DCFS as well about doing training for them and their staff, but then ultimately for foster parents because of the high incidence of those with fetal alcohol spectrum disorders who are living in foster care situations. So it seems like using good universal design would make a lot of sense to try to weave this into it since there's already an initiative under foot.

JULIE FOSTER HAGAN: I don't know that it's formally, but yes. It started under the previous administration. Current administration wants to continue.

PHIL WILSON: So if I could be so bold as to try to invite ourselves into that conversation in some fashion so that we're not doing 14 different trainings. And also with the therapeutic training I just don't know anything about that. Is it something that's a live training or is it on a website?

MICHAEL BILLINGS: A combination of. It's different by each of the provider agencies. We foster through Volunteers of America is our agency for our foster kids.

PHIL WILSON: Is Volunteers of America pushing that training, providing that training, or is it the state?

MICHAEL BILLINGS: That's Volunteers of America. But I think there's a requirement we have to have a certain number of hours of training.

CHRISTI GONZALES: Any other recommendations?

SPEAKER: Does the first responder training fall under goal one and two?

BRENTON ANDRUS: Yes. It is under goal two.

SPEAKER: I just wanted to add as far as working in ER settings, because we're a first responder on that side, particularly in St. Landry Parish I find that nurses on the front end of receiving a patient with developmental disability they don't handle situations as well as I wish they would. A lot of times I would get thrown those patients because those other nurses didn't know how to deal with it or they would exacerbate a situation or didn't know how to talk to people. So a thought is extend it towards the ER setting just because that's where first responders usually take those patients. And when they get into the ER setting what a psychiatric process is going to look like and having to handle those people. Because I've seen people be handled in a very rough way, very sad way. Something I'm extremely passionate about. It really upsets me when it happens.

CHRISTI GONZALES: Anyone else?

SPEAKER: I was just going to make a suggestion. I know I was looking at the information and I know one of the issues was with the handling former complaints with the Louisiana Department of Education. One of the things I think we could do with the Families Helping Families maybe provide roundtables for parents on how to do the procedures on how to do a complaint. I think that would be beneficial. Like to explain the parents the process and procedures.

CHARLIE MICHEL: I'm a retired educator and 32 years ago I worked with a child with fetal alcohol syndrome and there was nothing there to help. I'm sure there's more now. But the same thing with the trainings for the foster parents for children with developmental disabilities. I'm wondering if while y'all are doing this maybe y'all can include State Department of Ed. So instead of reinventing the wheel for every department, because the Department of Ed has a really good conference every summer, some of those trainings could maybe be directed towards teachers of children not only with special needs, not only special ed teachers, but general ed teachers who work with these children as well. And it would just help to spread it across the spectrum of services.

CHRISTI GONZALES: I know they opened the window to



register for that. And when do they close, Meredith? I think in a week or two.

MEREDITH JORDAN: Early registration is now. But registration will stay open until...

CHRISTI GONZALES: But to apply as a speaker.

MEREDITH JORDAN: As a speaker. Let me check.

CHARLIE MICHEL: It's not something that needs to be rushed into. So as y'all are working on this it just be part of the process. Just help to go, just advance the information.

BRENTON ANDRUS: Just had a question and maybe one of the center directors that are here could answer. As far as trainings on the complaint process, is that a part of Department of Ed contracts that you have?

CHARLIE MICHEL: Not specifically. It can be one of the trainings. Some centers feel more comfortable doing it than others so we'll partner with each other on something like that.

BRENTON ANDRUS: Okay. I didn't know if that was something being done. We can find that out later. Just curious.

JILL HANO: So if these are trainings for FHF would that be a goal under goal one or still be a DD issue? I hate to put it like that.

BRENTON ANDRUS: That's the mechanism of making a training about how the complaint procedures happen. So your initiative would need to be something written that we want to make sure that there are trainings out there. We could potentially look at negotiating contracts with the centers if that's how the council wants to do those trainings. So your plan would not say FHF centers are going to do these trainings. That's a contractual thing that we handle. You would just be looking at an initiative how we can ensure people are trained on this complaint procedure and then we figure out how to do it. Maybe through FHF, maybe not. If it ends up going through it might be put out through a bid. It might be something we can talk through the FHF centers with and find out that most of them are already doing this to some extent through another contract. And if that's the case we don't want to give them any additional funding, if we can even get additional funding, if they're already being paid through another contract to do this.

And that's another thing that we have to do with negotiations especially if our agenda is not successful this year we don't get that additional funding added back in for FHF. Usually if we want to request something you reimburse them for additional things that they're doing, but we have to take something off. Just a thought.

CHRISTI GONZALES: Anyone else? Is there any public comment? This report requires no action and will be placed on file. Next item of business is the report of the Education and Employment Committee. Because Renoda Washington is not here I will go ahead and give the report. For the Education and Employment Committee due to the weather we did not meet yesterday. The goal was to discuss goal three of the action plan and come up with recommendations for activities that meet the goals of the five-year plan. Everyone should have reviewed the FFY 2024 action plan which was linked in the agenda you received by email. There is also a copy of the action plan in your committee packet. Does anyone have any recommendations for activities for goal three of the council's plan? Phil.

PHIL WILSON: So, you know, by law as well as by tradition the DD Council, the USEP, HDC and DRLA, we're supposed to function as a DD network. Historically included others like OCDD, and LDE, and LRS and a couple other agencies also. But we are all required, as Ebony and other people could attest to, to include specific reports to Congress on what we do as a network collaboratively. And I would love to invite not only the DD Council and DRLA, but relevant state agencies to kind of consider taking this on as, FASD that is, as an important thing that we can kind of dedicate some funds and resources and personnel to addressing in our state.

So I looked at the objectives and there's two or three of them that already exist where FASD kind of is a natural fit as in activity 3.1.1 and 3.13 and 3.14. It's one of those things that I know that we are going to include, we have included those FASD in our goals. I'm inviting, or requested, or reaching out to Julie and Meredith and Melissa as well to kind of, can we kind of take that on, take FASD on as a specific objective that will go into all of our sort of work plans. But for today I'm talking to the council. But

going to circle back around and talk to directors of the other agencies that I just mentioned.

SPEAKER: Do you want to collaborate on like bringing more awareness about FASD or like?

PHIL WILSON: We have specific goals within our five-year plan, but I don't want to be so bold as to assign or whatever goals to another organization. But I guess what I really like is I know this is a process. If we don't get something into the plan then we have to wait another year if we do agree, right. So I was trying to get some kind of placeholder to get it in there and then see if we can't have a meeting to say what is your agency's prospective or whatever. So certainly awareness is a big thing.

Another big thing is helping professionals to learn the right strategies to use with kiddos that have FASD. Another big thing is diagnosis or identification. But until we have professionals that can do something about it it's not really ethical to identify kids and say well, good luck. So it seems like there's a prioritization that would occur with all the players rather than to sit here today. I guarantee you that awareness is definitely on our radar and we would love to collaborate with the other agencies in a unified way. So people begin to understand that one and 20 first graders in America have fetal alcohol spectrum disorder. That's huge.

CHRISTI GONZALES: I would like to make a recommendation. For objective 3.2 I would like us to see about talking with some of our chamber of commerces around the state about how to have make it a benefit for them to go ahead and employ some of our children. Many of our children that I serve are now working in the community but even after they finish school they don't get a job. So they love coming to work. They love coming to school now because they want to go to work. They love their job. But afterwards they're not getting a job. So we need to see about talking with maybe chamber of commerces and businesses to see what is the problem that why they can't obtain these jobs once they're graduating. I think that's something that maybe we can look at, you know, because they are good workers and what's stopping the business from hiring them once they graduate. Lauren.

LAUREN WOMACK: I'm on the LRC council and one of the things that we were discussing was, is it work-based? It's like the work-based experiences in the classroom. And then we also have the on-the-job training. But I know that it's been hard to get staff to be like the business reps, is that correct, to go out in the community and kind of match the clients, you know, the LRS clients with employment.

MELISSA BAYHAM: I think you're talking about our REDS position which is rehabilitation employment development specialist. We do have a couple vacancies in that particular position. But when those positions are vacant we do have fee for service community rehabilitation programs that we're able to send those individuals to. And we actually just changed our procedures to allow those community rehab programs to use on-the-job training as a mechanism to try to get employers to hire individuals with disabilities.

CHRISTI GONZALES: And what I was speaking about, I'm sorry, is like our children with disabilities who don't have preETS, that are either physical or disabilities, but more it's just they're a lower function but still capable to go into the community but they're not maintaining those jobs. Even with a job coach and going into some of these businesses they can function independently but they're not given the chance. So they really don't need a worker with them. They're able to function independently. We just need to let these businesses know that these children can, you know, serve as, want good employment and need that good employment. Phil.

PHIL WILSON: So guess what, that sounds a lot like project paycheck or whatever. Maybe re-branded. We have tried to tap into, I'm going to use the wrong words, vendor guide.

MEREDITH JORDAN: Yes. It's new. Now it's professional learning partner guide.

PHIL WILSON: And so we have Ascension Parish, St. Bernard and St. Charles have already asked us to come in and teach their staff, their teachers how to provide these services to kiddos as a school service and we leave after a year or so when they're competent, the teachers. And it's going to take that transformation of the schools figuring out that if you want to support

kids with intellectual disabilities as adults or prepare them for adulthood one of the things you have to understand is you can fill up this whole building with literature, research showing what differentiates kids with intellectual disabilities from plain vanilla kids is they don't generalize what they learn in a particular setting. And also typically learn slower, right. So what we know is if we have kids in school from 18 to 21 and they're sitting there doing God knows what from age 21 that's related to their adult life, why not take the resources that we have because obviously when kids leave school as we know LRS and other adult service systems are much, much starker resources for supporting these kiddos. They can learn to work in these settings, be in these settings, demonstrate their competence, their value to employers, all that good stuff as paid interns.

CHRISTI GONZALES: Our school district does that.

PHIL WILSON: Which district?

CHRISTI GONZALES: Iberia. We just started this year. And the thing is to find employment we have businesses who want to assist us, but it's jobs that our kids not necessarily want to do. For example, we have some that want to work with animals, a veterinarian to even just be an assistant like helping feed the animals. We're having those, you know, to find those jobs for those workers is very hard. And it's tedious. So, you know, we're having to put our own time in as teachers to try and find some of these businesses ourselves for these kids.

PHIL WILSON: Right. And my point would be that that's what they need to learn so why are we teaching them to sign their name or identify states or whatever it is. They need to learn to not only do the work, that's the easy part, it's how to function in the community in a way that fits in and then people say all right, I like this guy. I'm going to have lunch with him. Next thing you know we're breaking down the whole disabilities, the social model of disabilities. I'm excited to hear you say that and for that to be here. And it sounds like it's happening in different pockets around the state.

CHRISTI GONZALES: It's happening. I think if we discussed the chamber of commerces the pros about

hiring some of these children I think it would have a great impact on each community. The children will be able to get out more, do more things in the community. Because everyone loves these kids. They're great kids, they're just not given the great opportunity to do these great things.

JILL HANO: Brenton, I thought that we had an action, we probably retired it, but didn't we have that type of training on our plan not too long ago?

BRENTON ANDRUS: We did. Last year's plan?

EBONY HAVEN: And the year before that. I'll just say that the contractor that we contracted with didn't receive a lot of great feedback from the chambers of commerce. And so they sort of changed that activity to be more of like they focused more on businesses trying to tell them about the incidences of hiring tax breaks and all those kinds of things of hiring individuals with disabilities. I would say the reason why the Planning Committee last year decided not to continue that activity was because they weren't seeing a lot of great numbers. A lot of people weren't attending those employment seminars.

CHRISTI GONZALES: Would it be because it was not through somebody who had a stake in it? They were just given information. For instance, it could be somebody like me. I think it would have more of an impact than just giving somebody just information. Just a thought. Because, I mean, I have a business, drivers education, and I have many kids with disabilities who come to our school. And we contact our chamber and everything and we're part of the chamber. So I think that might be a steppingstone that maybe we can go that route as a thought.

SPEAKER: I'll share what we've done that we found to be very successful. We've partnered with our local school districts where they take a full day and bus their kids into the one location that we have and they participate in a full day of (inaudible) skills, interview skills, et cetera and then at the end of that event right after lunch they go and they practice those skills with employers that we have. So we have had like Audubon Zoo as PCA. We go to schools and get their interests so that we can make sure that we have those people available and that's been pretty

successful with our partnerships with the school and with our partnerships with the businesses. This year, for example, we hosted our first employees meeting with local businesses with panelists from IBM and some other places at the GNO Foundation to talk about the importance of hiring people with disabilities and the resources that we would need to hire those people, how do we maintain individuals with disabilities, etc. And if you get partnered with like just behind that one person that can gel with and partner and pitch your ideas and get them to bus them into that one location and have all the resources in one place and I think that might help you.

CHRISTI GONZALES: Could you give us your information and we can get together with you.

SPEAKER: Yeah.

CHRISTI GONZALES: Or send it to Ebony and she can share it with us. Thank you so much for that information. Any other recommendations? Lauren.

LAUREN WOMACK: We might have to wait on this, but I know the Louisiana Workforce is coming out with their new plan for the four years and maybe when they post it we could make some recommendations of LRS has to have a part of the plan. Maybe have some kind of recommendations for people with developmental disabilities because I work in the workforce and they don't always connect with LRS and they don't always, like sometimes it feels like disabilities are a little aside because they have to include that in their plan. I work at a One Stop and I definitely don't see it every day in action. I think it needs to be a part of this conversation. Even small as drafting a letter or supporting one of their initiatives just so they realize that, you know, we're here and we do-- it is challenging to find employment. Even our state needs to take it seriously. So that's one of my recommendations.

CHRISTI GONZALES: Thank you. Anyone else?

SPEAKER: Is this the only opportunity today is to make recommendations or will this come up?

EBONY HAVEN: So the planning committee will meet some time before the April meeting and at that meeting you can bring recommendations as well.

MELISSA BAYHAM: Can I just make a comment about

the timing of the state plan? So the state plan is due mid-March. So there is going to be a 30-day comment period. Now they may ask for an extension because of the change of the administration. I'm not sure yet. But just to let you know the comment period, if everything goes as planned, should probably be in February at the latest. So that's when you would have to make those comments.

AMANDA MITCHELL: So this is related to Louisiana Department of Education schools with students with special needs or special healthcare needs. I'm a parent of a child with epilepsy. In years we've worked, we've passed legislation requiring all school staff be trained in teacher first aid and safety because of the immense safety issues that kept coming up and also the lack of awareness of the educational challenges that can happen to our children. I also work for an organization that worked with these families and we have found that the schools are not in compliance with this law and it's kind of been up to us virtually to move forward with that. So I would just like to give the recommendation to consider procedures on epilepsy as we move forward with this.

CHRISTI GONZALES: Thank you. And I know from experience that usually the only time we get training is when we have children in our classroom. But yet there's many times we had a student across the hall and they're calling me Christi, Christi. So I understand everyone should be.

AMANDA MITCHELL: We're working as part of a national initiative across the country for it to be required for all teachers because one out of 10 people will have a seizure in their lifetime. However, with what happened during that session it was changed to only (inaudible). The challenge that we're having is people identify these students, we will reach out to the schools, we're approved by Louisiana Department of Education to provide these trainings and we will give reviews to come in and train the schools or any of the personnel even after the passage of the legislation.

And I think a lot of it is we found a lack of awareness. Similar to everything else, a lack of awareness of everything that goes along with epilepsy. The concerning part for me is having (inaudible) to



train teachers. Teachers always love this training. They feel so much better and safer and more confident in responding if they have been trained verses not. There's like a breakdown that we have seen between educators and the administrators with this.

CHRISTI GONZALES: Can you send us the information too? That way I can get that from you.

AMANDA MITCHELL: Uh-huh.

CHRISTI GONZALES: Thank you. Any other recommendations?

PHIL WILSON: A follow-up question. How long does the training actually take?

AMANDA MITCHELL: Well, epilepsy is a spectrum disorder. We do include a lot of different things about epilepsy to help make it that part understanding. So I could do it in about 45-minutes, but that was one of the concerns in consideration of the vast number of other trainings, right, that teachers have too.

PHIL WILSON: So if we could follow up. We do through one of our initiative areas we do a lot of sort of lunch and learnish type web-based things but we have a community of learners around the state with a couple thousand educators that participate on a regular basis. If you are interested in being part of that I could see that would be a topic. It's not your ultimate goal, but it might be a baby step or refresher if you want to be a part of that. Name?

AMANDA MITCHELL: My name is Amanda Mitchell.

CHRISTI GONZALES: Meredith, could we do a session at the conference and those who attend get the training since you said it takes about 45-minutes. The sessions are about what, 50-minutes.

AMANDA MITCHELL: So I can shorten it to 45-minutes. A full session, a full hourlong session is a reasonable amount of time.

CHRISTI GONZALES: I'm just thinking how to get this out because they service thousands of teachers at this conference. It would be one way to get that information across.

AMANDA MITCHELL: I've heard of the conference before. It's not something we have participated in in the past. In the past we have done the Louisiana School Nurses Association conference and presented there, but that was by invitation. I would love to get

more information from somebody.

MEREDITH JORDAN: We can consider that. Figure out what's the best location. Because if it's required for all teachers too we're going to have to get a broader audience.

CHRISTI GONZALES: Just as a way to get your foot in the door. Any other recommendations or comments? The next item up for business is standing council member reports. Please refer to the reports in your packet. Our first report is from LSU HDC, Human Development Center. The chair recognizes Dr. Phil Wilson.

PHIL WILSON: Hi, everybody. I'm going to keep this really brief because basically we are in the middle of reorganizing our center. Everything we're doing is reported on in the past and going forward the work that's going on. But we really are pushing to try to figure out ways to collaborate with more internally university, but externally with more community partners and state agency collaboration. Hence my request earlier about trying to figure out how we reignite the Louisiana DD network. So I'm going to leave it at that because I can get the numbers. People pretty much should know what our major initiatives are at this point.

CHRISTI GONZALES: Thank you, Dr. Wilson. Are there any questions from council members? Any public comment? Hearing none, the report requires no action and will be placed on file. The next item for business is the report from Louisiana Rehabilitation Services. The chair recognizes Melissa Bayham for the report.

MELISSA BAYHAM: Thank you. So with all of our reports we give what has been requested by the DD Council. So preemployment transition services we're currently serving about 4,020 students statewide. That's in combination with DD service agreements with our community rehabilitation programs. Then also through contracts with third party cooperative arrangements with about 15 school districts. You'll also see our statistics for the quarter, number of applications all the way down to our total open for VR which is 9,163. And the total open for preemployment transition services is 3,580.

PHIL WILSON: Can I ask you a clarifying question?

MELISSA BAYHAM: Absolutely.

PHIL WILSON: What is eligibility/delayed.

MELISSA BAYHAM: So when we don't have enough funding we have to go in order of selection and so delays is a waiting list. No waiting list right now. On the next page we have DD, it says open VR cases. This will show you by region of how many individuals we have that we're working with with developmental disabilities. Then we have our closed rehabilitation cases. That means that they've gone through the whole process and we've closed their case and they're working with integrated employment. And then you will see our numbers with the rehabilitation employment development specialist. And we currently do not have this position filled in regions three or seven. But as I had discussed earlier this is like an in-house job developer for LRS. So when this position isn't filled the consumers are still being served. They're just being served through a private (inaudible). Our Louisiana Rehabilitation Council, which is the advisory council for LRS, will meet next week at January 25th at the LWC headquarters in Baton Rouge. We are looking to fill vacancies for current or former applicants at VR services, a representative from State Workforce Investment Board or WIC, a representative of the area of rehabilitation technologies and a director of a federal Section 121 Project which is the American Indian Project. So those are the vacancies that we have on our board right now.

We also provided statistics from our statewide disability inclusion job fair which was conducted in October. So you can see the numbers there. That is done in collaboration with Healthy Blue and they have indicated that they want to do this again next year. So we are looking forward to that.

CHRISTI GONZALES: Is there anyway if y'all do it again next year to get information sent early to the school systems so our children of age can participate. Because we did want to, but we received it, we have to have certain time limit where everything has to be sent in and with it being close to when school starts in August we couldn't attend.

MELISSA BAYHAM: Got you.

CHRISTI GONZALES: So I can let them know that-- is

it going to be in October again?

MELISSA BAYHAM: Yes.

CHRISTI GONZALES: Okay. And I'll just let them know. Thank you.

MELISSA BAYHAM: Also we have information on benefits planning. I know this has been a hot topic with the council in the past. So 28 consumers were directly assisted by our in-house community partner work incentives counselor called CWICs. But we also sent consumers to Lighthouse for the Blind and LSU Development Center.

We also are in year three of our DIF project which is our Disability Innovation Fund Project called Project STEMM-Up which we're doing a collaboration with Southern University of Baton Rouge. And so we are seeing consumers and taking applications. We're seeing individuals who are interested in that particular project. Some additional training and additional assessments. It's a lot of activities for individuals who are going into STEMM Occupations and we're hoping to have internships and things like that available for them as well.

I also just wanted to mention as everyone knows all the departments are going through administration changes. We do have a new departmental secretary. Her name is Susanna. She goes by Susie (inaudible). That's our new departmental secretary. My assistant secretary who I report to who is the appointing authority for LRS, her last day is tomorrow and I do not know yet who our new assistant secretary will be.

Also wanted to mention that we recently kind of revamped our technical assistance and guidance manual. We've done a work order, but it has not been put on the Workforce Commission website, but we have requested it to be put on there. But if you ever go to the LRS page and you're looking for information on our different services I think you'll find that this manual will be a lot easier to read.

We also, my financial administrator also developed an LRS fee schedule. So all of our fees are within the technical assistance guidance manual but this is like a 290-page document. But the actual fee schedule is a much quicker read where you can see all the different rates for Louisiana Rehab Services. We also have added

some new services and I'm really excited about this. So we added adult work-based learning experiences. Work-based learning experiences really became a thing in VR with the Workforce Innovation Opportunity Act with preemployment services. So we've been offering that service for our students with disabilities. But now our community rehabilitation programs will be able to fund adult work-based learning experiences for our adults and not just our students with disabilities. We've renamed a service. So if you're familiar with time limited job coaching that has been renamed short-term job supports. So it's a little bit different structure. We are in the process of scheduling training with our community rehabilitation programs because a lot has changed in terms of our employment services.

We also have added job search assistance. So in the past in order to be compensated for job development it was a combination job development and placement. So once the individual was placed into employment that's when the vendor was compensated. But for different reasons, you know. Sometimes individuals don't get work or it takes a long time to place an individual. And in that period the community rehab provider was not being compensated. So job search just allows compensation throughout the job development process. So it's not really new, it's just the way we're funding it is different and I think a lot better.

Also with supported employment services this is a service that is federally allowed for up to 24 months, but the way our milestone system was set up you were paid for three months of job coaching. So we have added some additional flexible milestones that can be added for an individual who needs additional supports beyond that three-month job coaching to extend that 21 months. You can have a total of 24 months of job coaching in supported employment services now. So those are the big changes if y'all have any questions.

CHRISTI GONZALES: So on the new manual it has everything, all the services that LRS provides?

MELISSA BAYHAM: Correct. And we've always had a manual, but this one I personally think it's so much easier to navigate. Because right now if you go on the LAworks website, and also this is how it was for my

counselors as well, it's a bunch of documents. Like you had to flip through them. Now it's all in one PDF. You can open the table of contents or you can actually navigate through the table of contents. You can click it and it will bring you to that specific section. So it's a lot easier if you don't know exactly where you're going, where to find your information. If you have individuals who are going into post-secondary education we had that in several sections of our manual and it's all in one place now. So it should be a lot easier for people, including my staff.

CHRISTI GONZALES: Because I know a lot-- like I work in, I'm a SPED teacher. And a lot of the information we're not receiving. We don't know, even though we work with LRS, we don't know exactly what is provided. My son just started, I told you he started at Nicholls. He's doing great with LRS services. But I didn't even think I would qualify. Nicholls is the one who told me to go ahead and apply. So none of that trickles down to the teachers or the parents. I just wanted to let you know that we don't get that information. And I didn't even know that we were able to, without receiving any other services, that I would even be able to receive these services because I wasn't receiving any services for him.

MELISSA BAYHAM: I understand. We definitely acknowledge that. We have a staffing shortage. And so one thing we are in the process of drafting-- we did this in Shreveport. For a reason outside of our control it did not work with that particular contract. But we're trying it again to do a staffing contract in regards to get some additional staff to help us. Especially there's delible functions within vocational rehabilitation to help us with some of that outreach and things like that that we're not able to get to because we don't have enough personnel.

CHRISTI GONZALES: And I've been telling everybody. It's a wonderful program and thank you. But I just wanted to let you know that it's not trickling down.

MELISSA BAYHAM: I understand. And I'm not sure, I know Department of Education has started a new project and I'm hoping with that particular project. If we have school districts that have what we call third-party cooperative arrangements it works so much

better because that school district has, they have their own staff in terms of that person is a staff member of that particular school district, but they're actually under the administrative side of VR because it's VR funded. And so it's much better since they're kind of VR and kind of school districts we know that that school district is covered and they're getting that information. So I know the project that Department of Education is starting I think the purpose is to make that a little bit better known.

MEREDITH JORDAN: And remember part of that work too is going to produce a statewide website that will be friendly for parents and that's where we can get a lot of this information into one place where parents know okay, where do I go find out what all I need to do to access some of these resources. So I think that will help some too.

CHRISTI GONZALES: Cause once they graduate they're like what happens now. Any other comments or recommendations?

BAMBI POLOTZOLA: So I think that with this new change with LRS if perhaps if you guys could do like a webinar that explains it. Cause I was in a meeting yesterday with you and I just heard the explanation, and you know how involved I've been with employment and I'm wondering how is that going to work for Chaze, my son who is graduating from UL. What does that mean as he's getting a job after May. I don't understand how that works. So I think if it was like a really user-friendly way, like a one-hour webinar that explains now you have some new things in place so you can explain that and give some this is how it will work in these type of situations. Some type of examples. And then I know that would take up a little time maybe to develop that within your staff but then it could be shared and people can say this is the examples to go by and this is what they're saying how it works. I don't want to touch on every single thing, but at least some really good examples I think that would be helpful for the community. Because I think that's one of the problems is that people don't understand and ask and so sometimes maybe something's available and people don't even know to ask for that.

MELISSA BAYHAM: That's definitely a great idea,

Bambi. I just want to clarify other than adult work-basing experiences nothing has changed in terms of what services you're going to receive. They might just be called something different. It's really a change for the counselor and the community rehabilitation program. But as far as the consumer it shouldn't look much different. It should be better because services are more extended. There's more hours in job readiness. There's more hours and short-term job supports. But absolutely.

CHRISTI GONZALES: Any other questions or comments? Thank you, Ms. Bayham. Hearing that there are no further comments the report requires no action and will be placed on file. The next item of business is the report from the Bureau of Health Services Financing Medicaid. The chair recognizes Tangela Womack for the report.

TANGELA WOMACK: Good morning, everyone. The Medicaid report is the blue one in your folders. Beginning on page three of course the ending of continuous enrollment is one of the largest Medicaid initiatives. And what that means is due to the 2023 Consolidated Appropriations Act language in that act terminated the continuous coverage that was allowed during the PHE. So with that Medicaid started redetermining Medicaid eligibility for all of their members last year in April. That is still going on through May. I think it's important to note that if you know anyone who has Medicaid this is an annual requirement now. So they had to renew last April. It's coming up again this April. So they receive the same packet, they need to resubmit their information.

Down in the bullets it tells you how you can get additional information and complete your packet. You can do it online. If you need assistance you can go to one of our Medicaid application centers and you can call in through customer service. The second section is on our Act 21 children's Medicaid option. And what that is it's an option for children under the age of 19 that disregards family income and allows these children with disabilities who meet specific criteria to receive services we normally wouldn't. It disregards income for the most part. As of December 22nd we have approved 1723 children through the TEFRA option.



Flipping over to page four. At the top of that page it provides you with the website to go to Act 421 to receive additional resources and it walks you through the application process. The steps are one through four listed here as well. This is also an annual requirement to make sure you keep your eligibility you have to do a level of care assessment and complete the Medicaid application. Which we tried to align to make it more efficient for the families.

To provide some updated enrollment for a few of our programs. Beginning with permanent supportive housing, our sister agencies, Office of Aging and Adult Service, OCDD, and OBH they continue to assist participants to transition into permanent supportive housing and we currently have 3860 individuals being served.

At the top of page five our Money Follows the Person program. It's My Place Louisiana. And as of December 1st, 2023, we have approximately 4113 individuals. In the chart below it shows the number of individuals we have had transition by year starting in 2009 up into 2023.

Going over to page six. Our Self-Direction program. These are for our participants enrolled in the ROW, NOW, Children's Choice and Community Choices waivers. As of November 30th of 2023 we have 2477 individuals using Self-Direction option. Down at the bottom of page six our electronic visit verification. All of our personal care services are provided through EVV which means they are using this computer-based system to verify the visit occurrences. And as of January 1 we've added home health to that.

PHIL WILSON: Hold my question till the end? Okay. Children's Choice. So if you're using Self-direction When you age out what happens?

TANGELA WOMACK: Julie can answer.

JULIE FOSTER HAGAN: Same thing that would happen if you had a traditional provider agency. So you start the process, should start the process I think it's like 16 and a half because you can age out at 18 or you can age out at 21 depending on the individual circumstances. If you move to the ROW or the NOW or the services that are done through Self-Direction you can just continue to do those services.

PHIL WILSON: That's great.

TANGELA WOMACK: Moving over to page seven. Our CSOC program, which is managed by our Office of Behavioral Health. The current enrollment of this program is 2237 as of December 15th of 2023.

On pages eight and nine it shows our behavior health network advocacy and it's broken down by each MCO. Sorry for the small font, but we can provide that chart if guys would like.

And on our last page our ABA services what's called carved into our MCOs as a behavioral health benefit and it provides statistics based on our member and enrollment per MCO as well. Happy to take any additional questions.

CHRISTI GONZALES: Are there any questions or public comment? Any questions from council members? Hearing none, the report requires no action and will be placed on file. The next item of business is the report of Office of Public Health. The chair recognizes Ms. Patti Barovechio for the report.

PATTI BAROVECHIO: Hi. My name is Patti Barovechio. I work for the Bureau of Family Health under the Office of Public Health in the Louisiana Department of Health and we administer this state title five program which includes children and youth with special healthcare needs programming. My report is on the gold. And there's a lot of ongoing services that are outlined here. We haven't had any major changes with our subspecialty services that are provided in areas of the state where we offer specialists, providers in communities where there are inadequate access in that community. And so those clinics are still servicing families in those areas. There's also social workers in those public health units that provide behavioral health services. And you can find out more details as outlined in the report. Children special health services also offers a transportation assistance program. So if they have applied for Medicaid transportation services and they are inadequate to meet the need they can apply if they meet eligibility for CSA transportation assistance program.

We also, the bureau sponsors family resource center. This is a statewide virtual resource center. We will support any family with a need that is in

anyway touches health in a holistic manner. So if it is food insecurity, if it is needing finding a health provider, insurance access, they are trained community resource specialists that will work with families. Also as part of our family resource center we do outreach to every family that is identified through birth defects surveillance and offer them resource and referral services.

We also work with Families Helping Families working to expand resource and referral services within their communities so that all children and youth with special healthcare needs in the state have access to these services. In addition we have the early hearing detection and intervention program. Under the bureau we do the newborn heel stick program. Again, we do the Louisiana birth defects monitoring, surveillance and also provide services and information and data resources through our [partnersforfamilyhealth.org](http://partnersforfamilyhealth.org) website. Happy to answer any questions if there are any about the programming.

PHIL WILSON: So I know that FASD or FAS in the old days was at one point in time a condition that was on the birth defects registry. The fact that only one kid in the whole state was identified for several years or whatever. Eventually that was dropped off. So my question is as we ramp up on FASD, it's a brain injury so it does seem like it would qualify as a child or an adult, but not so much with your program, would presumptive eligibility under having a special healthcare need. Is that basically correct? What is the process for making sure as we move forward we're in alignment with what you all are doing?

PATTI BAROVECHIO: As far as the Louisiana birth defects monitoring network, the program manager is Julie Johnson and she has a wealth of information. I do we believe they follow the CDP-- I'm speaking, not my program. But Julie will be able to give you all the information.

PHIL WILSON: Is there somewhere that a list?

PATTI BAROVECHIO: Yes, absolutely.

PHIL WILSON: And I remember once upon a time autism wasn't on that list. So it got added to the list.

PATTI BAROVECHIO: Well, when you think of birth defects this is something that is diagnosed at birth so this comes from data extraction and birth records. But I'm happy to connect you. She can give you all the information.

CHRISTI GONZALES: Any other comment or public comment? Hearing none, the report requires no action and will be placed on file. The next item of business is the report of Office of Aging and Adult Services. The chair recognizes Mindy Richard to present the report.

MELINDA RICHARD: Good morning. Mine is this peach colored one in your packet. There's a lot of numbers on this page. (Inaudible) have been requested in the past along with some demographics as well. But I'll kind of give you some high-level we've been working on. As many have mentioned with the administration change with a new governor there becomes a lot of administration changes and we also have a new secretary. Dr. Ralph Abraham is our new secretary. And so there's always a period of time when a new secretary comes in where all the leadership changes are shaken out and also policies and initiatives are reviewed and a decision is made to either continue working on a particular initiative or to hold up and go in a different direction. We're kind of in that zone right now.

But I will speak to you about a few things that are absolutely moving forward in our new administration as well as in our old administration. The primary thing that we're spending a lot of energy on today is those American Rescue Plan Act dollars. Those dollars came to us during Covid and it was really the intention to expand home and community-based services. We initially used that money to pay for increased rates for the providers, all the different types of providers as well as bonus payments for those folks who cared for people during the pandemic. And all of that is closed out. But there were some knowledge leftover through some of that initiative that either because it wasn't rolled out as quickly as we thought or as long as we thought it generated some additional funds. And so the process is that when we come up with a new idea of how we want to use those funds it's approved through our

administration then goes to CMS. And once they approve it comes back to us usually a few months later for us to implement and execute on those plans. And so we have quite a few initiatives that are going on as a result of that and they're all in different phases. Some are being proposed to CMS. Some are being executed. And so we're working on a great deal of those projects. I can say that money for this has to be spent by March of 2025. So the window is closing for us to spend those funds. And so we are making haste with the way that we move through all the procurement and the projects and logistics of moving through some of these projects.

Another thing that continues, Tangela mentioned it earlier, is the unwinding of the public health emergency. Which many cases, you know, every month for us we get a list of people who are in our program who have not yet renewed their Medicaid. And so we're involved. We reach out person to person and contact those people on the list and make sure that they've done what they needed to continue their Medicaid eligibility. So we continue to work on that as well as there were some initiatives or provisions that were put in place during the pandemic and those have all unwound now. But there were a few things that were very successful that we have been put in place permanently. And so in some cases there's rulemaking going on with some of those and some have already been put in place. So we're pleased about that. One of which is the health monitoring. So being able to monitor someone's health in their home with some of those electronic type devices is something that's going to be continued to be paid through our adult day healthcare programs and the service providers there. So we're happy about that.

A new initiative that's outside of (inaudible) just on our own is the adult protective services division which is under OBHS. Remember, depending on the age of the victim that investigation is conducted by different groups, right. And our group is the 18 to 59 age group. And so we also receive complaints for those over age 60. And so EPS, Elderly Protective Services, those complaints come through our office and our triage as well. And we are going online with an online complaint system, if you will, it's being

piloted right now. It's pretty ready to go. So in the next couple of months there will be a way for people to basically go online, not have to phone someone, actually go online and file a complaint. Of course there will be inaugural compensation that we'll need to do because we expect our complaints to go up. States that have done this have seen upwards of 25 percent increase in the number of allegations. So we're working to make sure that we're ready for that.

And then as Julie mentioned earlier it's kind of a rule palooza going on right now is what I call it. There's quite a few rule changes coming out that are fairly substantial and will have impact to us in this year. One is the home and community-based services rule. There's another one for the Association of Community Living which impacts our APS or Adult Protective Services work. There's an ADA rule coming out. There's quite a few rules coming out that will have some requirements that we'll need to get on board with. And unfortunately for the ACL rule we had, I believe the leader of our ABS department was on the committee that helped developed those rules years ago when they started drafting them. And so we had a little bit of heads up and so we're ready to go on all those new rules. It won't really mean many changes for us. We've already put most of this in place. A lot of it has to do with reporting at the national level what we're doing at the state level. And so we're already prepared and already have those fields of metrics ready to go. But the home and community-based service rule is a pretty extensive one and we have, as an organization, we kind of bucket it into things that are like no problem, we're already doing that. Here's some things we're going to have to get with pretty quickly. And we have, you know, we know we can do it, it's just we're going to need do it pretty quickly. And then there's the oh, no bucket. And there's some oh, no stuff that we have to figure out as well. So you'll be hearing more about the rules that we'll be implementing as soon as they're final. That's the other tricky part. You don't want to get so ahead your skis that you put something in place and then the rule changes and it doesn't get put in place. We're in that kind of witching time of trying to prepare and yet not

implement because it may not pass.

And then the last kind of two internal areas that we continually work on is eliminating our wait list. One of the numbers that causes us great angst, and I've shared this with you all at previous meetings is on our community choice waiting list. We're up to almost 8800 people on that wait list. We had gotten down to-- and we always talk about the number on the registry and we also talk about those getting no other services. Because we do have those in that 8800, quite a few of those are getting service through another program just not the community choice waiver. And so we're up to 4200 almost 4300 people with no other services. We had gotten that number down to less than 900 last October. That has just ballooned in the last few months. We are constantly working to eliminate, minimize that wait list and provide services for those that are waiting.

And then another activity that we have going on. We're working really closely with the support coordinator entities in our state to try to help them really understand where the barriers are for them. And in the whole process of delivering services to people faster, more readily, their workforce. Some of the things that came out of some conversations, we had some listening sessions we had with them in the last few weeks has been getting people trained quicker. They can hire people but if we can't get them trained fast enough doesn't do any good. We're kind of working through those issues for them and trying to be good partners and work through what we can with that.

I will note that on the APS numbers, it's a lot of numbers on the page, but at the top of the house I can say that there was a pretty steady number of abuse and neglect cases over the past, I would say, from 2018 to about 2022. And then in 2023, kind of coming out of Covid we felt was the reason for it, people kind of getting back to normal environments, we saw about a 7 percent increase in the number of investigations. And if you'll notice as we close out half of this fiscal year. So as of December 6 months would indicate that if we had 945 investigations halfway through the year we would have right at 1900 for the whole year which represents a 10 percent increase over last fiscal year. So we are, again, trying to be proactive to make sure

that we cannot only fully investigate those allegations, but keep them in a timely manner with the quality that we're used to.

We, in the course of the last year, we had an outside consultant come in and give an overhaul, if you will, of what our policies and procedures are within our adult protective services to make sure that we were doing everything that we could do, that our policies were sound, that our practices were tight and documented. And we just wrapped that up in November. And we got a glowing report from them. There were a few housekeeping things that they recommended that we change in some of our policies. But overall not only did we get a very positive-- and these are people who used to run these types of investigative services for other states and now they are consultants and do this. But they said that the review of our book of business was a best practice that no one else had done. And so they'll be inviting Louisiana to come to some of the conferences in the coming year and talk about what this analysis looked at. Because we had them not only look at protocols and procedures, but to also go through some of our investigative reports and tell us did we do everything we should have done. Is there anything else we should have done or documented that we didn't. I'm happy to say that was very productive, but it was also a good comfort feeling when we got finished to feel that we had passed our final exam pretty well. And we'll be sharing that experience with other states as well. But that's all for my report unless anybody has any questions for me.

SPEAKER: So my question's about the ARPA money. (Inaudible) how many more chances, I guess, do we have especially across the council and other organizations. (inaudible).

MELINDA RICHARD: So every quarter we have to report on where we are. One of the things that we've been approved of how much have we spent, what's left to spend. And so those reports go in, like one went in in December. And then the following month is the next opportunity to suggest four things that you would like to do. And so that January report was actually due to CMS yesterday. And so the next time we'll have an opportunity to ask for new initiatives will be we'll



turn in our March numbers and we'll have reported April.

Now the tricky part of it is that we have experienced, not to say that it won't be different each quarter, but we've experienced about a three-month lag time in the time that we submit an idea and that we get an answer back. Now sometimes there's back and forth with questions and other times it just takes that long to get an answer. Whether or not they'll give answers faster because we're kind of getting closer to the end of the line we don't know. But we did send some things yesterday. And I cannot speak to whether or not the rate study was submitted. I do know that the audit, the recommendations to use ARPA funds to do the auditing was to be submitted. I haven't gotten confirmation. But I expect that the April one will probably be the last one for any really meaty ones because if you think about it if we don't submit again until July and we don't get an answer back until maybe September then you're less than six months to be able to execute. So those might be things that we could do that are like trainings and things that we could execute quickly. One time cost.

SPEAKER: The activity you mentioned was submitted?

MELINDA RICHARD: The rate setting was submitted.

CHRISTI GONZALES: Any other comments?

JILL HANO: I had a question that I wrote down. Okay. So did you say adult protective services or elderly protective services was under ACL?

MELINDA RICHARD: Well, they both fall under ACL, they do.

CHRISTI GONZALES: Any other questions or comments? Hearing none, the report requires no action and will be placed on file. The next item of business is the report of the Department of Education. The chair recognizes Meredith Jordan for the report.

MEREDITH JORDAN: I won't be super lengthy. My report's not really extensive. What I'm hearing is it's the time of federal reporting everywhere. We are definitely in our annual data and reporting process right now for special education of our state. So that's a big task on our radar right now. But a couple things, a couple events coming up and some things that we've been up to. So we are continuing our special

education leader collaborative. So we started that. Our in-person supports and professional developments for all of our special education directors across our state. We hosted, we started them back up last year. We've already hosted several in person this year really focusing in on that networking, bringing them together, building connections. Finding out what best practices are happening across our state with students with disabilities. Discussing those instructional best practices. What are our compliance needs. Looking at some data across our state. So our latest convening was just a couple weeks ago and we talked with them, our agency, our office as well as most of our LEAs right now are in their planning process for next school year. Oddly enough you don't wait until summer to plan for the next school year and all of the things that you want to accomplish because that runway that it takes to really plan and make some intentional, actionable steps to improve outcomes. So our last convening we talked a lot with them around how to leverage their funds to improve outcomes, how to select those priorities. We really dove deep into special education data. We took them on a journey from a child's perspective going through our educational system and how that impacts their local data, how that impacts our state data and our federal data. But really bringing it down to these are students and making the right decisions for each and every individual student. And so that was really impactful for them to really grasp why it is we do all this federal reporting and why we're collecting all this data, why it's important is really about students and helping us make really great decisions for them.

And then we had a gifted and talented update for them as well. So we're going to host additional professional development. We're going to keep those in-person sessions going. And I'll be totally honest with you all. Some of what I do, a portion of what I do at those meetings is bring back compliance things. Bring back conversations that arise from you all from things that I hear from you and then I can go back and in a really great setting where I have them all in one place, or the vast majority of them, really get these messages across, right. Because we know our special education directors, these positions turn over to LEAs.

And so sometimes while I may feel like a broken record or feel like I sound like a broken record we have to continue to repeat some of these things. And so it's really helpful for me to hear from you all on things that I know I now need to bring back to them and to communicate to them. And so I just wanted to give y'all that update. And of course those supports are in addition to our monthly office hours. So we're trying to increase technical assistance to them, giving them a straight line to us to ask whatever question that they may have in their school system. And that's in addition to our monthly professional development calls too and then our monthly office hours for them.

We've already mentioned today a couple of times about our upcoming teacher leader summit. We are well underway with planning for that event, setting up sessions that we know we're going to do. And as Christi mentioned, the external presenter application is currently open. That event's going to be May 28th to May 30th in New Orleans. We are expanding it this year, which is going to be very interesting. We normally have 4 to 5,000 educators and we're going to try to host six to seven. But it's a great thing. It's a really great expansion. It's a wonderful three-days of learning. As far as our office, and we always have this for the past couple of years and we expect to exceed that this year, we've had an internal joke that it's the diverse learners summit because we have so many sessions and really packed that agenda with sessions that impact our students with disabilities. Sessions for general educators. Sessions for special educators. Sessions for leaders about best practice and about really improving outcomes.

So a couple of sessions specific that we're thinking about this year we'll have some sessions this year around dyslexia support. That's a real hot topic in our state right now. Modifying and accommodating high-quality instruction for students with significant cognitive disabilities. That's something we hear a lot about from our families and from our educators how do we provide high-quality instruction for those students as well. Giving them the same access to high-quality curriculum as their nondisabled peers. So we'll have

some sessions around that. We're going to do some additional pupil appraisal support this year and related service provide support at teacher leader summit. We will have some panel sessions. One of the things I think that's great about teacher leader summit is also the networking capabilities and the ability to learn from what other school systems are doing. So we're going to be really intentional and do some sessions with some of our top growth school systems. Systems who far surpass the state's growth in students with disabilities and really dig into what was their planning like, what strategies are they implementing and be able to share that across the state and with our participants. So they can kind of take away from that what are some things I can change in my school system.

We'll do some additional behavior support. I heard that earlier so that's on my mind. We'll do some literacy support for students with disabilities. How to use evaluations to write high-quality IEPs. We've done that session in a couple of different places and it's been highly requested. So we're going to kind of go back and link the evaluations to high-quality IEPs and writing high-quality goals for educators. And like I said, much, much more. So we will have at every time slot of that summit we will have a session that is geared towards supporting students with disabilities in some way shape or fashion. Probably multiple at each time slot because we'll have our team members presenting and then of course we'll have a lot of our external applicants who will be submitting as well. We have several popular ones who come every year and provide some support at teacher leader summit. So that's something that we're really gearing up. This is that time of year that we're in federal reporting. Once I get past February 1st we really start gearing up for teacher leader summit in May as well.

Every year about this time I bring to you all our process that we are starting now for our FFY 24 IDEA funding application. And so this is our application for our state level IDEA funds that we can use to move forward state strategy. So that application, my office leads it, putting together that information with stakeholders. We'll start this month and we will continuously engage, revise, talk through with SEAP,

get stakeholder input all the way through May when we actually submit that application. We've got this on our SEAP agenda next week. But I was going to talk a little bit about education and employment about this and get some initial input from this group as well about what should some of our priorities for our spending in education be. So I can definitely email out whenever we're going through the approval process now to submit our input survey. So step one is our stakeholder input survey. And so I can definitely share that out to the council members as soon as we release it so you guys all get it straight from me. And then share it. We want as much input. I read every single survey, every single-- I really like the open-ended comments because that's where people really go into detail about hey, I really think we should invest some money and use our money in this way. And that's really helpful. So I'll definitely keep that on your radar. Share that public input survey. Once we get all of that back we will start drafting the application and then I'll share again when we post that application publicly we have a 30-day comment period. And so I'll keep you all in the loop on that process as we develop that.

And then last just a quick SEAP update. I know you all like to hear these. We've met twice already this school year. We have an upcoming meeting next week. We'll meet again in March. And so we were also going to talk about in Education and Employment the local special education advisory template. It's on my SEAP agenda for next week to get input on that template as well. I can still share it with this group. I wanted some input from our Education and Employment Committee. But we'll get some input at SEAP. I could also bring it back in March. We don't collect those from school systems until May. And I can always update it so I can bring that back to March for Education and Employment as well.

We did have a BESE meeting this week. We have a new board, new officers in place. So we're excited to work alongside our new board to improve outcomes for our students with disabilities as well. And just a reminder to everyone. (Inaudible) events, things that are happening. If you just shoot them my way or email

me we'll get anything out to our LEAs as fast as possible, Christi. In our newsletters and multiple avenues, even on social media on any events that would be good for our LEAs and our educators to know as well. So I'm always happy to communicate anything that's going on with other offices. That's it for me.

CHRISTI GONZALES: Is there any other public comments?

CHARLIE MICHEL: One of the things that I love the idea of using the evaluation as the mechanism to develop a good foundation of IEP. What I would like to see y'all do perhaps or consider doing is including in the monitoring process. Right now every district the state department pick one random IEP, just one, and have them do an analysis of how that IEP relates not only to the evaluation, but all of the data collected since that evaluation. We did that in Lafourche for a couple years and they hated it. So I don't know if they're still doing it. But gives you an idea of how those things are connected because so often the teachers don't really necessarily understand why the IEP objectives should be the way they should be. If y'all could incorporate that it would beef up your monitoring system and it moves again from what the state department said they wanted to do many years ago. Move to compliance to quality. And it's manageable to do one or two IEPs per district. And charters included. That would be phenomenal I think.

JILL HANO: I don't know if I'm going crazy or this was an error or a hallucination in general. I swear when I click on the link for Department of Ed for this meeting to prepare I swear only once it brought me to the MOU between LRS and y'all. Is that wrong?

EBONY HAVEN: I think it was linked in the Education and Employment Committee agenda.

JILL HANO: For some reason like why do I think it's not. Did I hear that it wasn't supposed to be made public?

MELISSA BAYHAM: No. I had to ask permission to share it, but then I finally got permission.

JILL HANO: Cause I saw it and I wanted to look at it and that quick it was gone.

MELISSA BAYHAM: I don't know.

BRENTON ANDRUS: It should be linked in the

Education Committee's agenda.

JILL HANO: Okay. I didn't see it linked, but okay. Thanks. That is all.

SPEAKER: Jill, I'll double check for you.

CHRISTI GONZALES: Any other comments? Hearing none, this report requires no action and will be placed on file. If there is no objection the meeting will recess for lunch. Hearing none, the meeting is at recess. It is now 11:57 and we will convene at 1:00.

CHRISTI GONZALES: It's now 1:01. The meeting will now come to order. The next item for business is the report of the governor's office, sorry. Office of Elderly Affairs. The chair recognizes Cheri Crain for the report.

SPEAKER: Not here.

CHRISTI GONZALES: Okay. The next item for business is the report of the Governor's Office of Disability Affairs. The chair recognizes Bambi Polotzola for the report.

BAMBI POLOTZOLA: Hi, everyone. And I was not being a complete fraud when I stood before you guys last meeting and said I would definitely not be in front of this council as the director of the Governor's Office of Disability Affairs. I was very sincere in that, but I am still the director. So the Landry Administration asked if I could stay on so I agreed to stay on for a short period of time and help with the transition. It's only been a couple weeks now, but just trying to learn the people and the new administration and make the contacts that I need to make so we can be better advocates for the disability community. My one nonnegotiable in accepting the job was that I could continue to be an authentic advocate for the disability community and they said that's what they wanted. I don't know if they really know what that means, but you guys have me.

So on the report you can see where we have on the second page is the contacts of all of the former staff of GODA who, hopefully, some of you got to know some of them and they've moved on to some really great things. Just wanted to make sure you guys knew how to get in

touch with them. And of course we had our GOLD awards which was an exceptional event as always at the end of the year. And then next week, Wednesday we'll have our EMDAC which is our Emergency Management Disability and Aging Coalition lunch and learn. Which are always great and well attended. It's on Zoom. It's at noon.

A couple of things that I just wanted to say. If there are issues that you guys are interested in, you know, pushing forward in this new administration we're really trying to take that in and trying to figure out what are those things that we can move forward in this administration. It's a different administration with different priorities, but I think there are some opportunities and we just need to figure out what those opportunities are and try to move things forward. There's a special session going on right now dealing with redistricting as well as election things like the party primaries.

JILL HANO: Elections?

BAMBI POLOTZOLA: Yeah. Party primary elections. And then there's going to be another special session on criminal justice. So I think there's opportunities if there are any issues around criminal justice that we can think, as we all know that there are more people with disabilities incarcerated. So there could be potential for opportunities there that maybe we can move something forward. One thing that I do want to say is first I want to welcome all the new council members. And usually when I was on the council I was very vocal. Please ask questions. Ask questions of the state agencies. They aren't offended. They've been asked every questions there could be. So that helps move the council along. I would also one thing that I'm really concerned about for this term, and I've said this previously, is around education. I think that we all should be ready for bills that we've seen pass in the previous administration that specifically exclude kids with disabilities from the vouchers. They're going to author those bills again and there is no governor now to veto. Governor Edwards has vetoed it. So I think that we really need to be proactive on education. There's been a long-time initiative, probably at least 16 years I could think back of really some things that I don't think align with what we think



are best for kids with disabilities. Although Meredith is great. Not against Meredith. These are just the policies of I think the broader people who are elected and that type of thing. So I think that that's where we need to really be prepared. We might not be able to be as proactive when we need to be prepared to be reactive in that arena and have the capacity within all of our organizations to be able to advocate for that.

Also I just want to, this responsibility of being on the DD Council is a big responsibility. Try not to start crying. But what you do as council members is really important. It impacts my child, my family, many of you, your families. It impacts so many people. So I know it's a big responsibility that you guys have taken, but really lean on each other. Collaborate. Build the relationships. Everything that you guys do it hinges on your relationships with each other, with the state agency people, with legislators. And sometimes those relationships are good and sometimes you have to be an authentic advocate and really tell people when things aren't right. And it might make people uncomfortable but if you're being honest it's the best way to move forward. So be empowered in your position as DD Council members because those of us who are no longer on the council or not on the council, we're depending on you guys and we're ready to support you. So thank you. That's all I have.

PHIL WILSON: Quickly say thanks to Bambi and GODA over the last eight years, right, of amazing stuff that's happened.

CHRISTI GONZALES: Are there any questions from council members on the report? Is there any public comment? Hearing none, the report requires no action and will be placed on file. The next item of business is the report of Disability Rights Louisiana. The chair recognizes Tory Rocca for the report.

TORY ROCCA: Thank you. I'll be brief. And if you need me to talk louder or slow down please tell me.

JILL HANO: Please do both.

TORY ROCCA: I will do both. Talk louder and slow down. Okay. Our Client Assistance Program which is our program that helps people with disabilities who are receiving or applying for services from Louisiana Rehabilitation Services is currently assisting

(inaudible). We are assisting them in getting (inaudible), in getting computers, in job creating, accessing college and getting adaptive equipment. Some of the things we help with that program. Our Community Living Ombudsman Program which we have advocates, people with developmental disabilities living in ICFDDs. Mostly supporting period. And I know somebody's asked in the past why do you have these reporting periods. It's because I get this information from reports from our department directors that have to go to our board directors. So I don't do all this stuff myself obviously. (Inaudible) of whatever period they want to report on for our most recent meeting. That's why these dates are the way they are.

During that period we received 60 requests for assistance and took action on all of the 60 requests. Some of those requests were for help in assistance with the legal process, dealing with staffing shortages at ICFDD. Things like (inaudible) and furniture. Our Work Incentives Planning Assistance Program, WIPA. Which I probably shouldn't even be discussing because (inaudible) Texas now because of the way the new rubric, the new administration came in and created a new rubric for who gets these programs. Lighthouse actually operates the program we used to operate. The way things worked out we bumped the Human Development Center from their program (inaudible) decided not to and so and so instead to Texas. So I probably shouldn't even be bothering you with this. But we handled about 238 referrals for assistance. We used to do the WIPA program in the region, the state that includes New Orleans. Now Lighthouse does that because the administration created, not the state, the federal administration created a new rubric to decide who gets these programs.

Our Supported Independent Living Advocacy Program similar to our (inaudible) program. It assist people who are (inaudible). And we are currently helping 27 people doing things like make any appropriate and necessary supports so they can remain on their waivers. We are going to expand that program as we tried to last year and ran into some problems. But we would like to expand this program throughout the whole state (inaudible) people in home and community-based

services. As hopefully people living in home and community-based services grow expanding throughout the state to handle that.

Our representative payee program provides oversight to payees for governing their service through social security beneficiaries and support to understand their roles and responsibilities. We currently have a target of helping about 50 people this year and we're about halfway through. Some of our recent successes. Start with a rep payee was charging fees that they were (inaudible) while they were allowed to pay them they needed approval to charge these fees, they needed approval to charge the fees and they were charging beneficiaries to manage their benefits that they weren't allowed to do in that circumstance. So we started to make that organization reimburse the fees.

Our legal work continues. We took part recently in an investigation of a young man was living in a group home. He had suffered severe burns and the hospital later discovered that he had ingested a number of objects including a small wrench and some screws. We worked with an outside law firm because our attorneys usually don't do personal injury suits for compensation. So the firm was able to reach a settlement that he and his family were happy with.

(Inaudible) litigation work right now. And one of the recent successes was preventing a student from being expelled but because it would be (inaudible) his behavior was due to his disability. And we are still working on litigation that was filed back in 2014 regarding people who were found not guilty by reason of insanity or competent to stand trial. Those folks are not supposed to be housed in jails or prisons. Generally supposed to be moved into the Louisiana health system. There's a delay for that system. Resources are tight right now. Our attorneys, one of our board members who is also the chair on the advisory council is taking part in a workgroup to try and reduce the wait list to get into the homes that's currently incarcerated in jails and prisons and shouldn't be there. (Inaudible). That's it.

CHRISTI GONZALES: Thank you, Tory. Are there any questions from council members on the report? I was just wondering for special education with the

disabilities and behaviors, were they not doing the manifestation determination meetings?

TORY ROCCA: That I don't know. That could be part of the reason why. I can ask about that if you would like. I can make a note to ask if you would like.

CHRISTI GONZALES: I was just wondering because that's part of to make sure is to see if the behavior is related. So if they're not doing the meeting.

TORY ROCCA: I don't know for a fact. I can follow up and check on that if you would like.

CHRISTI GONZALES: Yes. They need to be doing that. They wouldn't have to go that far. Any other questions or comments from the council? Lauren.

LAUREN WOMACK: I don't know if it was with Disability Rights, but I thought we wrote a letter about something the public schools and was it hiring people with felonies? Did we hear anything back about that?

JILL HANO: That was a great letter, Christi.

CHRISTI GONZALES: Ebony helped me.

JILL HANO: I read it in your voice I swear.

CHRISTI GONZALES: All right. Thank Ebony too because she helped me with a lot of the wording. Is there any other public comments? Okay. Hearing none, the report requires no action and will be placed on file. The next item of business is the report from Families Helping Families. The chairman recognizes James Sprinkle.

CHARLIE MICHEL: James is (inaudible), so will you recognize me?

CHRISTI GONZALES: Yes.

CHARLIE MICHEL: Before we get started. OAAS, when I got the report, when I was listening to the report I was a little dismayed to find out that I moved from adult to elderly. So anyway, in your package you have something like this. I don't think yours is in color. This will be very brief. The solid line that goes straight across is just to indicate what our target is. The blue line that's written shows the progress we've made in order to be able to document where we are with that. The reason I gave you this is because I wanted you to see how we as region three have progressed in our delivery of the targets to the DD Council. We have other responsibilities from the funding agency, but I'm

just reporting on the DD Council right now. So if you look at this one of the things that's on the screen right there, number of people trained. We have to have at least 200. Is it 200? 300. 300. We've gone and we've done much, much more. You see the little dip below the red line. That was the pandemic. People weren't going to the grocery store. They weren't doing anything. And we didn't really have the technology at the beginning of that year to be able to do the remote training that we're doing now. So that's just an example. You can look at the chart and see the rest of the stuff.

But what I wanted you to see is some of the takeaways that you can get from all of these activities. This is the biggest one right here. The outreach activities. DD Council requires us to do 25 a year. We do in excess of 140, 150. They don't all count for DD Council. But the reason I wanted to bring that up is because we go to other places other than-- DD Council requires pediatricians, hospitals, ABA clinics, PTO clinics and schools. So that's what they require. But we also go because that's not the only places where a kid with developmental disabilities are identified. We go to general physicians. We go to orthopedists. We go to all kinds of places. We go to Head Start. We go to Early Steps meetings. We do all kinds of things that are in excess. And when you see that blue line going up like that as drastically as it did. Here's what the results are. The takeaway that I want you to see. Because of that we've had more contacts. If you look at the first one on this sheet we've had more contact. 2850 is what we're required. We went up to about almost 3500 in a year. So look at that. There's a ripple effect. So there's a method to our madness. It increased the number of trainings that we could do. It also increased the number of people who are trained. So all these things are tied together. And the reason I bring that up to you is because our goal is to be out there more. We want people to know about us.

And another activity that we did was the money that y'all gave us, that the legislature provided for us at y'all recommendation, we were able to do a lot of things that helped us. We redid our website to make it

more user friendly. And now whatever the website technician did when you Google disabilities in region three we are going to come up real quickly. For disabilities in Louisiana FHF centers come up really a lot more quickly. So we're getting more exposure.

Something else we did, we created new brochures. And I gave each one of you these just so you could see. It's just for region three. But we had a graphic designer come up with this so we would be able to get this out. And we give this out at every outreach activity that we do. Whether it's a doctor's office, in a community activity, any of those things. But this is a little cumbersome. But this, the little one you can fit in your pocket. It was originally designed to be like a cell phone. It came out a little small. We have a cell phone and we have Google and it says stop the search because you can Google us and get this. And it gives our toll-free phone number so no matter where you are in the region it's going to be a free call. So we give these out as well.

One more thing that we did is we made as part of our DD Council contract we made a poster that whenever we go to doctors' offices and all we give this to-- I'm going to be honest, they're not really putting them up yet, but we keep on trying. We are not going to stop. We're not going to do this. So we do this because when people go in the doctor's office they don't know if something's wrong with their child. And even if they do they don't know what to do about it. This at least gives them a phone number. And when they call us then we're able to help them by referring them to services in the state Department of Education, in LRS and all these other places, Disability Rights Louisiana, Medicaid. A lot of them go to OCDD. A lot of them. But we're able to help them to be able to meet those needs. And that's true of all of our centers. All ten of our centers is what we do.

Now just to give you a frame of reference and then I'm done. At least eight of the directors of the ten centers have children with disabilities. At least one is a family member of a child with a disability. I'm not sure about the tenth one, but that's one of the requirements that we have because all of our employees typically have children with disabilities and it gives

us a unique prospective to be able to help and give peer support to people of children with disabilities. We don't know all the answers but we pretty much know the people who do. So we're a referral agency and because of y'all support we're all able to do what we're supposed to do and it makes it a lot easier. And hopefully our work, because you make our work easier, our work will make parents work easier. All of us have been through the system. I was in it before this was ever conceived of. My children are, they're still adults (inaudible). So keep that in mind when we're asking for this money if it's not recurring this year. We're not asking because we're pathetic. We're asking because it is so beneficial. We need to be able to maintain this. We need to improve staffing. We're doing this-- our office now has a staff of four. We used to have five but she was recruited by Head Start. So I'm looking for an education leader so if anyone's familiar and wants to know. But we need to be able to keep this going and the only way to keep this going is to be able to have some recurring funds that we can utilize for recurring expenses. But we've done a lot with the one-time money that's helped maintain our facility. Which you may say does not have direct impacts on kids, but I would argue with you that it provides a place for families to get information, to talk to us to have trainings done. So there's a whole lot of stuff. And we'll keep on doing it. This one-time money will keep doing it. But all of us would benefit, and when I say all of us, the FHF centers, the community and families with children with disabilities, we all benefit from helping us to do what we can getting more efficient. So thank y'all. And if you have any questions I'm more than happy to answer them.

CHRISTI GONZALES: Are there any questions from council members on the report?

CHARLIE MICHEL: And I'm Charlie Michel, executive director of Bayou Land Families Helping Families.

CHRISTI GONZALES: Are there any public comment?

CHRISTY CURTIS: Yes. Christy Curtis. I work for Families Helping Families center in region four. And just want to add to what Charlie said about the posters. I do the community outreach for Early Steps and I include all of the FHF stuff. But those posters

I'm noticing I bring them not just to doctors' offices but hospitals, childcare centers, Head Starts. Even FLCC in Lafayette has a poster from Families Helping Families of Acadiana up. So I'm noticing more and more those posters are going up.

CHARLIE MICHEL: And we are going to start going to grocery stores with these things because everybody whether they have a disability or not needs it.

SPEAKER: I just want to suggest maybe if you guys put a QR code that moms can just scan while they're at the doctor's office and it will open up to your website. It's just easier that way. Especially on these little cards.

BAMBI POLOTZOLA: And I have a question, Charlie. We talked about one time I was having a conversation with directors about maybe doing like a table in the rotunda at the capitol just about Families Helping Families during the session. Has there been any more discussion about that?

CHARLIE MICHEL: Honestly, I don't even recall the original discussion.

BAMBI POLOTZOLA: I think that would help. Because I think the legislature sees LaCAN, but they don't necessarily understand probably that Families Helping Families has LaCAN as part of their staff. But there's a whole work that they do. So I think that would be a great way and a lot of organizations do that.

CHRISTI GONZALES: Any other public comments? This report requires no action and will be placed on file. The next item for business is the report from the Office of Citizens with Developmental Disabilities. The chair recognizes Julie Foster Hagan for the report.

JULIE FOSTER HAGAN: It's way too long for me to even go through it so I will highlight some things, but happy to take questions about anything in the report or anything I say at the end. Mindy talked earlier, you know, in the last quarter we spent a lot of time working on all of the exceptions and flexibilities with the public health emergency ending, trying to make sure people had all the information they needed. We still are getting some questions. But all of the power points, all of the informational sessions and trainings that we did can be found on our OCDD website. We have had some people ask about being able to translate our



videos. There's a link that you can click on that the closed captioning will be, I think there's 25 or 30 choices of different languages, that the closed captioning can be seen in. If you do still have any questions or know folks, again, happy to take them now or we do have active, we have an OCDDinfo@la.gov address. When we get those in we try to get an answer within at least a couple of days and then we collect those so that we can do sort of frequently asked questions and answers to be able to get that document out. It's also found on our website. Because a lot of people have similar questions. So you guys can find all of that there.

But the next thing I'll chat about is just incontinent supplies. There was advocacy done last year to be able to add incontinent supplies for adults in our home and community-based waivers. We were able to get that added in the residential options waiver and the new opportunities waiver. Last quarter we talked about that a little bit. We still had some hiccups. We're still working through some of those. But hopefully information's out there. For the supports waiver we do have CMS approval to be able to start offering that for folks in the supports waiver. But we have it's called an administrative rule and we have to get through that process. We were hoping that administrative rule would go out in January but it's been delayed. So it won't go out until February. So once we can get that rule out and finalized then we'll be able to add incontinent supplies for adults who are in our support waiver as well.

We have, I've talked in here before about some legislative reports. There's four or five different reports that are in the process of working some collaborative with Medicaid and other groups. I've got some phone calls. None of those reports have been finalized and approved yet. They will be within the next couple of months. I'm happy to share those with the council as we get the approval on those. Some of those reports were things around studying the assessment we use for rates in our intermediate care facilities. One of the reports was around using remote support for children who are dependent on traches. One of them was around payments for our support

coordination agencies. Those are kind of the three biggies that we worked on together in the office. So I'll make sure to share all those legislative reports once they're finalized.

Just another update. I've also talked a lot in here about the START team. The START team is part of a nationally recognized team who works with states on helping to identify gaps in the system related to children and adults who have intellectual and developmental disabilities and co-occurring behavioral health concerns. They did, I'm starting to see this word more, an environmental scan. They did a lot of work with hearing from families. They worked with hospitals. They worked with, somebody mentioned first responder training earlier. They talked with sheriffs' organizations. They had just a large group that they held individual focus groups with. They asked us for lots and lots of Medicaid data. They're in the process of reviewing all of that information and we expect to have a report by the end of February. This is what we found with our scan and these are some recommendations that we have for the state moving forward related to those groups.

And then we do have currently right now two focus groups that we're working on. For those of you who don't know, we try to use focus groups to have folks sit down at a table with us and have conversations about different things that we're working on and have opportunities to hear everybody's perspective. One of them we're looking at is around value-based payments. So CMS does allow states to provide, to set certain metrics. And when you have providers that are able to meet those metrics they can then qualify for an extra payment or value-based payment. We had the first focus group this week. I know there was some questions that we're working through around self-direction. You know, why can't folks in self-direction also be eligible. And it's not that they can't, we just have to work out some of the logistics. Because the way that we've seen it set up in other states it's been open to providers. Haven't seen yet where it's been open to self-direction. We're exploring that and researching it based on kind of some of the feedback that we got during that session and we'll continue to navigate

that. We are planning to use some of those American Rescue Plan Act dollars at least to do our initial payouts. And we do have some outcome measures because we don't want to just pay it out. We want to payout some different areas and then see if it made a difference. So we're trying to identify what are the metrics we need to identify with the payout of the American Rescue Plan Act so we can then go ask the legislature hey, do we need this money. And we've shown that it works through the Rescue Plan Act dollars. So that's what our plan is around those value-based payment models.

And then we will be, I think next week is our first meeting where we're kind of reestablishing what we call a self-direction advisory council. We sent out something asking for registration. We had a lot of folks apply. What we found though with our focus groups is if we can narrow it down to about 20, 25 people it's a lot easier to have a conversation. So we'll have two local governing entity representatives, four support coordination representatives. We'll have Acumen and Morning Sun representatives. And we'll have 20 advocate designees. So two from each region. We did the registration so we're looking at trying to make sure rural and urban folks, folks with complex needs, medical needs, behavior needs. Folks without because a lot of times we talk about that but then we forget. Well, we do have tons of people that are supported who don't really have those complex needs. And then we also kind of looked at the number of hours. We're trying to make sure we have a diverse group in terms of that. And then again, our first meeting will be next week. The advisory group will be open so people can listen in. But the advisory panel itself will be the only ones who will have kind of that dialogue. And then we're going to start having quarterly meetings. So that advisory council will help inform us (inaudible) quarterly meetings on where everyone in Self-Direction or anybody who's interested in joining can join. But it will be directed to topics for people in Self-Direction.

One of the things we found most prominent during the PHE is that there seemed to be a sort of a lack of people who are using the Self-Direction option being

able to get information. We can send out memos or emails through Acumen or Morning Sun but really need to make sure that we talk about that. We have quarterly provider meetings that are focused on our providers. So we'll do similar but with the topics geared specifically to folks in Self-Direction so they can hear from the state office kind of what are the major things we're working on. If there's any training that needs to happen or anything we need to be able to take back. So that will get started, like I said, I think our first advisory council meeting is next week. And then we'll be meeting on the third Wednesday, second Wednesday of the month from 2 to 3. We're setting regularly scheduled meetings every month. That's all I have, but happy to take questions.

LAUREN WOMACK: I have a question. So the value-based payments. In theory they're going to go down to the direct service workers or is it going to be just to the providers and they decide how that's going to?

JULIE FOSTER HAGAN: Yeah, so the value-based payment model the way that is it's not really like a rate change or anything. So it would be, it would go to the provider. Now different providers can choose to do different things with it. But we wouldn't be-- there's none that we talked about. Now can we set up if provider-- we can set our own metrics. So could we set up if you, provider, give a bonus or give this or do this then that's something that you could qualify for a value-based payment. That's something we could consider because we haven't set those metrics yet. So we could tie the provider getting more money to them showing us that they've done something for the worker. Does that make sense?

LAUREN WOMACK: Where would we find-- just on the website, the upcoming meetings? The ones that are open, where can we find that?

JULIE FOSTER HAGAN: Do we have that on the website?

SPEAKER: We don't.

SPEAKER: We can put them on the website.

LAUREN WOMACK: So what is it? Just like Department of Health.

JULIE FOSTER HAGAN: Office for Citizens with

Developmental Disabilities.

JILL HANO: Are you done, Lauren?

LAUREN WOMACK: Yeah.

JILL HANO: Julie, thank God you love me.

JULIE FOSTER HAGAN: I do love you, Jill.

JILL HANO: Okay. On page six does that mean across rate waivers with increases of like community. That does say engagement. And then like so like what are those services and like why do you have the ratios and then these bullet points on the next thing. Like what is all that? Can you give more detail? What are those for?

JULIE FOSTER HAGAN: Sure. Those services, so in our waiver we have different I guess provider types. Like your personal care attendant provider type that's who really does services that you get at home. And then we have-- I hate this word, but they're called adult daycare, ADC providers. Didn't come from me. So ADC providers are who do our employment services and what we call day program services. So you go, you leave home and you're doing those services somewhere outside of your home. So these services that you see in those bullets are services that those day habilitation for employment providers can now do. And they can bill for. These new services all have to be done in the community though. People kind of used to think about somebody has a day program so I go to the day program, they usually ran from like 9 to 2 or 3 and I mostly just stayed at my day program where there were other people with disabilities. Sometimes folks from the community might have come in. I might have a field trip they called them. I don't like that word either. So they would do that sometimes which just meant they would go in the community. So now what these services do is--.

JILL HANO: Did you have field trips?

JULIE FOSTER HAGAN: I miss going to the zoo. Anyway, these services can now happen, those day program providers can do it. It has to be in a community. Employment or meaningful activities. So, for example, we have a provider agency, an ADC provider agency in Monroe who doesn't even have a building. They don't have a day program building at all. So they leave people, leave home and they go do stuff. But they

do it in the community and they do it with other people. And so they've kind of gotten, they go to the library sometimes. They have found places that kind of let smaller groups go because you don't go in great big, huge groups. You do it in smaller groups. So the rate had to be higher for that because it used to be that you could have one staff member with eight people. Well, we want smaller groups like only two to four but I need to make that rate higher because I have to have more staff. And then I'm not billing for eight people. I'm only billing for two to three. So I needed to have a rate. So the rate increase came because we had acute services around for a little bit but it didn't have the right rate. So I couldn't expect people to actually do it because I wasn't paying them right to do it. So now they do that in the community.

The Monroe folks, like they just went, I went up there not that long ago. They were planning, they had the LSU agriculture school coming in. They were giving them like not a lesson but talking to them about plants. I think they were planting-- I can't remember what they were doing. They were going to take that and move it. You said you didn't like the zoo, move it to the zoo. They were going to grow there. They were going to go there, take care of it and then work with the animals at the zoo to be able to use the crops that they had grown. So that wasn't necessarily a job. That's kind of an example of like a community activity.

But another, the community career planning is more-- so, you know, pick a place that you might want to have a job. Talking about employment earlier. The community career planning kind of lets you start to go there. I think somebody mentioned they like to work with animals. So I can go to the local shelter and have one person or two people that are interested. And so I have a staff who takes me there and I'm kind of learning about what they do in the shelter, learning about the animal. So you're learning to get to eventually what you want, which is a job working with animals. And so that's community career planning. And the next bullet just tells you to do these activities it can't just be sort of an open-ended thing. You have your plan of care. You're talking about your objectives. They have to have clear cut objectives to

what are you working towards. How are you working towards being more independent. How are you working towards a job. And so those are the things that get tied into your plan of care. Is that clear?

JILL HANO: Yeah. It will be when I watch this tomorrow.

JULIE FOSTER HAGAN: Okay.

CHRISTI GONZALES: Any other questions from council members?

SPEAKER: Julie, can you expand further on the value-based payment model. So I guess the first question is is this a Medicare or Medicaid program?

JULIE FOSTER HAGAN: It's available through CMS or they actually have-- there's value-based payments for lots of different things in Medicaid I know. And I can't speak to those. It's fairly recent that they used it with like hospitals and stuff for a long time. They just started talking about using value-based payments for home and community-based services. So that's something relatively new. But the funding for it, yes, comes-- it will be a match of state funds and federal funds that pay for it. But we did get extra money called American Rescue Plan Act dollars that we drew down where the activities we would do would have to show what are you doing to enhance or build home and community-based services. So some things have been one-time things. Sometimes they've been things that we can kind of do in studies so we can ask for money longer term. Where this is coming from right now is through the American Rescue Plan Act dollars. In the future we would then need to ask for state dollars that we get federal match for to be able to do it.

SPEAKER: Okay. So this is what I'm familiar with, right, accountable care organizations. I'm a healthcare CEO so I have a lot of experience here. So what you're saying is that providers would have to opt into the program. How do the providers know that they have this option to opt in?

JULIE FOSTER HAGAN: Yeah. So where we are right now is we're in the process of setting the metrics. Once we have the metrics identified we then-- we normally rule by memo. There will be memos. There will be informational sessions that will be distributed to all of the providers who it would be applicable to

who would then be able to have the information about that this is something that would be available.

SPEAKER: So like in a normal accountable care organization we have measures for like pap smear, mammogram, you know, these are the metrics. And then we go by claims-based data to say okay, you know, Sally didn't get it so we sent a patient navigator to say okay, however you're going to do that. So I guess operationally maybe you could use the American Plan Rescue dollars to create some type of patient navigator system where, you know, we are notifying the patient or the patient's caregiver to say hey, didn't get his six month. Like once you figure out what the metrics are, like figuring how to notify the caregiver and then keep track of those metrics. Again, that's just how we've done it historically was, you know, use patient navigators to kind of get it done but you need dollars in order to get it done. And then working with these agencies to gather claims-based data so that you even understand where to launch the navigator. You see what I'm saying?

JULIE FOSTER HAGAN: Yeah. And we do use claims-based data to some degree. Probably not as much as we used to. All of that is in the Medicaid system and so we have a business analytics team of two people who regularly kind of pull that and help us sort of identify where those gaps are. Now we're not drilling down as extensively as what you just talked about. But we're looking more service utilization and things like that for our waiver services.

SPEAKER: So metrics might be like?

JULIE FOSTER HAGAN: Well, we had our first focus group and that's really what they're kind of honing in on. Honestly, we were ready to roll out before Covid a whole system that we then figured out was way too complicated for people to actually do. What other states have done is started small and then built up from there. So I'm not sure. Some things we've looked at there are training opportunities above and beyond what the regular training is that folks are required to do. Before it was all based on claims data that we were going to look at. What services are people using. So in each of our waiver services we have lots of different services available other than just in-home



services and nobody uses it. 95 percent of our claims are just in-home services. So we were really wanting to expand and help people start understanding and using more services. So we're going to use our claims-based data to look at are folks now starting to use those other services. That was complicated for people to understand. Complicated it. It concerned families because they said oh, you're setting the precedent to say that means you want people to have less hours at home. I'm like no, that's not what I'm saying. I'm saying that there's all these other services available that are really geared towards employment and being more independent. We're trying to help people understand that they can use those. So we have some work to do there. Ultimately that's what I would really like for us to be able to do in our system is to be able to see what are we actually doing to help people be more independent, to help people be more connected, to help people be connected to employment. We don't have great ways to measure that. So we have another Rescue Plan Act that is looking at what we call a system modernization that ultimately would help us use some of the Medicaid warehouse data but some data from our plan of care that would help us look more at outcomes than we're able to do right now. And that's kind of a separate problem. So if we can get that then we can do what you're saying which is really tie it better to more relevant outcomes than just things like training. But we will likely start small for things that aren't going to unfortunately make a huge difference.

SPEAKER: These are children and adults that will be in the value-based.

JULIE FOSTER HAGAN: Yes.

SPEAKER: So as a provider speaking to what you're talking about. For that extra money I have found more frequently that we are being asked to look at clients that are in need of not just cooking and groceries and doctors' visits and I found myself needing to hire CNAs for some of the care we need to provide. Which is what you're speaking to, the additional training. And as we know the CNAs don't make 9, 10-dollars an hour. And if they're going to be trained to monitor a trach tube or medicine we do require med training but we can't really

give medicine but we prompt them on how. But we have been asked at my place, I currently have three different clients that are either trach or take meds or have a tube. These are not traditionally the jobs that I would hire somebody at 9-dollars to do. And if you do do that it's dangerous. So but I didn't even know there was any additional payments that we could even look at. I always just came out of my pock and paid them 12, 13, 14-dollars an hour. I would rather do the care than not.

I bought the company that my dad started years ago. We're a care company. Our opportunities are to care for people and whatever that looks like. I just had one in my company two weeks ago the man went to a facility because we were not able to hire and train quickly enough for this young lady's needs. And I found that's really sad. But she encompassed a whole lot of other things that were going on than just her care. It was touched on a while ago accusations of abuse. She lost her care because she was fraudulently making accusations of abuse and it was found out it wasn't so she was dropped by her company that had her for like ten years. Then I was placed in a position (inaudible). What I find that we do is provide, my company, we are-- I don't know if you're home health or whatever, I find that home health traditionally is not doing what they had done in the past. And that a lot of that is we're looking at-- my company does this as providers, provide some of the care that was traditionally done by home health. And it's somewhere between us and a hospice company is what I find we're not able to care for them and thank goodness we're able to call hospice. That extra money I think is what you're saying to start small would allow people like me to train people to go into some of these situations where they need to be.

JULIE FOSTER HAGAN: That's something that we're looking at to put in place.

JILL HANO: If a provider agency hires the CNA they're making 9-dollars, a CNA is making 9-dollars an hour?

JULIE FOSTER HAGAN: So we pay a rate that equates to 18-dollars and 50 cents an hour for every hour worked. The only requirement-- so we just say that

they have to make 9-dollars an hour, that's the minimum. We don't have any other requirements. Now it's not used very often and it's something that's on my list of things that I need to address but we do have the ability to bill for something called complex care. Which you can feel free to reach out if you don't know what that is. If folks qualify for that-- I'm going to go blank. I think 38-dollars and 88 cents a day. But there's an extra amount that can be paid for the complex care. There is additional requirements. The person has to have a need for the complex care and there does have to be additional level of training. A CNA would meet the requirements of that additional training. So the complex care can be billed. The provider can, there's an approval process but they can request that and be approved. That's for both medical and complex behavioral. I've heard from folks that it's very difficult to navigate. So the part we have to work on is figuring out why aren't folks using it. What is not working. The council had advocated for money for that. The way we envisioned it happening we submit to CMS. They didn't approve it to happen that way. So we had to go in and do a lot of, I think it took us two and half years to get it approved. And we had to sort of change it. So there are some complications. But I'm sure it's something we can do to make it more efficient because almost no one's using it and we envisioned at least 25 percent of our folks would be able to. So that's something on our radar.

CHRISTI GONZALES: Any other questions from council members? Is there any public comment? Hearing none, the report requires no action and will be placed on file. If there is no objection to the meeting we did have a recess scheduled if y'all would like to go ahead and finish. Hearing no objections, we'll continue. At this time we will have public comments. The public comments can be on any area of concern or question. Each person will be recognized by the chair and have three minutes to speak.

CHARLIE MICHEL: I just have one question. Are we fairly confident that we'll be able to do virtual meetings or hybrid meetings at the April meeting or do you think that's a guesstimate?

EBONY HAVEN: I'm fairly confident.

CHRISTI GONZALES: Any other comments? Thank you for your comments, questions and concerns. At this time we will have announcements. The chair recognizes Ebony Haven.

EBONY HAVEN: So I know Lauren brought up the ABLE account earlier. The DD Council has two spots on ABLE. Two previous chairs ago that chair sat on ABLE and we had another parent advocate who sat on ABLE. Those people have both rolled off the council. So if anybody is willing to sit on ABLE or if you're interested we have two seats that are available. I'm not sure if they meet virtually. I know their meetings are held in Baton Rouge. Kelly with the Arc of Louisiana was going to give you more information about their meetings, where they're held and then how often. But if you guys are interested, if anybody's interested just let me know and I'll give her those. I need two.

MELISSA BAYHAM: Ebony, I sit on that council as well. Whatever it's called. They don't meet regularly. So it's kind of sporadic when they need to meet. But they're at the Galvez building downtown. So far they haven't met virtually, but I think they're in the same situation as you waiting for the Department of Health to promulgate a rule.

LAUREN WOMACK: I'm interested, yeah.

EBONY HAVEN: I'll put your name down and if anybody else is interested just let me know.

LAUREN WOMACK: Do they have to be on this council?

EBONY HAVEN: Yes.

TANGELA WOMACK: You said you wanted a parent or does it have to be specific person. I can volunteer.

LAUREN WOMACK: Tangela, you would probably be a good resource.

EBONY HAVEN: And then the other announcement is our April meeting. April 17th and 18th.

CHRISTI GONZALES: Thank you, Ebony. Is there any further announcements? Hearing none. If there is no objection we will adjourn the meeting. The meeting is now adjourned.