

Louisiana Developmental Disabilities Council
Quarterly Meeting
January 30, 2025

CHRISTI GONZALES: Good morning, everyone. The quarterly meeting of the Louisiana Developmental Disabilities Council will now come to order. I would like to introduce our newly appointed council members. They are Dr. Karen Xu, Aiden Blunski, Gary Williams and Robert Smith. We also have some special guests, Jude Boyden, Frank Macaluso and Dr. Mehta.

I will go over our virtual protocol. 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 topic 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 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 is only to be used by those needing an ADA accommodation to participate in the meeting. Public comment will not be accepted by the Q and A except to those individuals who requested the accommodation.

As per order committee members in person and virtually will be allowed to speak first. Public members in person will then be called on followed by public participating virtually who have their hands raised. Comments in the Q and A and chat will be addressed last. As with all hybrid meetings it can be difficult to keep track of all those wanting to speak in person and virtually so please be patient. All comments and questions from committee members and the public may be limited 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 and during designated public comment periods. Public members will be given one opportunity to speak for each agenda item and will be limited to two minutes. The chair may also use their discretion to determine if comments will be accepted outside of those times.

We will now have a moment of silence for one of our council members who recently passed away, Ms. Lauren Womack.

Thank you. Lauren was a council member for two and a half years and she did tremendous work. She was a great advocate for those in Louisiana and a great friend to everyone here. And she also was given the Patsy Barrett GOLD award this year for the Governor's GOLD awards. She received that.

Ms. Ebony Haven, could you please call the roll for attendance.

EBONY HAVEN: Dr. Barovechio.

PATTI BAROVECHIO: Here.

EBONY HAVEN: Ms. Bayham.

MELISSA BAYHAM: Here.

EBONY HAVEN: Mr. Bennett.

BRIAN BENNETT: Here.

EBONY HAVEN: Mr. Billings. Mr. Blunski. Ms. Crain.

CHERI CRAIN: Here.

EBONY HAVEN: Mr. Ennis. Ms. Hagan.

JULIE FOSTER HAGAN: Here.

EBONY HAVEN: Ms. Hano.

JILL HANO: Here.

EBONY HAVEN: Ms. Harmon. Ms. Jordan.

MEREDITH JORDAN: Here.

EBONY HAVEN: Ms. Nguyen. Mr. Piontek. Mr. Rocca....

TORY ROCCA: Here.

EBONY HAVEN: Mr. Smith. You have to unmute Robbie.

ROBERT SMITH: Here.

EBONY HAVEN: Ms. Stewart. Mr. Taylor.

ERICK TAYLOR: Here.

EBONY HAVEN: Ms. Washington.

RENODA WASHINGTON: Here.

EBONY HAVEN: Ms. Webb.

VIVIENNE WEBB: Here.

EBONY HAVEN: Dr. Wilson. Mr. Williams.

GARY WILLIAMS: Here.

EBONY HAVEN: Ms. Xu. Ms. Gonzales.

CHRISTI GONZALES: Here.

EBONY HAVEN: Oh, Ms. Kelly Aduli.

KELLY ADULI: I'm here.

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

EBONY HAVEN: Renoda is going to read the mission.

RENODA WASHINGTON: The mission statement is to increase independence, self-determination, productivity, integration and inclusion for Louisianians with developmental disabilities by engaging in advocacy, capacity building and system's change.

EBONY HAVEN: And 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. The next item of business is the approval of the meeting summary. A draft of the October 17th meeting summary was distributed. The summary will not be read unless requested by a member. Are there any corrections to be made? If there is no objection the meeting summary is now approved as distributed. Hearing none, the meeting summary is approved.

The next item of business is the chair's report. The executive committee met yesterday and have one recommendation to present to the council. We discussed the council's ad hoc committee list including the diversity, equity and inclusion committee and the grievance ad hoc committee. The DEI committee's purpose was to establish an official council position on DEI which is now posted on the council's website.

And the committee recommended DEI training for council members and staff which was accomplished in 2024. Therefore the committee has this recommendation to offer for the council's consideration. The executive committee recommends discharge of the diversity, equity and inclusion ad hoc committee and offers this recommendation to the full council for consideration.

The grievance ad hoc committee, however, has not met since prior to Covid 19 and never accomplished their purpose which was to establish a grievance policy. Therefore staff recommends keeping this committee but reestablish the membership and having the committee meet after the legislative session ends in June. And if any current members would like to volunteer for this committee you can give me your name or Ms. Ebony.

EBONY HAVEN: We need to go through the motion before we move on.

CHRISTI GONZALES: Okay. So the motion is to we recommend discharging the diversity, equity and inclusion ad hoc committee and offers this recommendation for the council to consider. Because this motion is coming from a committee it does not require a second. Is there any discussion from council members? Any public comment? So the question is whether we recommend discharge of the diversity, equity and inclusion ad hoc committee. And if we can have a roll call vote. If you're in favor of the motion when your name is called say yes. If opposed say no. And if abstained say abstain.

EBONY HAVEN: Ms. Kelly Aduli.

KELLY ADULI: Yes.

EBONY HAVEN: Ms. Kelly Aduli, yes. Dr. Barovechio.

PATTI BAROVECHIO: Abstain.

EBONY HAVEN: Dr. Barovechio abstains. Ms. Bayham.

MELISSA BAYHAM: Abstain.

EBONY HAVEN: Ms. Bayham abstains. Mr. Bennett.

BRIAN BENNETT: Abstain.

EBONY HAVEN: Mr. Bennett abstains. Mr. Billings. Mr. Blunski. Ms. Crain.

CHERI CRAIN: Abstain.

EBONY HAVEN: Ms. Crain abstains. Mr. Ennis. Ms. Hagan.

JULIE FOSTER HAGAN: Yes.

EBONY HAVEN: Ms. Hagan, yes. Ms. Hano.

JILL HANO: Yes.

EBONY HAVEN: Ms. Hano, yes. Ms. Harmon. Ms. Jordan.

MEREDITH JORDAN: Yes.

EBONY HAVEN: Ms. Jordan, yes. Ms. Nguyen. Mr. Piontek. Mr. Rocca.

TORY ROCCA: Yes.

EBONY HAVEN: Mr. Rocca, yes. Mr. Smith.

ROBERT SMITH: Abstain.

EBONY HAVEN: Mr. Smith abstains. Ms. Stewart. Mr. Taylor.

ERICK TAYLOR: Yes.

EBONY HAVEN: Mr. Taylor, yes. Ms. Washington.

RENODA WASHINGTON: Yes.

EBONY HAVEN: Ms. Webb.

VIVIENNE WEBB: Yes.

EBONY HAVEN: Ms. Webb, yes. Dr. Wilson. Mr. Williams.

GARY WILLIAMS: Yes.

EBONY HAVEN: Mr. Williams, yes. Ms. Xu. Nine yeas, five abstentions.

CHRISTI GONZALES: The yeases have it and the motion is adopted. Thank you, members.

So since the grievance ad hoc committee has not met since prior to Covid 19 they never accomplished their purpose. And their purpose was to establish a grievance policy. We recommend that we keep this committee but just ask that members meet after the legislative session. Then that would be ending in June. And if you would like to volunteer for this committee you can definitely contact me or Ebony if you would like to serve on that committee.

The committee also received an update on the 2025 legislative advocacy agenda. In October the council added protecting the Louisiana Department of Health cuts as one of the 2025 legislative advocacy agenda items. Originally Louisiana was facing a fiscal cliff with an anticipated budget deficit of 400 to 700 million for the fiscal year 2026. The legislature met in November to address tax reform and it is believed the special session addressed the fiscal cliff. However, actions taken will have consequences in

subsequent fiscal years. The administration is also looking at government efficiencies which will likely result in a reduced budget for LDH. Therefore the council will continue to advocate for protection of disability services to ensure the legislators are aware of how important these services are and what impacts the disability community will face should services not be protected.

Lastly, the committee conducted the third quarterly eval for our executive director. Everything looked very positive and the ED and staff are doing great. And the retreat was amazing. The full council will evaluate the executive director at the April 2025 meeting, which is her anniversary date. The staff is working on updating the survey according to the new policies and procedures that we adopted at the October meeting for the evaluation of the executive director. And the new survey will be sent out to council members prior to the April meeting.

JILL HANO: I don't think this is in our bylaws, but is there a time slot or weekday, is it specified in the bylaws how far in advance before the April meeting to send out the survey?

EBONY HAVEN: It's not specified in the bylaws, but the goal is to get it to you guys by April 1st since the meeting isn't until April 30th and May 1st.

JILL HANO: Okay. Going to be different.

EBONY HAVEN: The goal will be to get the survey to the full council because the executive committee will have to take into consideration all of their feedback and survey responses before the April meeting.

JILL HANO: Okay. Cool.

CHRISTI GONZALES: Thank you, everyone. The next item of business is the executive director's report. The chair recognizes Ebony Haven for the report.

EBONY HAVEN: Good morning, everybody. If you look in your packet my executive director's report is on the gray paper in your packet. I'm just going to hit a couple of highlights and if you guys have any questions I'm happy to answer. For your program performance report, which is something we talked about at your council retreat, the evaluation on reporting that the council staff do, there was a change in the reporting software. The feds didn't want to use the software

that we were using and so they had to come up with a new way for us to do reporting. They had finally come up with that but our PPR or our program performance report that was initially due December 30th is now due March 28th. And the council staff will make sure that's submitted timely.

Council membership. The chair has already welcomed our new members who were officially appointed on January 17th. That's Dr. Karen Xu, Aiden Blunski, Mr. Gary Williams with the Office of Adult and Aging Services and Robert Smith. And we are still awaiting four more appointments and we anticipate those appointments will be made before the April meeting.

Just a quick update with LaCAN. The chair has already given you guys an update on the 2025 legislative advocacy agenda but I just want to make sure that I mention the legislative roundtable schedule has been released and registration is now open for each regional roundtable. And so I want to encourage each of our council members to get involved with your LaCAN leaders. If they are scheduling legislative visits right now if you guys can get on board with the LaCAN leaders and give them your schedules when you're available so that you can attend those legislative visits. Just try to become more involved with LaCAN and your advocacy agenda that you approved back in October. We want to make sure that those items are pushed forward and that we succeed this legislative session with those two items that are on your agenda. So we just encourage you guys to get involved, attend your regional roundtables. The schedule is out. You can register and get with your LaCAN leaders. We're going to be pushing out action alerts. We encourage you guys to respond to those action alerts and just become more involved. We will try to send out things as early as possible. We realize sometimes we can't send out things early enough where you guys have enough time to schedule time off from work or whatever. But if you can please attend some yellow shirt days at the capitol this session as well. We would love to see our council members become more involved and just pushing your agenda forward for the 2025 session.

And I think that's all the highlights I have for my executive director's report. If anybody has any

questions about anything else that's listed in the report I'm happy to answer.

CHRISTI GONZALES: Any questions from council members? The report requires no action and it will be placed on file. The next item of business is our committee reports. The first report is from the self-determination community inclusion committee. The chair recognizes Brooke Stewart or Ms. Kelly.

EBONY HAVEN: In the agenda, the budget report.

CHRISTI GONZALES: Oh, I missed the whole thing. I apologize. So we're going to go over the budget report next. Ms. Ebony.

EBONY HAVEN: So the budget report was right behind my executive director's report. And if you guys-- once Stephanie pulls it up on the screen. So last year I went to an executive director's leadership summit and we kind of discussed how different councils present their budgets. And so if you'll notice the budget is sort of shorter now than it has been in previous council meetings just because we want to give you guys the big picture instead of getting down to the weeds. I think in the last budget reports I had like equipment rentals and you guys, I mean we have a Xerox machine so we don't need to get into the weeds of that. As long as we are staying within the budget that you guys have set for those different categories I don't we think we need to talk about our insurance and what we're paying LDH for contracting services and all of that. Now if anybody has any questions about those things I am happy to answer but I kind of want to give you guys the big picture just to make sure you guys are aware of how we're staying on track with the funding. If you guys have any questions about anything.

I do want to kind of mention operating services. We do pay a fee to the National Association for Councils on Developmental Disabilities or NACDD. We do pay fees for that. The director of technical assistance who came down to the retreat on Tuesday she recorded that fee so that fee did come out which is why that number is a little elevated. But we're in our second quarter as far as the state budget goes. If you look under operating services, Jill, in the second quarter we spent 29,000. So I just want to kind of point that out because the fees are about

11,000-dollars that we pay every year for NACDD so that's why that cost is a little elevated. And as you can see most of our budget goes to our contractual activities that you guys put in your action plan. So if you guys have any questions I'm here to answer them. If you are interested in anything specifically I can answer that but that's the budget report and if anybody has any questions I can answer.

REKEESHA BRANCH: You have a hand raised, Ms. Roslyn Hymel.

ROSLYN HYMEL: Does that mean is it for this year with all of this being new for this year or is this from last year?

EBONY HAVEN: So this is from this year. So the budget report, our budget is on the state fiscal year. So it goes from July 1st to June 30th. So technically we're in the second quarter. So as you'll see like the first quarter is there and then all the months in the second quarter. So it's for those months are in 2024 but it's for the full state fiscal year, which was from July 1st, 2024, and it will run all the way through June 30th, 2025. It crosses over years if that makes sense.

ROSLYN HYMEL: Yeah, it do. You have two numbers in red. Does that mean that they paid us as well in that because it's saying 162 twice. So they paid us again?

EBONY HAVEN: Right. We got a refund for some supplies that we didn't receive so that's why they refunded us 162-dollars.

ROSLYN HYMEL: All right. Thanks. That's what I wanted to find out as well.

CHRISTI GONZALES: Thank you, Ms. Roslyn. Anything else, Ms. Ebony?

EBONY HAVEN: No, unless anybody had anything.

CHRISTI GONZALES: Any other questions? The report requires no action and it will be placed on file. The next item of business is our committee reports. The first report is self-determination community inclusion committee. The chair recognizes Ms. Aduli for the report.

KELLY ADULI: The self-determination and community inclusion committee met yesterday and has two recommendations for the council's consideration.

First, the committee discussed activities to recommend to the planning ad hoc committee for inclusion into the council's fiscal year 2026 action plan under goals one and two. This plan will begin October 2025. The motion was the self-determination and community inclusion committee recommends the planning ad hoc committee to consider the following activities for inclusion into the fiscal year 26 action plan and offers this recommendation to the full council for consideration. Preventive screenings for women's health to be added to activity 2.3.1. Reword activity 2.1.2 to read as follows. Create and provide information targeted towards high school aged individuals and/or parents on puberty, sex education, sexual development and awareness. Training for home and community-based workers to be added to activity 2.2. Next, the committee discussed concepts and ideas and proposed for the council's consideration including the five-year plan which runs through fiscal year 2027 through 31. Our committee--

BRENTON ANDRUS: Sorry. They have to take up that motion and then you can jump to the next one. Sorry about that.

CHRISTI GONZALES: So it is moved that the recommendations from the planning ad hoc committee consider that the activities for inclusion in the fiscal year 26 action plan and offers this recommendation below. Because it's coming from a committee it does not require a second. Are there any discussion from council members? Any public comment? Ms. Roslyn.

ROSLYN HYMEL: I must had hit the button too quick.

CHRISTI GONZALES: That's okay, Ms. Roslyn. So the question is on us to consider the following activities for inclusion in the fiscal year 26 action plan and we offer this recommendation. Can we have a roll call vote.

EBONY HAVEN: A vote of yes is that you all are in favor of the motion. A vote of no is that you're not in favor of the motion. Ms. Aduli.

KELLY ADULI: Yes.

EBONY HAVEN: Ms. Aduli, yes. Dr. Barovechio.

PATTI BAROVECHIO: Yes.

EBONY HAVEN: Dr. Barovechio, yes. Ms. Bayham.

MELISSA BAYHAM: Yes.

EBONY HAVEN: Ms. Bayham, yes. Mr. Bennett.

BRIAN BENNETT: Yes.

EBONY HAVEN: Mr. Bennett, yes. Mr. Billings. Mr. Blunski. Ms. Crain.

CHRISTI GONZALES: Yes.

EBONY HAVEN: Ms. Crain, yes. Mr. Ennis.

JAMAR ENNIS: Yes.

EBONY HAVEN: Ms. Hagan.

JULIE FOSTER HAGAN: Yes.

EBONY HAVEN: Ms. Hagan, yes. Ms. Hano.

JILL HANO: Yes.

EBONY HAVEN: Ms. Hano, yes. Ms. Harmon. Ms. Jordan.

MEREDITH JORDAN: Yes.

EBONY HAVEN: Ms. Jordan, yes. Ms. Nguyen. Mr. Piontek. Mr. Rocca.

TORY ROCCA: Yes.

EBONY HAVEN: Mr. Rocca, yes. Mr. Smith.

ROBERT SMITH: Yes.

EBONY HAVEN: Mr. Smith, yes. Ms. Stewart. Mr. Taylor.

ERICK TAYLOR: Yes.

EBONY HAVEN: Mr. Taylor, yes. Ms. Washington.

RENODA WASHINGTON: Yes.

EBONY HAVEN: Ms. Washington, yes. Ms. Webb.

VIVIENNE WEBB: Yes.

EBONY HAVEN: Ms. Webb, yes. Dr. Wilson. Mr. Williams.

GARY WILLIAMS: Yes.

EBONY HAVEN: Mr. Williams, yes. Ms. Xu.

CHRISTI GONZALES: The yeses have it. The motion is adopted. Thank you, members. Ms. Aduli, you can continue.

KELLY ADULI: Next, the committee discussed concepts, ideas and proposals for the council to consider including in its next five-year plan which runs through fiscal year 27 through 2031. The committee considered the following areas of emphasis. Quality assurance, health, housing and transportation, recreation and informal/formal community supports. Members felt the council should focus on these six areas of emphasis. Motion, the self-determination and community inclusion committee recommends the five-year

planning ad hoc committee to consider the following items for inclusion into the fiscal year 2024-2031 five-year plan and offers this recommendation to the full council for consideration. Areas of emphasis and possible implementation strategies, transportation, legislation for prevention/safety measures for individuals with mobility issues or wheelchair bound as it relates to vehicle accidents, FMLA style leave for parents with children with intellectual and developmental disabilities, Medicaid to cover electric and standard wheelchairs, abuse and neglect training, healthcare coverage for direct service workers.

CHRISTI GONZALES: It is moved and we recommend, the council recommends the five-year planning and ad hoc committee consider the following items for inclusion in our fiscal year 2027-2031 five-year plan and offers the following recommendations for consideration. Because the motion is coming from a committee it does not require a second. Are there any discussions from council members?

JILL HANO: This might be I'm over thinking, and Nicole this is a question for you maybe, but what if I don't like the wording of some things?

SPEAKER: You can offer an amendment.

BRENTON ANDRUS: Just a clarifying statement I guess. So what you're coming up with in these motions are just very broad general ideas. You're not trying to wordsmith how it's supposed to look in the plan. So as long as the wording captures what that target area or concept is that you're looking for then when we get into the planning committee and the five-year planning committee that's when you start tweaking the language to be very specific of what you're looking to do. So it's not meant to be the perfect language. It's really just capturing a topic and then the committee--

JILL HANO: Okay.

CHRISTI GONZALES: Any other questions? Does the public have any comment? So the question is on recommending the five-year planning ad hoc committee consider the following items for inclusion in our fiscal year 2027-2031 five-year plan and offers the following recommendations for the full council to consider. Ebony, can you do a roll call vote.

EBONY HAVEN: A vote for yes is that you're in

favor of these concepts. A vote for no is that you're not. Ms. Aduli.

KELLY ADULI: Yes.

EBONY HAVEN: Ms. Aduli, yes. Dr. Barovechio.

PATTI BAROVECHIO: Abstain.

EBONY HAVEN: Dr. Barovechio abstains. Ms. Bayham.

MELISSA BAYHAM: Yes.

EBONY HAVEN: Ms. Bayham, yes. Mr. Bennett.

BRIAN BENNETT: Abstain.

EBONY HAVEN: Mr. Bennett abstains. Mr. Billings.

Mr. Blunski. Ms. Crain.

CHERI CRAIN: Yes.

EBONY HAVEN: Ms. Crain, yes. Mr. Ennis.

JAMAR ENNIS: Abstain.

EBONY HAVEN: Mr. Ennis abstains. Ms. Hagan.

JULIE FOSTER HAGAN: Abstain.

EBONY HAVEN: Ms. Hagan abstains. Ms. Hano.

JILL HANO: Yes.

EBONY HAVEN: Ms. Hano, yes. Ms. Harmon. Ms.

Jordan.

MEREDITH JORDAN: Yes.

EBONY HAVEN: Ms. Jordan, yes. Ms. Nguyen. Mr.

Piontek. Mr. Rocca.

TORY ROCCA: Yes.

EBONY HAVEN: Mr. Rocca, yes. Mr. Smith.

ROBERT SMITH: Yes.

EBONY HAVEN: Mr. Smith, yes. Ms. Stewart. Mr.

Taylor.

ERICK TAYLOR: Abstain.

EBONY HAVEN: Mr. Taylor abstains. Ms. Washington.

RENODA WASHINGTON: Yes.

EBONY HAVEN: Ms. Washington, yes. Ms. Webb.

VIVIENNE WEBB: Yes.

EBONY HAVEN: Dr. Wilson. Mr. Williams.

GARY WILLIAMS: Mr. Williams abstains. Ms. Xu.

Nine yeas, six abstain.

CHRISTI GONZALES: The yeases have it and the motion is adopted. Thank you, everyone.

KELLY ADULI: We were unable to discuss the contractual and noncontractual activities under goals one and two of our plan due to time constraints. One very important update I would like to bring to the attention of the council is that we were unable to discuss yesterday that LaCAN and Families Helping

Families are currently in collaboration to host regional legislative roundtables across the State of Louisiana. These will be held virtually each year. They have been finalized and being shared across all council platforms and include information on how to register and participate. I would like to encourage all council members to register to participate in your regional roundtable. LaCAN leaders are also in the process of scheduling and completing formal legislative visits with key committee members to discuss this year's advocacy agenda created by the council. Council members please reach out to your regional LaCAN leader to get more information and ways to get involved and participate in legislative visits in your area. For all other details and updates on the initiatives and goals one and two I encourage you to review the status of planned activities document in your meeting packet. You can also reach out to staff if you have any questions about particular initiatives.

CHRISTI GONZALES: Thank you, Ms. Aduli. The next item of business is the report from the education and employment committee. The chair recognizes Ms. Renoda Washington for the report.

RENODA WASHINGTON: The education and employment committee met yesterday and does not have any recommendations to present to the council. We received a lot of great updates from LRS and LDOE. The committee discussed activities to recommend to the planning ad hoc committee for inclusion in the council's 2026 action plan under goal three which will begin October 2025. The education and employment committee would like to recommend the planning ad hoc committee consider the following activities for inclusion in the federal year 2026 action plan and offers this recommendation to the council for consideration. First one is advocate for more services through LRS due to high caseloads. The next one is support LDOE responsive actions to the audit report with respect to seclusion and restraint and to promote inclusion in education.

CHRISTI GONZALES: So it is moved that the council, for the recommendations for the planning and ad hoc committee and consider the following activities for inclusion in the FY 2026 action plan and offer the

following recommendations for the council to consider. Because this motion is coming from a committee it does not require a second. Are there any discussion from council members? Any public comment? So the question is on us recommending the planning and ad hoc committee to consider the following activities to include in our FY 26 action plan and offer the following recommendations to the council. Ebony.

EBONY HAVEN: There is a hand that was raised while you were talking.

CHRISTI GONZALES: I'm sorry. Ms. Roslyn.

ROSLYN HYMEL: Are we going to do anything new for this year until like 2026 planning out for this year going into next year or are we going to run it for the same plans or what are we going to do even with that?

EBONY HAVEN: Roslyn, so right now the council has one activity under education and employment, one initiative, and that's the transition training. So the planning committee will discuss the recommendations from the education and employment committee that they made yesterday that the council is about to vote on. So these are new activities that they can potentially put in the action plan for next year.

ROSLYN HYMEL: So same is what I'm hearing in that because I don't want to miss out on anything up on that because if I do miss anything that's why I'm trying to catch up from last night for what's the agreement to it.

EBONY HAVEN: So these are new activities. These will be new things that they're considering for FY 26 for the next action plan that starts October 1st.

ROSLYN HYMEL: So October 1st does that mean that it's going from October to what's going to be the ending date from that, October 1st?

EBONY HAVEN: The FY 26 action plan goes from October 1st, 2025, to September 30th, 2026.

ROSLYN HYMEL: So is it going to go into November, from October 1st to November 1st?

EBONY HAVEN: No. From October 1st to September 30th of 2026 the following year.

ROSLYN HYMEL: Okay. See that's why I'm asking this question because, you know, it's a little hard to kind of keep up since none of us has our packets because of the snow that we had last week. That's

pretty much why I didn't read up on it on that on the FY.

EBONY HAVEN: And we're going to make sure we mail your packet as soon as we get back to the office, Ms. Roslyn, I promise.

ROSLYN HYMEL: Yeah, I know we have to do a catch up and everything on our packet. So I do understand that.

CHRISTI GONZALES: Any other questions? Thank you, Ms. Roslyn. Ms. Ebony.

EBONY HAVEN: A vote for yes is that you agree with the motion stated on the screen. A vote of no is that you don't. Ms. Aduli.

KELLY ADULI: Yes.

EBONY HAVEN: Ms. Aduli, yes. Dr. Barovechio.

PATTI BAROVECHIO: Yes.

EBONY HAVEN: Dr. Barovechio, yes. Ms. Bayham.

MELISSA BAYHAM: Abstain.

EBONY HAVEN: Ms. Bayham abstains. Mr. Bennett.

BRIAN BENNETT: Yes.

EBONY HAVEN: Mr. Bennett, yes. Mr. Billings. Mr. Blunski. Ms. Crain.

CHERI CRAIN: Yes.

EBONY HAVEN: Ms. Crain, yes. Mr. Ennis.

JAMAR ENNIS: Abstain.

EBONY HAVEN: Mr. Ennis abstains. Ms. Hagan.

JULIE FOSTER HAGAN: Yes.

EBONY HAVEN: Ms. Hagan, yes. Ms. Hano.

JILL HANO: Abstain.

EBONY HAVEN: Ms. Hano abstains. Ms. Harmon. Ms. Jordan.

MEREDITH JORDAN: Abstain.

EBONY HAVEN: Ms. Jordan abstains. Ms. Nguyen. Mr. Piontek. Mr. Rocca.

TORY ROCCA: Yes.

EBONY HAVEN: Mr. Rocca, yes. Mr. Smith.

ROBERT SMITH: Yes.

EBONY HAVEN: Mr. Smith, yes. Ms. Stewart. Mr. Taylor.

ERICK TAYLOR: Abstain.

EBONY HAVEN: Mr. Taylor abstains. Ms. Washington.

RENODA WASHINGTON: Yes.

EBONY HAVEN: Ms. Washington, yes. Ms. Webb.

VIVIENNE WEBB: Yes.

EBONY HAVEN: Ms. Webb, yes. Dr. Wilson. Mr. Williams.

GARY WILLIAMS: Yes.

EBONY HAVEN: Mr. Williams, yes. Ms. Xu.

CHRISTI GONZALES: The yeses have it and the motion is adopted. Thank you, members.

RENODA WASHINGTON: Unfortunately due to time constraints the committee doesn't have any concepts to offer so we would like to open the floor now for recommendations on concepts.

CHRISTI GONZALES: Does anybody have any recommendations?

JILL HANO: Advocate for universal PreK and early intervention training for early childhood providers to support students with disabilities. I would like to make a motion that we advocate for universal PreK which is one motion or one recommendation. And then the other item would be to advocate for early intervention training for early childhood providers to support students with disabilities.

EBONY HAVEN: Can I make a suggestion? Instead of making a motion now and then somebody else making a motion, can we get all of the recommendations and then somebody make one motion.

JILL HANO: Okay.

CHRISTI GONZALES: Any other recommendations?

VIVIANNE WEBB: So a big issue with schools is they like to push students with disabilities out or kick them out and push them on the curb to calm down or what not. So are there any ideas on how we could stop that and make the schools accommodate and keep the students with disabilities?

CHRISTI GONZALES: They tend to let them calm down, is that what you're talking about, Vivienne?

VIVIANNE WEBB: Yeah. Not only will they just send them home from the school when they like have a situation, but they also will literally permanently say hey, your student should go to homebound.

ERICK TAYLOR: I kind of understand what she is saying because when my child was in school they recommended it would be best to put them in homeschooling instead of having them in the public school because of medical issues. I strongly recommended that she stayed in school around other

kids. If there's a way we can stop that where the schools can stop where they're pushing people that's disabled into the homes that's more nonphysical, they can't move. That would be something.

CHRISTI GONZALES: Mr. Erick, Ms. Vivienne, would it be an alternative placement besides homebound due to behaviors?

VIVIENNE WEBB: I do not want an alternative school or an alternative placement. I want them to be included in the schools with all the other students and not be kicked out permanently for health reasons.

CHRISTI GONZALES: Okay.

ERICK TAYLOR: Again, I agree with her on that. And another thing if we could stop this not isolating them in one area. I think they need to be around other students not just disabled students.

SPEAKER: From my experience, like when I was in school I was like one of the higher functioning people in my school and I felt secluded. I felt isolated because I didn't have regular classes. I should have taken more regular classes when I was in school and I really think we are more capable.

EBONY HAVEN: Just for clarification purposes. I'm trying to-- because these are broad concepts. Advocacy around seclusion is what I heard Mr. Taylor saying. I guess I don't know how to word what you're saying Vivienne. Do you have any suggestions, Meredith?

MEREDITH JORDAN: Yes. So let me offer some support. I appreciate everything that we're talking about. Totally agree with what you're saying. I'm wondering if what we're really-- because common language and terminology matters, right. We talked a lot yesterday about seclusion, what that means in terms of seclusion and restraint law. Perhaps here what we're really talking about are placement decisions. Educational placement decisions and that is a continuum, right, of options. So I'm wondering if, and certainly want to hear your response, feedback if this is perhaps about awareness, education about what these placement options look like, what they mean. Just kind of thinking through this alongside you guys.

CHRISTI GONZALES: Maybe in school strategies could be done before they result to a change in placement or homebound. Vivienne.

VIVIENNE WEBB: Yes. But I also don't want the school to be able to push students out and get out of educating them if that makes any sense.

JAMAR ENNIS: So Vivienne, I guess are you suggesting that the parents aren't having the appropriate decision-making to participate whether or not their children is to receive homebound services verses strategizing, you know, going through the steps to make sure their IEPs are addressing, or the 504 plans are addressing the specific behaviors or concerns? You're saying the parents are kind of ushered out of the decision-making process?

VIVIENNE WEBB: That as well but the school if something looks like too much for them or they just don't want to deal with it they tell the parent the child should go somewhere else and I don't think that's right. And I also don't want students to be stripped of their education in a way just because they're disabled.

JAMAR ENNIS: So I think the root of what you're saying is that parents should retain the decision-making, right, whether or not the child should be homebound or at least spend certain periods of time in homebound situations. Because I can tell you sometimes in my private practice I advocated for homebound services because that's what the parent, that's what the student wanted at least for a certain period of time. So some situations it's ideal because the parents are telling me this is what my child needs. So I think maybe if there are some controls placed on what you're suggesting that parents, students kind of lead the way in the decision-making. Do you think that's something that can help provide some kind of remedy to your concern? Just putting that out there.

VIVIENNE WEBB: Yeah. That and then being able to go back to school when it's time and the student's ready.

JAMAR ENNIS: It's not an infinite time. Sometimes it can be a week, two weeks. Because I know if it's homebound sometimes you have to provide services tailored around that. Like paras, certain things that still has to happen. So maybe that's something to kind of work in. Just a suggestion.

CHRISTI GONZALES: Dr. (inaudible).

SPEAKER: I think what Jamar (inaudible) spell out in the IEP so the school won't just go back.

(Inaudible) it's by professionals, right. So these type of students can be after school with everybody else. So I think spell out how to provide the services.

ERICK TAYLOR: I'm saying like this, why provide a homebound situation for a student that has equal opportunity to be out there just like everybody else. I feel like that's isolating a child into a home that they need to be out too. They need to see too. Because when I was a parent they was like look, this is the best thing for them because we don't have the ability to take care or the ability to do this and do that. We don't have people trained to handle these kids that's got medical issues that needs to be taken care of. We need people trained. Let's send them home because of liability, no.

MEREDITH JORDAN: I have one more piece to add because I'm remembering also, and again, right, this is legislation from last year. We just had policy responsive to that coming off of notice of intent. But if you remember Act 198 last year also now requires any changes to IEPs, which would include placement, you have to properly prior notice parents before you make those decisions. Include them in those decisions. So I'm not saying we're perfect by any means yet, but I'm certainly in the discussion to say what have we done. That was really stakeholder advocacy, that piece of legislation I think kind of speaking to some of this same issue too to where changes in placement and really restrictive placement requires you to prior notice parents, have a proper meeting, really sort of codify that in law and be placed into policy. I just wanted to bring that back up too just to keep that in mind when you think of next steps.

VIVIENNE WEBB: That and then I understand the concept behind homebound but it's only four hours of education a week. It's not a good decision. And the reason schools usually tells parents to do homebound is either because the school has created an inappropriate situation where they have not accommodated the student properly and created a harmful environment for them or they don't want to accommodate the student period and

they're just trying to push them aside. They will also try and get them to go do homeschooling instead.

SPEAKER: Is it maybe that you guys are looking for advocacy for funding to hire and train staff on how to support medically fragile students so they can be educated in a least restrictive environment.

CHRISTI GONZALES: Maybe more hours of education if they would need it.

VIVIENNE WEBB: I don't want to advocate for homebound. It's not that the schools don't have the money to accommodate these students. It's that the schools won't accommodate the students.

CHRISTI GONZALES: Is what we have on the screen appropriate? We have advocacy for awareness, training for parents and school staff around in-school strategies concerning educational placement decisions rather than homebound. Any other ideas or comments? Ms. Roslyn.

ROSLYN HYMEL: Yeah. I am agreeing for what I'm hearing in that. But, you know, I don't know why other schools or even when they have children they are in like group homes or anything in that. It's like they don't want to pick up or anything or to spend time with their child. You know, like they are saying in that. But there again, this is what I don't get. Why do parents do that to their children. Especially if you have a daughter or a son in a wheelchair. What can they do especially if they have a daughter or a son in a wheelchair. What kind of purpose is that if they don't have a program in any school. That's what I want to know.

CHRISTI GONZALES: Thank you, Ms. Roslyn. So we do need a motion.

RENODA WASHINGTON: I have a recommendation that we have more transitional planning such as in the emergency planning for if a caregiver dies, those type things to ensure families have something in place in case those type of emergencies. I mean, death is real. It happens. Just like a will, estate planning. Having something. What's next after that for families. A little bit more in our transitional planning for families. Also, with post-secondary education as well I feel that that's something that we're lacking in as far as making a connection. Parents do not know what's

next after high school. We need to promote that way more than we have so that they can have an idea of what's next. What it looks like. My child does have an opportunity and what are the opportunities for my child if that makes sense. I think we just need to do a little bit more in our transitional planning. And also making a better connection. Like, for example, having a job fair that caters to those with disabilities. And even if they don't, how can we advocate so that they will.

JAMAR ENNIS: I really like what you said about the transitional planning. Especially when it comes to wills, things like that. But I do have like a small concern. So there's two different types of wills you can have. A (inaudible) and holographic. If there's any advocacy in place-- because you can do your own will. So I think there should be training just as a safe bet how people do it themselves as opposed to, I don't know, retain services or people like to do it for them and they mess up. I just don't want any liability. It's a great idea and I think it could work especially if there's training. Because if you go on the Louisiana state website it will tell you what a holographic will is, how to do it. Just putting that information out you're good.

The other thing would be the power of attorneys and things like that too. That's another can of worms. I don't know what else you mean by transitional planning. Could you elaborate a little more. If there's anything outside of wills and power of attorneys.

RENODA WASHINGTON: The only example I can give, I'm the only child, my son is an only child. What happens if I die. Do I have things in place. Sometimes people they're not aware. So I'm just saying how can we make as part of transition can we just talk about that emergency care plan. What do we do in case of in emergencies. Specifically a death of the caregiver. What goes on after that. It's not always discussed. I've gone to different workshops where they're talking about wills and ABLE accounts, stuff like that. But it's not something that you always hear. It's not something that I guess people like to deal with because that is a touchy topic but death is

going to happen and what's next.

JAMAR ENNIS: If there are any plans I will volunteer myself to work it to where we're not libel. We get the information but it doesn't come back on the council. Because I'm very passionate about this topic, about this issue.

RENODA WASHINGTON: Me too.

JAMAR ENNIS: You can (inaudible) the actual tutors in your holographic will. Say, for instance, if something happens to the parents you can name a tutor for a child in case something happens. Your descendant will still receive care and a person will be named.

RENODA WASHINGTON: Yes, those type things.

JAMAR ENNIS: But I think we create ways to where we're not, something goes wrong it doesn't come back on the council.

RENODA WASHINGTON: Right.

JAMAR ENNIS: I love the thought. We'll make it work.

RENODA WASHINGTON: You know, what's out there.

CHRISTI GONZALES: It's not talked about so it's something to discuss. Dr. Mehta.

DR. MEHTA: Yes. And what's next, right. And we heard the report yesterday so we're very happy that the state is doing well. One of the reasons that I'm passionate to be on this council because I'm in higher education and I teach (inaudible) all the time and we have a lot of students now going into higher education. (Inaudible) you guys have done a great job K through 12 but now they're going into higher education and we are not ready for them. That is a huge issue for us in higher education because we don't know what to do. And so since I'm really passionate about it what can I do to help the students, or the universities to help the students. The question is what's next.

CHRISTI GONZALES: Vivienne.

VIVIENNE WEBB: I really like the training awareness and transitional planning idea because if my mom were to die tomorrow my dad and my grandfather would not know what to do. My mom does everything. She takes us to the doctor appointments, manages the medicine. She knows how to term things and say things that my dad and my grandfather aren't familiar with and wouldn't know what to do in certain situations.

That and when I went to college like we were there for like a week or two and then we went off to Paris but our professors did not know how to handle situations with autistics specifically. So I think transitional planning and awareness would be really helpful in multiple situations, not just like a death or an emergency in the family.

CHRISTI GONZALES: So more training to the collegiate level, the educators. Is that what you're suggesting?

VIVIENNE WEBB: Not just educators, but like family.

BRENTON ANDRUS: Just I guess more of a statement. So there was Act 689 I think that passed last session where it was kind of looking at those options when you're transitioning from youth to adult. And I know the department was supposed to create information to share. I'm wondering when we talk about things like this, emergencies, of what's going to happen, there's no natural support. Can that be something included in that discussion and in the materials, like this type of information. So we might not have to get bogged down in doing it if there's a way to try to tap into something y'all are already creating through legislation.

MEREDITH JORDAN: Absolutely. So yes. And we're including that information. We worked with Disability Rights, a couple of other stakeholders to include that information in our procedural safeguards handbook that's going to go out to families. And that will be releasing any day now in the next couple of weeks as all of this policy that we had just come off of notice of intent too that impacts families, timelines. All of that will be included. It will be included there, to your point, Brenton. I agree. I think we can work together.

And to also piggyback on what Dr. Mehta said because I think we can also do a better job, and what Vivienne was saying about educating families and students who are students with disabilities who are going to post-secondary in how to access. Because a lot of people aren't aware that at every university there is a student support office. But It's incumbent upon the student to go there, tell them they need

support. And so I think to Vivienne's point educating our families. And I think I can do a better job to support you too through some of what we're doing.

SPEAKER: (Inaudible). It's a family event. Certainly that transition but then at some point when they turn 18, having just been through that (inaudible) that support of if family gets sick. We need to make sure we're equipping our young adults to be able to advocate and make decisions.

DR. MEHTA: Quickly to piggyback on what you just said. I can talk to you without consent once you turn 18 in college it doesn't matter. But there are ways to educate the students to say hey, yes, you can give your mom or your dad or whoever, allow them to be able to talk to me (inaudible). Someone that will advocate. So once you come to us and you're 18 the parents get cut off unless that child, well, not child anymore, you give consent. So that's a huge, huge issue. And so a lot of times I've seen these students like can you get your parents on the line. If you're in my office and your parent is on the line all she can do or he can do is listen to the conversation but cannot give feedback. We try to manage the situation. But it is a huge issue.

CHRISTI GONZALES: Many colleges want to have more students with disabilities in post-secondary but are limited to spots because they don't have the adequate personnel, they don't have the adequate training.

MEREDITH JORDAN: That's where the LAPIE initiative.

CHRISTI GONZALES: Yes.

SPEAKER: I wanted to add on. The post-secondary educational opportunity is very important. Attending Bridge, I mean we don't have a lot out there for people with disabilities after high school. And I really think we need to equip the people after high school with more college opportunities for people with disabilities. Attending Bridge in Independence I'm really learning a lot and I'm really hoping that everyone around across the nation, every college would step in.

CHRISTI GONZALES: Do we have any other public comments?

JILL HANO: Does the LAPIE program have a cap of

students? Yes. Okay.

SPEAKER: I want to share that the Families Helping Families centers that are across the state provide a variety of all of these types of trainings, things that I hear you guys talking about. From the special needs trust, wills. All of that to, you know, just a variety of topics on transition, transfer of rights. All kinds of things. And a lot of parents don't know that. We have a special education advisory council that's connected to the school districts to the special education departments in these school districts. And parents just need to be aware that this is a platform where they can share a lot of their concerns at these special education advisory council meetings. These meetings, this council was established so that parents can have a voice so that they can share some of the things that they're concerned about. Bring it to the special education advisory council in your school district and then from there they can start working towards trying to make a change. They take these concerns to the superintendent of the school district and then they try to bring about change. We're talking about these things at these special education advisory councils.

But not just that, when it comes to discipline, when it comes to the medical station, determination hearings that are held and determined whether these children will stay in school or have to have other placement, these type things, we talk about all of these things. If you have not been to any of these Families Helping Families websites or have not attended their webinars. Just Families Helping Families of New Orleans alone have over 100 webinars per fiscal year. And all of the other Families Helping Families have these webinars too. There are such a variety of topics. What we're trying to do is we are connecting and working closely with the school districts to help develop strategies and things to help support the parents and the students that have disabilities that attend school. We work very closely with the special education directors. The LDOE has a fabulous new family-friendly website where there is extra support there and help. So we just want parents to be able to take advantage of that. And if they don't know how

that's what the Families Helping Families centers are for. And that's why we're here and we've been here for over 25 years.

What we want you to know is that the Families Helping Families centers are there to help and support. And a lot of the questions that I hear that are going forth we have the answers for you. We can assist and help. All you have to do is guide those parents to the Families Helping Families centers and we're there to help and support. Not just from the educational side and provider support. We help students with IEPs, evaluations. If the parents need help and support in getting help preparing for a meeting. If they don't understand school protocol, what they need to do or how they need to seek help. That is what we are there for and we've been here for a while. So just share with them that there are Families Helping Families centers across the state. If they move from one area or region to another in the State of Louisiana they can still get that help and support that they need.

CHRISTI GONZALES: So we do need a motion.

VIVIENNE WEBB: So for disability service departments in colleges what if we also provide some trainings for how they can help their students in a way. Because the woman at my college she's very nice but she's kind of clueless and you have to tell her what to do and how to do it and talk her through a lot.

DR. MEHTA: All of these services, but I think it's more so for the council, how do we get these things to trickle down to the single mom, the single dad. Many of us (inaudible), but how do we get all of these services to trickle down to the home of the single mom who doesn't have time to go to the website, guys. See I think that's the issue. A lot of parents have no idea what she's talking about existing. Have no idea. How do we get this trickled down to the people. I think that's the question.

CHRISTI GONZALES: We are working this summer, me and Ms. Julie Hagan were invited to The Department of Labor's K Youth program. So I'll get with you later to discuss that. Our summit panel group, we would be happy to have you there. And that's one of the things we're going to be discussing. That's one of our main goals for Louisiana.

VIVIENNE WEBB: I don't know what's going on in y'all's regions but my community knows about Families Helping Families and uses the resources a lot. Maybe those FHF centers might want to do a little more outreach or get more connected with our community. But that's not really a council thing. I feel like that's more up to the centers.

NICOLE FLORES: For the transition piece in our area we've had great success with juniors and seniors in high school. Yesterday we met with parents and students and say what do you want to do after high school. And we also have (inaudible) would be there, LRS would send a person and we go through the whole school and make sure parents knew about the resources. A lot of them didn't even know about the disability offices at all the colleges. (Inaudible) just make sure they didn't get lost. And also they have a transition workgroup through LDOE and they're working on resources for transition for parents and students.

CHRISTI GONZALES: So we do need a motion for these recommendations. Ms. Roslyn, go ahead.

ROSLYN HYMEL: I want to motion that one because that really sounds really good. I agree on that so I would motion it.

CHRISTI GONZALES: Vivienne.

VIVIENNE WEBB: So about the awareness in education about post-secondary opportunities and things available. What about educating just like your everyday professors as well because a lot of them don't know how to act about disabilities in general in the classroom. For instance, there was a lot of hate speech about disabled students and disabled people in general in one of my classes my first semester and the teacher did not know how to address it or even realize it was an issue. So maybe also just figuring out like training all college staff on how to be an inclusive and safe environment for everyone.

CHRISTI GONZALES: Ms. Aduli.

KELLY ADULI: So I don't see healthcare providers being listed in this training stuff or education because I feel like the pediatricians are going to first identify or should hopefully identify developmental disability and say these are the resources, right. So like I found out in the NICU hey,

reach out to Early Steps. And Early Steps said hey, reach out to Florida Parishes. So I feel like we need to include healthcare because they're kind of the ones that also need to be lumped into education training because they're the first hands on the kid. Whether it's a hospital system or a physician practice they are the first ones to identify the developmental disability.

EBONY HAVEN: For clarification that will probably be better suited in goal two because that's more of a community support. These are more focusing on education and employment trainings. So if you wanted to add that, like the planning committee would take that recommendation to the planning committee to offer those additional educational opportunities.

EBONY HAVEN: Vivienne, can you clarify what you wanted for the college professor staff training.

VIVIENNE WEBB: Trainings around how to act around disabilities and how best to help these students just in the classroom and day to day. They don't seem to understand much around anything about disabilities. It's a foreign concept to them.

CHRISTI GONZALES: So I do need a motion from a council member to accept these recommendations.

ERICK TAYLOR: I motion.

VIVIENNE WEBB: Second.

CHRISTI GONZALES: Mr. Erick motioned and Ms. Vivienne seconds. Is there any discussion from council members regarding these recommendations? Any public comment? So the question is on accepting the following recommendations to our five-year planning on education and employment. A roll call vote. Ms. Ebony.

EBONY HAVEN: A vote for yes is that you want to accept these concepts for the five-year planning. A vote for no is that you do not accept these concepts. Ms. Aduli.

KELLY ADULI: Yes.

EBONY HAVEN: Ms. Aduli, yes. Dr. Barovechio.

PATTI BAROVECHIO: Yes.

EBONY HAVEN: Dr. Barovechio, yes. Ms. Bayham.

MELISSA BAYHAM: Yes.

EBONY HAVEN: Ms. Bayham, yes. Mr. Bennett.

BRIAN BENNETT: Yes.

EBONY HAVEN: Mr. Bennett, yes. Mr. Billings. Mr.

Blunski. Ms. Crain.

CHERI CRAIN: Yes.

EBONY HAVEN: Ms. Crain, yes. Mr. Ennis.

JAMAR ENNIS: Yes.

EBONY HAVEN: Mr. Ennis, yes. Ms. Hagan.

JULIE FOSTER HAGAN: Yes.

EBONY HAVEN: Ms. Hagan, yes. Ms. Hano.

JILL HANO: Yes.

EBONY HAVEN: Ms. Hano, yes. Ms. Harmon.

ANGELA HARMON: Yes.

EBONY HAVEN: Ms. Harmon, yes. Ms. Jordan.

MEREDITH JORDAN: Yes.

EBONY HAVEN: Ms. Jordan, yes. Ms. Nguyen. Mr.

Piontek. Mr. Rocca.

TORY ROCCA: Yes.

EBONY HAVEN: Mr. Rocca, yes. Mr. Smith.

ROBERT SMITH: Yes.

EBONY HAVEN: Mr. Smith, yes. Ms. Stewart.

BROOKE STEWART: Yes.

EBONY HAVEN: Ms. Stewart, yes. Mr. Taylor.

ERICK TAYLOR: Yes.

EBONY HAVEN: Mr. Taylor, yes. Ms. Washington.

RENODA WASHINGTON: Yes.

EBONY HAVEN: Ms. Washington, yes. Ms. Webb.

VIVIENNE WEBB: Yes.

EBONY HAVEN: Ms. Webb, yes. Dr. Wilson. Mr.

Williams.

GARY WILLIAMS: Yes.

EBONY HAVEN: Mr. Williams, yes. And Ms. Xu.

Seventeen yeas, zero nays.

CHRISTI GONZALES: So the yeases have it and the motion is adopted. Thank you, council members. If there is no objection the meeting will recess for ten minutes. Hearing none, the meeting is at recess. It is now 10:04. We will reconvene at 10:14.

The next item for business is the report from the Act 378 subcommittee. The chair recognizes Ms. Julie Hagan for the report.

JULIE FOSTER HAGAN: Thanks. The Act 378 subcommittee met yesterday and we do not have any recommendations for the council to consider. We did spend time reviewing fiscal year 25 second quarter data for programs within the Office for Citizens with Developmental Disabilities and Behavioral Health and

Aging and Adult Services. These reports can be found linked in our committee agenda on the council's meeting page if you would like to review. We had a few questions for Office of Behavioral Health from last quarter that they followed up on regarding consumer care resources and supported living programs. These questions centered on funds being used for school credit recovery and driver's education courses. There were also a couple districts and authorities or LGEs that expended all of their supported living funds in the first quarter. OBH informed everyone that this was due to the funding being utilized for urgent needs such as eviction prevention, utility assistance, etc.

In OCDD's report there was a concern about negative budget amount on the individual and family support and flexible family fund report. Ms. Brandy Croft explained that sometimes funding is moved from one program to the other to meet the needs of the families served. So this will show a budget reduction or a change in one area to the other area. We also noticed Central Louisiana Human Services District did not appropriate an amount equivalent to 9 percent of their state general fund to their DD programs as required by Act 73. Ms. Croft will follow up on this and report back next meeting.

We also received an update on the state personal assistant services or SPAS program that's overseen by the Arc of Louisiana. Ms. Kelly Monroe included a chart per the request of the council identifying how many individuals are currently receiving services and how many individuals have applied for other services. The committee was informed there is a total of 104 individuals currently on the waiting list to receive services. Ms. Monroe explained it would cost between 800,000 to 900,000 in state general funds, which equates to about 2.7-million if you include the federal match to eliminate the waiting list. The committee expressed interest in wanting to advocate for additional funding for the SPAS program in future legislative sessions. And that concludes the report.

CHRISTI GONZALES: Thank you, Ms. Julie. Are there any questions from council members on the report? Any public comment? The report requires no action and will be placed on file. The next item of business is the

standing council member reports. Please refer to the reports in the packet. Our first report is from the Office of Citizens with Developmental Disabilities. The chair recognizes Ms. Julie Foster Hagan for the report.

JULIE FOSTER HAGAN: Our report is on the tannish color paper. We have a lot of information and data in here. I mentioned at the last meeting that we were working on updating our report to make it a little more concise and easier to read. I guess over the years people have asked us to add things to the report and it's gotten longer and longer and longer. So we're still kind of tweaking that so that hopefully by the next quarter we'll have more of an updated report. But there were a couple of things that I was asked to give updates on specifically that we weren't able to cover in the self-determination and community inclusion committee yesterday so I'll hit some of those highlights. And then happy to also take any questions from the report.

Asked to give an update on the fiscal budget and how the DD community will be impacted. You know, we're still closely watching what happened from the tax session, what happened from revenue estimating conference and what that means for our overall state budget. I think there was discussion yesterday or even this morning. It seems as if things are going to be okay but we still need to really wait until that March or April revenue estimating conference to see for sure what that means. So at this point we are still continuing to watch the budget. I've gotten asked a lot of questions. There was a presentation that was done at House Appropriations. Basically what happened is they asked us if we lose 100-million dollars what will that look like. People have asked me if we have been asked to update those numbers. The answer to that is no. We've not been asked to go back to House Appropriations or do any kind of exercises that would show a different number or how that might change. And that information really wasn't like a budget reduction but more of what if kind of situation. And so we have not been asked specifically to do any updates for that. I would say stay tuned closely during legislative session because I think we'll see a lot in relation to

the budget. It is likely that they won't really know, revenue estimating, what's going to happen with the money coming in as a result of all the tax changes until we're in the middle of session. So a lot of times you might see the budget start one way and then during session they find out more clearly what the picture looks like for the money we'll have coming in. And a lot of times it's not even until the budget makes its way to the senate side that we really know what that's going to be. We are imagining that there will be a lot of moving parts during the legislative session as it relates to our budget this year. Which happens a lot so it's not unusual for that to happen. But because there was so many changes with the tax session and what not we anticipate even more than usual with that kind of movement happening.

We did do an increase. This is back to home and community-based waiver services now. There was an increase effective October 1st for the night rate. When people received services at night it was at a reduced rate because staff were able to sleep during night hours. So there has now been a change where the night rate and the day rate are the same rate now. Our provider manuals have been updated to also include that staff can't sleep at night. And there are some expectations then around documentation of what's going on and what's happening commensurate with that rate increase.

We have talked and we are continuing to work on some different things related to what we know is the direct support workforce challenge. We do continue to have conversations with some community colleges specifically around working on developing a curriculum that would result in some type of a certificate for direct support professionals who work with people with intellectual and developmental disabilities. There are some already nationally recognized training programs that are online programs so we're looking at that. We are looking at how we might be able to use some of our funding to give stipends for the workers to be able to pay for that training and then have that certification. And then what does that look like when you're providing services. Is there a way that we can make sure those folks get paid more and access to a higher rate of pay

because they have gone through that. We're continuing, again, to work with those community colleges so that we can try to get that rolled out. And we're using some of the American Rescue Plan Act dollars. So that's still in the works. It's also come to our attention, not from the Department of Health, but there may be some legislators who are interested in filing some bills this session around training for direct support professionals so we'll keep a close eye on that as well.

During our roadshows and also during Developmental Disabilities Council it came to our attention that even though we had started to provide incontinent supplies for people who are in home and community-based waivers that folks were still having some trouble with that because they were only able to get I guess the cheapest types of incontinent supplies. And so we heard there were issues with leaking or folks with increased risk of (inaudible) because it wasn't the quality briefs that maybe people could have. And so we explored that and what we found is for every service that we have there's kind of a cap for what providers can bill for that service. And so the cap that the durable medical equipment providers were able to bill for only allowed people to get that cheapest brief. So we've been working with Medicaid and we're hopeful we can get it by April 1st where we change that cap so that the DME provider where you get your incontinent supplies from has the ability-- if all you need is the cheaper brief than you bill the cheaper brief. But if there is a reason why you need something more expensive than it can go higher so they can get that higher quality brief. We are trying to make sure people understand though there's still kind of a 2,500-dollar cap. So if you're getting the higher cost brief it may be that you're going to hit that cap sooner than you would by using the lower cost briefs because the cap is on your total usage. But we're hopeful that we'll be able to have that fix in place by April 1st so that people can then get that different incontinent supplies.

The Medicaid access rule was the next thing I was asked to update on. We are still very closely watching the access rule. There have been several folks with questions with the new presidential administration is

the access rule going to stay. We can't answer that. We know that there's been a lot of executive orders. A lot of changes from things that were in place from the previous administration. I know I've gotten lots of questions about what it means for our population and for I guess LDH as a whole. A lot of it we're still just trying to wrap our minds around. We don't really know just yet and no one's been able to have the ability to analyze all of the executive orders and what they might mean. We do know (inaudible) around diversity, equity and inclusion probably have the most questions. Again, we don't know what that means for folks. We will have to continue to watch.

Some of the questions we got apparently this week Medicaid payment portal is down. That is back up and going. So at least for immediate we do know folks are able to get paid again. When that portal was down that seemed to be the most, I guess. I would be freaked out too. So the most freaked out that was going on this week. The rest of it we're just going to need time to really analyze. And because Developmental Disabilities Council is a federal program we'll continue to work closely with them as well. Like do any of these executive orders have any impact as well. And again, I just think we don't know yet.

I have been informed by the national association that I participate with that in order for this administration to just say the access rule, to change anything in the access rule it would require a legislative act. So it would have to be voted on in order to change any of those requirements. And I did a summary for the council I think last time or the time before. So not saying that wouldn't happen but it can't just be done through an executive order. Or the new head of CMS or HHS say we're just not going to pursue this at all. It would take a legislative action. Again, that's my understanding from the national organizations. Again, we'll be closely watching that. And because of that we're continuing full speed ahead to look at what do we need to do to be in compliance. And there's seven or eight different buckets of things that we're working on and we'll continue to do that. It was requested of me that at the point we're ready for feedback we go to the

self-determination and community inclusion committee for opportunities for feedback. So as we reach that point, which we're not quite there yet, but as we reach that point I'll be requesting that we add that agenda item to that committee so we can look at that moving forward.

And then the last thing I have before I'll take questions from folks is to provide an update on the rate study. As you guys know Millman, I think we've talked about it in here, is doing what we call a rate study for all of our home and community-based waiver services. This is across OAAS and OCDD waiver services. They've had a kickoff meeting. They have started to have focus group meetings. Unfortunately we did have a focus group meeting that we blasted to make sure folks were aware of for people receiving services and family members and unfortunately we only had two people participate in that meeting to give feedback on the rate study. So I did want to share that if you would as a person receiving services or a family member if there's anything you would like to share with Millman for them to consider in the rate study, things that might be important for you guys or that you want to make sure that they're thinking about as they're conducting the rate study there is still an opportunity to send in comments to an email. And there's a dedicated email address that folks can send to. It's not just for families and people receiving services. If there are providers listening or advocate groups this email is open for anyone who would like to share any kind of public comment or objective information they might have with Millman in the rate study. And that is, and I can also share this with you guys, but it's lahcvcs@millman.com. Lahcvcs@millman.com. And we'll again share that.

So again, what they will do is they're taking information that they receive from the focus groups from information we have about what the cost for providers are to provide services but they are also doing other work like looking at Bureau of Labor and Statistics and what salary ranges people have and kind of across the different states with a focus on southern states looking at what the rates are in other states. They're looking at, you know, are there differences in

cost to provide services in different geographical areas. Like some providers said in order to get insurance if I live in New Orleans it's like double or triple what it's going to cost to have insurance if I live in say Alexandria. So they're trying to gather all the objective information they can about the actual cost of providing those home and community-based waiver services and looking at wage and rates for direct support workers. And we're still hopeful that that report will be out by I think it's Mayish is when we're trying to make sure we get that report in. That will give us objective information. We've had a lot of conversation in the council around wages for direct support workers and kind of what part of the amount that providers receive has to go to just the cost of doing business verses what amount goes to the workers. So we're hopeful this study is going to really give us some objective information so that we can have better conversations and more transparent conversations around any potential rate increases in the future.

So I'll stop there but also happy to take any questions.

CHRISTI GONZALES: Any questions?

SPEAKER: Regarding the incontinent supplies I was able to find a provider that supplies the incontinent supplies that the participants are requesting at the same cost because I was having the issue they were only able to provide certain supplies.

JULIE FOSTER HAGAN: That might be good if you don't mind sharing at some point for other families to be able to know that.

SPEAKER: A lot of families were complaining because the quality was just not what they were getting. It was just one little cent more, one cent difference and they found another product. They were like we get this product but this provider cannot provide it because it was one cent difference. And we found another supplier and they were able to provide it. It makes a big difference. It really does.

CHRISTI GONZALES: Do we have any public comment? Ms. Roslyn.

ROSLYN HYMEL: I was listening to it but this is what I want to know in that would that still be for a lot of people in the State of Louisiana to

be (inaudible).

JULIE FOSTER HAGAN: I'm sorry, Roslyn. I didn't understand that.

ROBBIE SMITH: On the topic that we was just discussing, how many supplies are going out, is this going to all the schools or going to all the jobs or what? That's what I want to know.

JULIE FOSTER HAGAN: Sure. So the service that I'm talking about was added for people who receive home and community-based waiver services. So if you are a person who receives home and community-based services and you have a medical need for using incontinent supplies or briefs, and I believe you have to have a doctor's order for that, it can go into your plan of care. And when it goes into your plan of care there's a way that you then work with a vendor to be able to supply that. If you're in an intermediate care facility or group home then that has to be given by your provider because that's something that you need. And I'm not sure about in the school system-- or if you're in the waiver service and you have a job then you can get it that way. We also have some people who don't live in a group home and don't have waiver and so we still do have the Act 378 program called individual and family support and they still are able if there is people who need those incontinent supplies but aren't in one of those placements or receiving those services they can still get incontinent supplies. And we know there's still some being provided through that Act 378 individual and family support program.

ROSLYN HYMEL: Because why I'm asking is because I'm going to a dental appointment today. Would that even cover that as well. Because I know if you're going to a dentist now it cost an arm and a leg as well so that's making me want to ask this kind of question to y'all because I want to really mention. Because I know the dentists' appointments are like really high. Like maybe 200 or 300. It's in that kind of category in that and this is why I want to find out because I don't know that kind of service even for me being in that kind of field.

JULIE FOSTER HAGAN: Sure. So people who receive home and community-based waiver services do have access to dental services. And so that's also something for

those folks it goes through we have two dental plans, managed care dental plans. So the home and community-based waiver participants can get services. And then for you living in the group home your provider agency will cover that and then there are some things that they can do as well in terms of helping them to get reimbursed for being able to cover those dental services for people in group homes or intermediate care facilities.

ROSLYN HYMEL: Yeah. Because I'm literally in Magnolia Community Services. I shouldn't have mentioned that so my mistake on that. So could it ever help out with Magnolia Community Services with the dentist appointment?

JULIE FOSTER HAGAN: Yes. There is some additional funding that can happen for Magnolia and group home providers like Magnolia, yes. It works differently than it does for people in waiver but there is the ability-- they're responsible for covering some of it but the parts that they're not responsible for covering then they can get reimbursed and bill and get paid for that.

ROSLYN HYMEL: Okay. That's what I really wanted to ask because that was on my mind and I've been wanting to ask that. I'm glad I mentioned it to y'all as a council I'm part of. Sitting through it for this year so that way I would know when I get back fully on the council again.

CHRISTI GONZALES: Thank you, Ms. Roslyn.

ROSLYN HYMEL: Thank you. And speaking of it I will be leaving to go to the dentist in a couple minutes.

CHRISTI GONZALES: Thank you, ma'am. Any other public comments?

REKEESHA BRANCH: We have Ms. Mylinda Elliot.

CHRISTI GONZALES: Mr. Taylor.

ERICK TAYLOR: (Inaudible).

BRIAN BENNETT: That's something, Mr. Erick, that I spoke to people that oversee the dental program and they are currently working with the dental plans and they're calling each of the providers asking them. What they hope to do is put together a list of here are the providers that are seeing the individuals in the waiver programs and living in group homes so that we

can have-- because I know the list that's out there right now is the global list of all the dental providers who are contracted. And we have heard that sometimes you place calls to them and they're not accepting patients. So what we're trying to get specifically is I guess a more up to date accurate list so that if you need to call and schedule an appointment for dental services that you can use this list.

ERICK TAYLOR: I need service but the thing is everywhere I go you have to pay out of pocket.

BRIAN BENNETT: There's two things. Well, first of all the dental provider or the dentist would have to be a Medicare provider. And then what I just mentioned what we're trying to look at is looking at all of those dentists that are contracting with the plans and making sure that they are willing and able to see those enrolled in our waiver programs or group homes.

ERICK TAYLOR: And another thing when I go (inaudible).

BRIAN BENNETT: That goes back to that first point. They have to be willing to enroll in the Medicaid program. Some dentists are and some dentists aren't.

SPEAKER: Can you balance bill Medicaid dental patients? So, for example, my son has private insurance and then he's got his Medicaid as secondary. Should that dentist send me a bill for what Medicaid should scoop up and I'm supposed to pay that?

BRIAN BENNETT: They will cover, like every service has a rate so they'll pay at least that rate. If there's a difference between that I'm not sure. But I know Medicaid will pay at least the rate.

SPEAKER: Julie, do you know the answer? Because in healthcare we can't balance bill Medicaid patients. Like my son has Blue Cross and he has Medicaid secondary. Ochsner can't say oh, your balance is 65-dollars. Medicaid the parents don't receive a bill. I'm wondering is it the same for dental. Like Blue Cross takes it first. Medicaid second. Is it the same for dental because I just paid 1,200-dollars for my son's dental visit.

BRIAN BENNETT: I'm not sure. I'll have to get back to you on that. It might be different because is Medicaid the only insurer for the dental services?

SPEAKER: Well, this dentist doesn't take Medicaid.

And I think that's the case for a lot of people. So you have to pay, you find another insurance that the dentist will take and then pay the balance that Medicaid should scoop up which is still significant.

BRIAN BENNETT: I will check on that but I'm pretty sure that Medicaid can only pay towards services for a provider that's enrolled in Medicaid. If they're not enrolled in Medicaid.

CHRISTI GONZALES: Is there any way you can get back to us with that information because it is a good question?

BRIAN BENNETT: Yes. So just to clarify the question is if a provider is not enrolled with Medicaid can Medicaid funds be used to cover the cost.

SPEAKER: If they are or aren't. The question is should the parents ever receive a bill. The prime example, my son has dental through Blue Cross or whatever our plan is and also has Medicaid as secondary but yet I just paid 1,500-dollars for the anesthesia and everything else. My son has Medicaid. It should stop there. I shouldn't have to pay a 1,500-dollar balance when my son has two types of insurance. It doesn't happen in healthcare. Why would it happen in dental. But apparently it does because this doctor is not in network. But if he was would I have received a 1,500-dollar bill.

BRIAN BENNETT: I will check on that too but typically no, you should not receive a bill if it's covered by Medicaid and it's a Medicaid provider. Our fee to them is supposed to cover the service if it's a covered service.

CHRISTI GONZALES: Thank you. Appreciate it. Any other comments?

REKEESHA BRANCH: You have two hands raised.

CHRISTI GONZALES: Ms. Mylinda, please identify yourself and you have three minutes.

MYLINDA ELLIOT: My name is Mylinda Elliot. I have a 36-year old daughter with a developmental disability. One of the things that I have run across just here lately is that she has NOW waiver services 24/7 but I have difficulty finding staff that will work. So the case manager is telling me that they have to reduce her budget but I could get it back at any time. And I'm thinking there has to be some kind of process maybe

that I don't understand for her to get it back at any time because I could hire somebody tomorrow and then how long would I have to wait for the whole process to work its way through for her to have money in her budget to pay another worker. I guess I'm a bit confused because it feels like the hours are being taken away from her even though I'm diligently trying to find somebody that could work with her. So that's my question. What's the process to be able to get the money back in the budget and how long is that going to take.

JULIE FOSTER HAGAN: Let me follow up with my staff. I'm not sure why the budget's having to be reduced to begin with because I thought we had a caveat in there that if you were actively looking to find staff that the budget shouldn't be reduced. That we would just be able to note that you were not using the hours because staff was not available. But let me follow up with my team on that and I will make sure we get that answer back to you. And you specifically, Mylinda, I know how to reach you.

MYLINDA ELLIOT: Yes, ma'am. I had stopped working the six months after the pandemic ended. I prefer to just be her mother but I'm fixing to change all of that so we can use some of these hours. Which is a shame because I don't really want to but if that's the way this works then I have to use the hours and I'm going to figure out a way to use them, you know. But yeah, please, if you would get back to me I think I'm surely at the end of my three minutes. Thank you very much.

REKEESHA BRANCH: Ms. Katie Furtado.

CHRISTI GONZALES: Ms. Katie, could you please introduce yourself and you have three minutes.

KATIE FURTADO: Hi, everyone. I'm a mother of two neurodiverse children. And I have a question kind of based on the dentist question. I've had providers where they're not in network but it's like a continuation of care question of it's more detrimental to my child if I find someone in network for their particular services. So my question is is there a way to petition to have a compassionate consideration for in network for continuation of care so I'm not paying out of pocket?

BRIAN BENNETT: I'll have to check on that. I

apologize. I don't directly supervise the dental program but I'll check on that for you. I want to make sure I capture the question. So if a dentist does not enroll with Medicaid you're basically asking is there any way to get money to the family to cover that care.

KATIE FURTADO: Well, any provider but particularly like my son who is autistic has been working with this dentist and they finally have a rapport. I prefer not to pay out of pocket and I also prefer not to switch to somebody who is a provider in network. That is there a determination that you can see it's in the best case of the patient and the enrollee and the family to consider the provider they have as medically necessary whether it be OT, PT, food therapy. Just like even a pediatrician does not accept Medicaid but I maintain that care because he's been seeing that pediatrician since he was born. Like is there a super bill situation that I can send off to cover a medically necessary appointment.

BRIAN BENNETT: I'll follow up on that too as well.

KATIE FURTADO: Okay. Thank you.

CHRISTI GONZALES: Any other public 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. Sorry. The report of the Bureau of Health Finances Services Financing Medicaid. The chair recognizes Brian Bennett for the report.

BRIAN BENNETT: Hello, everyone. And just to start off because I know that some of you might not know. So technically we are called the Bureau of Health Services Financing. That's our name within LDH. But it's synonymous with Medicaid. If you hear Bureau of Health Services Financing that's what that is.

So my report is the blue report and it's broken up into two general sections. So we have the news and updates at the beginning and then some breakdown of services and programs that I've broken down with some descriptions of each of those towards the end. As far as news and updates two of the big things that we're working on right now are justice involved initiatives. So we have, and I think I touched on the first one in the last meeting, but we have what's called an 1115 demonstration waiver that we're working with CMS right

now. And what that will do is it will allow us to provide coverage for those that are incarcerated up to 90 days prior to their release. So we're getting them enrolled with Medicaid, try to facilitate that transition for them reentering the community after their release.

This is, I believe there are over 20 states that have approved programs right now. But we are still working with CMS and with the changeover at the federal level it's kind of delayed a lot of the discussions with CMS. I don't think we'll have approval on this program for at least a few months if not longer than that but we are continuing to work on that.

Another similar program that we have, and all 50 states are required to do this because this is required under the Consolidated Appropriations Act, is a program focusing on children, youth and former foster care children. It's very similar but this one only requires, it's a 30-day prerelease period where we target those, we identify them and get them signed up for Medicaid. Really with the goal of we're making sure that everything that they had while incarcerated as far as treatments, medications that when they come out as soon as they come out that those continue uninterrupted so it's really important to get them enrolled with Medicaid. That group will receive targeted case management 30 days before their release and then also as a follow up 30 days after their release from the facility.

Our Medicaid annual report. If any of you would like to take a look at that I linked it there but you can also Google it if you would like. Just type in Louisiana Medicaid annual report. This is for fiscal year 23 so it is a little bit delayed. It does take us quite a while to compile everything. It's a very large report. If you want to get any information on eligibility, enrollment numbers, what we're spending across our various programs that's a great resource to take a look at.

We are looking to make some changes to this report over the next year. While it is a good report and contains a lot of great data it's a little hard to digest. It's well over 100 pages long. There's a lot of data in it. One thing that we're looking at doing

is we're hoping to streamline the report going forward so it's a little bit easier to digest and it's not so intimidating to look at. Right now in the past it's been used as an informational resource but what we would like to do in the future is kind of just have it more as a snapshot of what the Medicaid program looks like year to year so that it's a little more user friendly with more tables and graphics and charts.

With our open enrollment period. So we have this every year. I mentioned this at the last meeting as well. It's just an opportunity every year for Medicaid members to switch one of their Healthy Louisiana plans or their dental plans. That wrapped up at the beginning of December so we had, I didn't get an opportunity to put this in the report, but we had about 1.4-million people that were able to change their plans during this time. That's the bulk of the Medicaid enrollment. And of that we had about 33,000 that elected to change their plans, which was about 2.4 percent of the Medicaid population that switched their plans.

The last two things. I mentioned this at the previous meeting as well. We are still working to update the LDH and Medicaid websites. We had previously planned a rollout in November but that has been pushed back. We talked to our bureau (inaudible) communications. They coordinate a lot of the website on the department level. And that's been pushed back till March. But again, the intent of the redesign of the website is to make it more user friendly, more consumer driven so that when the general public visits the website hopefully they can more easily find what they're looking for.

And finally, the transforming maternal health or TMH grant. During the last meeting I said that we had applied for that grant. Medicaid with the Office of Women's Health. We were one of the 15 states selected to participate in that. So we're working to roll that out, planning some of the programming and what that will look like. But we're still really in the early stages of that.

One of the other things that I wanted to follow up on that Julie said earlier related to the access rule. Most of the provisions of the access rule are kind of

further out. We have a few more years to work on those but one of the first things that will be coming due is they have a requirement for the state to create a Beneficiary Advisory Council. You might see it labeled as BAC. So this will be new to Medicaid. It will serve as a subcommittee to our current Medicaid Advisory Council. And the reason this is important is because up until now our Medicaid Advisory Council was largely focused on your typical healthcare services. So what the Beneficiary Advisory Council will do will kind of include a component for us to look at home and community-based services. We will be asking, we're going to put out a call for applications for anybody that's interested in joining that council. I think we're planning, subject to change, but I think we're planning to have our first meeting this summer. So once that application is final we're going to share it with Julie, Gary and the Office of Behavioral Health to try to get it around all of our stakeholders so that anybody that's interested in serving on that has an opportunity to do so. Specifically we're looking for Medicaid participants receiving home and community-based services, family members and even direct support workers to serve on that.

That's all as far as updates. The remainder of the report is just data on some of the various programs that have been updated since the last quarter. I'll take any questions if y'all have any.

CHRISTI GONZALES: Any questions? Hearing none, the report requires no action and will be placed on file. Ms. Roslyn, please introduce yourself and you have three minutes.

ROSLYN HYMEL: Yes. My name is Roslyn Hymel. Like you were saying about self, the very last one for self. What was the last part of it when you were saying about the self what now in that and how does that really work for people with that kind of disability? Because I know I have a disability and also I have a job on campus that I have. Would that kind of services that you was talking about would that serve as whatever help me in that kind of way over at the Cafe La Te Da. And that's what I want to know.

BRIAN BENNETT: Ms. Roslyn, I think the last thing I talked about was the new Beneficiary Advisory Council

that we're creating and that's related to the access rule. So it's not really a service but a group of people that we'll be putting together to look at issues that are important to Medicaid community-based services.

ROSLYN HYMEL: Yeah, that's also what I got too as well. Since that's what you're saying is would it affect my job where I'm at too, you know. That's my concerns and all because if I make so much money on it would I ever lose that kind of money?

BRIAN BENNETT: No. This council shouldn't affect your job, Roslyn. If you choose to participate it shouldn't affect that. The one thing that we are trying to work out, because we do realize that people do have jobs, so the times that we'll meet for the council because we do want as many people to participate and be active participants in it. So we are going to be looking at the times that we meet because we don't want to ask people, or at least to the extent possible, to interrupt their lives to attend this council because we do realize that people go to school, they have jobs. That's something that we are keeping in mind right now and make sure we take into consideration when we're deciding the meeting schedule.

ROSLYN HYMEL: Yeah. Because I've been there for two years and I have like a little fear that I might lose that kind of benefits with that kind of disability. I mean with Medicare and Medicaid and everything and I don't want to lose it at all. That's my fear that I have.

CHRISTI GONZALES: Thank you, Ms. Roslyn. Do we have any other public announcements? Hearing none, the report requires no action and will be placed on file. The next item of business is the report from the Disability Rights of Louisiana. The chair recognizes Mr. Tory Rocca for the report.

TORY ROCCA: Thank you very much. Just program updates. Our client assistance program who are receiving or (inaudible) services for LRS. (Inaudible). Our community living ombudsman program. We have advocates, individuals who have a disability that live in state licensed privately run group homes. (Inaudible). There's always a lag in the numbers that I have. (Inaudible). The community living ombudsman

program has served 3,906 people with developmental disabilities living in group homes. The staff completed 401 visits (inaudible) advocated for clients with problems in their living conditions such as (inaudible). Assisted a client with confirming their Medicaid enrollment. Advocated for apartment building management to make necessary repairs. Advocated for clients to get the needed bump up on waiver from the ROW to the NOW waiver which gives the client more support hours. Our financial access (inaudible) program. (Inaudible) formally incarcerated people with disabilities (inaudible).

CHRISTI GONZALES: Any questions or comments? Hearing none. Go ahead and introduce yourself, Ms. Roslyn. And you have three minutes. Roslyn? This report requires no action and will be placed on file. The next item of business is the Department of Education. The chair recognizes Ms. Meredith Jordan for the report.

MEREDITH JORDAN: Thank you. I don't know that I've ever made it before noon. Effective and efficient. So I want to start my report just with a bit of data and celebration that came out just yesterday. And we talked about it a lot in the education and employment committee so I'm going to try to be brief. But yesterday we joined the governor's office for a press conference on the latest national report card that came out based on the national assessment of education that happened in 2024. This is an assessment given every two years to all students including our students with disabilities. And what it is supposed to, it is a national gold standard for ranking states and telling states and our stakeholders, our parents, our communities how are we stacking up against other states across the country. And again for the second cycle of this report Louisiana made significant gains. And there's something really special about this particular release that's really close to my heart and I know every single person here. So it was only fitting yesterday that I wasn't at that press conference. However, we got to celebrate that with our committee yesterday. And that is our students with disabilities in Louisiana outgrew other students with disabilities across the nation. This is

remarkable. This doesn't happen. And I want you all to know whether you're service providers, educators, I think we all got a little teary eyed yesterday, parents, individuals it tells us that we have held our students to far too low expectations for too long.

And yesterday during committee I didn't get to share this because, right, all of this data is embargoed. I hear it when you all hear it, basically. But when I looked at some of the data specific last night, not only did we outperform both achievement and growth for all students with disabilities across the nation. On average across the nation students with disabilities declined 4 percent. Continue to hear that across the nation students with disabilities just aren't making progress, they aren't making progress. But in Louisiana on this assessment our kids grew 4 percent. So we didn't just barely, right. We made significant gains. And so that I just want to celebrate with you all, tell you thank you, congratulations. Keep pushing me. I push pretty hard. And I know we're going to continue to make great progress in our state. It definitely takes all of us. So I wanted to share that here.

I'm in the middle of federal reporting. I told them yesterday I see more green on my federal reporting this year than I've ever seen. Which tells us that number one we know what to do. We know how to support these students. We have amazing people, educators, stakeholders, families, kids to support. And we really believe in that in our state. And so I'll be excited to share once that federal reporting is complete a little bit more about that report to you all and I'll bring that back here.

So to get back to my report. You all know this time of year we are preparing for our huge Teacher Leader Summit this June. Last year we had record attendance. We normally average about 4,000 educators, leaders across the state. Last year we had 7,000 educators, leaders across the state. And when I speak to other state leaders nationally they're always surprised that we get that many people in one location from our school systems every year. And so it's a real opportunity for us to provide some new learning, provide some continued learning on what we know works

and get our educators and our leaders really pumped about the next school year. And so we're preparing for that right now. We do have our external presenter application open. I know there are a lot of folks who listen into this and who attend here who always submit presentations so I wanted to share that. It's quick. It ends tomorrow. So we released it about a month ago. But just wanted to share that here. We're prepping for that.

You all know if you know me, you listen to me we're going to have a lot of sessions on inclusive practices. We've actually, in listening to you all, listening to stakeholders we're going to have sessions around supporting and building capacity for supporting students with autism. Challenging behaviors, right. All those things connected to the audit and what we heard yesterday. Providing high quality teaching and learning and high-quality access to curriculum for even our kids with significant cognitive disabilities, right. So a lot of really great sessions. We kind of all joke at the department we really could have changed the title and just call it a diverse learners summit because those are the kids that everybody wants to come and learn how do I support them better, how do we improve outcomes. And so we're really excited for Teacher Leader coming up.

My next update I'll be asking you all for input. I always send this survey directly to the council when we release it. It's going to release in the next week or so. Every year we prepare an annual application to receive those federal funds for IDEA that we both flow through to our schools. There's also a state set aside portion for state activities. And so it's not due until May. I start very early. This is not Meredith's application. This is our stakeholders' application. What do our stakeholders-- what I'm looking for is what funding opportunities, how do we get here on the council. What funding opportunities do we want to continue to fund. What are some new things that our stakeholders want to see us spend our state dollars on to help support special education in our state. So I'll send the link to this public survey directly to the council to share with you all for both you all to complete and submit but to also help me share pretty

widely. We'll use social media, our newsletters, all of our outlets as well. And I certainly appreciate the support that you all give to that. So we'll release that very, very soon. And we usually give a pretty good window because I like to start early, at least a 30-day window to help get it out there and get that input back. I normally get hundreds of responses and they are seriously helpful for me in creating this application. I personally read every single one. I have an open-ended question on there. Like I'll ask some ranked items. Do you believe we should continue to do these things and then I'll say tell me anything else. And I read every single one of them because it's important for me to generate our stakeholder application.

This is exciting and new. We are releasing, have released a set of professional learning modules. And this has come from stakeholder discussions. It's come from resulting from some of the things from some of our audit reports, talking to parents. Even our LEAs I've had email me and I always think because I'm highly instructionally focused and I know compliance we have to have it, it's a baseline, it supports improving results. But I have to remind myself we have turnover, we have some basic compliance, professional development that has to continue to keep that capacity. And so we have partnered with LRP. It's not an acronym or alphabet. It just is that. It doesn't stand for anything. And this is a national legal organization that put out a lot of professional learning. We have provided access to 17 different topics. They are compliance in nature. And so a couple of examples here. You'll see the one on what are considerations for seclusion and restraint. So a little bit of responsive action to that audit report and try to get some development out there, awareness. IEP compliance, what should the makeup of an IEP team be. How do you conduct a compliant IEP meeting. Evaluation, reevaluation. How to write measurable annual goals. What are the legal requirements, practical requirements. Functional behavior assessments. We have talked about, I hear a lot from stakeholders, a lot from LEAs and we've really heard this since the pandemic around supporting challenging behavior in

schools. We have a couple of modules that we'll focus on conducting functional behavior assessments, when to do that, writing behavior intervention plans, strategies for doing that. Extended school year, what does that mean. How do you qualify. What should be considered at IEP meetings to make that decision. Behavior and students with autism again. Something that we hear quite a bit. And of course dispute resolution, some additional trainings there. And so I've already had LEAs and special education leaders email me and say thank you. Thank you for this. I can do some monthly learning opportunities with my special education staff, my regular education staff, IEP teams, pupil appraisal and have some of these learnings that were happening that we have all year long. So we're excited for that release and to offer that support to our school systems.

A quick SEAP update. Our last meeting was in December. Our January meeting, which you all know was cancelled due to the state office closure for the snow days. We are working to see the feasibility, availability to reschedule that meeting or do we just move forward, move those agenda items to March. I feel like March is going to be here any day now, honestly, at the rate things move. We're required by federal law to meet four times. We typically annually meet five. I've always done it because I need that many times but now I think I'm glad we do five when we have things like this perhaps. We wouldn't have to reschedule but that's something that we're talking with the panel about, availability, can we find space. But we will have another meeting. Our next scheduled meeting is March the 26th. They are set to take up a discussion much like we did yesterday on the seclusion and restraint audit. We will also talk funding and get their input on our funding priorities as well. But I'll keep you all posted if we do decide to schedule an additional meeting before March 26th.

I shared a little blurb in here, I won't read all of it, about the fall reading report. I feel like I generated this of course before yesterday but now you kind of see how all these things are tied together in the progress that we're making on literacy and reading even for our students with disabilities and how all

these assessments are tying together and we're seeing so much progress in our state. What I will point you to is that last paragraph. We have been featured, and I think it's a really great recognition to us, it is a nod to all of the work that we've been doing around true inclusive practices. I say this all the time, I think four or five years ago we were saying we were doing inclusion and we weren't, right. And I think now this is why we're seeing the results we're seeing. We were featured in two OSEP guidance documents about our inclusive practices and the work that we're doing. I have, after yesterday of course, I said this to our committee, folks calling, what are you doing, what are you doing in Louisiana. We have the Council for Exceptional Children. Some of you might be familiar with that national organization. They want to come and do a feature film on Louisiana. And I think that's great because I think we should be bragging on our students and our families and the work that we're all involved in. So I wanted to show you those and point you to that as recognition for the work you're doing.

And then ending with just a couple of events coming up. I know we have a lot of events. But a couple of things that I thought maybe some of our parents might be interested in and I know we have Families Helping Families represented here and they do hundreds of things. But just some things I wanted to bring to your attention connected to a lot of concerns we hear, right. How to manage behavior strategies. One of them is specifically around ADD, ADHD, right. Which we see a lot of and you see it on the rise sometimes. So if that's something you're interested in you can find information there. You can click on it to register. We have a couple things coming up for educators, creating adaptive books for every learner. This is a big deal for me. And we're going to be doing a lot of this at Teacher Leader Summit because a lot of our students with disabilities, we've said this before, are identified for special education because they struggle to learn how to read or fail to ever learn how to read. Knowing that literacy is a serious backbone for our kids.

Wanted to share this, we're going to do a lot of this at Teacher Leader Summit. And even for nonverbal

students. Students with significant disabilities. What are the best strategies to teach those students how to read. Create that independence, right. Giving them those communication access pieces. And then we're doing a little bit more on functional vision assessment. We've been doing that for a couple years ever since we updated our criteria to capture a little bit more students. Even students who they wear glasses, they may have some vision that starts out strong in the morning but by the end of the school day their vision is tired, right. And we have ways now that we can identify those students and support them. And so hoping our LEAs understand how to give functional vision assessments, how to really look at those students in their educational environment and provide them the supports that they need. So I wanted to share that one too. And I'll stop there so we can have some discussion.

CHRISTI GONZALES: Any questions?

JILL HANO: What does LA AEM mean?

MEREDITH JORDAN: That's the Louisiana Accessible Educational Materials Center. They provide all the Braille resources for all LEAs across the state. They also have a living library of assistive technology devices. They will help LEAs, they'll go and do student assessments, observe a student and see what devices might best help that student access their learning. Good question.

CHRISTI GONZALES: Is the state looking to streamline paperwork for IEPs and SPED that way it's the same from parish to parish due to monitoring and compliance issues and minimizing errors. That would be extremely helpful.

MEREDITH JORDAN: Yeah. So you're right. Depending from LEA to LEA there are different procedures, right. So the law is the law. State policy is state policy. You have your procedural safeguards but LEAs generate their own documents, their own forms. I'll tell you, Christi, that's not something that we're working on right now but certainly not something we can't think about.

CHRISTI GONZALES: Because it is so vastly different and if it was more streamlined they would have less errors, monitoring would be so much easier.

Just a thought.

MEREDITH JORDAN: Absolutely. And that's one of the things that we haven't really spent-- we have an electronic special education reporting system that we collect a lot of documentation in but that's one of my questions on my public funding survey is are there ways, are there spending opportunities to reduce any paperwork burden for educators because I believe that's important. But it is a complex world in special education of a lot of documentation.

CHRISTI GONZALES: Yeah. It's about 40 pages per child depending on if they're elementary or more if they're in high school. We waste a lot of trees. Any other comments or questions? Hearing none, the report requires no action and will be placed on file. The next order of business is the report of Governor's Office of Disability Affairs. The chair recognizes Jamar Ennis.

JAMAR ENNIS: Thank you. I promise you we're going to have an early lunch. I want to start off by saying that we're very excited to announce that we're going to have an event during the legislative session. I think it's going to be a very meaningful one, a very important one. Disability awareness day at the capitol. We're partnering with the Split-Second Foundation in New Orleans that has graciously accepted to fund this event. This is the first time the Governor's Office of Disability Affairs has done something like this. I think we're breaking some barriers here. So the premise is to have-- and by the way, I don't know if you know this or not but the DD Council's invited. So is the other disability centric nonprofits, agencies to come out, set up tables, interact with legislators. So we're going to situate the event is primarily going to be in the rotunda but also there's going to be a podium at the front steps of the capitol. We're going to invite legislators. We want our legislative body to see the great work that our organizations around the state are doing. Often times are not getting enough attention because (inaudible) this session. This is a fiscal year.

Which is kind of the second thing I want to talk about around the legislative session that is on the horizon. We want to have a beautiful opportunity for

groups to actually see legislators, meet with them, tell them why they're important, why we exist, how we can be helpful to the constituents in your area. This is the first time we've done it. We're very excited about this program. It's on the governor's calendar. We really want this first, you know, hopefully it's an impactful event and we can do this every year. We just got the logo. While Meredith was reporting I just got the email. We're very excited about that. I'm happy to share. It's the first thing on my report.

The next topic is the legislative session. We're checking for anything pre-filed. No activities yet. We appreciate that this council has submitted their legislative priorities, which is important for us because it allows us to get to work to at least tell our administration that hey, these are some of the concerns that one of your councils have. Let's sit at the table and talk about solutions. So if there's any legislative priorities, looking across the room, Disability Rights Louisiana. If there's any groups that have these things please let me know so we can at least talk and try to work on solutions so at least I can make some efforts to set up meetings and get leadership involved. Because that's what we're here for.

I included some links to the house and senate bulletins. There's a lot of good information there. It's what I personally use to see what's going on to check like prefile dates. To check when things are due. It's really important to have that internal knowledge of how they're moving, where things are going to be, where things can be found. So there's a lot of valuable information even at this early hour, this early prelude to the legislative session. So I just wanted to put that information there.

Also, another program that we will have this year, we haven't come up with a date yet, but the mayors' initiative. I think it's going to be a very powerful thing here where we're going to invite some mayors, local municipalities to come to the table and just figure out ways how we can make them stronger, to empower them to solve local issues. And here is some of the topics that we want to start off with. So the idea is to have the ones that are already established

and hopefully next year we can invite other groups, other mayors, other leaders who want to build something in their local communities to talk about, resolve local disability issues. So topics that we have on slate is emergency preparedness, networking, ADA accessibility, open meeting laws. That's a big one because we've been finding out that a lot of the mayors' councils aren't necessarily adhering to open meetings laws in terms of interpreters, notices. They can use the Act 393 exception if they do all the paperwork. So there are tools that they can use to make their good intentions legal and accessible. And another big one is transportation. Obviously there's transportation issues going on everywhere. Some mayors' initiatives they have a better handle on addressing transportation issues better than other local regions. So we just want to have these groups kind of share what they're doing. What's working. What's not working. And trying to do the best we can to bring like minds to the table to be positive and solve concerns.

We're also preparing for our GODA conference, early. We want to try to get as many solicitations. And the way we like to do our conferences we like to kind of get a temperature check on what issues or what people want to hear. So I guess it's ever evolving because I guess the way we've done the GODA conference once it was an ADA conference. Now it's kind of evolved to handle more issues. It's like the equivalent of sticking our toe in the water to check the temperature. Now we're drowning. We're here. Now that there's multiple topics we want to make sure it's a product that people want to participate in and come to and get information from.

And lastly, we're making significant efforts to address our disability trust fund which funds our office to continue to build programs, the programs that you know and love. Including but not limited to GOLD awards, GODA conference, this mayors' initiative that we want to do, disability rights day at the capitol and some other things that we want to do that I know that would be a great benefit to the state. However, our funds are not what they should be. It's our intention to kind of figure out what needs to try to hold the responsible parties that are supposed to pay into this

to pay into it. So we're funded by-- so 2/3rds of disability violations such as parking. Parking is a big one. Each parish sheriffs are supposed to remit 2/3rds of those violations to our budget. On the wide scale that hasn't been happening. That's how our office is funded. That's how we're funded to do programs. Obviously the more we get the more things you'll see from us. That's one of the things we're going to take strong action towards to make sure that we get what we're supposed to get as an agency. That's the longest short end of the report. Happy to take questions if anyone has any.

CHRISTI GONZALES: Ms. Kelly.

KELLY ADULI: Do you have the date for the disability awareness day at the capitol?

JAMAR ENNIS: Yes, I do. I apologize. It is June 2nd. We were aiming for a time in May but there's a lot of lobbyists and a lot of people who have soaked those days up to buy lunches. But at least we're able to get some point when the actual session is going on. We want people to reach out to their legislators to say look, our group is going to be there. We're from your area. Let's link up. Let's talk about what we're doing. How you can support us. So yeah, we're really excited about this event because it's bridging obviously the Governor's Advisory Council to our office and to the likes of groups like the DD Council, Families Helping Families. So we want this to have a statewide appeal to come to the capitol, make your presence and hopefully we can do this every year.

JILL HANO: Brenton and Jamar and probably Bambi can collectively answer. But something caught my mind when you were talking about legislative session. Do we have a date that all agencies have to submit our final agenda to your office?

JAMAR ENNIS: There's no requirement. I think it's more like of a courtesy. I think the DD Council they pretty much have taken the lead. From what I've seen they're generally the first group to actually get something out. The Disability Rights Louisiana, they get their stuff out. Louisiana Fair Action Council. So I think the sooner the better because it's always, I guess it's always energy that you're creating. You're giving more time on your chess game to bring attention

to issues to let us know about it. Because I guess windows close whenever it's closer to session because for me just being on the other side of this trying to get legislators' time and policymakers' time. Whether you're in state government. It's more of a framing. Anytime you get things out early you're giving yourself a best shot for results. Or at least to get things done. DD Council has been a great example of that. I can't speak to other agencies. To answer your question we don't have a time. We just like to know what's going on to do our job and make it known to our bosses.

JILL HANO: Like when you have your final law are you still the legislation (inaudible).

SPEAKER: All of our office.

JILL HANO: Other than LaCAN, their roundtables and FHF like do you have, and this is general, but do you have an agenda for anyone outside, like any official capacity?

BRENTON ANDRUS: Y'all vote on the agenda and we start working. I will say the agenda is always very fluid though. That sheet can change all throughout session. One round table power point presented this way and tomorrow runs a different way. Everything's always changing. In fact, over the last, I think we talked about this yesterday, five years or so y'all's agenda kept changing up until session started.

JILL HANO: Okay. I was just curious. (Inaudible).

BRENTON ANDRUS: We try to keep things timely so we can move with some of those advocacy activities that y'all ask LaCAN to do. We don't have any official deadlines for anything. We don't have to report what we're doing to anyone other than the feds at the end of the year we let them know how everything relates to our plan. But we don't have to notify anyone of what we're advocating for.

JILL HANO: (Inaudible) and you're like man, it's not that complicated.

CHRISTI GONZALES: Anybody else? Any other public comment? Thank you. Hearing none, the report requires no action and will be placed on file. The next item of business is the report of Governor's Office of Elderly Affairs. The chair recognizes Ms. Cheri Crain for the report.

CHERI CRAIN: I'm on the yellow paper. Just for the people that are new we kind of just give a brief introduction like what type of services we provide, what kind of programs we have. So I'm going to skip to the second page in the middle which is always pretty much a hot topic for our office. Since we handle all the elderly protective services we just kind of give some data around what types of reports we receive. And this is just the totals from July 1 of 24 to December of 2024. And it's always interesting to see it does not change very much as far as the ranking. Self-neglect and financial exploitation are the two highest categories of reports of abuse. New people I talked about this several meetings ago and continue to talk about it. Last year at session we were able to get additional positions. Four additional investigators that go out and investigate these reports. We are on the tail end of hiring those 17 positions. It has not been an easy road to do. I tell our staff that is currently on board now that has been doing this type of service God bless you every day because there's no way I could do what you do for the little money that you make. And we always have a high turnover. And it is because not just the pay but it is just the nature of the job. It is very tiresome and enduring.

We have seen the caseload not go down but the burnout. We've heard from staff because we have asked them since we had the additional positions what has changed. What has helped you. Has the caseload reduction helped. How has it helped. Those kind of things. So we do get that feedback from them. So that's been great to show the additional positions were very much needed. We were on a high case level nationally. Each investigator had over 55 cases and most nationally were only 30. So that kind of helped us get the power to get the additional positions as well.

Kind of talked about the aging and disability resource centers at the bottom. Kind of like the lady was saying with Families Helping Families, a lot of people don't know about it. But we do have eight resource centers around the state that you can call our office, tell us what parish you live in, we'll give you the resource center and they have all the resources

that are available in that area. They do change from regions because we do have local organizations or local companies such as a certain Home Depot in one area will have volunteers through Home Depot that they will go and build ramps or steps or whatever needs to be. But they might do it in the south region and not in the north region. It is catered to each individual region. So most people do not know about that. But there is the number there they can contact.

The next thing is our MIPPA, which is our Medicare Improvement for Patients and Providers Act. Open enrollment is every year at the same time. It starts in the middle of October till the beginning of December. We have 64 Councils on Aging. There's one in every parish. Not all of them provide this service so you would have to have the person or their caregiver call and see if we do provide that in that area. And what they do is they really look at the constituents prior health plan and they can look at it from last year and compare it to the new year and kind of give the guidance of okay, this is what you had last year. Now you are eligible to have this, this and this whether it's the dental, vision or whatever. So they kind of go through that and then they help those that qualify for low-income subsidy. And then the Medicare savings plan which is a big one. We are right now in the middle, Meredith and Jill and Julie with federal reporting. We're in the middle of our federal reporting so I don't have all the data yet but we usually put out a report, it is from our executive board on aging, that says how much we spend on medicines and how much it saves per person. So that will be shared the next meeting. It's very interesting to see for every dollar we spend how much we can actually save using that program. That's just a little information there.

Recent news. We are in the process of hosting a sub-grantee conference which is really for our directors of each Council on Aging. Like anywhere else they have a high turnover so we have new directors coming in, older ones retiring, that kind of thing. So that will be April 1st through the 3rd at the Crowne Plaza. We also continue working on developing our changes in our policies and procedures. We are an

agency that's a little bit different than most agencies as other agencies provide services directly to the constituents however we do not. We really oversee the Councils on Aging and we contract with them to provide all the services. So we're kind of like a monitoring agency. With that being said, we are actually governed by the Older Americans Act which is through the Administration of Community Living. And they just updated last year their guidelines and federal regulations. And so they have not changed that in over 30 years so it was a huge undertaking and finally finalized it last year. So now we have until October of this year to be in compliance with all those changes. So we're in the process of going through and updating our policy and procedure manual so the directors know now what they have to change. And a huge change is to the meals. During Covid we couldn't have the congregate setting where people could come to the senior center and eat in a congregate setting because of Covid and the spread of it. So we kind of made some adaptations and we started the grab and go meals where they can just drive through a line, grab a meal and go. They wouldn't have to get out of their vehicle. So we have been in conversations, collaboration with ACL so now when they do their changes to the regulations now they're going to allow the grab and goes to count as a meal. However, it cannot be more than 20 percent of the council's budget as well as our budget overall. So we have to put things in place to ensure that we don't go over that 20 percent because we would have to pay it back to the feds. So that's a huge undertaking going on.

And our next meeting for Executive Board on Aging is February 19th in the Galvez Building. You can go on our website and see if you would like to attend that. And of course we continue to work with EMDAC on a continual basis on any disasters that occur. Hurricanes, snow now. Didn't realize that was going to be something new we needed to add. And that's all I have.

CHRISTI GONZALES: Are there any questions from council members on the report? Any public comment? Ms. Roslyn, please introduce yourself and you have three minutes.

ROSLYN HYMEL: Yeah. My name is Roslyn Hymel. My concern, like you were saying with the meals and everything, what is EMDAC really stand for. Because I am a little lost on it so you can give me a little bit more information up on that because I am interested on that as well and everything. And also can you kind of put this into my packet so I can also kind of read up on it. Because something like this caught my interest for what you was really talking about.

CHERI CRAIN: Roslyn, it is going to be in your packet. It's actually in one of my agency reports and it's also online. EMDAC is really for the Emergency Management for Disabled and Aging Coalition. So after Katrina we really had a lot of things in place and so this coalition was developed with state agencies as well as organizations such as Sacred Heart. Jamar is part of it with the Governor's Office of Disability Affairs. I attend it. So it's a big collaboration of support and response recovery groups. And so you can actually go on the website of the Governor's Office of Disability Affairs and find out more detailed information about it.

ROSLYN HYMEL: Because like I'm saying I'm very interested and I still want to know a little more details about it so how can I reach out to something like that in that because also I am speaking out for Magnolia Community Services with something like this. So how can I go about something like that even for the services for Magnolia Community Services.

JAMAR ENNIS: Hi, Roslyn. This is Jamar with the Governor's Office. If you can send me an email I will add you to the list serve so you can participate. Also, if there's a program relative to a training or something of that facture sponsored by EMDAC you will see that in the newsletter as well. So I'll make sure you're added to both. I'll give my email address if someone can type it in the comment section. Jamar.ennis@la.gov.

CHRISTI GONZALES: Any other questions or comments? The 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 12:00 on the dot. We will reconvene at 1:00.

CHRISTI GONZALES: Hello, everyone. Welcome back. The meeting will now come back to order. The next order of business is a report from the LSU Human Development Center. The chair recognizes Ms. Constance Alphonse for the report.

CONSTANCE ALPHONSE: I am filling in today for Dr. Wilson to give the HDC report. In October when I was here I shared about the FASD project but we're going to be working on training across the state. But because of the governor's order to stop training we did not complete that. But Dr. James who is coordinating the FASD project was able to pivot and provide trainings to other agencies across the state really focusing on that coordination with the regional Families Helping Families centers. And then that information has been sent. And we're still working to really just kind of review the training.

We also have been working on federal funding sources. So we have submitted grants to three different federal funding. We did a grant with Maria Blanco in the Office of Head Start, an early Head Start partnership. That grant will allow us to continue to provide the trainings that we already provide for early Head Start and those sources. It also helps to support the salaries for about eight to ten full-time staff members that we have and providing professional development. It also allows us to expand the coverage outside of Orleans Parish and so we've been able to move into Jefferson Parish as well.

Nicky, Dr. Rose Cangelosi and Dr. Jennifer Lentz submitted a grant to the Administration on Community Living with the National Institute on Disability and Community Living Rehabilitation Research to interview parents who are raising children with Usher Syndrome which is one of the most common reasons for Deaf-Blindness. And what they're wanting to get with those interviews is really to identify the challenges of the parents and some of those needs. And then from there improve the effectiveness of those resources for professionals and to help provide supports for parents who are raising children with Usher Syndrome to help really strengthen their success educationally and with community (inaudible) and that transition into adulthood.

Allie Calvin and Tracy O'Donald have also submitted a grant to the Administration on Community Living within the National Institute on Disabilities, Independent Living and Rehabilitation Research to support transition. That's a topic we've had lots of conversation about for the last two days. With that the proposal is to work on that interagency collaboration to kind of reduce those redundancy of services. So what the school districts are providing and then what vocational is providing. And so their specific goal is to develop tools that will support that collaboration between educators and vocational rehabilitation counselors to reduce the (inaudible) of transition services and they're going to be looking at the preETS topics that are required by the Workforce Innovation and Opportunity Act in those five areas to provide individualized instruction.

And then we have on the final grant was submitted by Logan Guillory and HDC is a sub awardee and it's a National Institute of (inaudible) Research and that's really focused on creating a phone-based app for caregivers of children and youth with autism spectrum disorder and related disabilities. And it would include a micro library of training on common challenges of raising children with autism spectrum disorder and related disabilities. The goal would also be to include a desktop application for support coordinators to use so they can stay in contact with families and caregivers to kind of ensure that continuity (inaudible).

And then our last update. We are working on creating a neurodevelopmental (inaudible). Dr. Michael is working on that and is really focusing on bringing in other faculty within our allied health school and those departments across our LSU health campus to create a clinic where what they would do is they would follow this format for assessment. So they'd start with a brief diagnostic session to either identify or confirm some neurological dysfunctions such as executive functioning, memory processing. And it's not really, the purpose is not to really diagnose any one condition. So it would look at a range of conditions but maybe confirm like the underlying cause based on neurological condition. And that is really important

because we know that some neurological conditions do not respond to traditional treatments and approaches. And so it also would incorporate into disciplinary teams to kind of come up with a hypothesis and plans on how to support that individual. And then it would have five clinic sessions where they're testing and kind of refining and ruling out hypotheses to come up with a treatment plan that's kind of individualized. And then the team would come back together to kind of come up with a consensus of the most effective treatment option. And then they include the parents in that and train the parents and caregivers and implement whatever those recommended strategies are.

CHRISTI GONZALES: Any questions? Any public comments? Hearing none, the report requires no action and will be placed on file. The next item of business is a report from Louisiana Rehabilitation Services. The chair recognizes Ms. Melissa Bayham for the report.

MELISSA BAYHAM: Good afternoon, everybody. My report is on the bright pink paper. I have a lot of statistics in here that y'all can look over. I won't go over those specifically. I wanted to just discuss a couple of things. Under preemployment transition services, we talked about this a lot in the education and employment committee yesterday. But wanted to mention we currently have 19 active third-party cooperative arrangements in school districts to provide preemployment transition services. And we have three school districts that we're in the middle of contract negotiations with. And those are Lincoln, Lafayette and Catahoula. So we continue to increase the participation in third-party cooperative arrangements which allows school districts to have their own transition specialist in their schools in order to provide these preemployment transition services.

One thing I did want to note on the bottom of the first page. We have been under a federal corrective action plan because of time limit issues in determining eligibility and writing individualized plans for employment. So that's a statewide (inaudible) 90-day performance measure. And I had to report last quarter we were able to meet that target. The target is 90 percent. So we are improving in meeting that particular compliance measure. So hopefully we'll be

out of that corrective action plan soon.

Our Louisiana Rehabilitation Council was also supposed to meet last week during the snow event. It has been rescheduled for Monday February the 24th at 9:00 at the Hampton Inn on Reiger Road. So if anybody is interested in attending that's when that meeting has been scheduled.

Also wanted to mention that we did just conclude at the end of the quarter a training for all of our counseling staff called the VR Journey. We have had, and I've discussed it several times at many of our meetings about our issue with recruitment and retention. So we have a lot of new staff and so we thought this was a good opportunity to get everybody together, all of our counselors to make sure that we're on the same page. There's a lot of policy with VR services and we have a lot of different services. So in order to-- one of my goals is for our services to be more consistent statewide and so everybody got the same training. And so hopefully you'll start seeing more consistency with the services that you see statewide.

And my last update is we did contract with LG Shreveport Institute for Nonprofit Administration and Research. Every three years we have to conduct a comprehensive statewide needs assessment as part of our state planning process and so we conducted that assessment or we conducted that survey. And they are at this point analyzing the results to give us that report which will be used for planning purposes. But that's all of my comments I wanted to make. But happy to discuss.

CHRISTI GONZALES: Any comments 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 the Office of Aging and Adult Services. The chair recognizes Ms. Richard to present the report. I'm sorry, Mr. Williams.

GARY WILLIAMS: It's okay. Good afternoon, everyone. Of course the same format of the meeting I attended in October. (Inaudible) our recipients of adult day healthcare and community choices. Those are both of our waiver programs as well as long-term care services and all-inclusive care for the elderly, the PACE program. The PACE program has been really going

well. We have four of those programs across the state. 424 is the total for all four locations across the state. Most recent one that opened in Alexandria it opened last year in 2024. We had a grand opening earlier this month and currently at 54 participants. We're really looking at this PACE program because of the fact that the community choice waiver program the wait list is very long with that program. But we found the PACE program offers an opportunity for seniors and others to go and receive services at these centers that would otherwise they would be waiting for a community choices waiver to receive. So those services we want to make it known the leadership has pushed legislation that we can have some funding to open additional PACE centers across the state. We think it would be very beneficial and give us some relief as to those waiting for the community choices waiver.

One other thing I wanted to point out, the waiver registry, I mentioned this back in October, but the CCW wait time is at 13.3 years. Those that are waiting are receiving some services. Whether that be in-home services or services that they are going into a facility to receive. The CCW wait time without other services that is a shorter timeframe because those are not receiving any services at all.

And move down, just want to highlight the investigations. If y'all have any questions on that please let us know that. In all categories caregiver, emotional, financial, physical, sexual. As the Office of Elderly Affairs mentioned that's a top priority of both of our agencies. We get referrals from one agency to the other as it relates to any allegation of abuse or neglect. Age range of 18 to 59 they refer to us. On whether it comes to us if they're over that age range the referral goes to the Governor's Office of Elderly Affairs.

One other thing I really want to point out we talked about back in October but moving forward with the workforce training. We have a workforce shortage when it comes to providing in-home services. So we have continued to find ways to educate and provide CEUs for direct service workers so we continue that. We launched a pilot program for direct service workers to receive training. Direct services workers can sign up

for an online learning platform and participate in self-directed learning through November 30th, 2025. And we continue the person-centered training at no cost to the direct service worker. So we feel like this will go a long way in helping those providers get training that they need not only free of charge but helping them gain CEUs that they may need. That's all I have.

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

PATTI BAROVECHIO: Good afternoon. My name is Patti Barovechio and I represent Title Five the Bureau of Family Health under the Office of Public Health administers the Title Five program for the State of Louisiana and offers a lot of programs and supports for children and youth with special healthcare needs. I'm not sure what color. I would think I'm usually bright yellow or orange. And my report is rather lengthy. And so I just want to highlight some very key programs that may be of help to the families that you serve. Children Special Health Services has a transportation assistance program that if Medicaid transportation is not suitable for the family's need they must apply to Medicaid transportation first but if that does not meet their needs they can apply for a transportation stipend through Children Special Health Services. And if you need you must meet the Children Special Health Services criteria, eligibility criteria. But they can help you with that at Families Helping Families or the BFH Family Resource Center.

And that's the next thing I'll mention is our BFH Family Resource Center is a statewide family resource center. They will help any family member. There is no eligibility requirement to access resources, health related, insurance related. Can be social barriers to health related. So there isn't many stipulations as far as what they will support. So if you have a resource need in Louisiana the family resource center is available Monday through Friday 8 to 4. You can reach them by email or by phone. And in the report you

can see that there is a phone number as well as the BFH email. For families that need language assistance they can text the number in the report and all they have to do is text the date, the time they are available and what is the language preference. And then they will be contacted, facilitated through a language line.

We also work with Families Helping Families. They're great partners in our work of supporting children and youth with special healthcare needs across the state. Right now we call this our resource information workshop season where we host, Families Helping Families host provider education events. And so as the information on those events become available I will share them out with the council but they do provide continuing education credit for nurses as well as social work.

Under the bureau we also administer the early hearing detection and intervention program. Information on their recent accomplishments and when you can attend the next advisory council meeting is within the report. They also spot work with Louisiana Hands and Voices. And that's a parent/peer support organization for children that are Deaf or Hard of Hearing. So if anybody has interest in that there is a link to that information as well. And our program in our state is called Guide by Your Side.

There is also the genetic diseases program. We do the newborn heel stick screenings in the hospital. And there is information about how our laboratories are now doing the tests rather than sending them out. There's an update on that work. We also do Louisiana Birth Defects Monitoring Network for the State of Louisiana. And the criteria are listed in the report. Our family resource center provides outreach to every family identified through birth defects surveillance and offers them resource and referral supports to ensure that all children are linked to the services that they need timely.

We also support the Louisiana Commission for the Deaf and their activities and contacts are listed there in the report. As well as the maternal infant early childhood home visiting program. We administer at the bureau two different home visiting models. One is parents as teachers and one is nurse family

partnership. This home visiting is available in every region of the state. Not necessarily both models but one or the other is available in each region of the state. And then we also have the adolescent school health program that administers the OBH sponsored school-based health centers and there's information about that in the report as well as contact information if you need more information.

One thing for the health provider workforce we sponsor the Louisiana provider-to-provider consultation line. And this is mental health consultation for perinatal populations meaning women who are pregnant or just gave birth and the pediatric population. So a provider in Louisiana can call at any time and speak to a licensed mental health professional and get guidance on care planning and linkage for that patient's care plan. In addition, if you need medication guidance they can connect you with a pediatric or perinatal psychiatrist.

Our developmental screening initiative continues to support Louisiana health providers with implementation of universal developmental screening in the early childhood period. So in that zero to three period we promote developmental milestone screening, perinatal depression screening and autism screening. And so there's an email there if anybody would like more information about that initiative. We also administer the early childhood systems grant and right now we are in the middle of an early childhood developmental screening provider survey. So if there's any providers that want to weigh in on the developmental health system we welcome your participation.

And then partnersforfamilyhealth.org, it is a great resource. If you're looking for data reports the bureau publishes many important documents including things like on our Louisiana birth defects monitoring network surveillance work. And that can be found at partnersforfamilyhealth.org. And then our Title Five block grant team. As I mentioned that Bureau of Family Health administers Title Five and every five years we're required to do a statewide needs assessment. 2025 is our needs assessment year. So you may be hearing more about that. Maybe as a partner you might

be asked to participate in some sort of information gathering activity. So please be alert. We hold our partners near and dear to help us identify the priorities for this state.

And then last but not least we also sponsor the young child wellness collaborative which is a cross sector advisory council that provides leadership and informs priorities across the continuum of support services within the Louisiana early childhood system. We do have a family advisory committee that we just implemented in 2024. If anybody is interested as a family leader you can email Kaylee Hall at Kaylee.hall@la.gov for more information. And that's the end of my report. Are there any questions?

CHRISTI GONZALES: Any questions? Any public comments? Hearing none, the report requires no action and will be placed on file. If there are no objections the meeting will continue? We will now have public comments. The public comments can be on any area of concern or question. Each person recognized by the chair will have three minutes to speak.

ERICK TAYLOR: (Inaudible).

JULIE FOSTER HAGAN: Sure. So I had to think what you're talking about, Erick. At one point in time we talked a lot about shifting to having four waivers in OCDD to having maybe one, maybe two, but a consolidated waiver. We still intend to do that. That's still a long-term goal that we're striving for. One of the things, one of the reasons we're not able to kind of move on this for at least a little while is the American Rescue Plan Act dollars that I talk about us getting. One of the requirements is that as long as you're spending that money there's something that Centers for Medicaid, Medicare services says that you have to have maintenance of effort. And that means that you can't get rid of or reduce or change anything that you already have in place. And it doesn't mean that if we go to a consolidated waiver that we're taking things away. It just makes it harder, and Brian may have more to say about this, but it makes it harder to show that you're maintaining the maintenance of effort because you're changing services. Even if you're not taking away they kind of look at it like what are you doing.

So we have right now until December of 2025 to spend our Rescue Plan Act dollars. And so until we really get there we can't really get back to the conversations. What we are doing though is trying to, you know, because what folks said it was really hard to navigate three different adult waivers and then a child waiver and now a child or adult. It just got complicated. When we do have updates for our services we're trying to make the services in either three or four. With the children's choice it's just a little bit different. But at least the supports waiver, the residential options waiver and the new opportunities waiver. For example, we recently modified it so that most of the services, the employment services, day habilitation services are the same in all three of those waivers. We've also tried to set it up so that people can share if they're in the different waivers. So in the meantime we are trying to take other efforts to align them to help with the difficulty people had trying to navigate all four of them. Ultimately our goal is still to get to a consolidated waiver. And the reason I say one or two is because it might look different for children and adults so we're having to figure that out.

The other thing that we are doing that we will need to have an assessment tool that helps identify which level people would need of the waiver. And we are rolling out-- you guys might be selected if you're a waiver participant. We've been able to hire some temporary staff that are going to be working on using this new assessment tool that we've developed over the course of the next year. They'll be whenever somebody's plan of care comes up we're randomly selecting folks from different areas to be able to do this, to check they call it reliability and validity of our assessment tool. We call it Expanded Louisiana Plus. Ultimately we also plan to take that assessment, which is all electronic, no more paper, just everything electronic and use the results of that to help us with what we call resource allocation or deciding where people go. So we're still moving forward with sort of the preparations for the things that we have to do anyway to get to a consolidated waiver. But we don't have like a deadline or an exact date for when we're

moving forward. And a lot of that does-- some of it ties back to maintenance of effort, but some of it ties to all the other work we need to do just to get ready for that. We are doing. We are still moving that way.

ERICK TAYLOR: (Inaudible).

JULIE FOSTER HAGAN: So there's two things, and Gary may want to speak to those. Because we have the Department of Justice agreement but then they also have work outside of the Department of Justice.

GARY WILLIAMS: My Choice (inaudible) the least restrictive setting. It's ongoing. Actually today the Department of Justice is part of that making sure those individuals (inaudible). So the Department of Justice is part of those conversations, setting some new target numbers. (Inaudible) the number of folks that we want to transition from nursing homes.

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

EBONY HAVEN: I have one request, Christi. The FY 26 action plan planning committee, they have to meet before the April meeting so you guys can vote on your plan before we put it out for public comment. So I'm asking for volunteers for not the five-year planning, but the next action plan for the FY 26, fiscal year 26. So anybody that would like to volunteer please let us know now because we're going to have to meet before the April meeting. Anybody that wants to volunteer for the grievance ad hoc committee you can just let Christi or myself know. We're not going to meet until after the session ends after June.

ERICK TAYLOR: So you need to know now?

EBONY HAVEN: For the planning committee. Anybody that wants to volunteer for the planning committee for the next action plan I'm asking for volunteers now. So Vivienne, I have you. Jill. And the only other announcement I had was we had tentative dates in your folders. One of them was incorrect so we put a new one that was in the left side of your folders with the correct date. So the next meeting is April 30th and May 1st. So if you guys need anything before then just let me or the staff know and we will help you in any way we can. But also I just want to thank my staff. I

know most of you don't know but we had to pivot at the last minute. Our office manager rented our space that we were using for our meetings in our building on the third floor and he didn't tell us. Brenton just happened to go downstairs and find the whole place gutted so we had to pivot at the last minute. And so I just want to thank my staff for all the hard work. I also want to make sure I just mention Sheryl Matney and Debra Whitfield for coming for your council retreat. We had a great time on Tuesday. I hope you guys had a great time. Just thank you, everybody, for coming. You guys have a great weekend.

CHRISTI GONZALES: Thank you, Ebony. Is there any further business? If there is no objection we will adjourn the meeting.