

Louisiana Developmental Disabilities Council  
Act 378  
January 28, 2026

BAMBI POLOTZOLA: Hi everyone. We'll call the meeting to order, the Act 378 subcommittee meeting. Sorry for the delay in the meeting. Rekeesha, would you mind calling the roll?

REKEESHA BRANCH: Not a problem. Ms. Chachere.

ALAINA CHACHERE: Here.

REKEESHA BRANCH: Ms. Nguyen. Ms. Stewart.

BROOKE STEWART: Here.

REKEESHA BRANCH: Mr. Taylor.

ERICK TAYLOR: Here.

REKEESHA BRANCH: Ms. Xu. You have four.

BAMBI POLOTZOLA: So 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 me 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 on by the chair. Electronically raise your hand to request to speak and you will be called on. 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 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 for order committee members in person and virtually will be allowed to speak first. Public members in person will then be followed by the 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 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. Please 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 the designated public comment period. The chair may use their discretion if comments will be accepted outside of those times.

Now we'll move on with our business. We need to review the October meeting summary which was attached to the agenda. And we need a motion to adopt the October meeting summary.

ERICK TAYLOR: I motion to adopt the summary.

BAMBI POLOTZOLA: Okay. We have a motion by Mr. Taylor. Do we have a second?

BAMBI POLOTZOLA: We have a second by Ms. Chachere. Any objections? Let me make sure I'm going in my order. Is there any discussion? Is there any public comment? Okay. We will now do a roll call vote. A vote yes means you approve. A vote no is to not approve. Rekeesha, please call roll.

REKEESHA BRANCH: Ms. Chachere.

ALAINA CHACHERE: Yes.

REKEESHA BRANCH: Ms. Chachere, yes. Ms. Nguyen. Ms. Stewart.

BROOKE STEWART: Yes.

REKEESHA BRANCH: Ms. Stewart, yes. Mr. Taylor.

ERICK TAYLOR: Yes.

REKEESHA BRANCH: Mr. Taylor, yes. Ms. Xu.

KAREN XU: Yes.

REKEESHA BRANCH: Ms. Xu, yes. Ms. Hano.

JILL HANO: Yes.

REKEESHA BRANCH: Ms. Hano, yes.

BAMBI POLOTZOLA: Thank you, Rekeesha. The motion to accept the October meeting summary has been passed unanimously. Next we will move on to our Office of Aging and Adult Services. Kelly Monroe is here to present the report.

KELLY MONROE: Hey everybody. Everybody should have the report in their packet. These do look a little bit different from this quarter from last quarter. Unfortunately we did lose four individuals passed away and one went into a nursing home. Things are going to look a little different in this quarter's report.

Second quarter we were able to serve 42 people. So

what we did was we had some one-time funds that we were able to get some people, two home modifications and one vehicle modification and then some medical supplies. That's where that's going to come into play. So in that quarter we were able to serve 17 of those identified as African American. And 24 were Caucasian. And then one was Hispanic. Of those 28 of those were male and 14 were female.

The age range from this time is 21 to 94. I believe last quarter it was 33 to 94. The only change in the quarter in the region was in region four last time we served two people in region four and this time we served three. So a total of 42 people there. All individuals received support coordination. So there's 42 receiving support coordination. Thirty-seven receiving personal care assistance. Four for rental assistance or utility. Eight for medical supplies. And then two for vehicle modifications, home modifications. Attempting to spend that 888,997-dollars. And then there's the breakdown of the costs.

Currently on the waiting list there's 85 people. Which we were able to lower the waiting list a little bit by giving some people some one-time funds. And in there region one there's 20 people. Region two there's 23. Region three there's nine. Region four there's seven. Region five there's two. Region six there's two. Region seven there's six. Region eight there's three people. And then region nine is 13 for a total of 85 people. The demographics of those people are 39 of those are African American, 40 of those are Caucasian and then there are six that are unknown because they did not complete the application process. So of those people 36 of them are male and 49 of them are female. Like I said, we were able to take four people off of the waiting list so we went from 89 people on the waiting list to 85.

And the next page is going to show like the services that they're looking for and the estimated cost of those. And if we were to serve all 85 of those people we would need an additional \$2.4-million roughly. Maybe 2.5.

The next box kind of shows you a little bit about what people are receiving already and then what they've applied for. And then some of them were not eligible for any of those. There were eight applicants not eligible for any other services. And that is it. Does anybody have any questions?

BAMBI POLOTZOLA: No questions? Thank you for your report. Let's move on to the Office of Behavioral Health. Is Dr. Savicki on?

KRISTEN SAVICKI: Yes, hi. Can you guys hear me okay?

BAMBI POLOTZOLA: Yes, we can.

KRISTEN SAVICKI: Okay. Great. Please stop me if something happens to my audio. I've been having some intermittent issues with it. Please alert me if somehow my audio stops working. So I am going to go ahead and read off a version of the report I have because it has one update. I think as I had notified the council we did not have one of the LGE's data at the time we submitted the report but we have that now.

So just to review on consumer care resources we have many of the LGEs, actually most of the LGEs are at or around or above fifty percent of their spending for the year. Which is what we would expect for quarter two. A couple of LGEs are a little bit under that and they have noted reasons for that and reasons why they think they are going to catch up. So, for instance, a couple of LGEs note that their invoices for December weren't in yet at the time of reporting so they'll be closer to 50 percent once all the reporting for quarter two comes in.

And then of course there's Capital Area which typically this is Capital Area's spending pattern. They use different funding sources at the beginning of the year and then expend the majority of their consumer care resources funding towards the end of the year. So all of this, just to summarize, looks like the LGEs are mostly on track for their spending in the consumer care resources for the year so far. Any questions on that?

BAMBI POLOTZOLA: I don't see any questions.

KRISTEN SAVICKI: So we can move to the flexible family fund whenever the committee is ready.

BAMBI POLOTZOLA: You can go ahead.

KRISTEN SAVICKI: Okay. Great. So similarly with flexible family fund looks like LGEs are mostly on track. There are no major issues with slots being filled. If you'll note every once in a while we have LGEs having a number of folks drop out of the program and then taking some time to get folks back in. That's not the situation we're in now. A couple LGEs maybe have one or two slots that they're working on filling but they're mostly proceeding along with getting these supports out to families. So

nothing too dramatic to note on this report. Everybody is looking like they're mostly on track. Any questions on that?

Sorry. I neglected to mention in the data point that's missing, the North Louisiana data, that's true for them as well. So I'll just say out loud. Consumer care resources they have expanded 69 percent of their funding. So they are sort of over where we would expect them to be for the year. And then for the flexible family funding they have 21 out of their 22 slots filled. So just to verbally let you know that data. And I can send that updated report to the council. It just wasn't available at the time that the council had requested the reports.

BAMBI POLOTZOLA: Any questions? You can move on to the next report.

KRISTEN SAVICKI: All right. Supported living. So these are the LGEs that do operate supported living programs. They are reporting, some folks are reporting that they've already expended all the funding for the year. Most of them are over 50 percent. Capital Area's in line with their spending pattern for the CCR funds. Also waits until later in the year to spend their funds. So they haven't spent any yet but traditionally they do in fact catch up and spend all of those funds before the end of the fiscal year. If that's a question directed to me I may need somebody closer to the mike to let me know.

BAMBI POLOTZOLA: Just trying to make sure he's looking at the right page right now. Just a second please.

KRISTEN SAVICKI: No problem.

BAMBI POLOTZOLA: Do we have any questions about the OBH report? Y'all are making it easy for Dr. Savicki. Thank you, Dr. Savicki.

KRISTEN SAVICKI: All right. Thank you.

BAMBI POLOTZOLA: We are now going to-- we have made up our time. This is great. We are now going to move on to the Office for Citizens with Developmental Disabilities. But before we receive the quarterly report we're going to do something a little different this quarter. Each quarter what we want to try and do is each quarter have one of our local governing entities have an opportunity to share a success story. And this idea came from I'm on the Acadiana Human Service District board and sometimes at our board meetings they'll do this, use this strategy to just make the connection of personal stories.

We talk about that with the DD Council about how personal stories are impactful. These numbers are great data points but to hear the personal impact is really important. So this quarter I've asked Troy Abshire who is the DD director for, the developmental disabilities director for Acadiana Human Service District to share a success story. So Troy, not a lot of pressure, but you're our excitement for this committee. Can't wait to hear what you have to tell us.

TROY ABSHIRE: How y'all doing? Can y'all hear me?

BAMBI POLOTZOLA: We can hear you.

TROY ABSHIRE: Okay. First I want to thank you, Bambi, for inviting me to do this. So many times we get calls of all the problems and issues that occur and we really don't get to share some of the success stories. So this is a really good idea and I appreciate being the first one. So I am going to talk about a situation that occurred I think about a year and a half ago. It all starts I was actually grilling, BBQing on a Sunday afternoon at 4:00 and I get a call from our executive director because he got a call about a situation in regards to a mother who had some substance abuse issues but also had a daughter that was presenting that may be developmentally delayed or possibly the person may have autism.

So he gave me a name and number and I reached out. Actually I knew the people at the hospital where they were brought. So what happened was there was a mother who had substance abuse issues and she had overdosed and she was rushed to the hospital and she had a daughter who did have autism and had no other relatives, no other person, no other caregiver so they brought her along to the hospital. So they asked me if I knew of her. I did not. But luckily I only live ten minutes from the office so I ran to the office, checked our system and she was in our system which was very good.

So they told me the situation. Mom ODed. She needed to go to treat but her daughter who was an adult could not. So I immediately called upon one of our providers. We have some really good providers in our region and a couple of them-- first I called they have a respite center. A center-based respite center and told them the situation and asked them if they could go and assess the situation to see if they could meet with the young lady and determine if one, could they help her and two, if they could, could they

please take her back to the center-based respite and through our family support funds we would fund that service until we could figure out what was going on. So they went sight unseen. They called me back about 40 minutes later and they said she definitely can come to our center. We will take her. I said look, full disclosure, not sure what's going on. Her behaviors, I'm not familiar with her. They said look, we'll make it work. It's always good to work with your providers and call on them when you need.

So they took the young lady to center-based respite and she stayed there probably at least nine or ten months. So we utilized our family support funding to pay for that. And during that whole time what we did was we applied for a waiver for her. Got her screened. Of course she came back a four because of the emergency situation. All at the same time keeping in communication with the mother to make sure we didn't lose that contact and all. And to keep them in touch with each other. She got a waiver. And we finally at the end of last year was able to find her an apartment. Her waiver still wasn't approved at that time and we continued to use family support funds to fund it.

The provider fell in love with this young lady. Like they have, for lack of a better term, adopted her and they are fiercely protective of her. And they have got her set up in an apartment, got the services she needed. We worked with the support coordination agency to get everything in place. And luckily-- we gave her a choice to choose a provider because even though she had them, the provider as a center-based respite provider, she still has a right to choose her in-home provider. We gave her that opportunity. And of course naturally she chose the center-based respite provider as her in-home provider because she was so familiar with them. But it's so important to offer choice to our individuals.

And they got her set up and she is thriving. As a matter of fact we got notice that her waiver was finally approved on December 31st and she is doing amazing. It's completely amazing how well she's doing. We weren't sure how it was going to turn out but with the right supports, the determination of our waiver office, our family support staff, the providers and support coordinator we really put her in a really good situation and she's doing amazing. It's a really amazing thing. Because we really wouldn't have known what happened to her. Mom is still in the

picture. We arrange visits for them to visit. I think they're visiting at least once a month and the mom is on the road to recovery. The young lady is, like I said, thriving at her own place. And she doesn't want to go live back with her mom. She's happy living in her own place and having her own space and doing the things that she enjoys doing. But there's still that family contact that we've gotten to arrange. And I think everybody's happy at this time. Really good turnout there.

BAMBI POLOTZOLA: Thanks Troy.

TROY ABSHIRE: Sure.

BAMBI POLOTZOLA: Any comments? Thank you, Troy. We appreciate it. I think that's just a great example of the individual and family support funds how important they are and impactful to have that flexibility. We look at the numbers on this legal-size report and see a lot of numbers but that gives us an idea of how it's really meaningful and helpful. Because without it you wouldn't have been able to do what you did and get her living the life that she is now. The life that she wants to live.

TROY ABSHIRE: Yeah. And that's correct. And what's so good about family supports since we've gone to this tiered waiver it almost acts as a transition for individuals. They may need services immediately. We all know waiver, the process, if it's new, can take maybe two or three months. And family support can step in to provide those services. If it is a crisis situation to minimize the crisis or settle the crisis and get them stabilized. And then let the waiver process take over and then transition over to the waiver supports and services. It's a vital program.

Also I love it because it's not as bureaucratic. Waiver you have so much paperwork. We have a policy with family support but we have a lot of flexibility on how to use that money. We have a committee that we can gather quickly to approve the funds when needed and not have to go through a 50-page plan of support, a CPOC and getting a plan written and then approved and sending it to Lasers and all this other stuff, SRI. It's my favorite program because we can react and literally save lives.

BAMBI POLOTZOLA: Mr. Taylor.

ERICK TAYLOR: I like that even though she's disabled y'all still gave her a right to have a choice. That still gave her the freedom to do what she wanted to do and not

take away from that.

TROY ABSHIRE: That is correct, yes.

BAMBI POLOTZOLA: Thank you so much, Troy, for sharing that story and for being our first DD director. Now your counterparts they can look forward to come and sharing their success stories in future meetings.

TROY ABSHIRE: Yeah and we talk a lot. We have a DD director email thread and there's a lot of success stories throughout the state. So every region is doing a great job. We bounce stuff off of each other and even issues and successes and stuff. Y'all will get some great stories in the future as well.

BAMBI POLOTZOLA: Thank you.

TROY ABSHIRE: Sure.

BAMBI POLOTZOLA: So now we'll move on to Mr. Herman Beamer with OCDD. You're here to provide the numbers, the data.

HERMAN BEAMER: I would like to commend Troy for an excellent report. I'm the regional operations director (inaudible) and Troy is one of my go-to persons. If I can't figure something out, I need some advice on how to do something, I call Troy.

BAMBI POLOTZOLA: I do the same.

HERMAN BEAMER: He is very good. All the DD directors are really committed to the service. They all do a good job. I'm proud of all of them. Got to hire most of them. On the handout that was given on the second quarter expenditure report Office for Citizens with Developmental Disabilities, the Act 378 program report, the second quarter. It's in your packet. Under the individual and family support data we have the initial 26 individual and family support budget. You will see the total is 8,299,198-dollars. Then you have the total budget which is a little more. Adds a little bit to it. It's 8,341,444-dollars. And you see what's expended. But I like to point out the percent year to date. So most of them percentage total now is 43 percent. But I feel very comfortable that they've always been able to bring that percentage up by the end of the year and spend most of their money. You will see that under the individual and family support for all the ten LGEs that they do have a balance 4,758,984-dollars. And the number of people that they've served 2,451. That's really good. They're really providing services and family support. Help support a lot

of individuals. Any questions on the IFS?

Flexible family fund on the next part of that chart. The total budget and as you see the initial budget 5,569,704-dollars. You will see the total budget was an increase 5,585,958-dollars. And you'll see they're on target for spending about 50 percent of the funds that are dedicated for FFS. There's never a problem with them spending all of those funds. You'll see too that the budgeted slots that we have statewide, all ten LGEs, 1,805 individual slots. 1,807 are actually filled. So far there is 1,869 individuals receiving flexible family funds. So now on the waiting list is 3,818. You can see some notes down below it's like Capital Area Human Service District funded an additional five slots for flexible family fund to assist with reducing the waiting list. So they're all aware of it. They're working hard to try to reduce it. But as people come off more people come on. It's a revolving thing but that's a good thing. It's good that they're getting the information out to families about the program and they're working it very diligently. So I'm okay with that right now. Any questions on that?

BAMBI POLOTZOLA: Looks good.

HERMAN BEAMER: The next one is the Act 73 compliance report. It's based, this particular report we are required under legislation to determine and get from the budget documents for the state. The amount of state general funds that are allocated to the ten LGEs and you will see that list. The total LGE state general funds it's 113,816. That's what the LGEs have an allocation for their budget. 9 percent of that is the next column. So their requirement is that we expect them to use 9 percent of the total budget for state general funds for funding for those services. You will see the amount of 9 percent of the state general funds for DD services you will see the total is 12,970,243-dollars. That's 9 percent of the total budgets that they have. The state general fund budgets.

If you look at the next item you will see the total IFS/FFS budget by the LGEs. You will notice on the first handout it was incorrect. I looked at it. It didn't make sense to me. I said maybe the formula wasn't correct. So we redid it so the handout that y'all received has the correct information. It may not be on the back sheet of the sheet in your packet but it should be on the handout. They gave y'all handouts. Anyway, if you look at this

report actually 9 percent of the total state general fund budget for each ten LGEs total 12,970,243-dollars. So if you look at the next column IFS/FFF budgeted by the LGEs that total is more. So many of them not only did they fund the 9 percent amount but many of them exceeded it. So they exceeded it by 957,159-dollars. So I was very pleased with that. So they're required to have at least 9 percent budgeted. But they actually exceeded that. You can see some of them have the same amount in each column. An amount of the 9 percent funds and a total of the next column. Like the first one, 1,646,224. And you see budgeted 1,646,224. The same number. But as you go down to this you'll see many of them really exceeded that 9 percent amount. So I was very pleased to see that. That they've actually exceeded that 9 percent. To me that's really good. I'm very happy they were able to do that.

I just subtracted the difference. It's not on your report. I just did it before I came in. But it's about 957,159-dollars that they put in the budgets above the 9 percent. You'll see what's been expended and you see the total up to this part of every year of the 9 percent so they're right at 50 percent of the funds being spent. I don't think there will be any problem with them utilizing all of these funds at the end of the fiscal year. I was very pleased. This is my first time to actually review these documents. Tanya was here at the last meeting. It was her last meeting here. I was very pleased working with one of my colleagues at my office, Brandy. This is my first attempt so if y'all have any problems or questions if I don't know the answer I'll try to get it for you.

BAMBI POLOTZOLA: I have a question for you. For state general funds what exactly, what are those funds? I know the human service districts and authorities they get different funding sources. So the state general funds does that include like their Medicaid reimbursement they get for the behavioral health services?

HERMAN BEAMER: No. That's basically state general funds.

BAMBI POLOTZOLA: It's just a direct allotment that they get? It's not the fee for services for behavioral health?

HERMAN BEAMER: That's my understanding. I'm not a budget person but that's my understanding.

BAMBI POLOTZOLA: Okay.

HERMAN BEAMER: That's why legislation was passed under Act 73 that 9 percent of the state general funds that human service district gets that's for DD services, behavioral health and mental health are services they provide. That's all of them. 9 percent of federal funds that they get, state general funds, allocated by the commissioner administration and budget process to LDH is supposed to be used for IFS and FFS services. That's where the 9 percent came in. Then you will see many of them actually took additional over the 9 percent requirement. I feel very good about it. Very happy and very pleased to see that and hoping it will continue that way. That's their current budget right now. That's going to serve and help many individuals and families.

BAMBI POLOTZOLA: Do we have any other questions?

ALAINA CHACHERE: I was just curious I think last meeting whenever we were going over the priority requests and expenditures report that there was a lot of the use of other to identify services and goods. I was just curious if we had an update on whether or not they added more categories or kind of where we were with that.

HERMAN BEAMER: We kind of discussed it. Brenton, we kind of discussed it. Didn't we add an additional category or a few other things to it? I wasn't quite sure. I know we talked about it that we were going to add some additional things to it. The list is pretty comprehensive of what is identified.

BRENTON ANDRUS: Yeah. We had talked about specifying some things but I thought it was going to go back to the LGEs for them to I guess gauge what they're using their dollars for and recommend some of those additional categories. Because I think it would be helpful if they would share what they see more what falls in that other category so then we can start seeing-- I know we had talked about maybe differentiating some of the items like if it is something that might fall under incontinent supplies but it might be clothing items and they put it under clothing because they see it as a clothing item but it's really something more under incontinent supplies. Trying to figure that sort of I guess breakdown that might be there.

HERMAN BEAMER: I don't have the documents with me but I thought what was submitted last time did have a list of the other items that they were looking for.

BAMBI POLOTZOLA: It has a lot of lists but there was

some large dollar amounts that was in the total for other so it made it kind of..

ALAINA CHACHERE: And some of them did include in the notes I think what some of the others were but it was a large dollar amount. Not all of them had specification what the others were. I think our request was--

HERMAN BEAMER: The report at the end of the year?

BAMBI POLOTZOLA: Yeah.

ALAINA CHACHERE: Was just to try to pin down what some of those other things were so that we could have an idea of what it was actually verses other.

HERMAN BEAMER: I'll have to find that report where Tanya left it.

BRENTON ANDRUS: We can send the report to you that she would send us. She just pulls up or did pull up I think it's like an IFS expenditure report basically just list however many contracts they had, what was encumbered.

HERMAN BEAMER: In the last packet?

BRENTON ANDRUS: Yeah. I went back and checked the notes and that was what we had talked about getting with the LGEs to kind of look at what each one of them keeps dropping in that other category and figuring out do we need to add additional categories to that report. And to better clarify what that other might have been. Because we did some work years ago trying to clear out that other because I think some categories were added to make it a little bit more detailed but we've noticed in the last year it jumped up.

HERMAN BEAMER: I know we talked about adding some additional things but I can't remember exactly what they were. It's been a while.

BRENTON ANDRUS: I would have to go back in the transcript because I think we threw some things out maybe in committee. But I think the ultimate goal was getting the LGEs to come up with those categories.

HERMAN BEAMER: I'll follow up on it and report back at the next meeting. Does that work? Okay. I'll do it. Thank you.

BAMBI POLOTZOLA: Do we have any other questions for Herman on the OCDD reports? Seeing none. Thank you, Herman. Welcome back to the committee. Please note that after this meeting the education and employment committee will meet at 4:15 p.m. Also tomorrow the full council meeting will start at 10:00 a.m. It will 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? Anyone wishing to share public comment? Okay. I will adjourn the meeting at 3:58. We made up our time. Thank you, guys.