

Louisiana Developmental Disabilities Council  
Act 378 Subcommittee  
April 30, 2025

BAMBI POLOTZOLA: Hi everyone and welcome to the Act 378 subcommittee. Rekeesha has done a good job of the agenda to follow so any problems it's all my fault. So we're going to call the meeting to order. I think we have a quorum. We do. We still have to call the roll. Okay.

REKEESHA BRANCH: Ms. Gonzales. Ms. Hagan.

JULIE FOSTER HAGAN: Here.

REKEESHA BRANCH: Ms. Nguyen.

PASQUEAL NGUYEN: I'm here.

REKEESHA BRANCH: Mr. Piontek. Tony, you have to unmute. Ms. Stewart.

BROOKE STEWART: Present.

REKEESHA BRANCH: Mr. Taylor.

ERICK TAYLOR: Here.

REKEESHA BRANCH: And Ms. Xu.

BAMBI POLOTZOLA: Thank you Rekeesha. Before we get started I just want to remind you all of a few rules. For committee members and members of the public attending in person please raise your hand to speak and wait to be recognized by the chair before speaking. To help the meeting run smoothly please keep side conversations to a minimum and comments related to the topic we are discussing. For those committee members who are attending virtually remember your camera must be on and have your first and last name showing to be counted towards our quorum. Please keep your microphones muted unless you're called upon by the chair. Electronically raise your hand to request to speak and wait to be called on by the chair. For attendees electronically raise your hand to request to speak. Once recognized by the chair your microphone will be turned on. After speaking the microphone will return to mute.

Also the Q and A is to only be used by those needing an ADA accommodation to participate in the meeting. Public comments will not be accepted via the Q and A except for 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 followed by the public participating virtually who have

their hands raised. Comments in Q and A will be addressed last. As with all hybrid meetings it can be difficult to keep track of those wanting to speak in person and virtually. Please be patient. All comments and questions from the public may be subjected to two minutes at the discretion of the chair so please keep that in mind. Depending on time constraints we may also limit comments to once per issue. 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. The chair may also use their discretion to determine if comments will be accepted outside of those times.

So now we will move to the agenda. Everyone should have reviewed the meeting summary which is attached to the agenda you received via email. There's also a copy in your committee packet. I will need a motion to adopt the January meeting summary.

ERICK TAYLOR: I motion to adopt the January meeting summary.

BAMBI POLOTZOLA: We have a motion by Mr. Taylor. We need a second.

BROOKE STEWART: I'll second.

BAMBI POLOTZOLA: We have a second by Brooke, Ms. Stewart. Is there any discussion? Any public comments? We will now do a roll call vote. A vote yes is to approve the minutes and a vote no is to not approve.

REKEESHA BRANCH: Ms. Gonzales. Ms. Nguyen.

PASQUEAL NGUYEN: Yes.

REKEESHA BRANCH: Mr. Piontek. You have to unmute, Tony, to let us know if you approve the minutes. Tony, can you hear us? Ms. Stewart.

BROOKE STEWART: Yes.

REKEESHA BRANCH: Mr. Taylor.

ERICK TAYLOR: Yes.

REKEESHA BRANCH: Ms. Xu. That's five yeses.

BAMBI POLOTZOLA: Thank you Rekeesha. The motion to accept the January meeting summary has passed unanimously with five votes.

Next we're moving onto our SPA's reports. Kelly Monroe with the Arc of Louisiana is here on this program. Kelly, the floor is yours.

KELLY MONROE: Okay. Hello everybody. The report is on the screen and you should all have one in your packet.

There wasn't much changes from last time. So we again served 40 people as we did in the prior quarter. And of those the demographics are 17 of those individuals were African American, 22 were Caucasian and one identified as Hispanic. Of those people 27 of them were male and 13 were female. The ranges of the ages were 31 to 92. There were no changes in the regions. And so the highest region of participants are in region seven and nine.

Moving onto the next page. Everyone receives support coordination. Thirty-seven of those individuals received personal care assistance. Three of them received some type of rental assistance or utility assistance. Ten people, which this was a pretty significant increase from the last one, 10 people received medical supplies or equipment or maybe a stipend. And no one received a home modification or vehicle modification. So the total expenditures were a little bit lower than they were in the previous quarter totaling \$200,763.80. But we still plan on spending the full amount of the contract.

On the next page you will see that the waiting list kind of jumped up. It was at 90 people and now it's at 105. So we had 15 more people apply for services over this quarter. The demographics for those individuals are 43 of those people are African American, 50 of those people are Caucasian, 1 Hispanic, 1 Asian Caucasian and there were 10 people that are unknown. Those are the same ten people that have been on there for quite some time who have not completed their paperwork. So of those people 48 of them were male and 57 are female. Again, that's 105 people that are currently on the waiting list.

So if you go to the next page of those applicants 88 of them are looking for personal care assistance. Eighteen of them are looking for some type of home modification or vehicle modification. One person was looking for dental. One for some type of medical equipment or supplies. I'm sorry, 36 of them. And then three people are looking for rental assistance. And six people looking for some type of therapy whether it be physical or speech therapy. If we were to fund the whole waiting list we would need 2.9 million-dollars to fund everybody on the waiting list.

Right underneath that is the applicants receiving other services. You can see that there's quite a few that are already currently receiving some other services but

there's quite a few that have applied and haven't heard anything. And then 55 of the applicants we really weren't able to get any information from them. They just didn't respond. But that is the report for SPAs. I don't know if anybody has any questions. I would be happy to answer anything that you may have.

BAMBI POLOTZOLA: Mr. Taylor.

ERICK TAYLOR: (Inaudible).

KELLY MONROE: I'm having a hard time hearing.

ERICK TAYLOR: (Inaudible) this part in the red.

KELLY MONROE: There shouldn't be anything in red.

BAMBI POLOTZOLA: I think you're looking at a different report.

ERICK TAYLOR: I'm sorry.

KELLY MONROE: Okay. Does anybody else have any questions?

SPEAKER: Actually, I do.

BAMBI POLOTZOLA: What's your name?

SPEAKER: (Inaudible) out of those six are those just the people that are waiting?

KELLY MONROE: What page are we on? I'm sorry. What page are you looking at?

SPEAKER: Six.

KELLY MONROE: Those are all people on the waiting list.

SPEAKER: Thank you.

KELLY MONROE: You're welcome.

JILL HANO: (Inaudible).

KELLY MONROE: Say it one more time. It's echoing in there so it's kind of hard to hear.

BRENTON ANDRUS: Everyone on page six that's the people on the waiting list?

KELLY MONROE: Yeah. All those people are on the waiting list on page six.

BAMBI POLOTZOLA: The first one at the top of page six says what type of services they're requesting. And then the next chart tells you of the people on the waiting list what other services (inaudible).

JILL HANO: Okay.

KELLY MONROE: I probably should have labeled that a little better Jill. I'll make sure next time that second chart is labeled because I see it's not labeled. That is kind of confusing.

BAMBI POLOTZOLA: And just for people who might be new to this committee and about the SPAs program at the top of

page one is a description of the program. I'll read it. One of the primary principles on which the SPAs program was founded is that adults with disabilities should be allowed to make decisions and live in typical homes and communities where they can exercise full rights and responsibilities as citizens. And so that's what this program does. It's funded through our Office of Aging and Adult Services through LDH. And there are other programs that you'll hear about that's funded through the Department of Health and this is one of those programs and the Arc of Louisiana administers that program. If any of y'all have any questions Kelly can speak to it more than I can.

KELLY MONROE: It also offers lots of the same things that waivers do without all of the rules of the waivers. It's very flexible and really allows people to kind of go to work and receive the supports that they need. It's my most favorite service out of all the services that are offered to people. It really is so flexible and so accommodating to families.

KAREN XU: (Inaudible).

BAMBI POLOTZOLA: Can you hear that Kelly?

KELLY MONROE: No. It's a terrible echo. I'm so sorry.

BAMBI POLOTZOLA: What she's saying is, just to give her a little more information about this program, like how is it similar and different from a waiver program. And her other question was can people who get some type of Medicaid waiver or other type of services that you have listed on the back can they also get services through the SPAs program.

KELLY MONROE: The SPAs program offers any type of service that will help someone stay in the community of their choosing. So personal care assistance, medical assistance, rental assistance, home modifications, vehicle modifications, those kind of things. Just basically anything that a waiver would normally offer this one offers it as well. It will allow people to receive other services but they don't want to supplant those other services. So if someone is offered the waiver and they're receiving the amount of hours that they need then maybe the SPAs program could offer something else to them. So we don't want to supplant waiver services to receive these but you are eligible to receive both at the same time.

BAMBI POLOTZOLA: Thank you Kelly.

KELLY MONROE: You're welcome.

BAMBI POLOTZOLA: Any other questions for Kelly?

ERICK TAYLOR: Even though if you have the waiver service and you got 24-hour care do you still can get the service too?

KELLY MONROE: It depends on what service you're looking for. Like if you're looking for something that's not covered with the waiver then yes.

ERICK TAYLOR: And didn't you say something about the medical too, how y'all do stuff with the medical.

KELLY MONROE: Yep. We offer in some cases medical stipends but usually we like to purchase them ourselves and have them sent to your house. So depending what you're looking for.

ERICK TAYLOR: Last question. Do y'all supply like medical beds for anybody that needs it?

KELLY MONROE: Yes. Of course they have to have a disability and they have to be an adult. Your disability did not have to occur as an adult but you have to be an adult to receive them.

ERICK TAYLOR: But the thing is if you wanted a regular bed that is not a hospital bed, but if you want a regular bed that operate like a bed do y'all do that?

KELLY MONROE: Yes. If a doctor prescribes it then yes. It has to be something that is to help with your disability.

ERICK TAYLOR: Yeah. What I'm saying is like, let me give you an example to make sure I'm on the same page because I know a family that needs assistance. Like I got a rocking chair that basically elevates me in the chair and put me down in the chair. Do y'all cover that for a need of transferring out of the chair to the rocking chair for a family?

KELLY MONROE: We have purchased those when a doctor has requested them, yes.

ERICK TAYLOR: Thank you ma'am.

KELLY MONROE: You're welcome.

BAMBI POLOTZOLA: Thank you Kelly. Now we'll move onto the Office of Behavioral Health reports. Dr. Savicki is here to present those reports. I'll turn it over to you Dr. Savicki.

KRISTIN SAVICKI: Can y'all hear me okay?

BAMBI POLOTZOLA: Yes.

KRISTIN SAVICKI: It's up on screen now. So hey

everybody. This is the quarter three report. I had to remember which quarter we're in now. This is the quarter three report for consumer care resources and flexible family funds. We'll start with consumer care resources. As a reminder I know me and Tanya often say the same things here that this won't include everything from quarter three because we get these reports to the council before the LGEs are actually able to finish processing invoices from quarter three.

So the consumer care resources funding we're looking at what level of expenditures LGEs are at this point in the year. So we want to see, if all the invoices were in, we would want to see around 75 percent of the funding expended. You can see that there's a handful of LGEs that look to be a little behind so we ask all of them for information around are they going to be able to expend the funding to appropriate needs by the end of the fiscal year and all of the LGEs that we inquired about have responded that yes, they do have plans in place. Some of them, I know specifically Capital Area and Acadiana often use a different funding source earlier in the year and then they use all of this funding source towards the end of the fiscal year. We don't right now have any concerns about the LGEs being able to expend these funds by the end of the year. All of them met that target last year so we have some faith that they're going to get there. Any questions on the consumer care resources report?

ERICK TAYLOR: I wanted to know what is the 10,000.

BAMBI POLOTZOLA: The amount in red?

ERICK TAYLOR: Yes.

BAMBI POLOTZOLA: What is the amount in red for Imperial Calcasieu?

KRISTIN SAVICKI: So the amounts in red that's in the column that's labeled budget changes since the start of the fiscal year and that is IMCAL reporting on, let me look down at the notes, they had to reduce their funding. So they had allocated some funding for this for consumer care resources. They had allocated some funding that came from a federal grant and I don't know if folks kind of saw this in the news last month but there were a set of federal grants that came to either the Office of Behavioral Health or the Office of Public Health that the federal government terminated on March 24th. And the letter was received on March 24th and the funding was terminated on March 24th.

And some of that funding was being used by the LGEs for various purposes including for this IMCAL was using some of that funding for this purpose. So given that the funding was terminated on March 24th any of that grant that they hadn't used yet they had to pull out from this consumer care resources because according to federal regulations they weren't allowed to spend any more of it after March 24th. That's a good question. Any other questions on this one before we move to flexible family funds?

JILL HANO: Looking at the CCR (inaudible).

KRISTIN SAVICKI: I'm sorry. I'm having the same difficulty hearing that Kelly was. Can someone who's closer to the mike repeat that question for me.

BAMBI POLOTZOLA: I'm not closer to the mike but I think I'm louder. I think what Jill is asking is was this the same funding that was cut for consumer care resources was it cut for flexible family funds. Can you explain that what you just talked about. Was it any impact on other programs?

KRISTIN SAVICKI: The only impact to these funds that I'm aware of is the specific impact that IMCAL reported for the consumer care resources fund. And it's because IMCAL specifically, just IMCAL, was using some of that federal money for this purpose. They had put some of those federal dollars into this bucket of funding. And so when the grant was terminated IMCAL had to take that out. As far as I know IMCAL is the only LGE that was using this funding source in that way. Did that help?

SPEAKER: Yes.

ERICK TAYLOR: (Inaudible).

BAMBI POLOTZOLA: He asked do they have to pay it back. No, they just changed what they budgeted.

KRISTIN SAVICKI: Correct. And they had already used quite a bit of that funding, is my understanding, and so that's out the door. It's connected to families who needed it. It's just that the federal government said you could not spend any more of that funding after March 24th.

BAMBI POLOTZOLA: As you were saying IMCAL I just wanted to make sure so that everybody's on the same page or understanding because this might be a formatting change. But it has on the far-left corner it has LGE which is a local governing entity on this report and our report from OCDD and it list the initials for all of those local governing entities. And just wondering if people know what all those

stand for. So maybe on the reports maybe put like the region because a lot of people know the regions one through ten so it's listed in numerical order is what you see there. The first one is Metropolitan region one. Then CA is Capital area, that's region two. Region three is South Central. Region four is Acadiana area. Region five is IMCAL or Imperial Calcasieu. Region six is Central Louisiana. Region seven, Northwest Louisiana. Region eight is Northeast Delta which is the Monroe area. Region nine is Florida Parishes. And region ten is Jefferson Parish.

REKEESHA BRANCH: Dr. Savicki, did you hear her request to change it out?

KRISTIN SAVICKI: It is generated by the DD Council.

BRENTON ANDRUS: The template needs to stay the same because it's already very dense as far as trying to get this report on a sheet of paper. What we can do is create a legend that we include in the packet that tells you what these are and what region they're associated with and you can refer to that. Because I'm afraid if we make that column bigger we're either going to have to reduce the size of the text on this page or I don't know, we would have to re-create the report in a different way to create more pages to get all of the information.

BAMBI POLOTZOLA: I just think those letters.

BRENTON ANDRUS: When you first mentioned it I had to create a legend to refer back to. That's probably the easiest way without making this report so small that you can't see it.

BAMBI POLOTZOLA: Okay. Thank you. We have two hands raised. Mylinda and then Brenda.

MYLINDA ELLIOT: Hi. I'm probably not going to use the best terminology for this but here it goes. If IMCAL is using a piece of that grant for consumer care resources are you high enough in the food chain to know what the other human service authorities were using that money for?

KRISTIN SAVICKI: So that typically, so the LGEs manage their own budgets so OBH does not get to tell the LGEs how to allocate their funding or exactly how much from each funding source. What they do report to us is at times they will report to us in the notes section about any creative funding strategies they use. I think typically they're using state general funds. Some of the LGEs will report to us. So you'll see in the note section the item number

two says please notate other sources of funding used. And so you will see in some of these note sections that some of the LGEs use mental health block grant funding. That's actually one of the funding sources that was cut was a temporary addition to mental health block grant funding. And so that's a piece of what IMCAL was using here and that's why it was affected by this cut. So some of them are using kind of regular mental health block grant funding to supplement their state general funds. Most of them are using state general funds. Some may be using some local sources of funding like parish, millage type funding. But that's all very kind of LGE specific in terms of how they do their budgets here.

BAMBI POLOTZOLA: Did that answer your question Mylinda? Did you have anything else? The next person was Brenda. Ms. Cosse.

BRENDA COSSE: Under MHSD and NLHSD I wanted to know what type of dues or was there any like limitations or restrictions where they have school, school uniforms, summer camp, graduation fees.

KRISTIN SAVICKI: Let me make sure I hear the question. The ask was do those LGEs have any limitations or restrictions on using the funding for school related purchases. Did I get that right?

BAMBI POLOTZOLA: I think that's what she asked, yes.

KRISTIN SAVICKI: Okay. Not that I'm aware of. Each LGE administers their own program so they likely have some internal policy about what requests they deem eligible and how they do that but I'm not seeing any specific information about specific limitations.

BAMBI POLOTZOLA: Thank you. Mylinda Elliot.

MYLINDA ELLIOT: Okay. Now I have two things. First of all if y'all cut off the microphone before I can say if I was answered correctly or if I asked it correctly y'all aren't going to hear me. I was answering your question Bambi but the microphone had already been cut off. The second thing is I understand where consumer care resources come from sort of. What I'm curious about is there was this federal grant and IMCAL used a bit for consumer care resources but other human service authorities did not use it for consumer care resources. So do you happen to know what the other human service authorities were using it for? Because that was other cuts that I hadn't considered.

KRISTIN SAVICKI: That's a great question. I do not.

I don't have all that information. There are other people within the Office of Behavioral Health that monitor that larger grant funding and where it goes and which LGEs are using it. I don't have access to that. Certainly not right now.

MYLINDA ELLIOT: Yes, ma'am. Thank you.

KRISTIN SAVICKI: Yeah, of course.

BAMBI POLOTZOLA: Brenda.

BRENDA COSSE: Yes. I'm sorry I was trying to go back through the transcript. Did she know what type of schools like public, charter? Can parents ask for that type of assistance?

KRISTIN SAVICKI: I think that would have to be a very specific question to the LGE in question. I don't know of specific, again, I don't know of specific restrictions. But obviously the goal of the consumer care resources funding is for families who request to meet their needs and for the LGEs to determine if that meets the basic requirements in terms of keeping a youth with a serious emotional disturbance in the home and in the community. So I'm sure the LGEs are reviewing requests with those principals in mind. I don't know if they have restrictions on public school, verses private school verses charter, that sort of thing.

BRENTON ANDRUS: Thank you.

BAMBI POLOTZOLA: Dr. Savicki, just to be clear these two programs, consumer care resources and flexible family funds, those are for youth who meet a specific requirement regarding a behavioral health issue, right?

KRISTIN SAVICKI: The recipients that are reflected on this report, yes. This report is speaking to the funds that are used for clients who qualify based on a behavioral health diagnosis and behavioral health concerns. OCDD will present the report that speaks to funding that's used for folks who qualify based on a developmental disability.

BAMBI POLOTZOLA: Thank you. Dr. Savicki, you can go onto flexible family funds.

KRISTIN SAVICKI: Sounds good. So for flexible family funds it's a little more straight forward in terms of expenditures because of course, you know, families become eligible and then get a regular, as long as they stay eligible, they get a regular payment every month. So as you can see the percent expended year to date it's all pretty much right at 75 percent. The only differences

there would be if a slot went unfilled for a month or two while they were trying to get someone else in they might have slightly less expended. What we look to hear is to make sure that the LGEs are keeping those slots filled and not leaving more than a couple of them unfilled at any given time. Our performance metric is 90 percent of those slots to be filled at any given time. And, you know, understanding that it might take a little time once a family drops out of eligibility, or moves, or a youth ages out it might take a minute for the LGE to connect the fund to the next eligible family. But right now the LGEs are all meeting that metric of 90 percent of their slots being filled. Any questions on that?

BAMBI POLOTZOLA: Sherelle Porter.

SHERELLE PORTER: Hi. My question was in regards to the wait list. Exactly what is that wait list comprised of? Is it based off the current year the LGE is servicing right now or how is that made up because 137 seems kind of low for the state.

KRISTIN SAVICKI: So those are families that have initially submitted their eligibility to the LGE and they've showed that their child qualifies and their child qualifies as having a serious emotional disturbance. The families submitted kind of the documentation to verify that and are put on the waiting list and then that continues to be updated. So I think it's the wait list that they have at this time and so as soon as a slot opens up then the LGE needs to then go through that wait list and verify whoever is next on the wait list, verify if they are still eligible and then connect them to the fund or move to the next, down in the waist list. I'm not sure if I answered your question though.

SHERELLE PORTER: I don't think so.

KELLY MONROE: Okay. Can you help me make sure.

SHERELLE PORTER: Yeah. Like yesterday I was in a meeting and I was speaking with our region ten LGE coordinator and she was saying there was probably at least 500 families on the wait list for flexible funds but it's only showing 12.

KRISTIN SAVICKI: So was that for the services for folks who are eligible based on developmental disability?

SHERELLE PORTER: What would be the distinction?

KRISTIN SAVICKI: So this report is just for the funding that's allocated for people who are eligible based on their

behavioral health diagnosis. So this is not based on, they're not showing eligibility based on a developmental diagnosis. They're showing eligibility based on behavioral health. I don't know who's doing the OCD report but I know that's later on the agenda. I'm wondering if that 500 number is going to show up in their report because the funding, because this funding came out of work from the Developmental Disabilities Council. A vast majority of the funding is allocated for people who are eligible based on their developmental disability so there's a lot more money on that report and there also may be more people waiting for that. I'm just speculating here. I need to defer to my colleagues in OCDD when they go next.

SHERELLE PORTER: Okay. That probably clarifies a little better. Thank you.

BAMBI POLOTZOLA: And there is 578 people on the waiting list for OCDD family flexible fund in Jefferson Parish.

KRISTIN SAVICKI: Got it. Thank you Bambi. That helps solve that mystery. I was confused about the 500. Great.

BAMBI POLOTZOLA: Any other questions about flexible family funds for Office of Behavioral Health? Okay. Our next report is also Dr. Savicki, that's the supported living report.

KRISTIN SAVICKI: Great. Thank you. I do need to make a correction on this report. We got a correction from North Louisiana Human Services after we submitted this report to the council so it didn't make it on your printed copy. But the accurate data from North Louisiana is that they are in fact 100 percent expended. Not zero as it was reading here. That was a reporting error. So they are 100 percent expended. As you can see most of the LGEs are 100 percent expended. Metropolitan is on track. They are very close to 75 percent. Capital area, again, much like how Capital area manages this for the consumer care resources. They use a different funding source first and then they essentially sort of catch up and use all of this funding at the end of the fiscal year. So they are expressing they are confident they will get all the funds expended at the end of the fiscal year as they typically do. Any questions on that?

BAMBI POLOTZOLA: No questions. And that will conclude the report for Dr. Savicki. Thank you. Now we'll move onto Office for Citizens with Developmental

Disabilities report.

TANYA MURPHY: I'm Tanya Murphy. I work at the Office for Citizens with Developmental Disabilities and my job is the regional operations director which is just a fancy way of saying that I'm the liaison between the ten human service districts and authorities. I'm the liaison between those ten to OCDD. All of the programs that the LGEs are over, other than the waiver, I help make sure that they're following the manual and doing things the way they're supposed to be doing and help to make sure it's uniform across the state. So today I'm just going to talk about two of those programs. One of them, the individual and family support program, which is quite similar to the consumer care resources but in OCDD we call it individual and family support.

In order for a family to request individual and family support services they have to have what we call a statement of approval which is indicating the person that you're requesting services for meets the criteria of having an intellectual or developmental disability. Once a child or an adult receives a statement of approval or an SOA and they have an unmet need of some sort that's not being funded by a waiver or they can't get it easily by Medicaid they can request it from individual and family support program. So each of the ten LGEs has a certain amount of state general funds that they set aside or they budget the funds being individual and family support requests and this is the report for quarter three. And just as Dr. Savicki mentioned we would like to see it expended by 75 percent because it's the third quarter but this report is provided to the DD Council slightly before the third quarter invoices have all been received. So it's 62 percent statewide right now but we have no worries they're going to spend all this money. This column has a lot of those little things in parenthesis that are red in color because the LGEs have shifted money from, sometimes they shift it from the individual and family support program over to the flexible family fund program depending on where the need is or where the waiting list might be. And also to make sure they get all that money spent.

If you look at the total statewide the cumulative number of people served so far in the state with this program is 3,049. All of the LGEs have reported that they intend to spend all the money. Imperial Calcasieu or

IMCAL, we call it both, took 20,000-dollars from their individual and family support program and moved it over to their flexible family fund. And their percentage rate was at 47 and that's why they're moving the money because they were thinking we're not getting as many requests for IFS but we have people on the waiting list for flexible family fund so I think they added quite a few slots. I think they went from 106 to 111 flexible family fund slots that they're going to keep filled and that's going to help spend some of that money. Are there any questions for individual and family support?

BAMBI POLOTZOLA: No questions online? Okay.  
Flexible family fund.

TANYA MURPHY: Flexible family fund is in order for a family to get flexible family funds they don't necessarily have to have an SOA, although we do prefer families to get that part done, but it's not a requirement of the program. They have to have what we consider to be a severe disability. So you might meet criteria to get the individual and family support with a statement of approval and that might not mean you can also get flexible family fund. Flexible family fund is only for children under the age or up to 18 who have a severe disability. And we generally use exceptionalities from the schools to determine that level and we also have a severity screening tool that we use. So families will fill out an application, submit to the LGE and then if they have the right exceptionalities so that it looks like they might meet criteria they're put on the wait list. Then when a slot becomes available then they do that severity screening tool to see if they can actually start getting the money and it's 258-dollars a month. And every year annually they look and see do you still meet the criteria, do you still meet the criteria. Every year they have to make sure they still do. And as long as you still do then they will keep getting the 258-dollars a month until they age out of the program. We don't ask the families what they're spending that money on. We just know there's an extraordinary expense for having a child in a home with a severe disability so we just provide 258-dollars a month for the families to use to help that child stay living in the community.

So like Dr. Savicki did before me, because it's a set amount of money that comes out every month, it's a lot

easier to make sure that it's spent on time. You can see this third quarter is 75 percent and everybody anticipates spending the required 95 percent, most likely 100 percent of that budget. And this one year, Jefferson Parish has 550 on their wait list. Statewide for developmental disability waiting list is 2,469. Not everybody on that waiting list meets the criteria when we get flexible family fund. They meet the criteria to go on the waiting list which is one step less than the actual severity screening but we don't want to turn people away without really analyzing if they meet the criteria. So we put them on the waiting list and once that spot actually becomes open then we look and see. Any questions about flexible family funds?

So my last report is about Act 73. This is something that was recently, I think it was the DD Council in 2017 asked to have all the LGEs take 9 percent of their total state general funds and put that amount of money towards these two programs, individual and family support and flexible family fund. So this report shows the total amount of state general funds that each LGE got for this fiscal year. The next column shows the amount equal to 9 percent. So this is the amount we want to see that they have budgeted towards these programs. The next column says what they actually budgeted towards these programs. And everybody is at or above the required 9 percent. The next column shows the total that's been expended so far through quarter three. And the next column is what percentage of the 9 percent that equals. So we want by the end of the fiscal year to spend 100 percent of the 9 percent. I always like to draw attention to our West Louisiana Human Services District because they always put a lot more money towards their intellectual and developmental disabilities services. So they have already spent 114 percent of their required 9 percent. Yeah, go region seven. Anyway. So statewide we're at 75 percent. Everybody looks on track to spend the 9 percent that we ask them to spend. Any questions about Act 73?

BRENTON ANDRUS: I think it was (inaudible) last time who did not appropriate enough so happy to see they are.

TANYA MURPHY: They figured it out.

BAMBI POLOTZOLA: Ms. Mylinda Elliot.

MYLINDA ELLIOT: So I'm looking at the chart and there's a couple of them that are not really close to 75 percent.

What's going to happen with those?

TANYA MURPHY: Are you looking at individual and family support or Act 73 or flexible family funds?

MYLINDA ELLIOT: Act 73.

TANYA MURPHY: The one that stands out to me is Imperial Calcasieu at 56 percent and if you look on the other side where they have an explanation that is the LGE that took the money out of their individual and family support program, moved it over to flexible family funds. And I did talk with their DD Director Dr. Scott Mesh just the other day and he said he's already well aware that they are a little behind getting this money spent and they've sent out letters to the support coordination agencies and they're drumming up business and letting people know they have the money to spend.

MYLINDA ELLIOT: Do you happen to know if they're serving all four levels or they only serving ones or twos?

TANYA MURPHY: I would be really surprised if they weren't funding all of them but that's certainly something I would have to ask.

MYLINDA ELLIOT: Okay. And then how about the one for 63 percent, the third one. That's still a good 12 percent away from 75 especially in the third quarter.

TANYA MURPHY: So I can just read the notes that the LGE provided. We are only at (inaudible) percent expended due to shifts in funding source now that the waiver is covering some items that were otherwise covered in the 9 percent of state general funds such as incontinent supplies, vocational services and PCA services. Accounting for a total amount of money we are obligating to spend we are at 96 percent. So South Central has a pending collection of invoices. I guess they're saying there's some invoices that they haven't collected yet so that's going to bring that up. And it sounds like they do intend to spend it.

MYLINDA ELLIOT: Okay. It just seems like we're getting to crunch time. Thank you.

BAMBI POLOTZOLA: Kensie.

KENSIE LASSEIGNE: I just wanted to answer on behalf of South Central. We were a little behind as far as funding requests when we submitted this last report but our IFS team has really processed, we went through all of our one, two, threes and fours and got our funding all in place. And we are now with a small balance of 6,000-dollars and we do have

some requests that are pending to fund that so we are definitely going to spend it all down. Thank you.

BAMBI POLOTZOLA: Thanks Kensie. Any other questions? That will end the reports for OCDD. One issue that I wanted to bring up, we have about 15 minutes left, but I think is important to Act 378 and is House Bill 559 that is a legislative instrument right now was heard in House Health and Welfare Committee yesterday. It is to basically redesign our LGEs pretty drastically. I am not an expert on it. I know that in the previous committee there was some discussion about it but I think that it's really important for this committee and the people who are attending to understand what is being proposed and take the appropriate action that they need to take on it. Is there anyone here that would be willing to explain the bill? Julie or Brenton or Ebony.

BRENTON ANDRUS: I mean it does a lot. In a nutshell the things that I am looking at are essentially I guess to more centralize the LGEs. So it gives the surgeon general and the secretary the authority I guess to hire the executive directors of your LGEs. It also creates this council, which I cannot recall exactly what the council does. (Inaudible) does not really have any sort of representation from folks that utilize the services. Part of Act 73 that Tanya was talking about it has that component of the 9 percent but also dictates how much of your board should be represented of the population or folks that service the population. And so I don't think this bill, at least the way that I interpret it, gets rid of the LGE boards but in a way makes them kind of useless. I mean, they have no hiring or appointing authority of their director so I don't know what they would be doing. (Inaudible) just making sure that you're following whatever the strategies are that has been sent down from the department. But in a nutshell that's what it does. Bringing the LGEs back under LDH, I won't say control, but I guess that's what it is.

JULIE FOSTER HAGAN: The only thing I'll add is after having watched I guess I would say not like in an effort to explain it but one of the things that came out during testimony during health and welfare yesterday was that there's a lot of uncertainty with the way the bill is written, what it would do and what it wouldn't. There was also a lot of public testimony from the local governing

entities that the director's talking about the oversight. (Inaudible) sort of what they were hoping to get at was some increased accountability for the LGEs and maybe a desire to have more consistency. But I guess there was then discussion well, if they're more consistent then how could they be regionally responsive. I do know that if they do, they mentioned that they wanted to, quote, do work on the bill. So I would anticipate seeing more amendments. And they mentioned, I haven't seen the agenda yet, might be too far ahead, but that it could be going back to health and welfare next week. So if there are people who would want to testify about what their thoughts are in terms of the structure of the LGEs, the accountability for the LGEs or for anything around that to watch for it being heard in health and welfare because it sounded as if they were saying they were open to amendments or getting it in a posture that would be relevant for folks. And that it may be doing some tweaks I think to what current statute is. Or reach out to Representative Echols who sponsored the bill and that might be a mechanism to do that. Because it did sound as if they were open to modifications but that ultimately the goal, or it sounded like they landed, was how do we ensure accountability and consistency where it makes sense to have consistency across the LGEs. If folks who have thoughts or suggestions or is that important, is that not important I do think they sounded like there was an openness to try to get it in a posture that worked.

BRENTON ANDRUS: I think in the last committee meeting Julie you had mentioned it's not a department bill. This is something Representative Echols brought. To me it was pretty clear in his presentation of the legislation in committee he had not spoken to the LGEs when he brought this information. I think he referenced maybe a meeting a couple years back that he was in where I think he had mentioned, I guess the LDH secretary was asking a lot of questions about LGEs and the answer kept being I don't know. And he kind of felt like if this is under LDH why do you not know. I guess that was sort of one of his reasons was trying to make some of these changes. He also mentioned that he had some plans during (inaudible) the strategic meeting that he was involved in and I guess maybe some of the plans that LDH was supposed to meet on he felt the LGEs' plans were not matching. Most of the directors at the meeting were asking for very specific examples of what

didn't match and they stated that they try to align their plans with LDH and their plans do get sent to LDH for approval or discussion or something of that nature. So it seems like there was not a lot of conversation between any parties before this came about. I'm hoping, I mean, I hear Representative Echols was very willing to work with the LGEs. I will say if you are close with any of your LGEs or if you are an employee of an LGE they were blasted at this meeting especially by Chairman Miller because it kept coming up there's ten LGEs and only four of you are here. And I think there is an expectation that this bill was deferred for a week and everybody better be there to talk about what they're doing because if you're obviously in support of keeping LGEs the way they are now he wants, and not just he as a chair, a lot of the committee members actually want to know why.

BAMBI POLOTZOLA: But the LGEs should have been there. Even for the directors even for personal, like it's changing the whole format of who hires them and fires them. If you're proud of the work that you do, which I hope they are. So I understand that argument. I am a member of the Acadiana Human Service District Board. I'm on the board and I know that I've learned a lot being on the board, from being on the DD Council, to being on Acadiana area and what I've found is during the meetings there's not a lot of in-depth conversation about DD services. And I've asked are we going to report-- and Acadiana operates very well in DD services in my opinion. But the response that I got is because there's so much oversight with OCDD, like the services that they provide is prescriptive by law. The waivers, there's a certain protocol. There's not a lot of flexibility in the services. There's services that are funded for DD services and they follow the protocols and the rules. Of course there's some flexibility like the flexible family funds and what they pay for and that type of thing. But under behavioral health there's different programs, grant funding from federal grant funding, all types of different programs. Some very good programs that I think helps meets people's needs at the local level. But I do see where sometimes there could be a question of consistency across and particularly in the behavioral health area.

The other issue I see is that we need people to be members of those boards. They're not the most exciting

boards to be a part of. Really you're hearing reports. You're asking some questions but it's just not the most exciting. And it takes people's time away from their jobs and there's a lot of requirements for people to go. But right now we even have for a few months two of our parishes don't have a representative. Their police juror has not sent anybody, appointed anybody to the board. And I'm sure that's an issue in other regions. If we want these on a local level we need to ensure that we're getting people on the board who wants these services in our local areas. I think that's probably consistent across the state that they have those issues that I just mentioned. I think having local government keeping it at a local level is really important and we know to show the legislature why it's important at the local level.

BRENTON ANDRUS: The (inaudible) issue we've done some advocacy for various programs. Last year was flexible family fund. We've done some IFS advocacy. And it's a very different response depending on what legislator you talk to. We are not all in agreement with LGEs whether you love them or hate them. It's been very different. Same with the families. There's a lot of folks, policymakers and families that want to keep it centralized at the state level and there's a lot that want to keep it more local. It's a perfect opportunity if you have the chance depending on how you feel what would be the best option to say what you need to say and try to make your point as to why it should either stay the same or change.

BAMBI POLOTZOLA: Do we have any comments on it or questions? I think that it's important that this legislation, the creation of these local governing entities, the human service districts to get local appointments, to get, like Brenton said earlier, the membership requirements and those type of things. We as citizens have gained the power through legislation to make decisions on money to be spent in our region. So if we don't act on it, if we don't take on those roles then someone is going to take that power. And I think that we've all seen in recent things that are happening all over the place what happens when people have power. So don't give up the power that you have. Consider being on those human service districts. Look up your human service districts. See who the memberships are. See if there's any openings. If there's openings that you could be appointed or someone you

know that could be appointed to you should get involved and engaged in that. That's my sermon.

Now we have announcements and public comment. Please know that after this meeting our education and employment committee will meet in this room starting at 4:15. Also tomorrow is the full council meeting which will start at 10:00 a.m. It will also be in the same room. Those that have registered to participate virtually should have the links to the meetings in their email. Does anyone on the committee have any other announcements to make?

EBONY HAVEN: I'm not on the committee but I do have an announcement. I just kind of want to make a public announcement. The Lieutenant Governor Billy Nungesser will be here at 10:00 a.m. to address the council. So I'm encouraging all council members but also members of the public to come out. I think he is going to be listening for concerns or issues that our community is facing right now. So I think it's really important that everyone's here and if you have concerns or issues make those known while he's here. It's a great opportunity for all of our council members to speak to someone who's higher up in our state government to talk about some of the concerns that we have as a disability community.

BAMBI POLOTZOLA: That's really great. The lieutenant governor has always been really good about disability issues from my perspective. Do we have anyone wishing to share public comment? Okay. So I hereby adjourn the meeting at 3:59. Perfect time. One minute to spare.