

Louisiana Developmental Disabilities Council  
Act 378 Subcommittee  
April 15, 2026

BAMBI POLOTZOLA: Hi everyone. I'll call the meeting to order. It is 12:08 and this is the Act 378 subcommittee meeting of the Louisiana Developmental Disabilities Council. Rekeesha, would you mind calling the roll?

REKEESHA BRANCH: Not at all. Ms. Hano.

JILL HANO: Here.

REKEESHA BRANCH: Ms. Hano is here. Ms. Nguyen. Ms. Stewart. Mr. Taylor. Ms. Xu.

KAREN XU: Here.

REKEESHA BRANCH: Ms. Xu is here. Ms. Polotzola.

BAMBI POLOTZOLA: Here.

REKEESHA BRANCH: Ms. Polotzola is here. You have three. You have a quorum.

BAMBI POLOTZOLA: Thank you, Rekeesha. Before we get started I just need to remind you 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. And 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. And please keep your microphones muted unless you're called on by the chair. Electronically raise your hand to request to speak and wait to be called on by the chair. For attendees electronically raise your hand to request to speak. Once recognized by the chair your microphone will be turned on. After speaking the microphone will be returned to mute.

Also the Q and A is only to be used for 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 the accommodation. As for order committee members in person and virtually will be allowed to speak first.

Public members in person will 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 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 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 periods. The chair may also use their discretion to determine if comments will be accepted outside of those times.

And now we will move on to the approval of the January meeting summary. So everyone should have reviewed the January meeting summary which is attached to your agenda received via email. It's in our packets those of us here in person. It's also online. I need a motion to adopt the January meeting summary.

ERICK TAYLOR: I motion.

BAMBI POLOTZOLA: Thank you, Mr. Taylor. Jill.

JILL HANO: I'll second.

BAMBI POLOTZOLA: Okay. So we have a motion by Mr. Taylor and a second by Ms. Hano. Is there any discussion? Is there any public comment? The motion to accept January's meeting has been adopted. Do I need to ask for any objections? Did I follow that process right?

BRENTON ANDRUS: Yeah. Per the Parliamentarian you can just vote by agreement.

EBONY HAVEN: Unanimously.

BAMBI POLOTZOLA: Okay. So we're going to skip over OAAS for now. So Kelly Monroe with the Arc of Louisiana is not here yet. Hopefully she will be able to join us and then she can provide that report later. So we will move on to the Office for Citizens with Developmental Disabilities. Is Herman going to present?

REKEESHA BRANCH: We have Ms. Kensie.

BAMBI POLOTZOLA: Kensie Lasseigne is our region three Office for Citizens with Developmental

Disabilities. She is a director.

KENSIE LASSEIGNE: Can you hear me now?

REKEESHA BRANCH: There we go.

BAMBI POLOTZOLA: So Kensie is going to share what we call an LGE spotlight which is local government entity. She is with region three, the director. And so she is just going to share some good things that are happening in her region in regards to our ISF funds and flexible family funds, which is what we talk a lot about in this committee. So Kensie, thank you for accepting our invitation and you have the floor.

KENSIE LASSEIGNE: Thank you. I wanted to try to find something that may have been a little more unique to our region. We do a lot of the same type of funding requests that you see across the state. IFS supports, PCA hours, vocational services in some situations. We help with incontinent supplies, all the typical things, modifications. But one area that we've kind of noticed more recently, particularly because we are a very low-lying area, we are the bayou regions, a lot of people are in flood zones and since we've had our last significant hurricane in 2021 a lot of homes had to be raised to get their insurance and things like that. So we're seeing homes higher off the ground than usual and we still have individuals who require ramps and modifications to get in and out of the home. And your typical ramps are not always suitable because of these homes that are raised up high in the air.

One particular case we had recently, this year as a matter of fact, was an individual who had to use a wheelchair for accessibility and his parents for quite some time had been carrying him up the stairs. Their home was raised 49 feet and the way it was situated on the property even if they wanted to do a standard ramp it would have had to come out too far. There just wasn't room for it. We had the OCDD resource center go out and kind of work with that family and figure out what could be implemented to get him accessibility in and out of the home where the family members weren't having to carry him up the stairs and then carry his wheelchair.

And so from that process we were able to get them a vertical platform lift. The family has reported that it's made a huge difference. They are able to get him

in and out of the home safely. They're not having to carry him anymore. And this item is a little bit more costly than your standard ramps. And that's why although they didn't have a waiver, they have an EPSDT services, they would have still needed assistance for that. Looking at about, the estimates came back for that item between 12 and like 15,000. I want to say this one ran about 14. It is a little bit more costly to be able to put a device like that on a home. So even someone with a waiver would probably need some assistance from IFS as well. We were very happy to do that. He is living much more safely and has more independence now. And this has helped the family tremendously. They aren't hurting themselves carrying him up and down the stairs. And I think we are currently working on another one with a very similar situation. I like that we're able to look at those unique situations based on our geographical area because sometimes our typical ramps are just not cutting it right now.

And because I didn't have a big one story I kind of picked up a couple other things that I noticed we've been doing a little bit more here in region three. This year we recently are going to, we didn't do it yet, but we are going to fund an individual to go to a Prader Willi summer camp. This individual has been wanting to go to a Prader Willi summer camp for a couple years now and the family just couldn't make it work and so they reached out to us and asked if we would assist with that. We looked it up. It's all good stuff. It's over in Texas but it is going to be something that the family can get him to and from and we're just helping the family with the cost of the camp. And this allows the individual to engage in a social activity with his peers with similar conditions. The camp is designed for children who have the Prader Willi symptoms. Where the food situation and things like that they couldn't go into a typical summer camp. This is allowing him to be able to go into a camp and have a fun summer. And we were very excited about that. The family is very excited. It's going to give him some fun and engaging and enriching opportunities based on his special need. That was something unique.

And our other thing, and I know probably in other

areas you guys are getting requests for assistance for these. The cubby beds. I know that insurance sometimes pays for them and some of the Medicaid plans do. But there are some Medicaid plans that do not fund the cubby beds. I do have a personal account from a family member. Her particular insurance for her child did not fund the cubby bed and her physician they thought it would be really beneficial to the child. And so she came to our office. We talked about maybe changing to another MCO and all that good stuff but the current plan she was on benefited her child for the doctors he already had established and it wouldn't have really made a lot of sense to make that family switch their MCO just to obtain this device so we went ahead and did it. She actually submitted me her firsthand experience how tremendously the bed has changed their family. I'm going to read her quotes from the experience of having the equipment. The cubby bed has made a meaningful difference in my nonverbal autistic son's daily life and overall wellbeing. Before using it sleep was often a challenge. He struggled to settle down, sleepless nights and feel insecure in his environment. Since our family was blessed with the cubby bed we have since noticed an improvement in his ability to relax and fall asleep more--

JILL HANO: Oh, I thought I was on mute. I'm sorry.

KENSIE LASSEIGNE: That's okay. No problem. I thought you had a question. So back to this. So he is sleeping more independently. The enclosed area is a calming design that provides him with a sense of safety and comfort. Beyond sleep the cubby bed has become a safe space where he can self-regulate when he feels overwhelmed. As a nonverbal child it can be difficult for him to express discomfort or anxiety but having a consistent, soothing environment helps reduce stress and sensory overload. They also noticed fewer nighttime disruptions and a more consistent sleep routine which has positively impacted his mood, focus and overall quality of life during the day. For their family the cubby bed has brought peace of mind knowing he is safe, secure and comfortable allows the family to rest as well. It truly has been a supportive tool in helping him feel more at ease in his own space while

promoting better sleep and emotional regulation. She has actually called our office several times since they received the cubby bed thanking the community support professional for her assistance in helping to obtain that. I thought that was an opportunity to highlight as well. That's just some of the things we've been looking at more recently. In addition to all the typical requests that we fund here.

BAMBI POLOTZOLA: Thank you very much. That really adds to this meeting to hear these personal stories and the impact before we look at the numbers and the data that you guys submit every quarter. Do we have any questions for Kensie. Ms. Karen.

KAREN XU: Just wondering(inaudible)--

KENSIE LASSEIGNE: I'm having a tough time hearing. I'm sorry.

KAREN XU: Just wonder you talk about the (inaudible).

KENSIE LASSEIGNE: Is she asking if we still provide service workers through IFS?

KAREN XU: Some emergency time(inaudible).

REKEESHA BRANCH: During a hurricane or an emergency evacuation.

KENSIE LASSEIGNE: Do you mean like for waivers perspective or like IFS fund? We fund IFS PCA workers based on circumstances of that individual's needs, what's going on with that situation. If someone would reach out to us before an expected emergency I would think that we could talk about that. We do provide what we call crisis PCA. So in the event of an emergency. But most of the time those individuals tend to have their emergency plans set up with their families and they will provide their evacuations. For waivers, if they have a waiver then they work that out between their providers to determine if they're going to send workers. That's a family and provider discussion that takes place during their planning meeting to talk about that. So I'm not exactly sure if I was hearing your question right. We do still fund PCA through IFS as well but each request we're looking at the whole situation. What do they already have available. What's the plan. What do they need. So I would think if we would know ahead of time we could look at that if somebody needed someone to go with them

but it would probably be difficult to arrange that in the midst of like an emergency evacuation plan. But we would look at it.

KAREN XU: (Inaudible).

BAMBI POLOTZOLA: I think you bring up a good point that that's why the planning is so important.

KENSIE LASSEIGNE: Right. Yeah, you need to know ahead of time what you're going to do and have that worked out. We don't typically have anyone on the IFS side that calls us for that. Now sometimes we'll get some calls after the fact they may need some assistance with maybe damages or whatever. We look at emergency situations a little bit different from typical business and we try to help out as best we can. But normally those families already have some type of plan in place if they might need to evacuate. And we encourage everyone to of course get prepared. Ms. Bambi and all do a good job sharing that across the state. Anybody else? Thank you guys for having us.

BAMBI POLOTZOLA: Thank you very much, Kensie. We really appreciate it.

KENSIE LASSEIGNE: You're welcome.

BAMBI POLOTZOLA: So now we have Herman Bigner with Office for Citizens with Developmental Disabilities. Herman, the floor is yours to provide details on your report which is in our packet.

HERMAN BIGNER: Thank you. You have in your packet the third quarter expenditure document. And this is all of the LGEs, that's the human services districts and authorities, their budgets and expenditures and so forth. I'll briefly go over that. We also have the attachment, the Act 73 compliance report. And then you have an issue that was brought up at the last meeting regarding the excessive use of the other category in IFS funding. I'll briefly go over that with you. The expenditure report for the third quarter you will note that under individual and family support the total budget was 8,441,444-dollars. They expended so far 5,114,826-dollars or 61 percent of the funds were spent. And so they're on target. I don't think we'll have any problems utilizing all of the funds that were budgeted for individual and family support through all the LGEs. You have a balance of what was totally funded of 3,326,618-dollars. And actually the total

number of individuals served statewide for the third quarter was 2,866 individuals.

Now if you look at the other part of the chart the flexible family fund, FFF funding, you had the budget of 5,585,958-dollars. Expended 4,165,926. So they've expended 75 percent of the budgeted amount that they had. So they're on target for utilizing all of those funds also. Budget slots, 1,804 slots that were budgeted. You'll see they actually filled 1,808. And the number served so far statewide for all ten LGEs 1,921. And they do have over 2500, 2,581 on the wait list for IFS funding. Any questions on this report?

BAMBI POLOTZOLA: Karen.

KAREN XU: This IFS (inaudible).

HERMAN BIGNER: How many agencies?

KAREN XU: How many facilities?

HERMAN BIGNER: How many individuals? Number of people that were served?

KAREN XU: (Inaudible) that's a waiver program?

HERMAN BIGNER: Individual and family support the families are able to request services through the local government entities, your ten local government entities. Metropolitan, Capital Area and so forth. All ten human services districts and authorities, now referred to as local government entities, the LGES. The individuals and their families can request services. And based on the request and the circumstances they also have a committee which will hear the request and make recommendations to the committee director on the amount of funding or providing the service at the family's request. They can request PCA services. They can request respite services. They can request funding with different incontinent supplies. A variety of different things they can request funding on. And then the LGE would authorize the funding through individual contracts with the families or have an agency that will provide the services and bill the LGEs for those services on behalf of the family. Like I said, there were 2,866 individuals actually received services and/or funding through local government entities for the individual and family support.

KAREN XU: So that's through the waiver program (inaudible)?

HERMAN BIGNER: Many times some of these individuals may have waiver services and these funds basically if someone is approved for a waiver, the waiver hadn't been certified yet, hadn't got the services yet, IFS can supplement until those services are in place. And many times individuals who don't have waiver services can also make a request for PCA services, respite services, incontinent supplies, rental assistance. Different things such as that. And it's based on priority of need. And there is operational instruction that gives guidelines to the districts and authorities on how to access those services, how to prioritize those services. They have a committee set up which includes individuals with developmental disabilities and family members that will review those requests and also make recommendations (inaudible). And so they can approve them funded in whole, funded in part, pending. Very seldom do they deny a request. Only time they defer one is if it's covered by another resource and they haven't accessed that first.

KAREN XU: (Inaudible).

HERMAN BIGNER: The third quarter. They'll continue to provide services to those individuals for the next quarter to the end of the fiscal year, which is June 30th. Any other questions? We'll go to the next handout, which is the third quarter expenditures for Act 73 compliance report. Act 73 is basically legislation that was passed that requires the ten LGEs, the human services districts and authorities, to identify 9 percent of the total state general funds that are in their budget for services for Act 378. Services which is IFS and individual and family support. You'll see on the handout that there was 144,113,816-dollars was the state general funds that was allocated or in the budget for all the ten regions. 9 percent of that, which is dedicated for the Act 378 services, 12,970,243-dollars. Your total budget for both of the services, that's individual family support and flexible family funds totals, you will see they actually budgeted more than the 9 percent. They've actually budgeted 14,227,402-dollars. So far they've expended 9,280,752-dollars or 72 percent of the funding that's budgeted has been expended.

You'll notice too that, which is really a good thing, that many of the LGEs have actually put more in the budget for these services than the 9 percent which is required by law. You'll see they all met the 9 percent. You'll see Acadiana Area, AAHSD, actually put more in the budget than they were required. You had Central Louisiana Human Service District put more in their budget. North Louisiana put more in their budget than what was required. Northeast Delta put more than was required. Basically they've actually included in their budget almost a little over a million dollars more than they were required by law. To me that's a good thing. And it shows how not only does DD services but the entire agency, including the executive directors, support this program and are willing to even fund more than is required by law. Any questions on this report?

The next attachment that we had was you'll see it's DD Council from the notes from the last meeting we had and it says here on this document-- and I want to thank Brandy from our office who assisted with providing the information for these reports and helped me do an analysis of the actual categories where individuals will classify their funding. So you'll note at the previous council meeting a committee member requested a follow-up on the excess use of other categories on Act 378 and individual and family support funding. A review of each of the LGE's budget spread sheet revealed that several service categories categorized as other could have been placed in existing categories in the data system. For example, furniture, appliances, cookware, linen, dinnerware could have been placed in the household furnishing category. Wipes. You'll notice some of the items here in the document that these items could have been placed in other categories that were already on the chart other than putting them in the other category.

Further review of the LGE budget spread sheet revealed there was a large amount of funds utilized for repeated services without the category being listed. The following categories to address this issue to remedy the amount of services that are indicated under the other category and the funding we're adding an additional seven categories as we did our review. It

will give the human services districts and authorities, the LGEs, additional categories to add their funding to. For example, we've added seven categories. There are 18 categories of different services in the data system. So we've added seven more. So now it will be 25 different categories. We've added summer, fall and holiday activities, day programs, SIL for supported independent living, therapy services, medication and related supplies, lodging and travel, extermination services. These were some of the items when we did our research and found that many of the other categories were some of these items so that's why we added these additional categories.

Now since we're doing it almost in the third quarter you should see a reduction next year in the end of the year report because we'll report on all these at the end of the year. It may take the following year before we get it down to where we have hardly any. There will always be room for some so we will be able to track that much easier and give a better full report. End of this year you should see a lot less. But the following year is when you're going to see the biggest reduction. We've also provided instructions to the LGEs that when they are entering what they've spent on a particular service, not only what the service is, even if they put it in the other category, but how much was spent on that service so we can track it better. I think we've addressed it with the LGEs and I think y'all are going to see a difference. And there should be less items and less expenses listed in other categories in the next two reports that we do on actual services. Any questions on this? If you need I have a list of the current 18 different categories and the other seven categories that we added. But I don't think that's necessary unless you want me to go through that.

BAMBI POLOTZOLA: I just want to say thank you to Herman and to OCDD for listening to the questions that this committee had and then making this adjustment. I think it will be really helpful for us to be able to better understand how these funds will be used and how beneficial they are. And what ways they're benefiting our people who use the services. So thank you guys very much for that.

HERMAN BIGNER: You're welcome. We always want to listen to our consumers and advocates and try to improve things based on their recommendations. We always appreciate the DD Council's input. And any time y'all bring up something that we feel is going to benefit the families and the individuals we serve we're going to try to do our best to implement it.

BAMBI POLOTZOLA: Thank you. Jill has a question and then Brookee.

JILL HANO: Okay. So what chart are we on because I literally do not see the word other in either of these OCDD charts?

REKEESHA BRANCH: So Jill, that's the paper that was sent over for OCDD to review. I can send you the paperwork on that. I can email it to you. And also post it on the website.

JILL HANO: Okay. Thank you.

BRENTON ANDRUS: It's just an ongoing follow-up from the big document y'all got in October that showed all the--

JILL HANO: Oh, the thing we get every October. Okay. Sorry.

REKEESHA BRANCH: That's okay.

BAMBI POLOTZOLA: Thanks, Jill. Brookee.

BROOKE STEWART: I just have one question that I was wondering if we could get a report on if it's okay. I had recently reached out about families that were unhappy with the wait time between the request that was put in with the support coordinator to when they heard a yea or a nay and then from that time a yea or a nay to when they actually received the services. So I was wondering if we could get a report of when the request is submitted to the LGE and then when the family actually receives the service.

HERMAN BIGNER: Are you referring to individual and family support or are you referring to waiver services?

BROOKE STEWART: I'm not sure which one. It's just like if they request, like you mentioned like extermination, or help with a bill, or help with a rent or mortgage payment or any of those requests that the families put in. I was wondering if we could get a report on when they request it and when they actually receive it. Like how many days or what's the timeline.

HERMAN BIGNER: I don't think our data system

actually tracks that. I can discuss it with the DD directors to see how they're doing that. Each one of them would be doing it differently. They all have different processes depending on whether they're going to issue a contract with the families. The families are more or less self-directing the services. They hire their own worker, they pay the workers and the families reimburse for those services. Sometimes we'll contract with an agency to provide the services. So all those different processes take time so they're all going to be different depending on the circumstances that the family has and how the districts and authorities are processing the different requests. I can discuss it with the LGEs. I'm really not sure how we would address that. It's going to be so different for each individual and family based on the circumstances. There's always a circumstance when someone is in a crisis situation they're going to try to implement as quickly as possible, immediately if possible. And there's always situations where based on the priority of the need how long it takes. Also if someone is requesting something that's going to take a while. For example, helping with a ramp and funding a ramp takes a lot longer than if you're going to just fund incontinent supplies for someone. I can try to get some more information about that but I'm not sure that we'll be able to track that.

BROOKE STEWART: Okay. Maybe if we could even do like something at random where they just choose one or two things. Like a level one. Like something that's like an urgent need. Just pick something just so we could kind of get like a-- because I hear a lot of families are having issues with the timeline but, of course, like I don't know how we would address that. Like how long it takes them to hear back something.

HERMAN BIGNER: How long it takes from the family to make the request until the actual service is delivered? Or how long does it take when they make the request that the request is heard?

BROOKE STEWART: So I would say two. From the families putting in the request to hear like yes or no it was funded in part or funded in whole. And then from the time the family put in a request to actually receiving whatever that request was. And if we could

just get something at random maybe--

HERMAN BIGNER: How many days it takes?

BROOKE STEWART: Right. Or just an average.

HERMAN BIGNER: Okay.

BROOKE STEWART: And it can just be like taken at random.

HERMAN BIGNER: I'll discuss it with the DD directors and see how we might be able to address that for you.

BROOKE STEWART: Thank you.

BAMBI POLOTZOLA: In regards to Brooke's question is that not within the manual, the rules around the IFS funding, their processes? Is there no like timelines involved? I know I was involved whenever those were developed. There has to be some type of timeline. People shouldn't just be waiting. If it's no then it's no. I know most of our agencies, at least my experience, they meet pretty regularly like every two weeks or once a month to review these things so they should get a response pretty quick.

HERMAN BIGNER: I didn't realize it was a problem. It's never come to my attention. I've only been involved now since January but prior to that when I helped implement these programs statewide it never was an issue. And any time a family is having a concern about a delay they should make that call to the DD director.

BAMBI POLOTZOLA: Yeah. Because I'm just wondering if they're making the request to their support coordinator is the delay the support coordinator getting the information to the LGEs?

HERMAN BIGNER: If it's an IFS request anyone can make the request of funding through IFS (inaudible). The family could make a request. Somebody could make a request on behalf of the individual. The individual themselves could make a request. Once the request comes in then it's assigned to one of the staff at the LGEs. They're not really case managers but they have that singular role in some cases. They have other duties besides that. They will receive the request and schedule it for the committee to meet to review those requests and to go over the prioritization of the requests and how they're going to fund it. Whether the funding is going to be something that's a higher

priority or taking place much quicker (inaudible). And that family support committee helps determine all that. So how often they meet is always up to the DD director and how they implement their program. They're not all the same. They're very similar.

BROOKE STEWART: And I think that might be where the disconnect may be between the support coordination and the LGE. But I would just like to figure out something so I can say something about it when I meet with the, we have like the regional RAC meetings and that's something that consistently comes up with the families.

HERMAN BIGNER: You're talking about the state advisory committee meetings?

BROOKE STEWART: Correct. Yes.

HERMAN BIGNER: They also have regional advisory committee meetings I think. We used to.

BROOKE STEWART: It's like the Jefferson Parish RAC meeting. But I'm thinking maybe the disconnect is with the support coordinators getting that request. Maybe the support coordinators are sitting on it longer than necessary but there's really no timeline that's being like given to the families so they're just kind of like waiting in limbo.

HERMAN BIGNER: Okay. Thank you. I'll discuss it with them.

BAMBI POLOTZOLA: Mylinda Elliot, you're recognized.

MYLINDA ELLIOT: So I know I've seen that there's a timeline that is in the manual. So yeah, I just don't remember the exact numbers but I know that I've seen a timeline from when the LGE gets the request to when a determination is made. Sometimes I come across families that have been waiting for months and it seems like there's some kind of breakdown in the situation between the case management and the LGE. But it's my understanding that the LGE doesn't have direct oversight over the case management.

HERMAN BIGNER: That is for waiver services. But for individual and family support it's a community service specialist that's assigned to review those requests and get them to the committee. And they are employees of the human services districts and authorities so they are their employees.

MYLINDA ELLIOT: So if I talk to my case management agency like Medical Resources, Medical Resources is employed by the LGE?

HERMAN BIGNER: No. Those are waiver providers. Providers that they actually are support coordinators that have agreements to actually help the individuals who are certified for home and community-based services to do plans of care to get the services implemented and oversee those particular services.

MYLINDA ELLIOT: So if I'm talking about my needs to my case manager wouldn't I talk to Medical Resources since that's my case management agency? And aren't they supposed to bring the request to the LGE?

HERMAN BIGNER: If you have a case manager that's a waiver service provider they're supposed to work with you and your provider agency to help get the needs that you have identified in your plan of care. Now if your waiver case manager says this is not covered by the waiver, we need to contact the human services districts and authorities and see if IFS can fund it and supplement it maybe that case manager from that waiver service provider support coordination agency can make that referral. But what usually happens if someone wants to request individual and family support they can just call that LGE office. They can call the office and say I would like-- I need this particular service. How may y'all help me. And then that will be assigned to a worker in that office who will assist that family in developing a plan of support that they will also do in their office. And then they will do--

MYLINDA ELLIOT: No, sir. That's not typically what happens. The families that I'm working with are talking to their case management agency. Like in my daughter's case just because that's an example, not because they're doing a good job or a bad job, would be Medical Resources telling them they need help with this. And Medical Resources they're assuming, I'm assuming and Medical Resources is saying that they're going to contact the LGE about it. I should be telling these families to contact the LGE directly?

HERMAN BIGNER: If the case manager for the case management agency that's providing waiver case management services through the home and community waiver services then if they say they're going to

contact the LGE they should do that. If the family doesn't hear back then the family has a right to contact the local agency and make that request themselves.

MYLINDA ELLIOT: Okay. But if they're not responsible. They're doing it as part of what they're doing. I'm looking to figure how who is responsible. Because if the breakdown is between the case management agency and the LGE why am I telling people to contact their case manager in the first place if it's about IFS funds?

HERMAN BIGNER: Well, you know, the waiver services, depending on which waiver you have, has funds available to help the families also so that's--

MYLINDA ELLIOT: For rent, for utilities, for equipment, for all of those? Waivers have that built in?

HERMAN BIGNER: The waiver case management if you have a waiver service and you have a support coordinator assigned and that support coordinator is responsible to implement that plan of care and make sure that the individual and family get the services they need.

MYLINDA ELLIOT: I'm pretty sure it's not on the plan of care if I have an emergency and I need rent. So if I need rent do I contact the case manager like Medical Resources or do I contact the LGE? Let's bring it down to personal. I've got an adult child with waiver services. She has a case manager. She needs rent. Some type of catastrophe. Does she contact case management or does she contact the LGE?

HERMAN BIGNER: The support coordinator case management should be your point of contact. If they're not responding then I would suggest calling the local LGE. They also have staff that can help coordinate with waiver services to make sure things are happening.

MYLINDA ELLIOT: So is there a timeline from when I tell my case management agency I need rent to when I should expect it to go to the LGE?

HERMAN BIGNER: I don't think there's any timelines in the waiver services manual that I'm familiar with about how that would work. But if it's a crisis situation it should be handled immediately. That's how I would handle it. I can't really speak for the

private agencies and how they operate their business. But anytime a family makes a request for waiver services that support coordinator's responsibility is to assist that family to get those services they need. If they need it immediately they're supposed to address that. It doesn't necessarily have to be in the plan of care. If it's an emergency it was not anticipated. For example, many of the human services districts and authorities, the LGEs, have in their family support they will help with different things such as helping with rental assistance sometimes. Whatever the situation is that the family needs. Now they all have guidelines on how they implement those things. And those guidelines at each human services districts and authorities may be a little different, may take a little longer at one office than it would at another because of the guidelines that they have and how they implement the funding for those services.

MYLINDA ELLIOT: But there should be timelines in the manual for the LGE. Not necessarily for case management. Okay. Who's the chairman of the committee?

BAMBI POLOTZOLA: Bambi.

MYLINDA ELLIOT: Hey Bambi. Thank you. I'm done.

BAMBI POLOTZOLA: Okay. Thank you, Mylinda.

Appreciate it.

BRENTON ANDRUS: I was going to say there were a couple DD directors that had their hands raised and they went down. This is a queue to them if they did have more info they wanted to share throw their hands back up. Looks like they did. We have Nicole and Kensie as well.

BAMBI POLOTZOLA: So Nicole and then Kensie.

NICOLE SULLIVAN: I certainly do not want to speak for any other local governing entities but we do work with support coordination just as Ms. Elliot indicated. When someone has a home and community-based waiver typically what happens is they speak to their support coordinator representative first and that representative will make a family service request on their behalf for whatever they're requesting. Whether it be rent or utility assistance or some assistance for something else that may not be covered by their waiver. We have a standing family support committee meeting

that occurs, I want to say every two weeks, to review the requests for service. If it's a crisis request for service then it may not go to the committee. It may come straight to me for review. If it's a contractual agreement then we have to follow all of our contracting processes. The contract has to be developed. It comes to me for signature. It goes to my executive director for signature. Then it goes to the family for signature so whatever contracted reimbursement or contracted service can be initiated. If it's us contracted directly with a provider, same process. The contract is developed with that provider. We get certain provider documentation. We will sign off on-- I'll sign off on it. Then it will go to my executive director to sign off on. And then it will go to the provider to sign off so they have a contract agreement with us to provide that service to the family.

If it's something like a one-time funding or a special funding agreement, that's what we call it for something like for our summer engagement activities or something else that we need to use a vendor that has been chosen by the family directly for like swim lessons or whatever, then we have to do a narrative explanation to our executive director or her designee and our executive director and designee has the final decision-making on regarding that approval. If they have additional questions, what have you. But things typically follow that process. We receive a request. The request is typically made by the waiver support coordinator on behalf of the family. We review it in the family support committee. If it's not an emergency or crisis situation that needs immediate attention. If it does need immediate attention then we address it. It may need to go to our executive director for final approval. I hope that was helpful.

BAMBI POLOTZOLA: Thank you, Nicole. It was. Appreciate it. Kensie.

KENSIE LASSEIGNE: I actually was going to do the same thing from region three's perspective. And honestly our processes are the same. I think that sometimes there is some delay between the support coordination agency getting that notification to the LGE. For things like a crisis situation which immediate rental assistance needed or help with a

utility bill, that's probably considered a crisis in most situations. So we recommend it goes through the support coordination agency first like Jefferson. But if you're not getting any feedback pretty quickly then maybe you can call up to the LGE and follow up because that could be the issue right there.

The support coordination agencies are also supposed to try to assist the families with looking at other community resources and so sometimes that includes reaching out to local churches or charities. They do sometimes assist with things like rent, utilities, those types of things. So that's why you typically go through support coordination first so that they can make sure there are no other available resources as the LGEs are payers of last resort. But if you called and made a request that you've got an eviction notice or they're going to disconnect a utility follow up with the LGE. Particularly region three but I'm pretty sure most LGEs do that because we all have some type of crisis process and that would be considered a crisis process. I hope that helped. Pretty much same thing as Nicole was saying.

And for us our IFS committee meets, we have a funding committee and a priority committee. And we meet every other Friday for priority and the opposite Friday for funding. So those things happen in a couple of weeks' time. But there are some things that hold up your request from going to the committee like if we don't have the documentation that we need, the quotes. There's lots of things that could hold things up that could make it a longer process. And then funding comes depending on that priority level. If you have a one or two you'll probably be funded a lot more quickly than a three or four. That's all. Thank you.

BAMBI POLOTZOLA: Thank you, Kensie, very much. I saw Mylinda and Brooke. Brooke then Mylinda.

BROOKE STEWART: Just from the conversation it just sounds like maybe the disconnection is from the support coordination. So what can we do as a committee? Because I'm just thinking as everyone's talking and explaining the processes that the families are not on this phone call right now. Like they're not on this committee meeting. So how can we explain to our families like the timeline. Because it sounds like the

support coordination doesn't have a timeline written in stone. You know, like they don't have 30 days. It's just immediately. But immediate for some people it's different. So I'm not sure, Bambi, what we can do to address this with the support coordinators of how long they may be holding on to or not getting that information. Because I have experienced where the LGE has requested quotes but my support coordinator never let me know that I needed quotes for whatever request that was.

BAMBI POLOTZOLA: Those are good points Brooke. I don't know what the solution is. Let's let Mylinda speak.

MYLINDA ELLIOT: I really appreciate the information from the guy that was talking and the two ladies that talked. I'm curious from any of the people that you have available there is there some kind of written notification that goes out to families when a decision is made one way or another? Or even like I think her name is Brooke was saying oh, yeah, you need to do this. Is there some kind of written something that goes out to the families?

HERMAN BIGNER: Yes. There is a notice but I would have to check the manual to find out exactly the timeline for that. But they do notify the families the request is received and whether it's funded and so forth. Nicole or Kensie, can y'all help me out on this?

NICOLE SULLIVAN: So there is a notification form that goes out but in my previous explanation of our process, our broad strokes of our process, we're not going to send that notification until a final decision has been made. If a request, like, for instance, one of our one-time funding request that is not a contractual agreement it has to go up to our executive director we are not going to send a final, we're not going to send a notice until we 100 percent know that that request is being approved. Because we don't want to send out verbally or in writing that something is approved and then our executive management comes back and does not approve it. To Brooke's point there may be something from the support coordination standpoint or case management standpoint that might cause some delays but then also in our process it's going up to

our executive management. And if it has gone to our executive management and they have additional questions or we need to go back to the family and get some things, like in Brooke's experience just recently, if I'm allowed to say. Are you okay with me talking Brooke?

BROOKE STEWART: Absolutely. Please use me. I give full approval.

NICOLE SULLIVAN: Okay. We do summer enrichment. That's what we call it, summer enrichment, summer engagement activities. And right before that season started for us Brooke also wanted her daughter to receive swim classes because it's an important health and safety issue for her daughter to continue to learn how to navigate waterways. Because as you know a lot of times children with autism and other developmental disabilities are attracted by the calming aspect of water. And so they go to water it's very important they know as much safety precautions as possible. And one of the ways that Brooke is trying to achieve that for her daughter is swim classes. And so that request had gone up to our upper management and they came back with some concerns about the risk mitigation. And then we ended up consulting our legal and we had to get a hold harmless thing done.

And so it became more than what it typically would in previous years. And so I certainly could understand what Brooke is talking about in regards to like timeline because in that particular situation it took longer than it typically would take for her. Than it would take in previous years for her to receive, to ultimately receive the funding for that swim class. And I'll just use that as an example because that was something that happened recently. I can't remember how I started this question off but I hope that answers some of the potential issues that can come up when we're trying to do request for service and we're trying to provide funding. Because when it goes up to a higher-level question that I may not have had someone else may have who's looking at it from a different set of eyes or lenses.

BAMBI POLOTZOLA: So, Nicole, I guess in a situation like you were talking about what you just shared about the swimming lessons and that type of

thing I assume Brooke or the person was kept aware of the process. There should be something where the person is kept aware that it's being addressed and there's additional steps that are needed. Is that correct?

NICOLE SULLIVAN: We try to do that but it's still frustrating because the response that you're getting, and I don't want to speak for Brooke, but I could understand as a parent myself the frustration because you're told that it's in process. It's with our upper management. It's in process. In that situation it had to go to our legal and so we're still like it's in process.

BROOKE STEWART: Right. So my issue with the timeline for that is like swim lessons for an autistic child, they're expensive. So they have been funding the swim lessons consistently and I tell the business, the swim company, it's with upper management. It's going to be approved. But they still need their money. So it's like okay, now Ava is without swim lessons a week, two weeks. Now when she goes back a month and a half, two months later she's regressed because it's not as consistent as it was. I put in the request months in advance. It's just like how many months should we put. I have no problem with putting in a request six months in advance if that's what's needed. But it's just like there's nothing written about timelines so I'm not sure. Of course that was a hiccup that we didn't expect. But it's just like with the support coordination it's like they'll ask for some of the information and it's like okay, can I also get this and also get this. But it's like the average family they're not Johnny on the spot like I am and I'm like sending it right back. I think those are where the issues are coming through with the timelines. And how I think it would be beneficial if we got something more written in stone once it's with executive. They can only tell me it's with our executive team right now. I'll let you know when we hear something back, you know.

ERICK TAYLOR: Ms. Bambi, I don't know how to raise my hand on the thing but I have something to say.

BAMBI POLOTZOLA: Okay. Erick.

ERICK TAYLOR: About what we talking about with the

timeline and the support coordinators. They want us to do more chasing what we need and then them chasing what they need to chase. And then we sit in a gap where we got our hands tied. We send the paperwork and we send what we need to send. And then they constantly come back to you and say oh, we didn't receive that. We need you to get this. We need you to get that. I understand what Brooke is saying about the timeline. When they get pushed up against the wall then it's something you didn't do. But then we do what we need to do. Like I'm in a situation right now I need something and I've been waiting for months and months and months and then the support coordinator came back to me three or four times and said oh, I need you to get this. I don't have this paperwork. I have records I gave the paperwork. I understand what she's saying when she's saying the timeline.

BAMBI POLOTZOLA: Thank you, Erick. Ebony.

EBONY HAVEN: Mr. Herman, I know like I'm thinking about when a person is linked to a support coordination agency. That support coordination agency has about three days to contact that family. And then they have about ten days to go out and see that family to discuss like services and getting a plan in place. And so is there something similar to that that we can put in place for IFS funding? Like okay, once the support coordinator gets the request they have two days to submit the request to the LGE. And this is just for support coordination because I know every LGE is different and they're going to have their own different processes like Nicole and Kensie just pointed out. But I think that there needs to be some standardization for across support coordination agencies. Similar to when a person is linked to the agency and they're about to start services. Since there's not a clear timeline. At least the support coordinator knows that okay, once I get this request I have two days to get it to the LGE. I know they have a lot going on. People have like 40 individuals in their caseloads and they have a lot. But if they have something that sounds like that I do believe that it will be followed because when a person is linked they have a certain amount of time to get to that person or the support coordination agency will get docked.

HERMAN BIGNER: We have waiver requirements. The application is approved by CMS. They have different requirements (inaudible) the support coordination agencies freedom of choice (inaudible). There may be some timeline, I'm not familiar with all the manuals, but there may be some timelines in the manuals about how long it takes (inaudible). I know there's a lot of times where there's holdups with some of these. Even if you have the requirements in there sometimes there's holdup based on not getting the information or you're waiting for the information. So there's some timelines. But keep in mind you have two different agencies talking. You have the waiver service and support coordinators. They have a director. Each of the agencies have a director, an executive director or CEO over the case management agencies and the case managers to provide those services. Then you have the human service districts and authorities. They have employees with different classifications that will receive a request for family support and process that request. There may be something in the manual that may have some timelines about how long it takes. I know we had specific timelines when someone applies for eligibility they have so many days to do different things. I'm not sure about the IFS timelines on once you receive a request how many days you have to implement it.

It's going to be very difficult because there's so many different things that have to happen based on individual circumstances of the person, the family support committee, the priority of the funding, whether the executive director has (inaudible), legal. So many different timelines that we have to be aware of so it's going to be very difficult to set timelines on some of those activities. That's why I said (inaudible) to discuss with the DD directors. Y'all had an issue about the timelines with support coordination agencies that might be something that OCDD when they have their quarterly meetings with the case management agencies that it can be addressed there's some concerns about how long it's taking for a request to be submitted. Something like that. That might be something that I can ask the coordinator, OCDD, who schedules those particular meetings with the provider and case

management agency, that might be something they can bring up at one of their meetings that there's some concerns from families about how long it's taking getting the families service requests submitted. I will mention that to the coordinator of the case management agencies.

BAMBI POLOTZOLA: Okay. Karen.

KAREN XU: (Inaudible).

HERMAN BIGNER: Yeah. So you have your total budget for ICF, IFS--

BAMBI POLOTZOLA: SGF, state general fund.

HERMAN BIGNER: And then the IFS, individual and family support, IFS. And the FFF is flexible family fund. That's that cash subside, 258-dollars a month that families can receive if they qualify for the services. And their name comes up first come first serve on that list for flexible family fund.

KAREN XU: (Inaudible).

HERMAN BIGNER: Yes. That's state general funds. Each of the LGEs has a budget allocated by the legislature.

KAREN XU: (Inaudible).

HERMAN BIGNER: Under Act 73 it required that the human services districts and authorities, the local LGEs, you will see their names listed on the chart, all the ten LGEs. Now they get money from the legislature, state general funds. Not federal funds but state general fund dollars appropriated by the legislative process. So this legislation said that 9 percent of total state general funds that that LGE gets, that regional office, the entire agency. Because the LGEs they provide services to persons with developmental disabilities. They provide what's called behavioral health services which includes services for persons with mental illness and/or addictive disorders. That's the main services that those LGEs provide for the Louisiana Department of Health and Hospitals. And they get some state general funds. Of the state general funds that they're all allocated statewide that's where you got that 144 million-dollars. 9 percent of that under legislation has to be identified and used for IFS, individual and family support flexible family fund services. They have to budget that money to fund those families for those services, 9 percent. Most of them,

as you will see on the document, at least put in their budget the 9 percent and several of them put more than the 9 percent. So actually they usually fund more than the 9 percent by the end of the year. I'm looking at the chart. It's close to a million dollars more that they put in their budget than they're required by law. They're doing really well.

KAREN XU: (Inaudible).

HERMAN BIGNER: This is the report for three months.

KAREN XU: Just for these two services?

HERMAN BIGNER: Yeah. For those two services. The individual family support and flexible family fund. Now at the end of the year we'll have a report for the end and it will also have a report where we specify what was spent on different kinds of services. These reports are done every three months.

KAREN XU: (Inaudible).

BAMBI POLOTZOLA: This committee we don't talk about waiver services at all.

KAREN XU: (Inaudible).

BAMBI POLOTZOLA: So the DD Council will address waiver services a lot in meetings. But for this particular committee we just look at the Act 378 funding which uses state general funds for the most part. I don't know if I'm explaining it right. But like for DD services it's the flexible family funds and the individual (inaudible). And then also behavioral health. Which we'll be talking about behavioral health services as well. It's not waiver services in this particular committee meeting.

BRENTON ANDRUS: Self-determination covers the waiver.

BAMBI POLOTZOLA: Any other questions for Herman regarding our developmental disabilities reports? Okay. Is Kelly on?

BRENTON ANDRUS: No. She had an emergency so we'll just get her update at the next quarterly meeting. Everyone has the report. You can see all the information.

BAMBI POLOTZOLA: I was referring to the Arc of Louisiana's report. So now we will move on to the Office of Behavioral Health. Is Dr. Savicki on? Dr. Savicki will give her report for the Office of

Behavioral Health.

KRISTIN SAVICKI: Hello. Are you guys able to hear me okay?

BAMBI POLOTZOLA: Yes, we can. Thank you.

KRISTIN SAVICKI: Okay. So this is the third quarter report from all the regional local governing entities. We're looking right now on their reporting for the consumer care resources fund all used for clients who are eligible for these supports based on their behavioral health needs. So as we're in the third quarter what we expect to see, what we hope to see if LGEs are on track to expend all of their funds, we expect to see them somewhere in the 70 to 75 percent range in terms of how much they have expended so far. You will notice that some LGEs are under that. In all cases where the LGEs are sort of under where we would expect them to be they have all offered information in the notes section suggesting how they're planning to ensure that all the funds are allocated by the end of the year. So they all have plans in place and do all expect that they will expend all the funding by the end of the fiscal year. Y'all can review that or ask any questions. Any questions on the consumer care resources funding?

BAMBI POLOTZOLA: Karen.

KAREN XU: I just wonder so you focus on behavior (inaudible).

BAMBI POLOTZOLA: Yes, this is Office of Behavioral Health.

KAREN XU: (Inaudible).

BAMBI POLOTZOLA: So now we're getting the reports for the Office of Behavioral Health. These are the people who have to qualify for behavioral health services but it's still within each of those local governing entities. So what we heard before was each of those local governing entities but that was the developmental disabilities services for people who qualify for developmental disabilities. Now we're hearing about the reports for the behavioral health side. So every local governing entity that's listed here they have a developmental disabilities side and they have a behavioral health side. So now we're hearing about behavioral health services.

KAREN XU: (Inaudible).

BAMBI POLOTZOLA: So Dr. Savicki, the people who are receiving these services they don't have to have a developmental disability necessarily? They just have to meet the requirements for a behavioral health disability, right?

KRISTIN SAVICKI: That's correct. These funds, the allocated funds that you see in the initial budgets here are funds that each LGE has allocated for consumer care resources for individuals and families that work with them based on their behavioral health needs. They don't have to qualify on both sides. They just have to, for these funds, they qualify based on a mental health or behavioral health need.

KAREN XU: (Inaudible).

BAMBI POLOTZOLA: So looking at Capital Area they have the developmental disabilities side and they have the behavioral health side. Now we're hearing about what they do. So for each region we're hearing about what they do for the behavioral health side. That's what we're focusing on right now. All right. Any other questions for the consumer care resources? You can move on Dr. Savicki.

KRISTIN SAVICKI: Okay. And let me know, Bambi, I could only hear some of the question. And it sounds like you were answering it very nicely but let me know if there's anything you need from me. All right. So flexible family funds. As you know, so again, this is the flexible fund that's offered to families who qualify based on a child's mental health or behavioral health need. And what we look at here is that we want to see that all of the budgeted slots, all the slots that each LGE has budgeted we want to see that those are filled and so that that funding is going to eligible families and providing that support. And so as you see they are all doing pretty well. You know, there certainly are times when there will be a slot or two that they're working on filling because when a youth ages out, for instance, they need to go back to their waiting list and find the next eligible child and family. So sometimes that takes a little time to work through that and contact people. But we want to see at least 90 percent of those slots filled at any given time and all the LGEs are at that standard right now. Any questions on that?

BAMBI POLOTZOLA: I don't see any. One question.

KAREN XU: Usually the budget based on the claims (inaudible).

BAMBI POLOTZOLA: For which one?

BRENTON ANDRUS: It would all be based on funding. That will determine how many they can serve.

KAREN XU: So currently the funding (inaudible).

EBONY HAVEN: I would say it depends on how much the legislature, how much funding the legislature allocates the LGE. It could go up or it could go down. Every year the legislature decides how much funding each LGE is going to receive.

KAREN XU: (Inaudible).

BAMBI POLOTZOLA: The legislature provides a budget to each LGE and then each LGE makes a decision on their budget. They'll make a decision for their DD services what they're going to do. They'll make a decision for behavioral health services. They make those decisions. And then as people, so the consumer care resources and the flexible family funds those are like based on requests of needs or that's for the consumer care resources and then the flexible family funds there's a waiting list. Basically they'll get a slot for the monthly funds. But this isn't all the behavioral health services that an LGE provides. They also can provide direct services and different kinds of services. This is just the services that they provide under this Act 378. So people can get other behavioral health services from the LGE. This is just two of their programs.

KAREN XU: (Inaudible).

BAMBI POLOTZOLA: That's right. Or they can see their doctors. Or the service providers at the LGE. This is just two programs. Is that correct, Dr. Savicki?

KRISTIN SAVICKI: Yeah. These are actually very small programs in terms of the behavioral health array. The flexible family fund is obviously that direct monthly cash subsidy. But primarily healthcare services, including mental health services, are paid for by health insurance which in a lot of cases is Medicaid. There's a wide array of mental health services that are covered by Medicaid insurance. That's typically who pays for those services. And the

LGEs provide behavioral health services through Medicaid. There's a large network of private providers who provide those services. That's kind of a whole different network and array. This report is really just about this kind of small allocation of funding that provides either those direct, fulfills those direct requests from families or provides that direct cash subsidy to families.

KAREN XU: (Inaudible).

BAMBI POLOTZOLA: We would have to look historically at the data.

BRENTON ANDRUS: I would venture to say in general it probably increases. There's usually been an upward trend throughout all services. Like waivers every year. We get more people that are asking for waivers or receiving waivers. So in general we've seen the utilization increase I guess. But without additional funding you're not specifically with like flexible family funds it's going to be hard to pull off that waiting list if you don't increase the funding. Because a lot of these folks that are on it this year may also be on it next year more so than maybe consumer care resources or IFS because those are more specific funds for a specific need at that time whereas flexible family fund can keep continuing. So in theory you may have someone that could potentially be eligible through 18.

KAREN XU: (Inaudible).

BAMBI POLOTZOLA: They're serving more people in Capital Area. That's how many people they served. That is a lot more than the other regions. The question, Dr. Savicki, she's looking at CCR, the Capital Area, they served 1224 people cumulative served. And that is much more than, I mean, it's almost 2/3rds of the total state.

KRISTIN SAVICKI: Yeah. The numbers are really dependent on how each particular LGE is using their funding. So some LGEs may be using their funding on a smaller number of individuals because they're funding something really expensive for a smaller number of families. Whereas Capital Area may be using their funding for something very small for a larger number of families. So if you want to look in the note section the LGEs do provide some information about how they've

been using the funding. I think Capital Area has, it looks like they've been using, so for instance, funding for school supplies for a large volume of kids. So that's why you're seeing lot of different numbers there. It's just a matter of how they end up finding this funding the most useful to the people in their community.

KAREN XU: (Inaudible).

BAMBI POLOTZOLA: The people who are receiving these have to meet the criteria for behavioral health services. There's a certain criteria to get these funds is what she's asking.

KRISTIN SAVICKI: Sorry. Is that a question for me?

BAMBI POLOTZOLA: Yeah. I just wanted you to, I guess, confirm that.

KRISTIN SAVICKI: Yeah. This is typically someone who has a mental health need, has a diagnosis of some form of mental health concern is seeking some form of mental health services. And in addition to the mental health services that they need they may also need something to be funded that's not paid for by Medicaid or health insurance. For instance, school supplies. Or we've seen at times youth with a behavioral health need having their drivers ed course paid for so they can move towards independence in that way. Or you'll see lots of different examples in the notes section about ways in which these funds have been used to support individuals with behavioral health needs.

BAMBI POLOTZOLA: Okay. Thank you, Dr. Savicki. I don't think we have any more questions for those two reports.

KRISTIN SAVICKI: All right. This is the supported living report. And as folks are probably aware this is only a handful of the LGEs do allocate this funding for this particular type of program. Again, we look to see around 75 percent or more of the funding to be expended by this point of the year. The only LGE that's not there is Capital Area and that really has been their funding pattern. They use a different funding source first and then they typically catch up by the end of the year. We don't have any concern with that right now. Any questions on this?

BAMBI POLOTZOLA: I don't see any questions. Any

other questions for Dr. Savicki with the Office of Behavioral Health?

KRISTIN SAVICKI: Thank you.

BAMBI POLOTZOLA: Thank you very much. So that concludes all of our reports. Please note that the executive committee meeting will be held on April 30th starting at 8:30 a.m. with the full council meeting following at 10:00 a.m. Both meetings will be held in this same room. And then those of you who have registered or will register to participate virtually you should receive those links in an email. Does anyone on the committee have any other announcements to make? Yes, Stephanie.

STEPHANIE CARMONA: On Tuesday the 21st is the second day of the planning committee meeting. It will be from 9 to 1. That information was sent out on an LADDC news and it's on the website to register if you would like to attend virtually. It will also be in this room. You are welcome to come in person.

JILL HANO: Can you mail me that packet?

STEPHANIE CARMONA: Already got you girl. It went out today.

BAMBI POLOTZOLA: Okay. Do we have anyone wishing to make public comment? So I hereby adjourn the meeting at 1:44 p.m. Thank you all for attending and for your participation.