

Louisiana Developmental Disabilities Council
Act 378
July 30th, 2025

BAMBI POLOTZOLA: It is 3:01 and we will call the meeting to order. Brenton would you mind doing the roll call.

BRENTON ANDRUS: Sure. Ms. Gonzales.

CHRISTI GONZALES: Here.

BRENTON ANDRUS: Ms. Hagan is not here. We have Mr. Bernard Brown sitting in for her. Ms. Hano.

JILL HANO: Here.

BRENTON ANDRUS: Mr. Piontek. Ms. Stewart. Mr. Taylor.

ERICK TAYLOR: Here.

BRENTON ANDRUS: Ms. Xu.

ZHENG XU: Here.

BRENTON ANDRUS: Ms. Polotzola.

BAMBI POLOTZOLA: Here

BRENTON ANDRUS: Five and you do have exactly a quorum.

BAMBI POLOTZOLA: Thank you Brenton. And 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 you must be on camera and have your first and last name showing to be counted towards a quorum. Please keep microphones muted unless you're called upon by me. 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 and after speaking the microphone will be returned to mute.

Also the question and answer of the Q and A is to only be used by those needing an ADA accommodation to participate in the meeting. Public comment will not be accepted via the Q and A except for those individuals who requested that 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 will be addressed last. As with all hybrid meetings it can be difficult to keep track of all of those wanting to speak in person and virtually. Please be patient.

All comments and questions are at the discretion of the chair so keep that in mind. Depending on time constraints we may also limit comments to once per issue. All 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 period. The chair may also their discretion to determine if comments will be accepted outside of these times.

We will go ahead and have the approval of our April meeting summary. It's attached in our packets or available to everyone online. So I need a motion by a committee member to adopt the April meeting summary.

CHRISTI GONZALES: I make a motion to adopt the April committee meeting summary.

ERICK TAYLOR: Second.

BAMBI POLOTZOLA: We have a motion by Christi. A second by Erick. Any opposition? Any discussion? Or any public comment? We will now do a roll call vote. A vote yes is to approve the agenda and a vote no is to not approve. Brenton, please call the roll.

BRENTON ANDRUS: Sure. Ms. Gonzales.

CHRISTI GONZALES: Yes.

BRENTON ANDRUS: Ms. Hagan. Ms. Hano.

JILL HANO: Yes.

BRENTON ANDRUS: Ms. Nguyen. Mr. Piontek. Ms. Stewart Mr. Taylor.

ERICK TAYLOR: Yes.

BRENTON ANDRUS: Ms. Xu.

ZHENG XU: Yes.

BRENTON ANDRUS: That is four yeas, zero nays so the motion passes.

BAMBI POLOTZOLA: Thank you Brenton. Okay. So next we're moving onto our Office for Citizens with Developmental Disabilities report. Tanya Murphy is here with OCDD and she will report out on this program. The documents are in your packet. Tanya, the floor is yours.

TANYA MURPHY: Thanks Bambi. Sometimes I go into detail about each program and when I explain it sometimes

everybody here always knows about it. Any consensus of the detail we need to go over about what flexible family fund, individual and family support is?

BRENTON ANDRUS: Not a detail but just for the committee's reference I forgot to mention y'all had requested kind of a legend, if you will, of what the districts and authorities, what those regions were, parishes they served. So there is a sheet in there that was created for y'all that Rekeesha put together just to kind of let you know what region and what parishes they serve, what's the abbreviation stand for and the actual name of the LGE. There's not really a way to get it on the report itself so this is just kind of like a (inaudible).

TANYA MURPHY: So the human service districts and authorities are sometimes called LGE which is local governing entity. Those terms are all interchangeable. I'll just go ahead and get started then for the individual and family support program. This is the fourth quarter report however the information is requested prior to the actual end of receiving fourth quarter invoices. So most of the LGEs made a comment below but it goes for all ten LGEs that the figures that we have here are not the final, final. The final expenditures will be presented in October at that meeting. But we can see that most of the LGEs, let me look, all the LGEs are in the 90s as far as expending year to date in the individual and family support program. So I have no concerns that they are going to meet the required, I believe is 95 percent, that they actually spend what they budgeted to spend. They've served 3,473 people so far in the state. And the statewide is 98 percent expended. Are there any questions for me about individual and family support in this quarter four report?

Okay. I'll move onto flexible family fund then. This one is a little bit easier to calculate because it's 258-dollars every month, 3,096-dollars every year for everyone who meets the criteria. And so their expended is usually not influenced by the fact that we've asked for the numbers a little bit soon. All of the LGEs have spent 100 percent except for a couple and those have explained at the bottom that they had a slot that wasn't filled. They all spent either 99 percent or 100 percent of their flexible family fund budget. They served 1,917 people in the state. There's 2,695 on the waiting list as of the date of this report. Any questions for me about flexible family funds?

BRENTON ANDRUS: I was going to ask about the budget but now that I look at it it looks like they're just moving it between the two programs.

TANYA MURPHY: Most of the time yeah. Exactly. They'll say I need a little bit from this. IMCAL got money from a different program and put it in the family support which was why their expenditure is at 95 because they got an influx. All right.

I'll move onto the Act 378. The LGEs have budgeted 9 percent of their state general funds for DD services and then what they've actually expended of that 9 percent. Statewide total 107 percent. The lowest LGE is at 98 percent. So once they get those last few invoices I have no worries they're all going to spend what's required to serve individuals. Any questions about Act 73?

BRENTON ANDRUS: Surprisingly no.

TANYA MURPHY: What is happening right now.

BAMBI POLOTZOLA: It's really good.

TANYA MURPHY: It's excellent numbers.

BAMBI POLOTZOLA: As I was looking at it before I was thinking like the work over the years of getting this, like what the expectations of the community is it's like we're seeing it in my opinion.

TANYA MURPHY: I agree. Remember back in the day when they would wait until the fourth quarter and then just spend 50,000-dollars on diapers because they were holding it and then they'd spend it. Now it's like they know they have to get it spent kind of evenly. It's a tricky game. Make sure you have enough leftover but yet you spend it all.

BRENTON ANDRUS: A reminder for committee members. So October is the actual final yearend report. And then you're going to get a breakdown of those IFS dollars. How they were spent regionally and then also statewide. That's that really big document that folks don't like to look at. So you'll get that report next meeting in October so I encourage you to look at that as well.

One thing we did talk about briefly at the last meeting, we talked about it at SDCI, would be HB599.

BERNARD BROWN: For the people that were here for the last committee in summary you guys may remember last session there was a bill that sought to make it consistent across all LGEs (inaudible) practices. That bill ended up being signed as something totally different. But basically they're asking LGEs and LDH to get together to

develop standardized reporting (inaudible). So the update I gave to the group was that we are going to be getting with the LGEs to look at the existing reporting on ways to identify if there are things that could be presented in a different way among other things. (Inaudible) make sure you can fulfill the terms of the legislation and ensure we have quality outcomes.

The ask that Brenton is talking about is to solicit from y'all or get from y'all any input related to operations. Like are there things that you want to highlight specifically that LGEs that you think are doing well that you think should be implemented across the board. Are there things that you want to have changed or want to see different. Or some efficiencies that you've identified that we should take a look at incorporating or having some outcome measures related to oversight changes. Again, in summary, to make it simple, if you have any feedback of any kind, positive, negative, whatever send it to us so we can have an overview when we have this discussion on how we can get outcomes. Does that make sense? We want as much feedback as possible.

BRENTON ANDRUS: And also provide feedback to this committee.

BERNARD BROWN: I think Ebony raised a great point earlier. She was like is there a consistent practice in terms of (inaudible) who qualifies, who gets elected in the applicant process. She mentioned talking to people across the state they have seen some inconsistencies in what's being explained and what the purpose of the money is for, you know what I'm saying. Those type of things are important (Inaudible) clear and consistent across all regions. So like those type of things are things that we talked about. Is that what you said?

EBONY HAVEN: I've just been hearing a lot of parents still say that the LGEs are like the payer of last resort. That's still being put out there. And I know when I first started I was on a work group with you and some other agencies across the state and that was something that I know you were adamant about, take that language out of the manual. And so I still hear from several people that the LGEs are still saying that that money is like payer of last resort. You have to tell them what other agencies you went to. United healthcare, whoever else. St. Vincent De Paul. And none of them have resources for me to tap into

and some of you guys were the payer of last resort. That's still being said amongst a lot of the human service districts and authorities. That's just something that I would like to see changed.

TANYA MURPHY: That's excellent feedback. A specific agency (inaudible) is already paying for it. They're from LRS. There was some specific state agencies and schools. If we can get it from those things that should go first. But we didn't want individuals to have to go all around and see if they can get something given to them first before getting it from IFS. I'm glad you brought that up because it shouldn't be happening. Those words should not be said.

BAMBI POLOTZOLA: But that's not an issue from where Bernard is talking about. That really is an issue people need to follow what's already in place. What you were talking about, Bernard, is there some policies or some consistencies that in this law that can be put in place where we can have consistencies across the board, right.

BERNARD BROWN: Yes. It should be reflected (inaudible). I think it ties in a little bit because it affects potential rewrites. Like think about it like this. If there's long term we want to increase the funding or whatever we can say that we're consistently applying the same process and here is the need that we identified. This will help. I get what you're saying but the bill (inaudible), if you remember Bambi, but it ended up centered around outcome driven data so this is the outcome.

BAMBI POLOTZOLA: I found that, and I serve on the Acadiana Area Human Service District, and what I have learned is that the DD side has very specific things that the programs could be used for. Your IFS, your flexible family funds, the waivers. Those are the programs that they operate. On behavioral health side they can go and tap in and get grants for a certain type of like innovative practice and that's for me, and maybe I just have more of a developmental disability understanding, but that's the part that's a little bit more like how consistently are people getting behavioral health services. And that's the biggest funder. That's where they get the most money. We spend 9 percent on DD services. So they're spending over 90 percent of their revenue coming in on behavioral health services. Is that not right?

TANYA MURPHY: It pays for absolutely everything. Salaries and everything I think. But yeah.

BAMBI POLOTZOLA: And there are some issues like what you brought up they're saying like payer of last resort. It feels like the DD side there's consistency of how it's supposed to be administered. It's there. Whether it's been administered from the behavioral health side to me is really important to wrap my head around about the human service district is doing something innovative and that's great.

BERNARD BROWN: I think it's different in the sense of what they do, OCDD verses OBH. It's a whole different (inaudible).

BAMBI POLOTZOLA: It is.

BERNARD BROWN: Oh, yeah. Entirely different. (Inaudible) our regional operations. (Inaudible) OBH their contract with them to perform specific duties per whatever. It also allows behavioral health services to (inaudible). So I say all that to say they have more flexibility just by way of what their interaction is with OBH. With OCDD they can't provide services and be the oversight. So it's just different. So I think that's important to point out. I would like (inaudible) more flexibility. That would be helpful. (Inaudible) some gaps but unfortunately the way it's structured now they are our regional (inaudible).

BAMBI POLOTZOLA: Mylinda.

MYLINDA ELLIOT: Hi. Can you hear me?

BAMBI POLOTZOLA: Yes, ma'am.

MYLINDA ELLIOT: Okay. So the sound is kind of hollow over here but did I hear you say that the LGE is not supposed to be the payer of last resort?

TANYA MURPHY: Yeah. I mean in certain situations they shouldn't be spending individual and family support money on services that a person could get from their waiver, from Medicaid, from the school, from LRS, from other agencies. It's very specific in the manual what other agencies they should be getting--

MYLINDA ELLIOT: Who's talking right now?

TANYA MURPHY: This is Tanya Murphy from OCDD.

MYLINDA ELLIOT: So the people that I have that are calling me they're like homeless, homeless right now. There was a fire at the hotel that had a lot of homeless people in it last week, week before last and are calling the LGE and have developmental disabilities shouldn't be having to call ten agencies to see if they have money to

help them when there's not many of them. There's only two. But still, I'm just flabbergasted because we've been told for so long and still being told. I have someone on the IFS committee in here with me right now and just asked her this very question that they're the payer of last resort.

TANYA MURPHY: I think the manual explains it pretty well that we don't want individuals, the way I've done the training for the program, is that we don't want individuals to have to jump through a million hoops in order to get IFS funding. If the LGE is familiar with and it's easily accessible, somebody needs their electricity paid for and they know Entergy has this program they know it's going to be done quickly we want the LGEs to access those opportunities. But if they don't know and they just send the family off to go searching for other things that's not easily accessible that's not what they're supposed to do. But if they are aware of programs that are available and easily accessible then yes, they probably should try to do that just to be good stewards of the state general fund IFS program money.

MYLINDA ELLIOT: Okay. And maybe that's part of the problem because if I was homeless because the hotel burned last night I would hope that somebody wouldn't make me go to 15 different agencies to try and figure it out. All right. Thank you.

BAMBI POLOTZOLA: Thank you Mylinda. Any other comments? Do we have any other questions for Tanya before we move on? Okay. Now we are moving on to our SPA's report. Sorry about that guys. So we're moving on to our SPA's report. Kelly with the Arc of Louisiana is here to report.

KELLY MONROE: Sorry about that guys. We were able to get all of our numbers in. We don't serve quite the amount of people that OCDD serves of course. So we have some changes from last time. And most of these changes are because of maybe over allocating what we thought people were going to need in our budget that they didn't use. And then also we did have an individual pass away (inaudible).

So this quarter, this last quarter we served 51 people. Last quarter it was 40 so we were up 11 people. Most of that you're going to see was probably in like medical supplies and equipment, one-time funds. We'll go through the demographics. Of those 51 people 22 of those people were African American. And 28 were Caucasian. And one is

Hispanic. There were 30 of those individuals were male and 21 were female. And the ages of these people range between 27 and 93.

So if you'll notice a change also in the regions where they were served. Region one there was seven people. In region two there were nine. In region three there were four. In region four there were two. Region five there were five. Region six there were two. Region seven there were ten. Region eight there were none. And region nine there were 12. So a total of 51 people. The most changes I would say probably happened in region nine and region one.

JILL HANO: The sentence before the chart is that a typo? It says 40.

KELLY MONROE: Yep. I typed over the last report. That should have been 51 people. So if we go to the next page this is what the individuals were receiving. And all 51 of them received support coordination of course. Thirty-seven people received personal care assistance. Three were utility and rental assistance. Twenty-eight of those individuals were medical supplies and equipment. And then two were home modifications or vehicle modifications. We did spend all of our funds. Well, almost all of our funds. We left 4,000 on the table and that was only because one of the modifications wasn't done on time and so we had to move it. We spent a total 884,906.64.

If you turn the page the next page talks about the waiting list. And before Jill says it there's also a typo there. It's not 93 people. Actually it is. Never mind. Most of those people, so there's 93 people on the waiting list. Last time we talked there was 104 so we were able to take some of those people off by giving those home modifications. The people in region one are 23 people. Another 23 people in region two. In region three there's nine. In region four there are 13. Region five there are two. Region six there is one. Region seven there's seven people. Region eight there's three. And region nine there's 13 for a total of 93 people. Demographics for those are on the next page. There are 40 of those individuals are African American. Forty-seven are Caucasian. And one is Asian, Caucasian. And six are unknown because of incomplete paperwork. And then 41 of those people are male and 53 are female. Some of those people the math is not mathing but they're on there for more

than one service.

The next page we talk about the services they're requesting. So 88 people are requesting personal care assistance. Eighteen for home modifications or vehicle modifications. One for dental. One for medical equipment. I mean 36 for medical equipment and supplies. Three for rental assistance. None for transportation this time. And then six for some type of therapy. If we were to serve all of these people we would need a little over \$2.6-million.

And then the next chart that you guys had asked for before like were people receiving other services, have they applied for other services. So that's what this chart is below. We do have ten applicants that are not eligible for any other service but the SPA service. And that's it. Does anybody have any questions?

ERICK TAYLOR: (Inaudible).

KELLY MONROE: How do we do dental services? They find their dentist and then the dentist will bill them.

ERICK TAYLOR: (Inaudible).

KELLY MONROE: No. You just go through the application process and complete the paperwork and you'll get on a waiting list and when your name comes up. That application can be found on LDH's website. It's under assistance and all the documents and application for the doctor you can fax it, email or manual.

ERICK TAYLOR: (Inaudible).

KELLY MONROE: No. The doctor just fills out the form. There's certain questions that they ask about the disability and the doctor completes it and signs it. Usually the nurses will do it if you send it and then the nurse will get the doctor to sign it. It's pretty painless. Anybody else?

BAMBI POLOTZOLA: First off, good job on spending your budget and getting services. One thing I just want to point out in region eight (inaudible) like Monroe and that region (inaudible) I see only three on the waiting list (inaudible).

KELLY MONROE: Yeah. It's only three on the waiting list currently in that region. So it's not like a lack of, not that they didn't know about it.

BAMBI POLOTZOLA: A lot of times in that region information that's readily (inaudible). I don't know if there's a solution to it but it's just like there's always

opportunities, different types of outreach.

KELLY MONROE: Yeah. We definitely could put like a flier or something in some of the different state offices or maybe have the support coordinators come (inaudible) or something like that. Maybe the LGE (inaudible).

BAMBI POLOTZOLA: Do we have any other comments or questions? Okay. So thank you Kelly. Now we're going to move onto our Office of Behavioral Health reports. Is Dr. Savicki here? I see now Dr. Savicki. Your reports.

KRISTIN SAVICKI: Can you hear me okay? I think other folks have commented the audio coming from the room is pretty tricky here on Zoom. Can you hear me okay?

BAMBI POLOTZOLA: We can hear you fine. I don't know if it's the weather that's causing it.

KRISTIN SAVICKI: I wonder, yeah. So just to let you know if there are questions from the room--

BAMBI POLOTZOLA: I see it's saying low network bandwidth. The weather is really bad here. We apologize to everyone online.

KRISTIN SAVICKI: Yeah. Just to let you know if folks are asking questions from the room I may need to ask y'all to kind of get close to a speaker and repeat very slowly because it is a little hard to hear. So stop me if I'm not hearing any questions or anything. All right. So this report is the quarter four report. It's the LGEs reporting on everything that was available to report when we made this report due for them so it does not include everything for the full fiscal year. They will need a little more time obviously to process the last invoices. And then that yearend report we'll bring to the council at the next meeting.

For consumer care resources most of the LGEs are on track or have already met their 95 percent threshold of expenditures for the year. A couple of them are not to 95 percent yet. We've asked and several of those who are not quite to 95 percent have indicated that they do anticipate they will meet that 95 percent once all of the final invoices are in and paid. I think there's one LGE that right now is not anticipating that they're going to meet that 95 percent expenditure threshold. So we'll confirm that once we get the yearend report. And you know as in prior years if they're not meeting that threshold then we would request a corrective action plan. Kind of speak to the LGE staff about what were the barriers to getting this

funding out to families and we get their corrective action plan for how they're going to increase that in the next fiscal year. We may have a corrective action plan to talk to y'all about in the next meeting. We'll update you at that point. Any questions about consumer care resources?

TANYA MURPHY: Hey Dr. Savicki. This is Tanya with OCDD. I'm looking at the report in front of me and it says quarter two.

BRENTON ANDRUS: The report on the screen is correct. I don't know what happened in the packets but it looks like it says second quarter. So the information that is online and was displayed on the screen here is actually correct. It's just what's printed in your packet. So apologies for that.

BAMBI POLOTZOLA: We have a copy of an old report printed but what's showing on the screen is correct.

BRENTON ANDRUS: Like your supported living report says fourth quarter. Somehow the CCR flexible family fund that is printed says second quarter.

BAMBI POLOTZOLA: So can I ask can y'all make that bigger, what we're seeing in the room. Okay. So for those of you online for us to be able to have a visual. Sorry Ms. Savicki. Have you finished with the CCR report?

KRISTIN SAVICKI: So just let me know if there's questions. Let me know when you're ready for me to move on to the flexible family fund.

BAMBI POLOTZOLA: Just give us a second for those of us in the room.

JILL HANO: Is this OBH reported funding?

BRENTON ANDRUS: No. She hasn't gotten to that part yet.

BAMBI POLOTZOLA: The OBH report is not right.

BRENTON ANDRUS: I'll come show you.

BAMBI POLOTZOLA: Okay. Do we have any questions on the OBH CCR report? And Dr. Savicki, because we were kind of in a confused state when you were giving your report, you said one of the regions is struggling with meeting the goal of expenditures?

KRISTIN SAVICKI: As you can see there are a few of the LGEs that haven't met that 95 percent threshold yet and a couple of them are saying, and you can kind of see that in the notes below, a couple of them are saying once they pay the final invoices they are confident that they are going to meet that 95 percentile threshold. One of the LGEs has

just said to me verbally that they think they may not meet that 95 percent. So I'm waiting for the final year-end numbers and then once we have that we will be able to let you know in the next meeting if anybody does need a corrective action plan for this coming year.

BAMBI POLOTZOLA: Thank you. Does anyone have any other questions about the CCR report, OBH? Okay. You can move onto the flexible family fund.

KRISTIN SAVICKI: Okay. So for flexible family fund you'll see that-- I'm sorry? I thought I heard there was a question.

BAMBI POLOTZOLA: Just a second Dr. Savicki. Do you have a question, Jill?

JILL HANO: Is CCR like IFS?

BRENTON ANDRUS: It's similar.

JILL HANO: Okay.

BAMBI POLOTZOLA: CCR.

BRENTON ANDRUS: Consumer care resources.

BAMBI POLOTZOLA: On OBH's side is very similar to the individual family support on the DD side.

JILL HANO: (Inaudible).

BRENTON ANDRUS: No. Just this.

BAMBI POLOTZOLA: The screen right now. Okay Dr. Savicki.

KRISTIN SAVICKI: We're ready for flexible family fund?

BAMBI POLOTZOLA: Yes, ma'am.

KRISTIN SAVICKI: Okay. Thank you. So as you can see on the flexible family fund most of the LGEs have essentially completed their expenditures. They primarily have all of their slots filled. I think there might be one that is kind of working on filling one slot. The one exception is North Louisiana who is reporting you'll see some of the details they provided in the notes below. They had a number of age outs in kids who aged out of the program and they have been working through their waiting list to move folks from the waiting list into slots. And they've had some mixed success with having trouble contacting folks on the waiting list, working through trying to get eligibility documents. So that's unfortunately been a slow process that they're still working on. So we'll be keeping an eye on that and asking them for updates around filling those slots.

They also, I can't remember if they said this in their notes or in communications we had with them. They're doing

a lot of getting more information out to, yeah, they had this in their notes as well. They've been sending applications out to their clinicians in different parts of the district and then community-based clinicians. Really trying to get the word out about this given that they haven't been able to fill all the slots yet.

They are still reporting five families on the waiting list. The reason they're still reporting those on the waiting list is they're still trying to verify eligibility for those five families. And so obviously if and when they're able to establish that they're eligible they'll go into slots or if they're not eligible they'll be removed from the waiting list. But there were still, at the time of reporting, still working with those five families to try to get the documentation they needed to verify eligibility. So any questions about that?

BAMBI POLOTZOLA: We don't have any questions. Wait. I'm sorry. Ms. Karen.

ZHENG XU: (Inaudible).

BAMBI POLOTZOLA: So I think what you're asking is for like this flexible family fund, is it similar to, this is for OBH Office of Behavioral Health. And then Office for Citizens with Developmental Disabilities you're asking if they're similar?

ZHENG XU: (Inaudible).

BAMBI POLOTZOLA: Yeah. I think what you're asking is like OCDD they have similar programs.

ZHENG XU: (Inaudible).

BAMBI POLOTZOLA: Right. Some of them are very similar. So OCDD serves people that have a developmental disability. Office of Behavioral Health serves people who meet the criteria for behavioral health. And then OAAS they have to meet the criteria for aging services. And some of the programs are very similar but then they're also kind of specific. So there's some similarities but some differences. Does that answer your question?

ZHENG XU: (Inaudible).

BAMBI POLOTZOLA: It's much smaller.

ZHENG XU: (Inaudible).

BAMBI POLOTZOLA: Yeah. I think I understand what you're saying. Our committee's oversight, Act 378, it's just an oversight of certain programs within all of these different offices. You have OCDD, OBH and OAAS. They have other programs-- and y'all correct me if I am wrong.

ZHENG XU: (Inaudible).

BAMBI POLOTZOLA: Some of it was state general fund. So there's federal funds and Medicaid funds. Those are different programs we talk about in other committees but this is state general fund.

ZHENG XU: (Inaudible).

BAMBI POLOTZOLA: Yeah.

KELLY MONROE: It's a lot. It's so confusing.

ZHENG XU: (Inaudible).

BAMBI POLOTZOLA: But that's a good point. There's Medicaid services and other things. Very good question. Any other questions for OBH? Any other questions for that? Okay. I think, Dr. Savicki, you have one more report.

KRISTIN SAVICKI: Great. It looks like it's up on screen. This one is a little more straight forward given that all of the LGEs at the time of reporting had already expended 100 percent of their funding. And they're reporting out on the number of folks that they served throughout the year. And then the notes provides information about how they expended those funds. Any questions on this?

BRENTON ANDRUS: It looks like on the report the number served did not calculate the total. I think it's 303.

ERICK TAYLOR: (Inaudible).

BAMBI POLOTZOLA: We have a question. I think, Erick, you're asking about that adjustment of Imperial Calcasieu of 35,000.

KRISTIN SAVICKI: Sorry. Do you want me to answer that?

BAMBI POLOTZOLA: Yes, please.

KRISTIN SAVICKI: I think that was actually reported in the quarter three report if I'm remembering correctly. Because IMCAL was using some federal grant money to supplement this program. And that federal grant money, there were several federal grants that were abruptly canceled by the federal government on March 24th of this year. And so LDH was issued a letter on March 24th saying that as of that date funding for any of the activities, funding under that grant needed to end. So IMCAL had been using that funding I believe to augment their funding for this supported living program. So any funding they hadn't spent yet from that particular grant they had to stop using. And so that's why they had reported that reduction.

BAMBI POLOTZOLA: Thank you. Do we have any other

questions?

ERICK TAYLOR: (Inaudible).

BAMBI POLOTZOLA: I think, Dr. Savicki, you said they haven't used that funding and so therefore they just couldn't spend anymore and they reduced their budget, right.

KRISTIN SAVICKI: I'm sorry. I couldn't hear the question. But if I understand correctly the question was because they hadn't spent it they had to pull that out of their budget. Was that the question?

BAMBI POLOTZOLA: Dr. Savicki, did you hear me?

KRISTIN SAVICKI: Yeah. I'm sorry. I was just asking a question. It sounds like our audio is not very friendly right now. Can you hear me? Are you able to hear me?

BAMBI POLOTZOLA: Yes. That was the question.

KRISTIN SAVICKI: Okay. Sorry. I'm having a really hard time hearing anything. But yes, the money that, originally that money should have been able to be used until September of this year so that's why it was in IMCAL's budget to use throughout the months until the funding ended in September. But instead the federal government said that that funding was going to terminate in March. And so the money that IMCAL had that they were supposed to be able to use until September they then couldn't use as of March 24th so they had to pull that out of their budget. Does that make sense?

HANNAH JENKINS: Hey Kristen. Here in the library they actually lost all connection. So this is an update for everybody and you. But I think we do have it recorded what you said.

KRISTIN SAVICKI: I'm so sorry. It's really hard to hear what's going on in there.

HANNAH JENKINS: I think maybe our internet went out here on my phone. So yeah. I do think the meeting is adjourning or has adjourned.

KRISTIN SAVICKI: Okay. I don't know if you can pass on the message that if there's any additional questions that I can answer via email I'm certainly happy to.

HANNAH JENKINS: I will definitely pass that info along right now.

KRISTIN SAVICKI: Okay. Thank you so much.