

Louisiana Developmental Disabilities Council  
Act 378 Committee  
April 17<sup>th</sup>, 2024

BAMBI POLOTZOLA: The meeting will come to order.  
Brenton, would you mind calling the roll.

BRENTON ANDRUS: Sure. Ms. Banks.

NICOLE BANKS: I'm here.

BRENTON ANDRUS: Ms. Hagan.

JULIE FOSTER HAGAN: Here.

BRENTON ANDRUS: Mr. Piontek. Ms. Polotzola.

BAMBI POLOTZOLA: Here.

BRENTON ANDRUS: Ms. Stewart.

BROOKE STEWART: Here.

BRENTON ANDRUS: Mr. Taylor.

ERICK TAYLOR: Here.

BRENTON ANDRUS: And Ms. Womack.

LAUREN WOMACK: Here.

BRENTON ANDRUS: You have six and that is a quorum.

BAMBI POLOTZOLA: Okay. Thank you, Brenton. Brenton has given me a script, y'all, so it's going to be a little different. I have to follow it.

BRENTON ANDRUS: It's to announce the new--

BAMBI POLOTZOLA: It's okay, Brenton.

BRENTON ANDRUS: Not telling you what to say.

JILL HANO: I think you've been doing this for quite some time.

BAMBI POLOTZOLA: I know. I hadn't needed a script until now. Before we get started I just wanted to remind you all of a few rules. For committee members and members of the public attending in person please raise your hand to speak and wait to be recognized by the chair before speaking. To help the meeting run smoothly please keep side conversations to a minimum and comments related to the topics we are discussing. For those committee members who are attending virtually remember you must be on camera and have your first and last name showing to be counted towards our quorum. Please keep microphones muted unless called upon by the chair. Electronically raise your hand to request to speak and wait to be called on by the chair. For attendees electronically raise your hand to request to speak. Once recognized by the chair your microphone will be turned on. After speaking the microphone will be

returned to mute.

Also, the Q and A and chat is to only be used for those needing an ADA accommodation to participate in the meeting. Public comments will not be accepted via the Q and A and chat except for those individuals who requested the accommodation. As for order, committee members in person and virtually will be asked to speak first. Public members in person will then be called on followed by public participating virtually who have their hands raised. Comments in Q and A and chat will be addressed last. As with all hybrid meetings it can be difficult to keep track of those wanting to speak in person and virtually. Please be patient. All comments and questions from committee members and the public may be limited to three minutes or less should we run into time constraints so please keep that in mind. Also, comments about a person's character will not be allowed. Finally, members of the public will have the opportunity to provide public comment before each vote during designated public comment periods. The chair may also use their discretion to determine if comments will be accepted outside of those times.

Okay. So now we'll go into our agenda. Everyone should have reviewed the October meeting summary which was attached to the agenda you received via email. There's also a copy in your committee packets. I need a motion to adopt the October meeting summary.

BROOKE STEWART: I make a motion to adopt the October meeting minutes.

NICOLE BANKS: I second that.

BAMBI POLOTZOLA: Okay. We have a motion and a second. Is there any discussion? Okay. Is there any public comment? Based on the updated public meeting laws we will now need to do a roll call vote. But before I guess I should have said if the person who says you do a motion if you could say your name. And the person who seconds say your name as well.

BROOKE STEWART: I, Brooke Stewart, would like to make a motion to accept the October meeting minutes.

NICOLE BANKS: I, Nicole Banks, second it.

BAMBI POLOTZOLA: Now Brenton, will you do a roll call.

BRENTON ANDRUS: Ms. Banks.

NICOLE BANKS: I'm here.

BRENTON ANDRUS: Sorry. It is a motion to approve the summary. So a yes or a yea is to approve it. The nay is

to not approve it or if you abstain. So Ms. Banks.

NICOLE BANKS: Yes.

BRENTON ANDRUS: Ms. Hagan.

JULIE FOSTER HAGAN: Yes.

BRENTON ANDRUS: Ms. Stewart.

BROOKE STEWART: Yes.

BRENTON ANDRUS: Mr. Taylor.

ERICK TAYLOR: Yes.

BRENTON ANDRUS: Mr. Piontek. Ms. Womack.

LAUREN WOMACK: Yes.

BRENTON ANDRUS: You have five yeas so motion passes.

JILL HANO: Bambi, can I make a public comment?

BAMBI POLOTZOLA: You may comment.

JILL HANO: So this is after every single vote?

BRENTON ANDRUS: Correct.

JILL HANO: The meetings are already eight hours.

BRENTON ANDRUS: I didn't make the law. We just have to be very efficient with our time.

JILL HANO: Okay.

BAMBI POLOTZOLA: We didn't make the law. We just advocated for the law.

BRENTON ANDRUS: Actually, that's in the LDH's rules. Well, it is a law.

BAMBI POLOTZOLA: It will take little more time. Let's move forward. Thank you, Brenton. The motion to accept the October meeting summary has passed unanimously. Do I have to say by a vote of or can I say unanimously?

BRENTON ANDRUS: You can say unanimously. But it was a vote of five to zero.

BAMBI POLOTZOLA: So now we will have our report from the Office of Behavioral Health, Dr. Savicki.

KRISTEN SAVICKI: Good morning. Can everyone hear me okay?

BRENTON ANDRUS: Yes, ma'am.

KRISTEN SAVICKI: Excellent. I believe Brenton is going to get the report on screen. Hopefully you all have that in front of you because it's very small on the screen. So just to kind of brief review. This is the reporting from the local governing entities otherwise known as the human services districts and authorities about the use of these funds for individuals who qualify based on behavioral health needs.

So just to start with the consumer care resources fund. Each of the districts and authorities has reported out on

their level of expenditure. Now that we're in quarter three this will include all expenditures typically through not quite the last month in the quarter because this report is due to us and the DD Council before the quarter three is really finished. So this will show almost all of their expenditures up through quarter three but it won't get the full quarter three yet. What we're looking for is we want by quarter three we want around 75 percent of the funding to be spent. Although we understand that we won't be all the way up to that 75 percent because it will be usually missing about a month of invoices at the time of reporting. When the districts and authorities are underspent we ask them for their plan for how they're going to make those expenditures fully by the end of the year. And so you'll see in the notes section below a number of the districts and authorities have kind of responded with their plan to ensure that all the expenditures are made. There were a couple of responses we got after we needed to submit this to the council so I have a couple other pieces of information. Acadiana has responded to say that they're going to be able to expend all the funding. And they typically do. They typically expend some federal funding first and then they do use the state funding primarily towards the end of the fiscal year. And then Northeast has responded about a strategy that they're using to make sure that all the funding is used by the end of the fiscal year. They've hired a new care manager to help manage all of the funding requests and help the process be more efficient.

So that's the kind of overall overview of the CCR funds for youth behavioral health clients. Are there any questions on that?

BAMBI POLOTZOLA: Nicole.

NICOLE BANKS: So for I think you said CAHSD. The 6 percent, are they going to be able to do that because that is a big, big-- that looks like that's something in the first quarter. Is there something that's going on in that region to where it shows 6 percent?

KRISTEN SAVICKI: So if you see in the note section-- so that's Capital Area. I think you're referring to Capital Area Human Services District which is in the Baton Rouge area. So if you see in the notes section they have discussed their plans to spend. They are making some big purchases it looks like in quarter four. And they are saying that they expect to be able to spend the balance by

the end of the fiscal year. So that was their report.

NICOLE BANKS: Okay. I see all that. What I'm asking is did they hold the money until the first quarter to do those projects or it is being spent as we're speaking? Because it's not adding up.

KRISTEN SAVICKI: So this is the information that they've reported to us. If the council is interested in further detail those questions would have to be directed to Capital Area. This is the information they report to OBH and that we are able to report to the council.

BRENTON ANDRUS: It does look like in the notes they mention RFPs were submitted so I'm assuming that may have contributed to the delay if you're waiting on people to submit proposals for whatever these large expenses are about to be. That could cause a delay. I'm not certain.

KRISTEN SAVICKI: That sounds like a good guess, Brenton. That makes sense, what you're saying.

BAMBI POLOTZOLA: And I would also say doesn't every one of our human service districts have those advisory councils. Like a behavioral health one and a developmental disability one, is that correct?

KRISTEN SAVICKI: I'm sorry. I don't have that information. I believe that's true.

BAMBI POLOTZOLA: Like a regional advisory council for behavior health and for the DD side.

BRENTON ANDRUS: Yeah.

BAMBI POLOTZOLA: So I think that's important for people to know, our members and other people to know in your region you could get on those advisory councils and then you could dig deeper into what is going on and have maybe some influence on how the money is being spent. Those regional advisory councils at each of our human service districts in the region.

BRENTON ANDRUS: I did have a follow-up question. It was actually from our October meeting which seems so long ago since we didn't meet in January. There were concerns about Florida Parish's low CCR expenditures for fiscal year 23. And you said you would follow up on that and I don't know if there was any report out on that or update on that.

KRISTEN SAVICKI: So what Florida Parish is reporting in their notes section about kind of their strategy to expend more of the funding is in fact one of the strategies they reported to us in their corrective action plan. I think they're the only district that is on a corrective

action plan right now based on fiscal year 23. And so they submitted a corrective action plan and part of it was working on community partnerships with different agencies and different organizations to help them better connect the Act 378 funding to youth and families who need it. So one of their strategies was to partner with the regional wraparound agency which is Choices. So that's the strategy they're describing in that note section as well.

BRENTON ANDRUS: Okay. Great. And there was another one about South Central's use of 7,000-dollars for marble composition books.

KRISTEN SAVICKI: Brenton, I believe there was a request to them. I'm sorry. I don't recall how that question was resolved. If that was a question from the council to South Central or if OBH was-- I don't recall. I'm going to need a reminder.

BRENTON ANDRUS: It was just in their notes that they had spent that much and so we had asked OBH to follow up on Florida Parishes and South Central for an explanation.

KRISTEN SAVICKI: And apologies. I don't recall the resolution of that. I think we were going to report out at the last meeting that then was canceled. So I can get back to you, Brenton. We'll get back to you on that.

BRENTON ANDRUS: Okay. Thank you.

BAMBI POLOTZOLA: Any other questions? Okay. You can go on, Dr. Savicki.

KRISTEN SAVICKI: Sorry. I was just making that note to myself. All right. So on flexible family funding again, what we look for here is for the human services districts and authorities keeping their spots filled. Obviously kids do move in and out of these slots based on changes in their behavioral health needs and also based on turning 18. So we look for districts and authorities to when there's attrition of kids and families out of the program that they're efficiently moving kids back into the program. And we expect the districts and authorities keep 90 percent of their slots filled at the end of each quarter. So they are all meeting that metric at this time. Any questions on that, on the flexible family fund?

ERICK TAYLOR: I have a question. Do this money, they supposed to use this money?

KRISTEN SAVICKI: I apologize. I couldn't hear the question very well.

ERICK TAYLOR: Do they have a certain time they supposed

to use this money?

KRISTEN SAVICKI: This is about-- so the question is is there a certain time that the districts and authorities are supposed to use the flexible family funding?

ERICK TAYLOR: Yes.

KRISTEN SAVICKI: Yeah. So this is all funding for this current fiscal year. So that ends at the end of June. And this is the money that they have allocated for this program. They make regular monthly payments to the families that they are contracted with for this flexible family fund.

ERICK TAYLOR: And if they don't use the money do the money rollover or is the money a loss or what happens?

KRISTEN SAVICKI: So in part that's a question for the districts and authorities because this is in their budget. This is their budgeting process. So I know that the council has upon occasion when there's been a district or authority that has a lot of underspent funding they'll be a question to that district and authority about what's their plan for that unspent funding. If that's something the district and authority can rollover or are they allocating it a different way. That may be a question for a specific district or authority because again, this funding is in each specific district or authorities budget. So sorry, the shorter answer is I don't know and it would have to be a question specifically for the district or authority that you're interested in learning more about.

BRENTON ANDRUS: I do know generally state funds don't rollover to the next year. You have that timeframe to use it. There are some conditions on that, but generally your state general funds don't rollover.

ERICK TAYLOR: You're saying generally don't rollover.

BRENTON ANDRUS: Yeah. You just wouldn't have spent that. You didn't lose anything. It just didn't come out of the bank. It just wasn't spent.

JILL HANO: How much is the family flexible fund per month?

KRISTEN SAVICKI: I do not have that data on hand right now.

BRENTON ANDRUS: 158-dollars on both sides.

BAMBI POLOTZOLA: Lauren.

LAUREN WOMACK: I remember our last meeting there was some question about exorbitant amount of composition books. I think staff was going to check into that.

BAMBI POLOTZOLA: They just talked about that.

LAUREN WOMACK: I'm so sorry.

BAMBI POLOTZOLA: And Dr. Savicki she kind of forgot about it too, but she's going to check and get back with us. But thank you. That's a good memory. Any other questions?

KRISTEN SAVICKI: And actually, my counterpart at OBH is rescuing me here and is sending me that information as we speak. So let me just read to you the response from South Central back in October. The purchase of the marble notebooks were for a donation of school supplies to the local school systems. This is part of a community wide school supply drive that benefits children throughout Terrebonne and Lafourche Parishes. The drive is coordinated by Synergy Bank and the United Way for South Louisiana. Several local businesses, organizations and individuals donate to this drive and provide needed assistance to families in the area. South Central Louisiana Human Services Authority has been one of those supporters of the supply drive.

BRENTON ANDRUS: I would imagine that they anticipate that those dollars would go unspent so they contribute that. Because normally you would want to be providing a service to someone specifically that is requesting something through consumer care resources and not writing a big donation check. Like you would give that individual supplies, but not necessarily the school supplies. I guess that's not necessarily concerning, again, if you realize that hey, I have this money that we might not spend and you don't have any requests you go ahead and use it. That's an appropriate purchase. But I do have some concern if you're just-- if that's factored into what you're spending as opposed to giving that 7,000 into people's hands.

BAMBI POLOTZOLA: Lauren.

KRISTEN SAVICKI: I would say it's just a slightly different process than what some other districts and authorities do which is they're definitely use of these funds that districts and authorities use to support school supplies for their clients. And that has definitely been a useful and allowable use of the funds. This is just a slightly different, appears to be a slightly different process that South Central is going in together with a number of community businesses and agencies to do that



collectively. So not just for individual clients of South Central, but for all the kids in the area. So I would just note that, that it's a similar use that has been done before by other districts and authorities. The process is a little bit different because they're going in collectively with other organizations. But I'm sorry. I think there was someone else asking a question. Apologies.

BAMBI POLOTZOLA: Yes. Lauren.

LAUREN WOMACK: But isn't the money supposed to be allocated specifically for people with disabilities on this waiver. If this money is just going to the school how could it say that it's going to the people that it's supposed to be helping. That it's designated towards. That's an issue. Maybe it was an error in how they reported I'm thinking.

KRISTEN SAVICKI: So to clarify this is not related to an OCDD waiver. Because these are kids and families who are qualifying for support and help based on a behavioral health need which can be pretty broad. Qualification as someone with a behavioral health need can be a fairly broad standard as opposed to the much smaller group of individuals who have an OCDD waiver.

BAMBI POLOTZOLA: And I guess we probably would need more details about because I can see where you would collaborate and there's an opportunity where you bring people in. If there was some big event and they were able to be part of like getting the word out about their services and that's how they collaborated with the agencies. So that could be a good outreach event, but we just don't necessarily have all that information. So it just seems like it was a general to whoever, you know, marble notebooks for everybody in the district. So I think there's more details. It's not so that it wasn't beneficial to that population they serve.

NICOLE BANKS: I live in that area. I live in Terrebonne and this does happen every single year where they have this big event and they have like all these sponsors come. They have all the information. And they do state their services so I know that they are in collaboration. They've been doing it for the last three, four, five years. Something like that. So I know it has been going on and they do collaborate with other people.

BAMBI POLOTZOLA: So that's a good outreach opportunity.

NICOLE BANKS: Yeah. Because it's all different entities. It's the bank, South Louisiana services. I think Families Helping Families come there sometimes. They just have all different like educational people in the area that is promoting their services and what they offer. And it's like a big ole drive.

BAMBI POLOTZOLA: Thank you. Jill, you have something? No. Any other questions for Dr. Savicki on the flexible family fund for OBH? Mylinda.

MYLINDA ELLIOT: Thanks for recognizing me. The document before this one, individual and family supports, is individual and family supports supposed to be used for outreach? I thought it was for families that had behavioral health needs. So that's my first part. My second part is one region spent 3,000-dollars on snacks. (Inaudible) information about that from the state OBH.

BAMBI POLOTZOLA: Which region is that, Mylinda?

MYLINDA ELLIOT: Capital Area Human Service District spent 2,961-dollars to purchase snacks.

KRISTEN SAVICKI: So this is the report on the consumer care resources funding. I think the question was-- I'm sorry. I believe the first part of the question was is this funding supposed to go-- I'm sorry. I lost track of the first part of the question. I'm sorry. Can you repeat.

HANNAH JENKINS: Mylinda, can you raise your hand so I can allow you to speak.

MYLINDA ELLIOT: So question number one. Are consumer care resources supposed to be used for outreach. My understanding that OBH is consumer care resources were for the needs of people with mental health diagnoses, not come one come all. That's my first question.

KRISTEN SAVICKI: Got you. So I think it's a similar issue in the providing snacks and providing school supplies that those are both allowable expenses in the kind of governing manual that governs the use of these, or that districts and authorities use as their policy for use of these funds. It's providing supports, equipment, items that are needed by clients in behavioral health services where those items or services cannot be funded by a different funding source. That's part of the rules as well. So in a lot of cases districts and authorities will use this funding, you know, sometimes for one-off requests from families and then sometimes for bulk purchases of items that are needed by all of their clients in their

behavioral health section.

For instance, Capitol Area's mention of snacks is likely we need snacks to help with activities for kids that we're hosting for behavioral health needs. Or for part of packs of school supplies providing for kids with behavioral health needs who are clients of the clinic. That's what I would imagine that those snacks are for is specifically for kids who are engaged in behavioral health services at Capitol Area and there's a need to provide some healthy snacks for after school activities, after school behavioral health supports and groups. But specific questions around that could be directed to Capitol Area because they could certainly give more detail on that. Did that answer the question?

MYLINDA ELLIOT: So not really because my understanding that this is specifically for people with behavioral health needs. And if they're using it for outreach, as in the case of notebooks, that's not a specific expense. As well as you're the person that LDH sends us. That's why we ask you questions. Now maybe it would be better if a question, the same question came from, or similar question came from the DD Council members if that makes you feel better, but you're the person that they sent to us to ask questions. Unless I'm entirely mistaken about this process. If I am, please somebody correct me.

KRISTEN SAVICKI: So to answer those questions yes, they are for the needs of individuals with mental health and behavioral health needs. So the school supplies or items, I was not defining that as outreach. I think we've had a discussion about there's an outreach event that includes giving out school supplies. But the school supplies are items and that are being purchased for specific, that will benefit specific individuals.

Your second question about what questions I can and cannot answer is an interesting and complicated question. Which is that the DD Council task OBH and OCDD with collecting information from the human services and authorities and reporting it out to the DD Council. We are not the source, OBH is not the source of this information because the human services and districts and authorities they are in charge of their own budgets. This money does not come directly from OBH. So OBH only has the information that the LGEs report to us. And so if there's additional questions about this there are some questions

that we can go ahead and direct to the human services districts and authorities. There's some questions that are more appropriate if the DD Council is interested in further information it may be more appropriate for the DD Council to direct those questions to the district and authority. But we've kind of made those decisions on the go and there have been times when OBH has directed the question when it's within our authority to do so. And there have been also times when the DD Council has determined that the DD Council wants to go ahead and be the one to ask the question. So we can do it either way.

BAMBI POLOTZOLA: So that brings to mind, with all due respect to Dr. Savicki and the people at OBH who always seem to have a struggle with information, kind of us being able to really get the information that we want and the questions answered. And maybe we should consider, I know we kind of have time constraints today, but I know that I lack in understanding in the OBH part of our human service districts. I think I have a pretty good grasp on OCDD because I've been on the DD Council, that type of thing. But maybe we should think about how do we engage our human service districts like directly to talk about how they're providing behavioral health services in regards to Act 378 funding. And I imagine they're doing the best they can and doing what they think they're supposed to be doing in meeting the needs of the people that live in their region. But maybe we just need to have more conversations with them to be able to better understand. And we could maybe help them to provide better services and outreach. Lauren.

LAUREN WOMACK: I'm just sitting there, I'm going to try to plan on attending my regional office of behavioral health meeting. So I think that might be something that we can do too. Since a lot of these will be open meetings, public that maybe we can all challenge each other or work together that if we have these questions to take them, ask them in these meetings directly or email them beforehand if they could address it for the public. Just a suggestion.

BAMBI POLOTZOLA: Thank you, Lauren. Yes, Samantha.

SAMANTHA: So it would behoove of me, cause I'm in Acadiana area, to author an email to like Troy Abshire, ask him how particularly. Because in Acadiana area there's a list of items but there's not anything specifically dedicated, or funded, or how it was used. So I could reach

out to him and he would direct me in the position of who I would get those answers from Acadiana area.

BAMBI POLOTZOLA: So Troy is over the DD part. The behavioral health side-- forgetting the person's name. His equivalent that's over the behavioral health side. Or you can go to the executive director of the human service districts directly and they'll help answer those questions.

BAMBI POLOTZOLA: Katherine Thomas.

KATHERINE THOMAS: I'm actually sitting in for Troy Abshire and you're correct. But we can go to Brad Farmer and get that information for you. For the behavioral health side. I can give you any information on the DD side.

BAMBI POLOTZOLA: Thank you, Katherine. Any other questions on this report? Jill.

JILL HANO: So in LGE it's almost twofold. Like they provide behavior health services and DD services.

BAMBI POLOTZOLA: That's correct.

JILL HANO: Okay.

BAMBI POLOTZOLA: Every human service district or LGE, like you said, has both those parts.

JILL HANO: I try but y'all speak gibberish in this committee so I'm learning.

BAMBI POLOTZOLA: Any other questions? Okay. So Dr. Savicki, does that conclude your report? Oh, no. You have this next part.

KRISTEN SAVICKI: Yep. So similarly in the adult funding what we look for here, similar to the consumer care resources funding, we look for expenditures to be at the level that we want to see them for quarter three. Understanding that they're probably not all going to be at 75 percent yet because they're likely missing a month of expenditures and invoices. When we see that a district and authority is significantly underspent we ask for their plan to ensure that all the funding is spent by the end of the fiscal year. And you'll see the big issue here is with Capital Area and they have discussed their plan to use that for the remainder of the fiscal year.

Also note I know there was a concern named around the youth funding as well for Capital Area, but I will say this is a pretty common pattern of how Capital Area manages this budget is that they do reserve a lot of this funding to use in quarter four. And they have successfully expended these funds for many years. So that 2 percent doesn't

cause me any concern just based on their past actions that they've successfully expended these funds in past years as well.

BAMBI POLOTZOLA: Any questions on this report? The adult behavioral report. Okay. Anything else, Dr. Savicki?

KRISTEN SAVICKI: No. Just let me know any follow-up that the council would like us to take so we can make sure that we do that. I had made a note to myself to follow up on the notebooks but my colleague was able to provide me that information during the meeting. Let me know if there's additional follow-ups that the DD Council is requesting.

BAMBI POLOTZOLA: Okay. Thank you very much. Next we'll have the report from the Office for Citizens with Developmental Disabilities. Tanya Murphy.

TANYA MURPHY: Good morning. Just wait till Brenton gets the report pulled up there. Looks good. So I'll just reiterate the same thing that Dr. Savicki just said which is that although this is for the third quarter of fiscal year 24 the local governing entities, the LGEs are asked to send us these reports prior to them receiving all of the invoices for the third quarter. So although we do look for that percentage expended to be around 75 percent, because it's the third quarter typically when we get these reports, it's not all the way up there because they're missing quite a few of the invoices. I think it was if you scroll down to the comments I think Jefferson Parish specifically says the invoices are due April 10th. And they send us the report as of the 22nd of March and so there's quite a bit of money that's still going to come in.

And so even looking at the report for the individual and family support it looks like everybody is steady spending the money. There was one addition this quarter for Northeast Delta which is the Monroe area. They did add 100,000-dollars to their initial budget, but yet as you can see they have spent 61 percent and I anticipate that they will spend all. The only one that looked a little low to me was Central Louisiana Human Services District at 49 but they did include a comment to explain. Let's see. Central Louisiana Human Services District said we'll continue to fund one-time expenditures for large purchases. And the last sentence says we've always expended 99 plus percentage of our IFS funds and this year

will be no different. And that is accurate. I don't have any concerns right now for any of the LGEs to spend their budgets. Any questions for me on the individual and family support report for fiscal year 24 quarter three?

BAMBI POLOTZOLA: Any questions?

JILL HANO: The one they added 100,000-dollars to their budget.

BAMBI POLOTZOLA: Asking about Northeast Delta. They added 100,000-dollars to their budget.

JILL HANO: Okay. Cool.

TANYA MURPHY: Okay. So I'll move onto the flexible family fund. This is also similarly to the Office of Behavioral Health. It's 258-dollars paid out monthly to families who have children in their home who have severe disabilities. And this one is easier to keep a very consistent percentage account. So you can see everybody, almost everybody is at exactly 75 percent because it's the same amount of money and it goes out to the families every month. And the LGEs just keep their allotted number of slots filled and keep this pretty consistent. Any questions for me about the flexible family fund?

BAMBI POLOTZOLA: I don't see any.

TANYA MURPHY: Okay. Act 73. This is the report where we let you guys know that the Act 73 that requires the LGEs to allocate 9 percent of their state general funds towards these two services, Act 378, IFS and FFF. So this report shows you that they have allocated that amount of money and what percentage of that money they've spent. So I just kind of take the information from the other report, add it together and get the total expended and then it shows what percentage of their 9 percent they've spent. And everybody's pretty much on track to spend that 9 percent that they're required to. Everybody has allocated at minimum 9 percent. Some a little more.

BRENTON ANDRUS: Some a lot more.

TANYA MURPHY: Some a lot more. That's true. Northwest Louisiana Human Services District, that's the Shreveport area. They've already spent 106 percent.

BRENTON ANDRUS: They always dedicate a lot.

TANYA MURPHY: Yes, every year.

BRENTON ANDRUS: Acadiana usually dedicates more. So props to them for doing that. Looks like Imperial Calcasieu did as well. A lot of them, actually.

TANYA MURPHY: Any questions for me about Act 73?

BAMBI POLOTZOLA: You're getting off easy.

TANYA MURPHY: I'm not going to lie. I do enjoy when OBH goes first.

KRISTEN SAVICKI: You're welcome, Tanya.

TANYA MURPHY: Okay. So I think that there was some questions that was given to me, that was given to me in October and we were going to report out in January and everybody was, all the LGEs were ready to show up and then we had some sprinkles and so everything got closed. Just kidding. It was icy. So I am here to report back. I think this was a question from you, Bambi, that you wanted to take the average-- oh, my gosh it's been so long. Plus or minus 10 percent from the average on the PCA and the vocational. So this is the little chart I made with little highlights on the LGEs. And I definitely wanted to bring to your attention for the PCA respite that one, two, three, four, five, six, seven of the 10 LGEs were either plus or minus 10 percent from the average. Which makes this question kind of statistically irrelevant when you get almost all the LGEs on either side. Which means it's not going to maybe give you the information that you were hoping for because the fact alone that all the LGEs are not in the average is because each LGE is given their own budgets and they fund as requested. And so it's not going to be the same in every LGE. But this is the information and I have explanations from all of the LGEs. And I think some of the LGEs are in attendance either on Zoom or in person to talk about, to give you the information that you asked for at the October meeting.

BAMBI POLOTZOLA: Okay. So just to clarify that first column is the percent of each of the LGEs' budgets that they spent on PCA or respite. And then the third column budgeted is percentage that they spent on vocational.

TANYA MURPHY: Correct.

BAMBI POLOTZOLA: And so-- and if I misunderstood what you were saying or not, but I do think it does shine a light on-- and the reason was for the question was that some districts, it's my understanding what I hear just from interacting with people, that some districts kind of promote more or give more information about the sheltered workshop environments or state programs, those type of things. And so I'm thinking in the last column you can see that's those state programs and you can kind of see the areas where they're more and some where there's less. Now



maybe there's reasons for that. I'm looking at EMCAL. I know they had issues with not even having enough providers. It may not be that they're pushing people outside of day programs. They might would have people who need day programs and they don't have the capacity. So anyway, that was the reason for my question on those.

TANYA MURPHY: So for Acadiana I thought it was kind of interesting because they were minus 60 percent for the PCA respite and then plus 20 on vocational. So for theirs they were on both sides for both statistics. And their answer was really interesting to me because they indicated that they really preferred to send people to the vocational as opposed to the PCA respite because it gives them a place to go five days a week to socialize, access the community, develop skills and give the family a break. It's more cost effective than PCA and provides outings for individuals. And so they prefer to assist families with the vocational as opposed to the PCA. Of course, whatever the family request is ultimately what they get. But if the family is saying, you know, we need somebody to take this individual on outings then they say well, why don't you look into this vocational program as opposed to just funding PCA. So I thought that actually explains the percentage for Acadiana.

And then there was another one, Central Louisiana Human Services District had what, 0 percent on vocational. And so what I did was I shared Acadiana's philosophy with Central Louisiana Human Services District and said, you know, maybe you could look into this as an option if you have some vocational programs in your area it would be more cost effective. And they said oh, that's an interesting concept. So that's a real positive that came from this study that we did with all the LGEs and these two funding sources.

BAMBI POLOTZOLA: Any questions on this?

SPEAKER: You have a hand raised. Ms. Kathy Dwyer.

BAMBI POLOTZOLA: Kathy Dwyer.

KATHY DWYER: Thank you, Bambi. I can tell you from personal experience in region ten there is definitely a shortage. We had a major day hab provider close their day hab program because they cannot find staff. And from personal experience I can tell you we have not been able to find PCAs until-- well, still haven't. They're just sending administrative staff to help with some small tasks

in the morning. But the only thing they can offer, another provider that is, is they move their staff around so that my daughter could attend day hab just three days a week. That was the most I could find. Several other providers I called in the greater New Orleans areas all have waiting lists on their day habs and they're only taking those who need the least amount of support. So that probably has an impact on that information.

BAMBI POLOTZOLA: Any questions? Thank you, Kathy. Any other questions. Erick.

ERICK TAYLOR: I think it's got a lot to do with not having enough money. It's not nothing to live on. Everybody's having that problem all around. You got to overload your companies to get workers to be somewhere. And then what's happening, and I just want to speak, that's where you're getting people they're grabbing anybody. You need a spot. Hey, I'll take it. You're not getting background checks. You're just grabbing what you can grab because you're on low pay. Low pay, low problems. Again, a couple dollars so I can stay on what I need to stay on and I'm not getting cut off. If y'all understanding what I'm saying. It's a win, lose either way. Let's get the ones that need the most assistance and let's take the ones that don't need the most assistance and let's put them two together, three together, four together. And we got the one that's more higher to work and the ones that don't know it let's put them with the ones that don't need the most. And I think it's a money thing. And I could be wrong. But I think it's low pay.

BAMBI POLOTZOLA: Thank you, Erick. Jill.

ERICK TAYLOR: If you look at what that is, the case managers, they cut it down to three. We had a lot of case managers in the program and then they cut it down to three case managers you can go to. And then once they get 30 caseloads, 40 caseloads and they're overworked because it's only three. We got a lot to work on. We got a lot of providers but they can't hold all the people because it's just not enough money to hold them because everybody is grabbing the pie. But I can't hold the pie because the more I get the more money I get for the overhead. I think we need to look at that and see what we need to do.

BAMBI POLOTZOLA: Thank you, Erick. Jill.

JILL HANO: So I think Ms. Kathy had said that concerned me like the people with the lowest needs are met first

because in all my knowledge and everything the brilliant Julie Foster Hagan has told me and all my experience individuals with the higher needs get a higher SUN score. Higher needs get met first. So I was just saying that just seemed opposite. And I was impressed that when you are in a bind the personnel has to do whatever, but it's very rare that the personnel from my provider agency comes to help me. And I would consider myself lower needs, but in the eyes of my service provider I'm a lower priority.

BAMBI POLOTZOLA: Yeah. I think whenever Kathy said that that was a thought that I had. When I worked for a provider agency, not doing the day programs, we like didn't have the option, or at least I thought, to turn down people. We contracted, if someone chose our agency then we were obligated to provide those services. And in order to not serve that person anymore it was a pretty arduous process to say why. It had to be some pretty like bad things not to serve someone who chose our agency.

JILL HANO: I don't want to say I'm not getting services because they do provide me with the PCA. And like they contact the quarterly meetings. And I mean, I guess if I need a ride I could call them so they're not turning me down. I've never not had my needs met, but I'm saying that Ms. Kathy said people with lesser needs are getting met first. When I always thought at my provider agency it's higher priorities get met first.

BAMBI POLOTZOLA: Kathy.

KATHY DWYER: Yeah, I just wanted to clarify about what I was saying. And I agree what Jill and Bambi are expressing their concerns about. I think what it boils down to, again, is the shortage of staff because of the severe low pay. If they try to support someone with higher needs they need more staff. But they can't find staff so they're having to make these difficult decisions based on that. They only have so many staff to serve so many people. Not that I'm defending what their choices are, but I think that's the reality.

BAMBI POLOTZOLA: I agree, Kathy. Thank you very much. Erick.

ERICK TAYLOR: We're looking at the nursing homes. I'm just going to speak. The nursing home could hold more people and they could only put you in a group. You have certain people own a home. You have certain people that's this group of people. But when you're in a home you're

basically bringing different homes that you have to go to. But when you locked in one spot, which is a nursing home or group home, you can better control that situation and that's about pay. Again, until we look at the situation and break it down like we did. But to me we can't clean it. To your question Bambi, the companies, if they think that's going to be more issues with that client, the client needs more help and they think they can't handle it, yeah, they can move that consumer over to another spot because less work. They not strong enough to handle that they're going to move them to another where somebody can handle them.

BAMBI POLOTZOLA: Thank you, Erick. Kathy.

KATHY DYWER: Thanks again. I appreciate you giving me extra time. I just feel I need to add this is why it was so important that the DD Council adopt the increase in direct support wages. I understand they didn't and I know we're not going to rehash that now. But this is why it's so critical that we do. I do understand as a SAC member, and after speaking with Julie Foster Hagan personally, that there's going to be a rate study. However, that rate study takes time. That's what some DD Councils may not have realized. And in the meantime the salaries still need to be increased even while the rate study is being conducted because in the end when the study is completed it's 99.9 percent if not 100 percent going to show we need to increase wages. So we shouldn't be waiting for that. We should gradually be working towards increasing it to a more competitive wage so that our community, our citizens with developmental disabilities get the services they deserve and need.

BAMBI POLOTZOLA: Thank you, Kathy. Lauren.

LAUREN WOMACK: I'm not sure if this best fits in this committee or self-determination. But I've been doing a lot of outside research on what other states are doing and they're finding a lot of success with promoting self-direction to clients that can do it themselves and personally. When I was first offered services through an agency it was a nightmare. I was 12 hours in a wheelchair. I was dropped three times. And when I tried to get my medical records I was told I could not have them. I had to give them months' notice and then they lost my records. I notified my Office of Developmental Disabilities of this as well and my rights were still denied. I knew Medicaid

fraud was going on. I notified Disability Rights about this. I was told this was a random problem and there was nothing that they could do. This is one of the reasons I joined the council, one of the major reasons. The system is just broken. I understand the methodology. It's a big piece, but not the only piece. And I understand we need to wait on that, but we can be looking at the whole issue of the workforce for direct service workers as a whole. And I would volunteer to chair any committee for looking at kind of better promote self-direction or how to better, you know, pay increase for self-direction clients if we could do that. Or doing any kind of partnership with other agencies. Maybe even Louisiana Workforce on how to incorporate maybe direct service work as part of training or some of the medical careers that they're trying to get people that are going up into nursing or things like that.

I think we need to start talking about it, looking at it, meeting about it. I think it's more realistic now that we do have promulgation of the web ability to meet that we can collaborate. And I think that we need to do it now instead of waiting. Because I know the history of being a person with a developmental disability. I own my own home with my husband. I do not want to have to live in a nursing home at the age of 40. I don't want to have to live in a group home. And I don't want to go backwards. And I think the stark reality that nobody seems to understand is that we're not going to have an option anymore if we don't have people that are willing to help us. I know I said before my service worker who I love, she came even when she wasn't on the clock to help me because nobody would come help me. My husband had a spinal fusion and could not help me or his surgery would come out of his back. She was a stranger and she came and helped me. And she's about to move to another state just so that she can make ends meet because she can't afford to live in Louisiana. So she's been traveling and they're going to pay her overtime, room and board doing direct service work in pretty much any other state but Louisiana. I have some research I would like to share if we do start a group or a council. I think it needs to be separate. I will volunteer if I need to.

BAMBI POLOTZOLA: So I would say, and I'm looking at the screen for Julie if she was going to say anything, but they already have several workgroups that you're talking about. There's a self-direction workgroup. Are you a

part of that?

LAUREN WOMACK: No. I'm going to talk to her about it.

BAMBI POLOTZOLA: They have that. And there's some other workgroups. I know it's in Julie's report for the DD Council full meeting I think I read in that report. A lot of the things you talked about they are doing the work. And I'm on several of those workgroups. And I do see it is going in the right direction, but I think any help-- we always say we need to have more people with disabilities on these workgroups so I think that would be good if you want to participate.

One thing that I wanted to say when you said about raising the rates for the self-direction. I would caution that because there are people who cannot do self-direction and you create a disparity, those people who have to go to a provider. We already kind of have that situation where people in self-direction can pay their workers more than what a provider can because of the cost they have in operations and we create a disparity. And if you can offer this much and the provider agent can only offer this much who's going to get the worker. The person in self-direction where there are some people who can't, don't have anybody to help them to do that. I would caution creating more of a disparity. That would be my feedback. Then Jill.

JILL HANO: So I'm under the impression that we're not, obviously not doing or getting enough, like the wage needs a lot of work. But the rate for waivers increases-- are you confused?

BAMBI POLOTZOLA: No. I'm just listening. I just smile whenever you talk.

JILL HANO: Okay. Because people used to laugh. So when the OCD, when the direct service waivers get a provider rate doesn't the self-direction rate increase?

BAMBI POLOTZOLA: Yes.

JILL HANO: Okay. I thought so.

BAMBI POLOTZOLA: Okay. Anyone in the room, question? I see Kathy Dwyer has her hand raised.

KATHY DYWER: Thanks again, Bambi. Actually, you kind of touched on and probably much better than I was going to say about self-direction is wonderful but not everyone can use self-direction. Self-direction is definitely a critical piece to the puzzle, but as you so eloquently noted there are individuals with developmental disabilities,

including my daughter and others, with more severe disabilities that aren't able to participate in self-direction. I can for my daughter to a point and I've been considering it lately, I had considered it a while back, but as I'm aging, you know, there's going to come a time even as her mother I won't be able to manage all that. And I won't necessarily have anyone else that would be willing to manage everything that's required for self-direction. So we just got to-- and we've got to remember those who don't have family members. Adults with developmental disabilities that don't have family members and cannot be their own employer. So while self-direction is definitely a wonderful program it's, again, just one piece of the puzzle.

BAMBI POLOTZOLA: Thanks, Kathy. Julie.

JULIE FOSTER HAGAN: I was just going to kind of echo what you said Bambi. And Lauren and I did talk. We do have a self-direction advisory group that we are looking at. I also did want to just share too I think that there is a lot of attention on, not only the direct care workforce, but I think you guys were talking earlier about support coordination. There's also a lack of case managers and support coordinators with expertise in working with folks with IDD. There's starting to be a lot more attention, not that there hasn't been attention paid at the federal level. But they are getting more attention. They are announcing, they just recently announced an opportunity with the Administration on Community Living for some technical assistance for states, looking for states to kind of learn from each other.

I agree with everything you guys say. Pay is a part of it but I think it's more than just pay. So, you know, there's some opportunities. And we are, Medicaid, OCDD and OAAS are going to jointly apply for that technical assistance to be a part of working with other states to look at what are the things that have worked to be able to attract the direct support workers and case managers to our field. You know, again, in addition to increase pay what are some of those other things. We know that there's things like career ladders that seem to have made a difference. There's things like benefits that make a difference. And so how do we really start to learn from that and take a look at that in our state.

And so I do also just wanted to point out that there's

some increased opportunities. If you haven't seen it yet Administration on Community Living just in the last month put out a whole new website with resources for families in self-direction for provider networks for others to think about the direct support workforce and some strategies that we might engage in. So I would encourage people to look at that as well because there are opportunities. And again, we're always happy to-- I agree with you Bambi, I think I mentioned this in the last meeting but it was in the self-determination. I always tried to find people with living experience and people with disabilities to join our groups. So thanks for that.

BAMBI POLOTZOLA: Any other questions or comments? Tanya, do you have more?

TANYA MURPHY: Nope. That's it.

BAMBI POLOTZOLA: Any questions for Tanya? Brenton has a question.

BRENTON ANDRUS: It's not a question for Tanya. So we added to the agenda, Tanya already talked about it, looking at the vocational supports, the PCA respite stuff. Y'all also had the IFS requests by fiscal year. You're getting it every October. It always goes on for multiple meetings. You wanted it back on the agenda. We put it back. We haven't really discussed it. But I just wanted to let you know, as Tanya mentioned, we do have the LGE reps that are here. If y'all did have questions now's the time to ask them because they are in the room. I don't know which ones they're with particularly, but if you had questions all of these things already follow up to the previous meeting. But I'm hoping you would have brought your questions and concerns from the previous meeting to this meeting because I don't know that they're here next time or that these reports can continue. We'll be getting a new round of fiscal year 24 reports soon.

BAMBI POLOTZOLA: While you're doing that, Brenton, could we get the people who are with the LGEs to stand up and just say who you are and what LGE you're with and what area. I guess all DD side, yeah. I see some familiar faces.

SHANETHA SMITH: Shanetha Smith. Capital Area, the region director.

SPEAKER: (Inaudible). Metropolitan Human Services District, DD director.

BAMBI POLOTZOLA: Anyone else here? All right.



CARMEN DOMINIQUE: I'm Carmen Dominique with Metropolitan Human Services District. I'm a waiver supervisor.

TANISHA PETERSON: Tanisha Peterson. I'm with (inaudible) Services District. Family support supervisor.

BAMBI POLOTZOLA: We can ask Metropolitan anything. Metropolitan is New Orleans, right. Orleans region. We have Katherine Thomas.

KATHERINE THOMAS: He was here only for a few minutes. He's popped in and out.

BAMBI POLOTZOLA: She's with region four. That's Acadiana.

BRENTON ANDRUS: Just to clarify really quickly. You have 13 minutes and we still have a whole other report to do. But to explain what this document is since that was part of Erick's question. So it is in the report, not in the report, it is in your packet. It's a very large document. So we've already talked about the individual and family support program. That's what Tanya had talked about. And so what she does is sends information at the end of every fiscal year to me, we compile a report that looks like this. It's very hard to see because there's a lot of information but it looks at all the particular categories of what those IFS requests were for. How much money was spent on those particular contracts. How many contracts were written for that particular thing. You can see on here assistive devices. This is all the LGEs total. Metropolitan happens to be on there. They had 14 contracts, spent 6,400-dollars on assistive devices. So that gives us an idea of kind of that particular program. What is being utilized. How much funding is going to what is used. And that is where some of those questions came up of seeing a lot of money going to vocational services, going to PCA services. The ever-evolving question, is it better to serve those people through a waiver instead of utilizing those particular services. So I can't tell you specifically in October we covered X, Y and Z. It was just generally for you to look at and if you had questions or concerns to ask about those particular LGEs. Which we have Metropolitan, some Acadiana and Capital Area if you had questions for them.

BAMBI POLOTZOLA: I have some questions. So my first question would be in regards to the category of diapers,

undergarments, incontinent supplies. With the change in the adult waivers what are y'all seeing. Are y'all seeing an impact. I still have families who will kind of reach out for incontinent supplies and have adults and they don't even know. And I'm sure their support coordinator told them they could get it. And I'm not saying in your region. I'm just saying in general. And so I think the information is still trickling in for people to know that that's an option for the adults. Can y'all give y'all perspective of the impact.

SPEAKER: I mean, it's more where we're not funded (inaudible). There are still issues because of the different type of providers (inaudible). Where some of our local providers (inaudible).

SPEAKER: We also have support coordination centers that are more proactive than others. I have an adult daughter with severe profound disabilities who uses incontinent supplies and I know about the program because I'm on the inside. But she has yet to mention to me the fact that I can now get them.

SPEAKER: I know Kim Kennedy who works with providers she has reached out (inaudible) who is funded through family supports to try and engage them because our families are used to that. She has had some success. Not quite sure where she is. But they want to come on as a Medicaid provider but I know Kim has to work on that.

BAMBI POLOTZOLA: So when people would go to you guys and ask for this as an IFS funding in the past for the incontinent supplies when y'all get those requests now don't they normally come through support coordinator? So shouldn't that support coordinator not bring it to you guys, help them to get it through their waiver?

SPEAKER: Ideally we're still in the ones we're already funding. The waivers, the ones we're still funding. Currently our individuals and our companies that we go through those families are used to the products. And like Carmen said, the products, they're not familiar with these agencies they don't get samples. And certain brands they only work for certain people. (Inaudible) the child size products for adult need and (inaudible) is agencies with waivers do not provide certain sizes. Large sizes or very small sizes.

BAMBI POLOTZOLA: Lauren.

LAUREN WOMACK: I can speak to this personally. When

I found out about it I phoned my support coordinator. She had told me about it as well. She had actually told me about it before the waiver came out that that was something we could do. But she said there was only a certain (inaudible). So it does (inaudible) and we should keep that in mind. And if there comes a decision-- sometimes if you have that type of issue it's not one size fits all. Certain things work better for certain people. Certain people have different kind of skin. So it's good for me, in my opinion, to have another way of funding it if it needs to be different than just one size fits all. Yeah, I couldn't get the type that I wanted unless it was like a medical necessity.

BAMBI POLOTZOLA: Kelly.

KELLY MONROE: I just have a question. I guess I have a question for Julie. I don't think it was supposed to be a certain type, was it, when we originally did this? It was supposed to be-- there were certain things that we couldn't get and it was going to kind of like match the same thing that was in for children, but it was never supposed to be a certain type of diaper. Or it wasn't supposed to be any certain types of anything or brands. Is that the way it's working now, Julie, because that's not the way I understand it to be before.

JULIE FOSTER HAGAN: I don't think so but I'm going to have to find that out for sure. Cause I didn't think so either. Bernard is in here. I didn't think we restricted it to brand but we'll clarify that and make sure we get that information.

KELLY MONROE: Also, why wouldn't they be able to use it if they were using it with the family flexible funds, why couldn't they use the same provider under the waiver for incontinent supplies?

JULIE FOSTER HAGAN: They could. We potentially may just need to get that person enrolled as a waiver provider if they're not currently enrolled.

BAMBI POLOTZOLA: So is it kind of the same situation potentially where sometimes people don't want to be waiver providers for reimbursement issues. So Julie, then you'll look into this?

JULIE FOSTER HAGAN: Yep.

BAMBI POLOTZOLA: Okay. Mr. Amous.

MR. AMOUS: I can kind of answer that. Some of the providers don't want to be a Medicaid provider. That was

the issue like she stated. They were reaching out to some of our providers. And it's not a certain brand or a certain type, it's just the provider that's providing those. It's not limited to a certain type.

KELLY MONROE: So if that's the case I know like before, and I want to say it was with children services, and I'm probably not going to say this right, but hoping that someone will understand what I'm saying. But I remember before we were having some issues with people not wanting to be a waiver provider because of the amount of time it takes to get reimbursed for those services and so they kind of had like grants, contracts with other providers who were kind of like a flow through who would put the money up. Like a DME company or something like that where you would go through them and then they would wait for a waiver to pay them back. Is that an option for adults? I know we did that with kids because I know Arc of Baton Rouge was one of them. Is that an option for adults? I guess that question is to Julie.

JULIE FOSTER HAGAN: I don't know because I think because it's a waiver service we may be limited. But again, I can bring that back to my team and we can explore it.

BAMBI POLOTZOLA: Katherine Thomas.

KATHERINE THOMAS: Actually, everybody's kind of saying what we're seeing. We're starting to, we're filtering all those requests. We were still getting requests and we're having to educate the support coordinators but we haven't been paying for them instead. Any request we get we're educating support coordinators and making sure we get it added to the budget for these individuals.

BAMBI POLOTZOLA: And Katherine, while you're talking, one thing about Acadiana, and you can see the dollar amount that you guys spent is much less than anywhere else. You guys have some type of resource there in Acadiana region for incontinent supplies, correct?

KATHERINE THOMAS: Absolutely. We have a contact at Amazon and we have a contact at Albertsons. We have several. And we still get constant donations. So for a few of our individuals who do not have a waiver but they need incontinent supplies we're still able to supply those without using our funds.

BAMBI POLOTZOLA: Thank you. That's great. Kathy

Dwyer.

KATHY DWYER: Thank you, Bambi. And apologize for any background noise. I'm not at home. I want to kind of echo some of the comments that was made earlier. From my experience with helping families in various social media groups there are complaints about being offered only one brand and the particular brand they're being offered it's a poor quality where they're having to go through more diapers per day than typical. So that definitely needs to be looked into. Perhaps the providers are not offering everything they should be offering. I'm not sure. But I'm definitely hearing complaints from several other families about it.

BAMBI POLOTZOLA: Thanks, Kathy. April Hampton.

You have to unmute, April, if you're on.

Okay. Any other questions? Thanks for those of you who came from a human service district to provide, I mean answer questions. Nicole.

NICOLE BANKS: For region two they have 80 on the waiting list. Is it because they don't have enough funds for that or? Okay. So I guess y'all just working up on getting those 80 people. Okay. I got it.

BAMBI POLOTZOLA: Actually, I see for region one and region two, one more question. Partially funded. You guys have a larger number of partially funded. What does that mean?

SPEAKER: (Inaudible).

BAMBI POLOTZOLA: Is that the same for region one?

SPEAKER: We're funded based on the need. It depends on the amount of people we fund before (inaudible).

BAMBI POLOTZOLA: Okay. Any more questions? Okay. We are at 12:01. So is there anything else that we need to go over with OCDD?

JILL HANO: I have a question.

BAMBI POLOTZOLA: Jill.

JILL HANO: Why, and I don't know, but why does this say report on 9/11/23. I thought you ran stuff like this every quarter.

BAMBI POLOTZOLA: But this was the report for our October meeting. So it gives it for that fiscal year. We're just behind because we didn't meet in January.

JILL HANO: I was just making sure you knew.

BAMBI POLOTZOLA: A test.

BRENTON ANDRUS: And just a side note moving on. If

there are folks along the wall and public that want to speak if we could get them to move closer to the table because our captionist is having trouble hearing our outliers. But we will try to fix that sound during lunch.

BAMBI POLOTZOLA: Okay. If there's no other questions or comments about OCDD thank you, Tanya and Julie. We will move onto the Office of Aging and Adult Services, Arc of Louisiana, Kelly Monroe.

KELLY MONROE: You guys should have one of these. So I'll make it quick because I know we're running behind. So this past quarter we were able to serve 42 people on this contract which is down by three people. Of those people 29 of them were male and 16 were female. And I'm sorry. I skipped a thing. Seventeen of those people were identified as African American, 27 Caucasian and 1 Hispanic. If we turn the page it will show you the regions where everyone is. We did have some changes from last quarter. So in region one there is five people. Region two there is eight. Region three there was four. Region four there is zero. Region five there is four. Region six it's two. Region seven is ten people. Region eight is zero people. And region nine is nine people. A total of 42 people across the state.

BAMBI POLOTZOLA: I don't think we have the same report as you. The numbers are not the same. We're looking at quarter cumulative fiscal year 23-24 report.

KELLY MONROE: Hold on. Let me see what y'all are looking at. I made a mistake. It's 42 people. I type over the old ones that's why I read it out to y'all. And I had it scratched out on mine. Okay. So if we turn the page again you'll see where the services, where the people receiving services. So there were 42 people. Which all people receive support coordination. Thirty-seven people receive personal care assistance. Three people received either utility or rental assistance. Four people received medical supplies or equipment. And then no one received a home or vehicle modification. Of the 893,000-dollars that we have to spend on direct services the breakdown for personal care assistance is 176,000. Rental was 1400. Medical expenses were a little over 1500. Which was a total of \$179,096.45. And the next page. So next we'll look at-- well, first, does anybody have any questions about that before we get to the waiting list?

MELINDA PERRODIN: Is there a reason why for region four

and region eight that there's no one? Because I see there's 0 percent for region four and region eight for the number of consumers.

KELLY MONROE: So in region four we did have one person. However, that person passed away. Region eight we did not have anybody this time but prior to this we did have people in region eight. Region four has always been a region that didn't have many people that was being served. But prior to this we did have people in region eight.

BAMBI POLOTZOLA: And you do it based on kind of like a first come, first serve type thing. So you just didn't have anybody in region four. It's not that you don't like region four.

KELLY MONROE: I love the Cajuns but we just didn't have any.

BAMBI POLOTZOLA: Just want to make sure because there's a lot of us in here.

KELLY MONROE: Just wait till you get to the waiting list. Somebody's been doing some work. If we go to the next page and we look at the waiting list you'll see that now there are 16 people waiting in region four. But in region one there's 21 people looking for services. In region two there's 23. And region three there is eight. Region four there's 16. Five and six there are two people each. And then region seven is five. Region eight is three. And region nine there are 16 people. A total of 96 people on the waiting list. And then the demographics follows after that. Of those 96 people 38 of them are African American, 41 are Caucasian, one Hispanic and one is Asian/Caucasian. And there are nine people that are unknown. They just did not fill out that box. And then I see another typo. Instead of 11 incomplete, there are nine incomplete. Sorry about that.

So and then of those people 39 of them are male and 51 are female. And so we're up by six from last quarter of those who are waiting on the waiting list. If we wanted to serve all of these people we would need roughly \$2.5-million dollars. You'll see that on the next page. And then the next, the last chart on there, something you guys asked for last time was like if people were receiving other, like of the people on the waiting list receiving other services and that's what you'll see in that last chart.

NICOLE BANKS: I know not everybody knows what those

mean.

KELLY MONROE: Oh, you want me to go over them. So LTPCS is long-term personal care services. CCW is the community choices waiver. The NOW is the new opportunities waiver. THSCI is the traumatic head and spinal cord injury fund. The ROW is the residential options waiver. And then of course the supports waiver/PACE providers. Don't ask me what PACE is.

BAMBI POLOTZOLA: PACE is where it's certain regions of the state have it's like an inclusive where you get all your healthcare at one place like a day program.

KELLY MONROE: I just didn't know what PACE stood for.

BAMBI POLOTZOLA: Yeah. But you can get your services in one place. Healthcare and other services. Christi.

CHRISTI GONZALES: If somebody needed to apply where would they go?

KELLY MONROE: You can apply on LDH's website or you can apply on the Arc of Louisiana's website. They have the application there as well.

BAMBI POLOTZOLA: Any other questions for Kelly?  
Nicole.

NICOLE BANKS: No, ma'am.

KELLY MONROE: I think everybody's hungry.

BAMBI POLOTZOLA: Thank you, guys, for staying on. That is the end. Please note after the meeting we will break for lunch for an hour, for 45 minutes, until 1:00. And then the self-direction and community inclusion committee will meet at one followed by the education and employment committee at three. Those that have registered to participate virtually you should have the links to the meetings in your email. And I will note don't share the links because then we don't know who's who. Please register individually. Does anyone on the committee have any other announcements to make? Lauren.

LAUREN WOMACK: Question. Julie, is it okay whenever you have a meeting come up, something to do with self-direction, can staff send it out to everybody so that those who can attend can either attend or participate.

JULIE FOSTER HAGAN: We have it on our OCDD website but what I can do is ask-- we have a lot of the meetings already preset so I'll ask my folks to get that to Ebony and her team so that we can make sure it gets blasted through DD Council as well.

LAUREN WOMACK: Okay. Thank you so much. Appreciate



it.

BAMBI POLOTZOLA: Do we have anyone else? Public comment? So I hereby adjourn the meeting at 12:12.