Louisiana Developmental Disabilities Council
Quarterly Meeting
October 29, 2026

RENODA WASHINGTON: Good morning everyone. The time is now 10:05. The quarterly meeting of the Louisiana Developmental Disabilities Council will come to order. I'm going to go ahead and call the roll. Stephanie could you call the roll for me please?

STEPHANIE CARMONA: Sure. Ashley Allen.

ASHLEY ALLEN: Present.

STEPHANIE CARMONA: Patti Barovechio.

PATTI BAROVECHIO: Present.

STEPHANIE CARMONA: Melissa Bayham.

MELISSA BAYHAM: Here.

STEPHANIE CARMONA: Brian Bennett.

BRIAN BENNETT: Here.

STEPHANIE CARMONA: Ayden Blunschi.

AYDEN BLUNSCHI: Here.

STEPHANIE CARMONA: Jude Boynton.

JUDE BOYNTON: Here.

STEPHANIE CARMONA: Alaina Chachere.

ALAINA CHACHERE: Here.

STEPHANIE CARMONA: Cheri Crain.

CHERI CRAIN: Here.

STEPHANIE CARMONA: Liam Doyle. Jill Hano.

JILL HANO: Here.

STEPHANIE CARMONA: Landon Hanks.

LANDON HANKS: Here.

STEPHANIE CARMONA: Angela Harmon. Cherie Kelly-Aduli.

CHERIE KELLY-ADULI: Here.

STEPHANIE CARMONA: Frank Macaluso.

FRANK MACALUSO: Here.

STEPHANIE CARMONA: Lamar Meda.

LAMAR MEDA: Here.

STEPHANIE CARMONA: Robby Smith.

ROBBY SMITH: Here.

STEPHANIE CARMONA: Brooke Stewart. Julia Tanner. Erick Taylor.

ERICK TAYLOR: Here.

STEPHANIE CARMONA: Renoda Washington.

RENODA WASHINGTON: Here.

STEPHANIE CARMONA: Gearry Williams.

GEARRY WILLIAMS: Here.

STEPHANIE CARMONA: Ms. Karen Xu.

KAREN XU: Here.

STEPHANIE CARMONA: You have 18. You have a quorum.

RENODA WASHINGTON: Thank you, Stephanie. At this time we will have Jude read the mission statement and following that we'll have Dr. Meda to read the ground rules.

JUDE BOYNTON: Our mission statement is to help Louisianians with intellectual and developmental disabilities live more independently, make their own choices, be more productive and fully included in all aspects of community living.

LAMAR MEDA: Members must be recognized by the chair before speaking. Be respectful of each other's opinions. Break for ten minutes every one and a half hours. Discuss council business in a responsible manner. Except as necessary restrict the use of electronic communications, texting, during council meetings. Silence or turn off all cell phones. Mission statement is posted at every meeting. Be on time for meetings, no alphabets, side conversations are kept to a minimum, done quietly and restricted to the subject at hand.

RENODA WASHINGTON: Thank you so much, Dr. Meda and Jude. So good to see you both as well. To ensure the meeting runs smoothly and that we all can participate in an orderly manner please adhere to the following rules. For council members and members of the public attending in person please raise your hand to speak and wait to be recognized by the chair before speaking. To help the meeting run smoothly please keep side conversations to a minimum and comments related to the topic we are discussing. For those council members attending virtually remember you must be on camera and have your first and last name showing to be counted towards our quorum. Please keep microphones muted unless called upon by the chair. Electronically raise your hand to 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 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 the accommodation. As for order council members in person and virtually will be allowed to speak first. Public members in person will then be called on followed by public participating virtually who have their hands raised. Comments in the Q and A and chat will be addressed last. As with all hybrid meetings it can be difficult to keep track of all those wanting to speak in person and virtually. We kindly ask that you be patient with us. All comments and questions from council members and the public may be limited to three minutes or less should we run into time constraints. Please keep that in mind. Also, comments about a person's character will not be allowed. Finally, members of the public will have the opportunity to provide public comment before each vote and during designated public comment periods. The chair may also use their discretion to determine if comments will be accepted outside of those times.

The first item of business is the approval of the meeting summary. A draft of the July 30th meeting summary was distributed. The summary will not be read unless requested by a member. Are there any corrections? If there is no objection the meeting summary is approved as distributed. Hearing none, the meeting summary is approved.

The next item of business is the chair's report. Greetings to all council members. Welcome to our October quarterly meeting. Hope everyone is doing well. As we come together for our final quarterly meeting of 2026 I want to thank each of you for your continued commitment to serving individuals with developmental disabilities and their families throughout Louisiana. Our work as a council requires dedication, collaboration and a willingness to learn. I encourage each of us to remain focused on the work ahead and the difference we can make with our collective efforts.

(Inaudible) and professional development. Since our July quarterly meeting I continued participating in professional development opportunities and meetings focused on special education and supporting individuals with disabilities. You can read those. These professional development opportunities have provided additional insight into the importance of communication, appropriate educational supports, individualized planning and accurate documentation. They also reinforced the

importance of collaboration among educators, families and service providers and supporting individuals with developmental disabilities.

Looking ahead, January council retreat. As we look forward to our council retreat in January I'm excited about the opportunity for us to come together, strengthen relationships and grow as a team. This retreat will provide an opportunity to build trust, improve communication and gain a better understanding of one another and our roles as council members. I encourage everyone to approach this time with an open mind and a willingness to engage, learn and connect. I look forward to the fellowship and opportunity to strengthen relationships that support our work as a council.

As I reflect on the work on this counsel I want to remind each of you that your service matters. You may not always see the immediate results of our efforts but every step we take improving the lives of individuals with developmental disabilities and their families is important. I encourage you to continue using your voice, hearing your ideas and remembering why you chose to serve. I also encourage you to be intentional about making time for yourself and those closest to you. Take time to rest, relax and enjoy your families. The work we do is important but so is our personal wellbeing and being present for the people who depend on us. Thank you for your continuing commitment to the council. My prayer is that each of you continue to grow, find balance and be your best self both personally and in your service to others. I look forward to seeing everyone in January.

Next, we have the executive committee report. The executive committee met yesterday and discussed the following items. We reviewed feedback on the council's five-year plan and the 2027 action plan, an update to the council and committee meeting protocols and discussed plans for the January 2027 council retreat. The five-year plan and 2027 action plan. The council received feedback from federal reviewers on September 30th. Both plans were approved. But reviewers requested some clarification and wording changes. Most of the feedback focused on better explaining how our self-advocacy activities meet federal requirements and describing what council activities will accomplish rather than how they are funded. Reviewers also raised concerns about expired terms for some council

members particularly agency representatives. Ms. Haven explained the council has been requesting these appointments since November of 2025 nearly a year ago. Staff continue to work with the Governor's Office of Boards and Commissions to address these delays. The requested wording changes do not affect the activity included in either plan.

Updated council and committee meeting protocols. The committee reviewed and approved updates to the meeting protocols including additional changes made during the meeting. These updates address concerns raised by staff, council members and the public particularly related to virtual participation. I will briefly highlight the major changes as we go through the sections on the screen.

Thank you, Stephanie. Section three, member attendance, quorum and virtual participation. This section clarifies what it means to be present and participate in council meetings. Particularly for members attending virtually it addressed temporary absences, participating while driving and the importance of remaining available for discussion and voting. Disability-related needs and accommodations are also recognized.

Section four, committee chair attendance. This section clarifies that committee chairs must attend in person and lead meetings from the official in-person location. The only exception is for a chair with a disability who faces a disability related barrier to attend in person. This is required by Louisiana public meetings law.

Section nine, respectful conduct and meeting order. This is a new section that sets clear expectations for respectful participation by council members and the public. It makes clear that disagreements and suggestions for improvement are welcome but personal attacks, harassment, threats and disrespectful behavior are not. The committee also clarified that participants must use their real names and should not allow someone else to participate in their place. Finally, the section explains how chairs may address inappropriate behavior and ensures the rules are applied fairly regardless of someone's opinion.

Section ten, other virtual meeting expectations. This section clarifies that virtual backgrounds are

allowed as long as they are appropriate and do not hide the participant or their name.

Moving on, the January 2027 council retreat. Lastly, the committee reviewed an initial outline for the January council retreat with the proposed theme, How to be Present, Advocacy in Action. This retreat will focus on strengthening advocacy skills, preparing members for the upcoming legislative session and encouraging active participation in council meetings. This concludes the executive committee report from the executive committee agenda items and discussion. There are two recommendations coming out of the executive committee for the council to consider. I will make those motions after any questions you may have. We will now take questions on one discussion item at a time. Are there any questions regarding the five-year plan feedback? The chair recognizes Jill Hano.

JILL HANO: I don't know if this is particularly regarding that but I know I had all these hard copies in my executive committee meeting folder but were they in the full council packet too?

EBONY HAVEN: Yes. They are in the full council packets. They are on the left side. And Jill, it may not be in yours because it was in your executive committee packet. It should be behind the status report. On the left side behind your status report you have a copy of the 2027 action plan and a copy of the council meeting protocol. It's all the way to the back behind the status report. I'm not sure if we put another copy in your executive committee meeting folder because you guys had it.

JILL HANO: You know how greedy I am.

RENODA WASHINGTON: The chair recognizes Frank Macaluso.

FRANK MACALUSO: Is there a way someone can send me like the meeting rules? I don't have that.

SPEAKER: Sure.

FRANK MACALUSO: Thank you.

RENODA WASHINGTON: Any questions on the five-year plan feedback?

EBONY HAVEN: So what she's asking for right now is if anyone has feedback or any questions about the feedback that we received from the feds about your five-year plan. So that is included in your folders. It's a plain language version of the feedback that we received from the feds on

your five-year plan. She's asking if anybody has any questions about that.

RENODA WASHINGTON: The chair recognizes Landon Hanks.

LANDON HANKS: Thank you. I do have a question. What does it mean that it takes (inaudible)?

EBONY HAVEN: So Landon, whenever we had the pandemic, Covid and then here in Louisiana we have all kinds of natural disasters from flooding and hurricanes. So after the pandemic the feds wanted us to include an objective in all of our plans that basically says if anything unexpected happens or occurs if the council wants to do any work towards that particular flooding, hurricane, or natural disaster or pandemic, whatever it may be, that we can easily add an activity under that objective if we need to add it and you guys want to do any work towards that natural disaster. They're just making sure if we add an activity number one, we tell them what we're doing and we have a way to measure it so we can collect that data whenever we do our report.

LANDON HANKS: So it's ultimately for if an emergency were to arise (inaudible). Thank you for clarifying. That's all madam chair.

RENODA WASHINGTON: Next, is the recommendation to ratify the updated 2027 action plan. Just keep in mind this is just for wording changes. It does not affect the activities that we have. It's just for the verbiage. Changing the verbiage. Are there any questions on that?

EBONY HAVEN: Just to again add clarity for everybody. The new action plan where we updated the language that the feds requested is included in your packets and it should be online for those who are attending virtually. Like the chair has already said, we only changed the wording. That's what they were requesting. They did not want to see the wording provide funding, support and technical assistance on our activities. What they wanted to know was what are we actually doing. So the staff and I came up with wording that would show what you guys were trying to accomplish in those activities and we removed that wording that they didn't really care for. So if you go through the action plan you'll see any activity that we had tied to money, that wording was included so we just took that wording out and we just clarified what you guys were trying to accomplish in those activities.

RENODA WASHINGTON: Thank you, Ebony. Do we have any

questions? The executive committee moves to ratify the 2027 plan. Because the motion is coming from a committee it does not require a second. It is moved to recommend approval and ratification of the 2027 action plan based on the feedback that the Office of Intellectual and Developmental Disabilities. Any discussion from council members? Any public comment? Okay. We will now have a roll call vote. If you are in favor of the motion to recommend approval and ratification of the 2027 action a plan based on the feedback from the Office of Intellectual and Developmental disabilities when your name is called say yes. If you're opposed say no. If you abstain say abstain. Stephanie can you call the roll please?

STEPHANIE CARMONA: Yes, ma'am. Ms. Allen.

ASHLEY ALLEN: Yes.

STEPHANIE CARMONA: Ms. Allen, yes. Dr. Barovechio.

PATTI BAROVECHIO: Yes.

STEPHANIE CARMONA: Dr. Barovechio, yes. Ms. Bayham.

MELISSA BAYHAM: Abstain.

STEPHANIE CARMONA: Ms. Bayham, abstain. Mr. Bennett.

BRIAN BENNETT: Yes.

STEPHANIE CARMONA: Mr. Bennett, yes. Mr. Blunschi.

AYDEN BLUNSCHI: Yes.

STEPHANIE CARMONA: Mr. Blunschi, yes. Mr. Boynton.

JUDE BOYNTON: Yes.

STEPHANIE CARMONA: Mr. Boynton, yes. Ms. Chachere.

ALAINA CHACHERE: Yes

STEPHANIE CARMONA: Ms. Chachere, yes. Ms. Crain.

CHERI CRAIN: Abstain.

STEPHANIE CARMONA: Ms. Crain, abstain. Mr. Doyle. Ms. Hano.

JILL HANO: Yes.

STEPHANIE CARMONA: Ms. Hano, yes. Mr. Hanks.

LANDON HANKS: Yes.

STEPHANIE CARMONA: Mr. Hanks, yes. Ms. Harmon. Ms. Kelly-Aduli.

CHERIE KELLY-ADULI: Yes.

STEPHANIE CARMONA: Ms. Kelly-Aduli, yes. Mr. Macaluso.

FRANK MACALUSO: Yes.

STEPHANIE CARMONA: Mr. Macaluso, yes. Dr. Meda.

LAMAR MEDA: Yes.

STEPHANIE CARMONA: Dr. Meda, yes. Mr. Smith.

ROBBY SMITH: Yes.

STEPHANIE CARMONA: Mr. Smith, yes. Ms. Stewart. Ms. Tanner. Mr. Taylor.

ERICK TAYLOR: Yes.

STEPHANIE CARMONA: Mr. Taylor, yes. Mr. Williams.

GEARRY WILLIAMS: Yes.

STEPHANIE CARMONA: Mr. Williams, yes. And Ms. Xu.

KAREN XU: Yes.

STEPHANIE CARMONA: Ms. Xu, yes. Fifteen yeas, zero nays and two abstentions.

RENODA WASHINGTON: The yeses have it and the motion is adopted. Next, is the recommendation to update the council meeting protocol. Do we have any questions on that? The chair recognizes Jill Hano.

JILL HANO: Ebony, or whoever, or Steph can y'all refresh our memory what changes did y'all suggest?

EBONY HAVEN: Can you put it back on the screen Stephanie.

STEPHANIE CARMONA: Sure.

EBONY HAVEN: It was in particular section three. No, section nine. I'm sorry. Stephanie is going to pull it up in a minute and we can look at the wording that the committee decided to change.

STEPHANIE CARMONA: Would you like me to read them? I'm just going to read what it is now, not what it was before just for clarity for everybody. Personal attacks, slurs, threats, harassment, profanity aimed at another person and insults meant to shame or demean someone are not allowed. And all participants must use their real name and may not allow someone else to attend, speak or vote in their place.

JILL HANO: Okay.

RENODA WASHINGTON: Any other questions? The chair recognizes Landon Hanks.

LANDON HANKS: So Stephanie it's just the highlighted stuff we are voting on due to the change, the highlighted (inaudible)?

STEPHANIE CARMONA: Those are the changes that were suggested yesterday. This document is a brand-new document though.

LANDON HANKS: However, what y'all are recommending to change (inaudible), correct?

STEPHANIE CARMONA: That was recommended yesterday to change on this document.

BRENTON ANDRUS: Just a little more clarity. So you're voting on this entire document and so the changes that are

on the screen there were changes that the executive committee made to the document that they considered, which is why it's highlighted to show. But you're voting on the entire document. Because there are changes in the document from our previous meeting protocols. They're just highlighting here what the committee changed. But the whole document is what you're voting on because the whole document is different. The motion is more than just those highlighted.

LANDON HANKS: I understand. Nothing further.

RENODA WASHINGTON: No questions? The executive committee moves to update the council meeting protocols. Because the motion is coming from a committee it does not require a second. It is moved to recommend approval of the proposed updates to the council and committee meeting protocols with the changes made by the committee. Any further discussion from council members? Any public comment? We will now have a roll call vote. If you are in favor of the motion to recommend approval of the proposed updates to the council and committee meeting protocols with the changes made by the executive committee when your name is called say yes. If you're opposed say no. If you abstain say abstain. Stephanie would you call the roll please?

STEPHANIE CARMONA: Yes. Ms. Allen.

ASHLEY ALLEN: Yes.

STEPHANIE CARMONA: Ms. Allen, yes. Dr. Barovechio

PATTI BAROVECHIO: Yes.

STEPHANIE CARMONA: Dr. Barovechio, yes. Ms. Bayham.

MELISSA BAYHAM: Yes.

STEPHANIE CARMONA: Ms. Bayham, yes. Mr. Bennett.

BRIAN BENNETT: Yes.

STEPHANIE CARMONA: Mr. Bennett, yes. Mr. Blunschi.

AYDEN BLUNSCHI: Yes.

STEPHANIE CARMONA: Mr. Blunschi, yes. Mr. Boynton.

JUDE BOYNTON: Yes.

STEPHANIE CARMONA: Mr. Boynton, yes. Ms. Chachere.

ALAINA CHACHERE: Yes.

STEPHANIE CARMONA: Ms. Chachere, yes. Ms. Crain.

CHERI CRAIN: Yes.

STEPHANIE CARMONA: Ms. Crain, yes. Mr. Doyle. Ms. Hano.

JILL HANO: Yes.

STEPHANIE CARMONA: Ms. Hano, yes. Mr. Hanks.

LANDON HANKS: Yes.

STEPHANIE CARMONA: Mr. Hanks, yes. Ms. Harmon. Ms. Kelly-Aduli.

CHERIE KELLY-ADULI: Yes.

STEPHANIE CARMONA: Ms. Kelly-Aduli, yes. Mr. Macaluso.

FRANK MACALUSO: Yes.

STEPHANIE CARMONA: Mr. Macaluso, yes. Dr. Meda.

LAMAR MEDA: Yes.

STEPHANIE CARMONA: Dr. Meda, yes. Mr. Smith.

ROBBY SMITH: Yes.

STEPHANIE CARMONA: Mr. Smith, yes. Ms. Stewart. Ms. Tanner. Mr. Taylor.

ERICK TAYLOR: Yes.

STEPHANIE CARMONA: Mr. Taylor, yes. Mr. Williams.

GEARRY WILLIAMS: Yes.

STEPHANIE CARMONA: Mr. Williams, yes. Ms. Xu.

KAREN XU: Yes.

STEPHANIE CARMONA: Ms. Xu, yes. Seventeen yeses, zero noes, zero abstentions.

RENODA WASHINGTON: Thank you, Stephanie. The yeses have it and the motion is adopted.

Next, updated council member retreat. Any discussion on the updated council member retreat? Any questions, suggestions or feedback? We'll move onto the next item of business. That is the executive director's report. The chair recognizes Ebony Haven for her report.

EBONY HAVEN: Good morning everybody. My report is on the right side. It's in gray. So I'm not going to read the report to you guys. I'm just going to highlight a couple of things. I was going to talk about the membership but our chair has already went over that information and so I'll just tell you guys that I am following up with the Governor's Office of Boards and Commissions for those who are still awaiting appointment or reappointment. And I did talk to the director on Tuesday and he did tell me he was going to try to get our appointments before the governor by Friday. And so if that doesn't happen, if he doesn't follow up with me by tomorrow I will be following up with him. So I kind of wanted to give you guys an update. For those who are still awaiting appointments I apologize it has taken this long. But just know I am activity trying to get those appointments.

Also, with membership we're going to be sending out

recruitment advertisements for current and upcoming vacancies next month. And so I encourage anyone that's on the council right now, anyone that is listening virtually, our public members if you know anyone that is interested and would be great on the council I encourage you guys to have them apply. Probably keep the application process open for a month. And then I'll meet with the vice chair when she would like to have that committee, the membership committee to submit those nominations to the governor's office.

Also, I want to highlight LaCAN. You guys are going to vote today on the 2027 advocacy agenda. And so I just want to make sure that everybody knows that after you vote LaCAN leaders are going to be busy scheduling legislative visits in your regions with your state representatives and senators. So please make sure you respond to them because they want you guys to attend those legislative visits. And so do we. If you find time in your schedules, I know everybody's busy, but if you find time in your schedules it would be really great if you guys could attend those legislative visits with your LaCAN leaders. They will be reaching out once we have those factsheets done. And they should be done here soon if you guys vote to keep the agenda the same as the legislative committee voted for. But just wanted to remind you guys that they work hard to get those legislative visits so it would be really great if you guys could attend.

Another highlight is the LDH rate summit. This is an update to your 2026 legislative advocacy agenda where you guys were advocating for the home and community-based waiver rates and the direct support professionals pay increases. And so after the legislature approved the funding to increase HCBS waiver rates and DSP pay during the 2026 legislative session LDH held a stakeholder summit in July and in those original proposals there wasn't an increase to direct support worker pay but there was advocacy around that. And I'm happy to report that there was a 3 percent increase in the direct support worker pay and an increase in those waiver rates as well.

So the wage floor for the workers now went from 9-dollars to 9-dollars and 27 cents. I know that doesn't seem like a lot but in this business we have to make sure that we celebrate those small wins and so I would consider that a small win. And of course we're going to continue

to advocate for those rates if you guys approve the agenda that the committee recommends today.

Lastly, I wanted to make sure that I talk about something that I mentioned at my last executive director report in July and I wanted to kind of give you guys an update on the Texas verses Kennedy lawsuit. We sent out information via LADDC news on this as well. On September 3rd a federal court did decide to remove parts of HHS's Section 504 rules nationwide. So those rules that they ruled included the definition for the most integrated setting, the community integration requirements and language directing programs to prioritize services in settings that allow people with disabilities to participate in community life alongside people without disabilities. So these rules support services at home and in the community instead of institutions when it's appropriate for the person.

But even though those rules have been taken out it's important that everybody knows Section 504, the ADA or the Americans with Disabilities Act and the Olmstead decision remain in place. They did not change. So your community services aren't ending. It's just the rules surrounding like the guidance on how HHS is going to apply Section 504 that's what has changed. So as your council we're going to make sure that we are closely monitoring how agencies are going to respond and how they're going to start interpreting Section 504 because that clear guidance has been removed. So just kind of wanted to give you all an update on that.

But lastly, something fun I do want to highlight that our council staff had our annual retreat on August 28th. And we just discussed council operations, how we can make things better in council meetings, and our responsibilities for the FY27 action plan. But we also had some team building. So we went and painted some pictures. And on the break I invite you guys to go back there. They're on the wall back there. And you guys get to vote on which painting you think is the best. I'm biased so I think my painting is the best. But you guys can vote and you can tell us who you thought did the best job. Stephanie knows how to paint so it’s unfair. But you guys are more than welcome to go back and check out our council retreat activity that we did. Chair that is all I have. I'm willing to answer any questions anyone has.

ERICK TAYLOR: You said we got to take the small things with the DSWs, the 9-dollars. I feel personally I know you say that's not enough. I feel like that's not enough because if you happen to take two or three, four, five classes to make ends meet what is the issue that we can't give them higher (inaudible). That's just my opinion. If they have something to look at for the amount of work that they do and people can see what they do in different homes then they got to understand okay, this is what they have to do. That's my opinion.

My other thing I'm trying to say is is one other that you said and I can't get it.

EBONY HAVEN: Was it about LaCAN?

ERICK TAYLOR: No. Give me one more you said.

EBONY HAVEN: Was it about the lawsuit? Section 504.

ERICK TAYLOR: Yes. Section 504. I didn't understand the full understanding with that. Y'all said y'all going to keep an eye on that?

EBONY HAVEN: Yeah. We're going to keep a close eye. They basically removed the rules on how people can interpret the rules or they removed the rules for like the most integrated setting or the community integration requirement. So rather than prioritizing services in like a setting that allows people with disabilities to participate and live in their communities they took that wording out of it.

ERICK TAYLOR: What that means?

EBONY HAVEN: Prioritize community living, I don't want to say people may prioritize institutions but if you take out that guidance it may not be as clear that you should prioritize community living rather than, when it's appropriate, rather than institutional care.

ERICK TAYLOR: Because I feel like, and I'm just speaking from me, somebody may not agree, but I feel like they prioritize nursing homes more than(inaudible).

EBONY HAVEN: So Erick, that is one of the reasons why we were sending out information about this because we don't want that to be the case. We don't want them to prioritize institutional care over people living in their communities. Now I'm not saying that them removing the guidance is going to change that because Section 504 is still in place. The Americans with Disabilities Act is still in place. And so is the Olmstead decision. That's still all in place. But since they removed those rules

there's not clear guidance that people should prioritize community living over institutional care. But of course as the council and LaCAN we're going to advocate that people live within their communities.

ERICK TAYLOR: Correct. But to me as being a person that's disabled, I just only speak for me and probably some of these people on the board, that's the main thing they give us. What if you get disabled where family can't take care of you that's the first word that come out to you. We're going to put you in a nursing home or we're going to try you to push you to get this because we feel like that's better to be cared for. And on top of that I'm thinking if we get more caregivers that's getting more than it's more hey, I want to be there to take care than saying okay, I'm tired. This is where I'm probably going to put him at, a nursing home, or this is where I'm going to put that person. And then when you take different things out the nursing homes like power chairs, activity things that make us move around more independent that makes me feel like as a person you're trying to lock me down in one area end up getting bed sores or end up getting sick more. Because I'm thinking in my mind I done gave up. If I'm making sense to y'all. Do y'all understand what I'm saying?

So then that makes me feel like okay, it have ended here because loved ones is not there but I got to take a chance on abuse. I have to take a chance of how I'm going to eat. I have to take a chance of that medicine that the doctor put me on that I don't need. I got to take a chance hey, this new medicine come out so let's try him. He's our play person right here. So let me play with him since this new medicine come out. That's all concerning. I understand what you're saying. That's what I worry about. And I can't speak for nobody else. So what you're saying y'all going to take a look at it that's good that we as a board looking at that because then hey, we people, this is one voice in this room. But at the same time I don't think they should push that. They been pushing it and pushing it. We get more money. Let's get him in the nursing home. We get that. We get ten people and 4,000-dollars hey, let's build a new nursing home like we building the prisons. That's just my opinion.

RENODA WASHINGTON: The chair recognizes Ayden.

AYDEN BLUNSCHI: Thank you. I have two questions for you Ebony. I was going to ask you about first on the LaCAN

about the legislators. How do we go about getting those meetings ahead of time?

EBONY HAVEN: How do you find out from your LaCAN leader?

AYDEN BLUNSCHI: Yeah. And not the day before.

EBONY HAVEN: That's something that we can talk to the leader about.

AYDEN BLUNSCHI: Yeah. Because I would like to be able to participate but I have to know in advance.

BRENTON ANDRUS: It's more of just clarity. And I think the LaCAN leaders also share your frustration because many times they would like a week's notice, two weeks' notice. But sometimes, there's a lot of scenarios I can think of, sometimes you call a legislator's office and the only time they can meet is today at 5:00 p.m. and so today at 5:00 p.m. is when we go. We put a demand on them that the visit has to happen. Like you meet the legislator where they are. We want others to be involved but we also have to understand the legislator does not have to meet with us and is not bound by anything to meet with us other than you can vote for that person. And you should remember these things when you go to vote if they're not doing things you would like.

But a lot of times we're bound by that legislator's schedule. A lot of times they cancel meetings. They meaning legislators, not LaCAN leaders. So we have to pivot. Sometimes we've been reaching out to this legislator for two weeks and the aid will randomly call up saying today at three he has an opening if you want. And if you don't take it you might not meet with that legislator until we come to the capitol.

And then typically when we're at the capitol our LaCAN leaders are there but we don't see a lot of members. Not throwing shade. I know y'all have things to do. But I don't see a lot of y'all faces at the capitol. So I don't want it to be understood that the LaCAN leaders are not giving you enough notice. I think a lot of times they're giving you as much notice as they're also getting. What they should be doing for you though is trying to understand your schedule. So Ayden when's the best times for you. You're usually available Mondays and Thursdays, perfect. But if your legislator is only available on Tuesdays I don't know how that works other than letting you know we can do Tuesday, can you do it. I think they try but I think they

share your frustration as well on some of those last-minute visits. I too share the frustration with some of those last-minute visits.

AYDEN BLUNSCHI: Another question. Thank you, Brenton, I appreciate that. That makes more sense to me. The DSW pay rate. What if they're not seeing that pay rate?

EBONY HAVEN: The 9.27? I'm going to have to kick it over to Bernard.

BERNARD BROWN: So if they're not seeing it they should report it to Health Standards. But just a caveat in the current rule it's still at 9-dollars. (Inaudible) to get implemented but once the rule is effective if you come across someone who isn't paid 9.27 you report it to Health Standards.

AYDEN BLUNSCHI: That's easy enough. Okay. Thank you.

RENODA WASHINGTON: The chair recognizes Landon Hanks.

LANDON HANKS: Thank you, chair. Ebony, I know you mentioned LaCAN reaching out to them with legislative meetings. That's with what we're going to vote on to advocate and meet with legislators on the agenda? And will they reach out to us? Do they have our contact information? Does your LaCAN leader in your region have your contact information to be able to contact you?

EBONY HAVEN: Yes and yes Landon. They'll be reaching out. And yes, Erica Joseph is your LaCAN leader. And yes, in a couple minutes when you guys get to that part of the agenda we're going to vote on the advocacy agenda for 2027. And yes, those legislative visits will focus on y'all's advocacy agenda that you vote on today.

LANDON HANKS: I just want to make sure I know what exactly it's going to be to be better informed. That's all I needed.

RENODA WASHINGTON: Thank you, Landon.

SPEAKER: So is it legal to pay on top of the hourly wage? So like for EPTSD, whatever, and then the waivers if you're only paying 9.20 can I as a private person pay up or is that illegal? I want good quality workers but I also don't want to go to jail.

BERNARD BROWN: I'm trying to give you an answer. How would you do that? I guess I'll answer your question with a question. How would you pay on top of what a worker is making? Just pay them out of pocket?

SPEAKER: Right.

BERNARD BROWN: (Inaudible) with the services.

SPEAKER: It does because they're providing the service on X number of dollars and I'm paying on top of that for the same service for additional money.

BERNARD BROWN: (Inaudible).

SPEAKER: No, they're not.

BERNARD BROWN: But I would caution you from doing that because liability issues, tax issues. You're opening yourself up to a lot of liability that you didn't anticipate because, just thinking through it, let's say this person is audited and they're getting more than what they're filing on taxes. You're seen as an employer. You're paying on top of--

SPEAKER: My kid he's a medical expense so everything I pay his workers are getting a 1099 or a W-2 for the work they're providing.

BERNARD BROWN: That's a separate entity. It's a different thing and legally can create a lot of issues. I know that's a weird answer but I really can't tell you what to do and what not to do. But I can tell you that the rate is the rate and the wage is the wage. That money is coming from Medicaid funds. Anything else you give to that person is separate and apart from the services that's being provided. Sorry.

SPEAKER: Y'all come bail me out.

RENODA WASHINGTON: If there is no other discussion the next item of business is the budget report. The chair recognizes Ebony Haven for the budget report.

EBONY HAVEN: So there are two budget reports in your folders. There is the end-of-year budget report for FY26 and then there's the first quarter expenditure budget report for FY27. I'm going to start with the end of year report. If you go all the way down and you take a look at the total expenditures we spent about 88 percent of our funding of our total budget. So if you look at the closing column. I know there's some red on there so I want to make sure I explain that. We had a refund that came from postage and our website hosting fee so that's what that 50-dollars is. And overall if you look at the budget overall we reduced our spending in travel and supplies. As for staff we're trying to cut down on how many supplies we're ordering. But also we've been able to reduce our travel costs because we're having our meeting in-house now.

And then for those who are wondering what happens to

that money that's leftover. I think it's 337,000-dollars. And that's only in federal funds. I'm going to make sure everybody knows that we do get state funds but all of our state funding goes to our Families Helping Families centers and they spend all of that funding every year. So that top part where it says 1,007,517 all of that is our state general funds. It goes to the Families Helping Families centers and they spend all of that money. The money that's left is your federal funding. So that 337,000-dollars we have three years to spend that money. So the money that we don't spend just gets carried over. And I think this is probably the last year for that money but I promise you we will spend it. So I'm willing to answer any questions about that report there if anybody has any questions.

RENODA WASHINGTON: Any questions for Ebony?

EBONY HAVEN: If we go to the second budget report this is FY27. It began July 1st. So we have expenditures through the first quarter. The first quarter is July, August and September. So you'll notice for contracts if you look at the percentage that we spent it's only 3 percent. And that's because there's always a delay in starting our contracts at the beginning of the fiscal year just because they have to close out the previous fiscal year and then once the new fiscal year starts it takes us a while to get those contracts in because those are our Families Helping Families contracts and we have to wait to see if the legislature is going to give us the additional 200 or 500,000-dollars that we've been advocating for for the last six years. So fortunately they did give us all that funding so that percentage is definitely going to go up in the next report in January. I just kind of wanted to address that if anybody is like why aren't we spending our contract money it should be around 25 percent. But that's why there's always a delay in starting our contracts.

I also wanted to mention we haven't spent as much in supplies and travel but our travel expenses are going to increase because I want to announce that for the last two years our National Association of Councils on Developmental Disabilities or NACDD they hadn't held a conference in the last two years. So they just announced, they sent us a save the date I want to say two weeks ago where they announced they are going to have a conference this year in July 2027 and it's going to be held in Albuquerque, New Mexico.

So since this conference is in July 2027 and at that same time we're going to be nominating and voting for new members of our executive committee I would encourage anybody that's interested in applying for a position on the executive committee. If you're interested in the chair position, the vice chair. Any of the chairs of our standing committees, SDCI and education and employment. If you're interested in being member at large. If you're interested in any of those positions I would encourage you to submit your name to us if you're interested in attending the NACDD conference in July in New Mexico. They have great technical assistance sessions to start that conference off and they always conduct a training for like our executive committee members. The conference is a great opportunity to meet people, to network, to meet other councils to see how they do things. But it's also a great opportunity for you guys to connect with our national association. And so I just wanted to let you guys know about that. So our travel costs will increase based on how many people are interested in going on that conference. And there's our council retreat that's going to be in January. So just letting you guys know what's coming up.

And then lastly, I wanted to mention the IAT expenses. Those expenses are for payments to our designated state agency which is the Louisiana Department of Health. So upfront they want like their payments, right, Lauren, for IT services, human resources services, civil service, payroll, procurement, which is our contracts. They want all of those fees upfront, which is why you'll see that we've spent about 31 percent in that category already. But that funding will level out because we've already sent in payments to them. So just kind of wanted to highlight those things. If anybody has questions chair.

RENODA WASHINGTON: Thank you, Ebony. Any questions from council members on the report? The chair recognizes Landon.

LANDON HANKS: You said the conference is being held in New Mexico (inaudible).

EBONY HAVEN: The conference is for every state DD Council across the country. So in every state. All of them if they are members. Even if they aren't members of NACDD you can attend that conference. What was the other part of your question?

LANDON HANKS: You brought up committee members are

being (inaudible).

EBONY HAVEN: Yes. They do have trainings. And the reason why I said I encourage those members who are interested in applying for the executive committee is because I wish that we had the budget for everybody to go to the conference but we just don't. So that's why I was encouraging any member that's interested in sitting on the executive committee that will start October 1st of 2027 then I would encourage those members to submit their names. Does that answer your question?

LANDON HANKS: Yes, ma'am.

RENODA WASHINGTON: Thank you, Landon.

STEPHANIE CARMONA: I was just going to say in the past they've also done like a leadership training. So that's another reason that we recommend anybody that wanted to do anything on the executive committee because they have a leadership training like session. So that way you can kind of get a feel for what it's like to be within a council position.

RENODA WASHINGTON: Any other questions? The report requires no action and will be placed on file. If there is no objection the meeting will now recess for ten minutes. Hearing none, the meeting is now in recess.

{Break}

RENODA WASHINGTON: The meeting is now in order. The next item of business is the committee reports. Our first report is from the legislative advocacy agenda committee. The chair recognizes Ayden.

AYDEN BLUNSCHI: The legislative ad hoc committee met on October 18th to review community input and develop recommendations for the council's 2027 legislative advocacy agenda. We had ten volunteers agree to serve on this committee and I want to thank them for their time and effort. I also want to thank the agency representatives and members of the public who joined us and helped answer questions. The committee reviewed ideas collected by LaCAN leaders from meetings held across the state. As we reviewed the input many concerns, especially education concerns, were related to how current laws or policies are being carried out rather than a need for a new law. The committee felt the issues should continue to be discussed through council committees so we can gather more information and decide whether advocacy, additional research or future legislation may be needed.

We also considered the upcoming 2027 fiscal session. The limits on nonfiscal bills and the rejected FY28 budget shortfall. This helped guide the committee towards funding issues that are important, achievable and built on what the council has already started. The committee brings forth the following motion for the council's consideration. The legislative ad hoc committee recommends that the council include the following issues in its 2027 legislative advocacy agenda. Provide additional funding for Louisiana State Rehabilitation Services LRS so Louisiana can assess its full federal allotment. Provide additional funding to increase home and community-based services HCBS waiver rates. And increase the direct support worker DSW wage consistent with the recent rate study. Restore 250,000 in the state general fund to the council's budget for Families Helping Families regional resource centers. We offer this motion for your consideration.

RENODA WASHINGTON: Thank you, Ayden. Because the motion comes from a committee it does not require a second. Any questions on number one? Any questions or discussion on number two? Any questions on one and two? Ayden.

AYDEN BLUNSCHI: Bernard who did you say we need to contact for the hearing?

BERNARD BROWN: Health Standards and Program Integrity.

RENODA WASHINGTON: Thank you. Any questions on number three? Mr. Erick Taylor.

ERICK TAYLOR: We just get the money back? I didn't get an understanding.

BRENTON ANDRUS: So Families Helping Families that one specifically says restore 250,000-dollars to our budget. So for right now we're in fiscal year 27 our budget is the same for state general fund, 1,007,517-dollars. For fiscal year 28 when we put in our budget request there's a process we go through. We put in our request to Department of Health that says this is how much money we want for next year. So fiscal year 28. And then from there it goes to the Division of Administration. And then it gets included or not included in the governor’s budget. That is probably going to be presented in February timeframe, March. Session starts in April so I'm not sure at what point the budget would be raised.

Before this committee meeting though we had found out

from the Department of Health that we were going to get the 757,517-dollars which would put us 250,000-dollars short of our current budget. So that would be a standstill budget for next year. So we're talking starting July 1. Since this committee has met that 250,000-dollars it is our understanding it's going to be restored into our budget. So the request that's going to go to the Division of Administration is actually going to include the 1,007,517-dollars which is a standstill budget so we're not looking at a cut to our state general fund fiscal year 28 at this time. So that is an update since the committee met. So you don't actually have to worry about restoring any funding for Families Helping Families at this point. It would be more of a-- unless DOA they have the option to remove it before it gets presented. And we're not really going to-- I don't remember their timeframes. At some point in November is when it has to be submitted to be submitted to DOA and then from there I don't really have a timeframe of when we will know if it's included in there or not. But we would certainly know if they've honored our request before the governor's budget.

ERICK TAYLOR: (Inaudible).

BERNARD BROWN: I don't really have a timeframe on that. Like I said, I think it goes to DOA early November. And so at that point I'm not sure the administration's timeframe to let us know. You're not really looking at number three in the same way anymore. It's not really going to be a restoration because that funding, at least for now is there. So as it was in previous years at this point you kind of waffle between the two. If we see the funding does get cut at any point in the process then we advocate to get it back. If the funding is there you don't have to worry about it.

ERICK TAYLOR: So how would that affect the council?

BRENTON ANDRUS: It's a matter of the approach we would have to take. So right now as long as the money is in there we're just on defense. If people ask questions about it this is the funding. This is what they do with it. This is the purpose of Families Helping Families. You should leave it in there. We've had it there for six years. Let's not take it away. And so if for some reason it would get taken away then we would have to obviously start advocating. We'll know exactly how much they're recommending. No money is ever safe until the governor

signs the budget which is not going to happen until well after the end of session which is early June. So throughout the entire session we're constantly monitoring. So there's many ways that that funding can be reduced. At this point it's our understanding it's in there. It can be removed or added on DOA's side. It can be removed or added when the house talks about the budget. It can be removed or added when the senate talks about the budget. And then the governor has the opportunity to do line-item vetoes if he so chooses when it's even passed. We have a long way to go but as of right now it seems safe.

ERICK TAYLOR: Would we have to do anymore cuts (inaudible)?

BRENTON ANDRUS: I don't understand the question.

ERICK TAYLOR: Like when it cut down on things on the board (inaudible).

BRENTON ANDRUS: So the cuts, the things that we've been doing as a council to reduce our administrative costs that's dealing more with our federal dollars. These are our state dollars. Our state dollars will not necessarily have to be touched or cut unless for some reason we are instructed to cut the budget. Otherwise we'll be asking to keep that funding. But there are times let's say where the administration might say all right, all state agencies need to cut whatever percentage from your budget. So for us that would have to come out of the state general fund. But I don't see that. That has not been a request made to us at this time. We also have a relatively small state general fund budget so tends to not get a lot of attention.

RENODA WASHINGTON: The chair recognizes Melissa Bayham.

MELISSA BAYHAM: Just based on some questions I'm being asked by our budget section at Louisiana Works. There is a potential that the 5.9 of our budget request will be requested just like you're talking about through that process. I do not know at this point. But I just want everybody aware, because like you said, it could be different. But things seem to be such in the air right now obviously with the budget. But wanted to just make sure I mentioned that because this is the first time since I've been the director that they've talked about or asked about how much to request. So definitely positive things on our end. Just wanted to mention that there is a potential (inaudible).

BRENTON ANDRUS: So, for instance, if the 5.9 is in it, that's fantastic. We also know we advocated for 2 million last year, which the department has requested to continue. If for some reason that was not included in the budget we would also increase what we would be asking for. It's my understanding with number two as well with the rates there's going to be a placeholder. I don't know how much that is. From our fund map we're basically saying you gave us 10.7 last year so that's 42.9-million we need this year. It's 3.6 minus 10.7. I don't know how accurate that is but those numbers might fluctuate. And depending on what we know if it's there or not there that's when we start tweaking our factsheets which would then change your ask a little bit. But for the most part you're voting on these things would give us the guidance of this is what you want to advocate for this session and then flow throughout.

MELISSA BAYHAM: Just to respond to that. But to your point earlier your 250,000 and our almost 20-million ours is a bigger ask so there's a little more of a risk.

BRENTON ANDRUS: Yeah. Because currently you're asking with the 250,000 it is back in. You're still looking at approximately a 50-million-dollar ask with number one and number two. Roughly maybe a little more. And that's coming into a fiscal year that's projecting a deficit that they're going to have to address. We mentioned that at the ad hoc committee. Five hundred something million I think. At least the last time I found a number. So keep that in mind.

RENODA WASHINGTON: Thank you, Brenton. The chair recognizes Landon Hanks.

LANDON HANKS: (Inaudible).

BRENTON ANDRUS: Yeah. I don't want to say cut even though it's easier to understand that it's cut because when I say cut people start worrying that we're cutting it right now. It's not cut right now.

LANDON HANKS: (Inaudible).

BRENTON ANDRUS: So right now we're starting to put in our budgets, all the departments we're trying to figure out our budgets for next year which started in July. And whenever we put in our request for the million dollars they said nope, we're taking 250 out so you're going to get 750. So it was cut from our budget request. We were wanting to have it added back in and usually we have to go through the legislature to do that but we were able to get it added back

in just through communications with the department explaining why we need that money and that we're not asking for more. This is exactly what you're giving us now. So we were able to get it back in. But if it does get cut again we'll ask for it back.

LANDON HANKS: So it's basically an addition to what they were already giving us that they cut or taken away from this previous budget year?

BRENTON ANDRUS: Yeah.

LANDON HANKS: Okay. I just wanted to make sure because when you said cut (inaudible). I thought why are we taking money away if that makes sense. You can continue madam chair.

RENODA WASHINGTON: Thank you, Landon. The chair recognizes Jill Hano.

JILL HANO: Brenton what is your FY27 budget request?

BRENTON ANDRUS: Our FY27 budget in state general fund is 1,007,517-dollars. Our request for FY28 was 1,007,517.

JILL HANO: Can you text me the numbers?

BRENTON ANDRUS: Sure.

EBONY HAVEN: Jill they're included in the budget report. If you look at the top line that is the state general fund. And it is the same amount that we've been requesting.

JILL HANO: Thank you.

BRENTON ANDRUS: I think it was 2021 where we got the funding doubled.

JILL HANO: Yeah.

RENODA WASHINGTON: Any questions from council members? Any public comment? The motion is to recommend the following three issues to the full council for inclusion in the 2027 legislative advocacy agenda. Number one, provide additional funding for Louisiana Rehabilitation Services so Louisiana can access its full federal allotment. Number two, provide additional funding needed to increase home and community-based waiver rates and increase the direct support worker wage floor consistent with the recent rate study. Number three, restore 250,000 in state general fund to the council's budget for Families Helping Families regional resource centers. We will have a roll call vote. If you are in favor of the motion when your name is called say yes. If you are opposed say no. If you abstain say abstain. Stephanie can you call the roll please?

STEPHANIE CARMONA: Yes, ma'am. Ms. Allen.
ASHLEY ALLEN: Yes.
STEPHANIE CARMONA: Ms. Allen, yes. Dr. Barovechio. Ms. Bayham.
MELISSA BAYHAM: Abstain.
STEPHANIE CARMONA: Ms. Bayham, abstain. Mr. Bennett.
BRIAN BENNETT: Abstain.
STEPHANIE CARMONA: Mr. Bennett, abstain. Mr. Blunschi.
AYDEN BLUNSCHI: Yes.
STEPHANIE CARMONA: Mr. Boynton.
JUDE BOYNTON: Yes.
STEPHANIE CARMONA: Mr. Boynton, yes. Ms. Chachere.
ALAINA CHACHERE: Yes.
STEPHANIE CARMONA: Ms. Chachere, yes. Ms. Crain.
CHERI CRAIN: Abstain.
STEPHANIE CARMONA: Ms. Crain, abstain. Mr. Doyle. Ms. Hano.
JILL HANO: Yes.
STEPHANIE CARMONA: Ms. Hano, yes. Mr. Hanks.
LANDON HANKS: Yes.
STEPHANIE CARMONA: Mr. Hanks, yes. Ms. Harmon. Ms. Kelly-Aduli.
CHERIE KELLY-ADULI: Yes.
STEPHANIE CARMONA: Ms. Kelly-Aduli, yes. Mr. Macaluso.
FRANK MACALUSO: Yes.
STEPHANIE CARMONA: Mr. Macaluso, yes. Dr. Meda.
LAMAR MEDA: Yes.
STEPHANIE CARMONA: Dr. Meda, yes. Mr. Smith.
ROBBY SMITH: Yes.
STEPHANIE CARMONA: Mr. Smith, yes. Ms. Stewart. Ms. Tanner. Mr. Taylor.
ERICK TAYLOR: Yes.
STEPHANIE CARMONA: Mr. Taylor, yes. Mr. Williams.
GEARRY WILLIAMS: Abstain.
STEPHANIE CARMONA: Mr. Williams, abstain. Ms. Xu.
KAREN XU: Yes.
STEPHANIE CARMONA: Ms. Xu, yes. Twelve yeas, zero nays, four abstentions.
RENODA WASHINGTON: Thank you, Stephanie. The yeses have it and the motion is adopted. Thank you, members. The next item of business is the report from the Office of Aging and Adult services. The chair recognizes Gearry

Williams.

GEARRY WILLIAMS: Good morning everyone. Gearry Williams, assistant secretary for the Office of Aging and Adult Services. Our report is on the salmon color. For our home and community-based services I won't go into a lot of detail with our current recipients. I do want to highlight on our waiver registry, in particular the community choices waiver. I kind of touched on this in committee yesterday. It's also highlighted on the last page of the report. And I touched on it previously that we are modernizing our community choices waiver access process. Rather than first come first serve the way the program is currently setup we are making changes to where it's going to be based upon acuity. Those particular folks that are at highest risk of institutional placement will be prioritized to receive the waiver option. Again, rather than first come first serve.

We did go and conduct some town halls across the state in Shreveport, Alexandria and we wrapped up here in Baton Rouge. And held those with stakeholders as well as legislatures. Very positive feedback. The feedback was that they thought it was something that was much needed for it to be based on acuity or risk of institutionalization rather than random first come first serve basis. Our waiver has been approved or is under review. We addressed comments to the waiver and the rule is currently with Medicaid and under review right now. And we are also addressing as a part of our FY28 budget request the additional staff needed to conduct those in-home assessments that will be associated with the waiver process and ensuring that those that are at highest risk of institutional placement are recognized or prioritized I should say.

The next item on nursing home ascend. During the previous legislative session SP405 is outlined, was passed and is now Act 896. We've established the nursing home ascend program. We're working with nursing homes, the Nursing Home Association as well as the corporations who own nursing homes. We've identified what we call our vital six domains. Those are areas that we feel we can make the greatest impact in the shortest amount of time and that would also have the greatest impact in the shortest amount of time on the star rating system for nursing home quality.

So during the month of October this month we worked

closely with Health Standards and conducted a meeting in each LDH region to include the Office of Aging as well as Health Standards to have those groups or those nursing homes in those particular regions come together where they can share best practices on what findings or tags have been assessed by Health Standards. Health Standards has provided information on why the nursing home was tagged or there was a finding for a particular instance. And also provided those nursing homes with information on how they can avoid having a tag or a finding in the future. And an opportunity for those nursing homes to kind of cross collaborate and share best practices on what they're doing to avoid certain tags within their nursing facilities. As we move forward in November we will be having some additional town hall meetings in each region. And they will be more so to cover those vital six domains that we're looking at that will make the greatest impact in the shortest amount of time.

And then the last item I want to touch on is the PACE program. A Program of All-Inclusive Care of the Elderly. We are opening our PACE center. (Inaudible) a few months back. Bold Age is the respondent selected to open a PACE center in the Shreveport area. They found a location. They signed a lease. And they are currently working with a contractor for a build out of that location in Shreveport. And then since then we put out another request for information. And we did this statewide because our goal is to have a PACE location, Program of All-Inclusive Care for the Elderly, in each LDH region. And these centers are just as it says, all-inclusive care. You can get primary care there, receive meals there, dental, vision.

One thing during Covid that we recognized is the time alone that seniors were experiencing. If you go to a PACE center and talk to seniors that are at these centers one of their highlights of their day is being able to go to a PACE center and being able to interact with other aging adults. They have games during the day. They have movies. It's just a very positive environment for seniors.

So we have a couple different ways that we're looking to expand. First I mentioned opening up additional PACE centers across the state. But also we want to address those rural areas because we talk about the aging population in rule areas. It's a double whammy kind of

because not only do they have problems or issues for our aging population but access to care in rural areas is also an issue. So we want to work with our director of Rural Health Transformation program to open up alternative care sites in those rural areas. Kind of like satellite locations, if you will, of those PACE centers to be able to address and provide access to those rural communities. Trinity Health is one of the PACE centers in Alexandria and they have already looked to utilize rural transportation dollars to expand into three rural parishes surrounding Alexandria. That's it.

RENODA WASHINGTON: Thank you, Mr. Gearry. Are there any questions from council members on the report? The chair recognizes Alaina Chachere.

ALAINA CHACHERE: I was just curious when y'all start the new screening, the way that y'all are going to start screening, when is that going to take place?

GEARRY WILLIAMS: We're looking to have that start in January. Again, as I mentioned, we have a budget ask associated with this in the FY28 budget request so we would not be able to bring those new staff members on until July 27. It would be FY28. But we plan to start in January with our current staff addressing at least those that are at imminent risk. We are looking at three different levels. Those who are at eminent risk of institutionalization. Those who are at elevated risk and moderate risk. So we want to at least start in January with our staff members within the Office of Aging currently to start addressing those that are at imminent risk of institutional placement.

ALAINA CHACHERE: So in January call the office and ask (inaudible)?

GEARRY WILLIAMS: That's correct. Conduit is our single point of entry vendor. Conduit is the one that actually does that initial screening. And if they are screened and they are at risk like I just mentioned they will move forward with scheduling an in-home assessment to confirm and offer the waiver.

ALAINA CHACHERE: Thank you.

RENODA WASHINGTON: The chair recognizes Ms. Cherie Aduli.

CHERIE KELLY-ADULI: So is the PACE the same as an adult day healthcare center? Like how does it differ? And do you bill waiver services for PACE?

GEARRY WILLIAMS: PACE is kind of its own waiver if you

will. And it differs because adult day healthcare seniors can go there and access meals, get that same interaction that we're speaking about. But with PACE you get those additional services, primary care, vision, and dental as I was mentioning before. So it's more of all services including both those recreational services but also the medical services can be received at the PACE location.

CHERIE KELLY-ADULI: So the patient comes to the PACE center and their Medicaid is billed or whatever they have.

GEARRY WILLIAMS: Correct. Medicaid or one of the other.

CHERIE KELLY-ADULI: It's a day program but with access to medical?

GEARRY WILLIAMS: Correct.

CHERIE KELLY-ADULI: And so is there transportation there? Like is there a bus?

GEARRY WILLIAMS: Yes. The patient is offered transportation. They have vans or buses that can get them there or family members can drop their loved one off at the PACE center and be picked up from the PACE center. Similar to the adult day health centers.

CHERIE KELLY-ADULI: Who's building the centers?

GEARRY WILLIAMS: Trinity Health is one of the providers. They have a three-way agreement between the provider, CMS, and the Department of Health. And those corporations will come in and provide information demonstrating that they have a history of operating a PACE center. They provide ideas how they will provide services. What areas of the state they have the ability to provide those services in. We evaluate those proposals and then we move forward with the most viable candidate to open in the area that has the greatest need.

We are also making sure, part of our rationale on the location is also to leverage those PACE centers as it relates to those that are on the community choices waiver wait list. Say, for instance, with Shreveport with Bold Age opening in Shreveport they proved on their application they were viable opening in Shreveport. We also looked at how many people that we have currently on the community choices waiver wait list that could benefit that PACE center opening in that particular area. Many different things that we take into consideration when we speak with vendors about opening centers.

CHERIE KELLY-ADULI: Thank you.

RENODA WASHINGTON: Any other questions from council members.

SPEAKER: With the community choice waivers you said home-based assessments (inaudible)?

GEARRY WILLIAMS: They look at the needs of the participant, their ADLs, do they have any informal supports. Just everything in that assessment tool looks at whether or not that particular participant can be placed in a least restrictive environment. Or if they're at imminent risk of the next step if something does not happen they're going to be placed in a nursing home, and that's kind of what that assesses what their needs are, what supports they have and what would be the most viable option for them to remain.

RENODA WASHINGTON: Any other questions from council members?

CONSTANCE ALPHONSE: I just have a comment. I appreciate your efforts to expand these across the state. (Inaudible).

GEARRY WILLIAMS: Yeah. We've gotten a lot of feedback from the community and from providers. Especially now that the state has the opportunity to leverage those rural health transformation dollars because I think that those satellite locations and the possibility of (inaudible) healthcare units that can actually go out into those communities where access is an issue it's going to be good for the residents of Louisiana.

RENODA WASHINGTON: Any other questions from council members? Any public comment? The report requires no action and will be placed on file. If there is no objection the meeting will now recess for lunch. Hearing none, the meeting is at recess. It is now 11:54.

{Lunch}

RENODA WASHINGTON: All right. It is now 1:00. The meeting will come to order. The next item of business is the report from the self-determination community inclusion committee. The chair recognizes Alaina.

ALAINA CHACHERE: I'll read it for Jill. The self-determination and community inclusion committee met yesterday and does not have any recommendations to present to the council at this time. We did receive an update from the Office of Intellectual and Developmental Disabilities Supports or OIDDS, Medicaid, Office of Aging and Adult Services or OAAS and staff. Just a reminder the updates

provided can also be found in the agency report.

Mr. Bernard Brown from OIDDS provided several updates. A task force has been put in place to study gaps in acute care support services. OIDD encouraged everyone to go back to their website to review the minutes posted in the previous meeting and join the next scheduled meeting for November 17th. DSW pay rate increases were partially approved in house bill one providing a 3 percent increase. This increase went into effect October 1st. OIDD is currently in the process of doing another adequacy study. They are currently accepting cost reports from providers to help in this study. The deadline for providers to submit their cost reports to LDH is November 30th.

OIDD also reported that the Office of State Healthcare Facilities became inactive effective October 1st. This office will be responsible for having administrative control over all state facilities. OIDDS plans to have someone from that facility for next quarter to introduce themself and explain in more detail the role their office will play as it relates to OIDDS and state facilities. OIDDS also informed everyone that effective April 1st all Early Steps intakes will be completed in LGA regional offices.

Mr. Brian Bennett provided a couple updates for Medicaid. At the end of this year Medicaid's contract with Healthy Blue will end. Letters have been sent out to Healthy Blue participants informing them of the special enrollment period from October 15th to November 16th. If a participant is unable to select a new plan prior to the deadline they will be auto assigned a plan that best fits them. Mr. Bennett reported at the last part of the meeting about dental services. He created a one-pager to include important facts about dental services for the public. This form will be shared with OIDDS to be pushed out to support coordination and families.

Mr. Gearry Williams from OAAS reported that due to the RFI, request for information, for PACE Program of All Inclusive Care for the Elderly they put out to gain information a PACE center will be opening up in Shreveport. I feel like I need to say that again. Mr. Gearry from OAAS reported that due to the RFI for PACE (inaudible) information. A PACE center will be opening. They're hoping to start a build out as soon and possible and begin providing services in 2028. OAAS is in the process of

reviewing six additional RFI proposals received in hopes of adding a center in regions eight, nine and six.

Mr. Williams also reported the changes to fill community choice waiver slots based on need and not first come first serve process and has been moving forward in a very positive way. Town hall meetings were held and some feedback was received showing support in changing to the new process based on need. Stakeholders also expressed that they would like to see more engagement from the Governor's Office of Elderly Affairs and the Louisiana Hospital Association. OAAS has started the process of engagement by reaching out and providing information. They plan to continue building a stronger relationship in hopes of getting more engagement from those organizations.

We also discussed the contractual activities under goals one and two in our plan. This information is listed in the status of planned activities document in the meeting packet. Something I would like to point out is LSU did not meet the requirements of HEART sex education or HER women's health initiative. The contractor has not been paid for any service since July and understands they are now outside of their federal fiscal year for payment. The contractor has continued working on these projects without payment and have given themselves a deadline.

RENODA WASHINGTON: Thank you so much, Alaina. Are there any questions from council members on the report? No public comment? The report requires no action and will be placed on file.

The next item of business is the report from the Act 378 subcommittee. The chair recognizes Rekeesha Branch for the report.

REKEESHA BRANCH: Thank you so much. The Act 378 subcommittee met yesterday and does not have any recommendations for the council to consider at this time. We did spend time reviewing yearend reports for fiscal year 26 and fiscal year 27 1st quarter reports for programs within the Office of Behavioral Health, Office of Intellectual and Developmental Disabilities Services and Aging and Adult Services. All reports can be found linked on the agenda on the council's meeting web page if you would like to review them.

Based on the data provided by Office of Behavioral Health on the yearend report all but two LGEs met their performance standards in the consumer care resources.

Central Louisiana and Northeast Delta will be placed on a corrective action plan for not expending at least 95 percent of their budget. According to the report all local governing entities met the expenditure requirement in flexible family fund and supported living for fiscal year 26. During the review of the first quarter report OBH reported that Capital Area and Northeast Delta Human Service District will be placed on a corrective action plan for not meeting their quarterly benchmark in consumer care resources. All other programs for fiscal year 27 were reported to be currently on track.

The Office of Intellectual and Developmental Disability Supports provided their year end and first quarter report. Based on the data in this report all expenditures will be met or exceed requirements for fiscal year 26 once obligated items were spent or added. In the first quarter report individual family supports showed over half of the budgeted funds has already been obligated. So OIDD will be watching that closely. All over programs for fiscal year 27 were reported to be on track. The individual and family support expenditure report was also discussed and concerns were brought to the committee about potential inaccuracy in the report due to the use of the other category. OIDD explained that the additional categories were put in place during the middle of the fiscal year and the committee should see improvement in fiscal year 27. OIDD also agreed to include an IFS expenditure report in their quarterly documents for review.

RENODA WASHINGTON: Thank you so much, Rekeesha. Are there any questions from council members on the report? Any public comment? The report requires no action and will be placed on file.

The next item of business is the report from the education and employment committee. The chair recognizes Stephanie for the report.

STEPHANIE CARMONA: Ayden said he would read the report. He did chair the committee yesterday since the chair was not available so he said he would read the report.

RENODA WASHINGTON: Go ahead Ayden.

AYDEN BLUNSCHI: Thank you. The education and employment committee met on October 28th and has no recommendations to bring before the council. The chair adjusted the agenda to allow LSU Human Development Center to present first and to provide enough time for questions.

Dr. Rose Angelossi gave a presentation on benefits including how working can affect social security benefits and healthcare coverage. She also discussed programs with work incentives that help people with disabilities while maintaining the benefits. Melissa Bayham provided an update from Louisiana Rehabilitation Services including staffing services and policy updates. Karen Davenport provided an update from the Louisiana Department of Education. She discussed the recent Special Education Advisory Panel meeting and the departments special education compliance framework. Due to time constraints the committee did not receive updates on the contracts related to all three of the FFY2026 action plan. Members are encouraged to review the quarterly status report and documents linked in the agenda for more information.

RENODA WASHINGTON: Thank you, Ayden. Are there any questions from council members on the report? Any public comment? The chair recognizes Jill Hano.

JILL HANO: I do have a question but it's about self-determination contracts. Is that allowed?

EBONY HAVEN: I'm addressing it to the Parliamentarian because that was something on the agenda that we passed and she's trying to ask the question about something we've already passed. Can we do that?

PARLIAMENTARIAN: Technically if we're following the parliamentary authority that subject has already passed. It can't go under this item because we're under a specific item. But in between items before the next topic is introduced.

JILL HANO: Okay.

RENODA WASHINGTON: Go ahead Jill.

JILL HANO: So basically between LSU, their contracts (inaudible) have we had any activity?

REKEESHA BRANCH: The only thing that they have done, they're responsible for doing-- first off we'll talk about the (inaudible) for the curriculum for the schools. They're responsible for doing something for middle school as far as putting a curriculum out there and responsible for putting a high school curriculum out there for feedback. They only completed the middle school curriculum but they never put it out for feedback. They have not done that yet. And for the high school they have not completed a curriculum and/or put it out. So he's asking if he can have more time to do that. He plans on

having it done by December 15th. For the women's health they did the toolkit they're responsible for doing but they have not put it out for feedback to get back any type of survey information from the public.

JILL HANO: Okay.

REKEESHA BRANCH: So that's all we have so far. Not much but he did say he'll keep working on it and get us everything by December the 15th. And he understands he won't be able to get paid.

JILL HANO: Okay. Thank you.

RENODA WASHINGTON: You're welcome. The chair recognizes Erick Taylor.

ERICK TAYLOR: How much time did we give them?

REKEESHA BRANCH: They had until the end of the contract which was September 30th.

ERICK TAYLOR: How long did they have it?

REKEESHA BRANCH: The contract started October the 1st. So initially when we first started with the contract we had some back and forth with them agreeing to the contract terms. And so they put out new terms saying that they could do-- they kind of changed what they would do within the contract. And that was around March. So we agreed to allow them to change up and do some other things. I guess to have different type of deliverables, something that they could achieve. They said if they were able to change up some stuff as far as what we were asking to do they will be able to meet it by September the 30th. Well, they were not still able to meet it by September 30th. Matter of fact, I have not received anything from them since July as far as an invoice, report or anything.

ERICK TAYLOR: I have a question to you. Do we have somebody else in line? Why didn't we back out of that?

REKEESHA BRANCH: Well, every quarter we came and kind of gave y'all information about what's been going on and we've been kind of seeing what you guys would like to do. I think y'all were just still trying to give them a chance to see. The last quarterly report they did do something so I think we all had hopes that they would be able to meet their deliverables but they didn't.

RENODA WASHINGTON: Any other question or discussion before we move onto the next item? All right. The next item of business is standing council member reports. Please refer to the reports in your packet. Our first report is the Governor's Office of Elderly Affairs. The

chair recognizes Cheri Crain for her report.

CHERI CRAIN: Good afternoon everybody. Sorry I'm not there. I don't know what color my paper is. At the first page at the top it goes over the services that the Governor's Office of Elderly Affairs provides through our councils on aging and for our area agencies on aging.

If you scroll down to the bottom of the page one we talk about our long-term care ombudsman program. And in the middle of the page where we always like to see the statistics for elderly protective services for the period of July 1 through September 30th we had received 2,180 cases reported. Of those we had caregiver neglect 478 cases, emotional abuse 177, extortion 9, financial exploitation 676, physical abuse 156, self-neglect 672, sexual abuse 12 and other 0. So we did a big campaign to promote who should report. Who is responsible for reporting. So when we did that campaign our numbers drastically went up. So towards the bottom of this report I have some other statistics but we have been able to keep up with that. That trend of coming in and more calls coming in, more reports being called in. We are looking at those numbers to see if it's just a trend at the moment, new campaign, new information put out or if it's going to be a stable steady number where we have to look at the number of cases per investigator against the national average again. So we're keeping that under close eye watch.

The bottom of page two talks about aging and disability resource centers and contact number. And the top of page three talks about Louisiana Medicare Improvements for Patients and Providers Act program better known as MIPPA. Most of our councils do provide that Medicare counseling session as well as enrollment assistance. And they conduct follow-ups to ensure the needs of clients are met beyond Medicare providing. So they look at their (inaudible) subsidy where if they qualify they could possibly be in that program as well. And of course that enrollment opens in December.

If you scroll down to the bottom of page three under recent news we talk about October is recognized as our financial exploitation awareness month. So that's what I was talking about we start putting out brochures and information. If you need more details on that I've included a link with information on that financial exploitation and some additional resources.

And then further down we kind of talk about our annual reports statistics. So this covers the timeframe of July 1 of 2025 to June 30th, 2026. Our council served over 5.38-million meals. Of those meals 1,000,618 were congregate meals to over 16,000 senior citizens. Our councils on aging also provided 3.768 home delivered meals to over 20,000 senior citizens. Our state ombudsman received 857 complaints. And our senior RX program assisted over 54,000 clients with free and/or low-cost prescription drugs saving over 14 billion-dollars in savings to the consumers. Also, our Councils on Aging provided the Medicare part D assistance on counseling for those services to over 5,600 clients. And the last statistic is our family caregiver support program served over 6,400 caregivers and provided over 102,900 of (inaudible) services. Usually our first quarter is a bunch of statistics from the previous year. So if anybody has any questions I will be able to answer.

RENODA WASHINGTON: Thank you so much, Ms. Crain. Are there any questions from council members on the report? The chair recognizes Brian Bennett.

BRIAN BENNETT: Hi Cheri. I have a question about the MIPPA program. The toll-free number that's listed do you know is that a federal line that the entire country accesses or is that specific to Louisiana?

CHERI CRAIN: I am not 100 percent sure. I believe it is national level and it prompts you to pick the local state for yourself. But I can check into it and find out and put my answer in the chat.

RENODA WASHINGTON: Thank you, Brian. The chair recognizes Mylinda Elliot.

MYLINDA ELLIOT: Good afternoon. Farther up in the report where you talk about the number of reports that you have is that an unduplicated number? Could there be several reports about the same person, or could there be several different ones about the same person or is that just unduplicated across?

CHERI CRAIN: So are you talking about the statistics for the elderly protective services?

MYLINDA ELLIOT: Yes, ma'am.

CHERI CRAIN: Okay. If you have a report from a constituent that concerns a client yes, it could be multiple types of reports in one. So that person might have financial exploitation as well as self-neglect. So

your client case could be for one person over those multiple types of reports depending on the circumstances. Did that answer your question?

MYLINDA ELLIOT: Sort of. If five different people also have called about that same person would there be five different instances on there?

CHERI CRAIN: No. If more than one person reports it what happens is is all of the information goes to that one client so the client is only counted once. Say it's five reports. If three of them were financial it would be one financial and then if the other two are abuse it would be one abuse.

MYLINDA ELLIOT: Okay. That's very helpful. Thank you.

CHERI CRAIN: You're welcome.

RENODA WASHINGTON: Thank you, Ms. Elliot. The chair recognizes Stephanie.

STEPHANIE CARMONA: This is also a question about the elderly protective service part. Is there a way like so right now we're just looking at the reports. The types of abuse reported. So once it's reported I'm not really sure what comes next but is there a way that after it's reported, and I assume that you would follow through. Like the caregiver neglect. I'm just going to take that one for instance. Once it's investigated I guess, and I guess a case is closed for whatever reason, is there a way to have a report on like okay, well, this case was closed, like it wasn't deemed abuse or this case was closed because it was investigated. I'm not sure what all y'all track that way. And I'm not sure if I'm asking the question correctly and if that makes sense. But I guess I'm asking like yes, these things are being reported but that's not really tracking if the abuse is happening. It's just tracking abuse that may or may not be happening because it's being reported. Is that making sense?

CHERI CRAIN: I understand exactly what you're saying. So we do have reports that we can tell you how many cases were closed. How many cases were accepted. And when we say accepted there's things that somebody will call in that's not necessarily an actual case. It might be something that we have to refer to LDH because it's not something that we handle. If it's in a nursing home facility we might transfer it to our state ombudsman to handle, not our elderly protective service. It kind of

seems that the numbers can be kind of confusing depending on what you're looking at but we do have reports that we can narrow it down.

As far as if we get a report that says that it's abuse and we investigate it and it's not actually deemed abuse and it's closed that I'm not sure that I can get. I will check with our manager over that to see if that granular information is available. But we do have reports that say what cases were deemed high priority, low priority. The high priority we do do within a 24-hour period depending on the severity of it. So there are more statistics we can get more granular I just don't know (inaudible) if it started as abuse what did it end up as.

STEPHANIE CARMONA: Got you. Thank you.

RENODA WASHINGTON: Any other questions? The chair recognizes Mylinda Elliot.

MYLINDA ELLIOT: I'm sorry. Still on the same subject. So that means you can't say how many cases were validated, is that what I'm understanding?

CHERI CRAIN: So if you hear me referring to validation in a sense of we received 2,180 cases we can tell you how many we accepted as a case. I don't know if they have the granular of how many they referred to LDH, or how many they referred to the state ombudsman or whatever the case maybe. I can find out about that. But as far as validated it depends on what your definition means.

MYLINDA ELLIOT: Validated means there was some kind of abuse that occurred.

CHERI CRAIN: Yeah. So we can tell you how many complaints we received, that it was abuse and how many we accepted. Yes, we can tell you that.

MYLINDA ELLIOT: Accepted means validated?

CHERI CRAIN: Well, if we get a call and we do the interview and we deem yes, it is a case that is abuse then it is a validated case and then we investigate. So it's the same thing as accepted in our terminology if that makes sense.

MYLINDA ELLIOT: Yeah, it was just you said something about accepting and referred to somebody else. I wasn't positive if that was the same thing as validated or not.

CHERI CRAIN: In the way that you referred to it yes, ma'am, it is.

MYLINDA ELLIOT: Okay. Thank you.

CHERI CRAIN: No problem.

RENODA WASHINGTON: Thank you, Ms. Elliot. Brenton.

BRENTON ANDRUS: I think what everyone is asking for is basically substantiated verses unsubstantiated which is a term they use a lot in child welfare. I don't know if they use it specifically with elderly. But again, 478 cases, 200 substantiated for abuse means our investigation found there was abuse. 200 cases unsubstantiated means we did not find evidence of abuse. I think that's essentially what we were asking for.

MYLINDA ELLIOT: Thank you, Brenton. The terminology is not the same across all agencies.

RENODA WASHINGTON: Are there any other comments or questions from council members? Hearing none, the report requires no action will be placed on file. The next item of business is the report from the LSU Human Development Center. The chair recognizes Constance Alphonse for the report.

CONSTANCE ALPHONSE: So I'm just going to highlight some of the highlights from the last quarter for our Human Development Center. One of the things we launched an initiative for a program that we're calling (inaudible) Together. And it's where adults with disabilities come together and build friendships, practice life skills and (inaudible). So we are just now getting that off the ground. They had a couple of meetings and so we look forward to expanding that.

The back side on page two. Just another highlight. We had 53 percent. So there were 80 paycheck students last year that completed the program. Five of those once they completed the program ended up with a permanent job. And then also September was FASD awareness month. We had a campaign that promotes alcohol abstinence during pregnancy. And the director of that initiative also appeared on the news in order to share information about that. If you don't follow us on social media I encourage you to. The links to some of the campaign information on our social media pages are on the back so you can go back and look at the highlights and the reals.

And then on page three just one last update. Something that the council had talked about and kind of switched directions slightly on this. Employment First, which is an area within the Human Development Center, cohosted along with several other state agencies a virtual Empowerment through Employment conference. If you're

interested in that you can go on YouTube and you will be able to see kind of the highlights from that. That's it for me. Are there any questions?

RENODA WASHINGTON: The chair recognizes Jill Hano.

JILL HANO: Can we get the slide show from the WIPA presentation?

CONSTANCE ALPHONSE: Yes, I sent it to Stephanie.

RENODA WASHINGTON: Any other questions from council members or public comment? Hearing none, the report requires no action and will be placed on file. The next item of business is a report from Louisiana Rehabilitation Services. The chair recognizes Melissa Bayham for the report.

MELISSA BAYHAM: Thank you. I have a lot to discuss today. Lots of great things happening in LRS. As you all know, because y'all advocated for it, we received a lot of additional funding and with additional funding comes great work and responsibility. So we are definitely busy here at LRS. Wanted to start with a federal update. So our federal partners at the Rehabilitation Services Administration recently detailed to the US Department of Health and Human Services September the 10th. So statutorily, so in law vocational rehabilitation is still under the Department of Education but the staff now sit with the US Department of Health and Human Services. So far that has really operationally not meant anything to us. Meaning we have the same people we talk to at RSA, or the Rehabilitation Services Administration, but they are sitting within a different federal department now. Not sure if there might be where we report information may change. We're not really sure, but as of right now nothing has really changed for us at this point. But wanted to mention what's happening at the federal level.

For our human resource update I'm probably going to give you some numbers that are different than in the report because HR is a very fluid process. It changes every day because we are constantly posting positions, getting positions filled and all that good stuff. But just to give you just the numbers of where we are right now we currently have 165 full-time staff and five what we call WAE, which are part-time, for us, retirees. And so we have a total of 170 people on board. We also have 37 vacancies. Thirteen of those vacancies are what we call TO vacancies meaning they're funded positions. They're permanent

positions within civil service. But we're also filling 23 job appointments as well. And so job appointments are not those funded positions but they can last up to four years. So we're using those job appointments to kind of help fill the needs because we need additional staffing to be able to spend our additional funding. As of today we have 74 rehabilitation counselors on board and we have 25 rehabilitation counselor vacancies. Sixteen of those job appointment vacancies I mentioned are rehabilitation counselor vacancies. So we are really trying to ramp up and hire more rehabilitation counselors because in order for us to provide better services with the additional funding that we were given we have to have rehab counselors to be able to do that.

We did also want to mention this, recently promoted one of our rehabilitation counselors, Kelly Sky, to the district supervisor position in Lake Charles. Wanted to mention that specifically because it's been many, many months, too many months that we have not had a district supervisor in the Lake Charles region and so that position has now been filled.

Want to also briefly mention that we are working with our human resources department to draft a reclassification plan to submit to civil service to hopefully upgrade our positions for our rehabilitation counselor and rehabilitation counselor associates to kind of help with recruitment and retention. We have had several pay increases for our rehab counselors in the last year or two. But we still feel the pay for the positions are still not quite high enough. We're trying to reclassify those into higher positions to hopefully retain qualified staff longer.

And last thing on what I'll call human resources. Want to mention our New Orleans regional office, which was located in Metairie, is now located-- the address is in New Orleans but it's not in Orleans Parish. It's in Jefferson Parish. All I know is the address is New Orleans but it is located in Jefferson Parish. I don't know.

In terms of budget, have lots of numbers in there for you. But wanted to give you, which is not in your report, but some of this came from some things that were asked of me in the legislative ad hoc committee. So got some extra numbers for y'all so I'll go over those numbers instead of the numbers that are already in your report. I did a

comparison of state fiscal year 25, which was the year that we did not get additional funds, to state fiscal year 26 because that's the first complete fiscal year where we had that 4-million additional funds. Now we have the six. But just to kind of show you all with your advocacy with the additional funding what we've been able to do so far. So we increased our successfully rehabilitated closures. So that means the person went through the whole LRS process, they got a job and they maintained that job and were stable for at least 90 days. We increased our rehabilitation closures by 17 percent. We increased our referrals by 7 percent. And I have the raw numbers too if you want them but it's a lot of numbers. We increased our applications in intake by 15 percent. We increased the number of customers receiving cost services which means the number of people we are paying for services for which I think is an impactful number. We increased that number by 11 percent. We increased our client purchase service payments. So the amount of money we spent on clients we increased that by 21 percent. And I'm really proud of my staff because you find out and you get that additional money like on July 1 but then you don't have staff that you need to be able to deliver more services. So really proud of what we've been able to do so far. But we're not done. As you heard in my HR report we are trying to hire staff and our highest priorities are hiring new staff but just as importantly training those staff. Because it's great to have staff onboard, like they have to be very competent in the process to be helpful. And so those are our two top priorities.

I went over our policy and procedure updates yesterday in our education and employment committee but they are there on page two for you if anybody has any questions about any of our policy updates. For our community rehabilitation programs for the 2026 review period they did a full scale statewide programmatic review. And of those-- I don't want to read all this to you so I'll just kind of highlight in the third paragraph. The review did result in 15 of the 24 community rehab programs being placed on a corrective action plan but I don't want that to come across as something negative. This process is meant to help improve our community rehab programs because in order for us to provide quality services we depend on our vendors to be able to get those great jobs for our participants.

And so it's a collaborative process. We're trying to help them get better so that we can all provide better services to the people who we are serving. Ten of those did not meet the 55.8 placement rate and three failed to meet other standards that we have for community rehab programs. Just some numbers on how many vendors we have. We have 87 service vendors and 58 supported employment vendors.

Just a couple more highlights. For preemployment transition services we have been contracting with different entities from the state to help us provide some staff specifically for preemployment transition services to provide some of the delegable functions that we can contract out. We can't contract out all of our counseling responsibilities. And we did recently enter into a contract with the Arc of Louisiana to serve the Baton Rouge region. So we have hired three rehabilitation counselors through the Arc of Louisiana contract to coordinate preemployment transition services for the Baton Rouge region.

I've also mentioned to y'all before about Sara which is a communication software. Because of many funding contract issues that we experienced this has taken a lot longer than we wanted it to but we are finally at the point in November we will be training all of our staff on this communication software and we have a go-live target date of December the 7th.

And I have some other updates about Randolph Sheppard and independent living that you can read. But the last thing I wanted to mention is that October is national disability employment awareness month which we did get a confirmation from Governor Landry (inaudible) which it's our month so I wanted to mention that. And there's some numbers in the back for you all. We did meet our 60 and 90-day federal performance measures which means we are determining eligibility in 60 days and writing an individual plan for employment in 90 days. But that is my report. Would be happy to take any questions.

RENODA WASHINGTON: Thank you, Ms. Melissa. The chair recognizes Frank Macaluso.

FRANK MACALUSO: I just wanted to clarify the location of the LRS office if it helps if anyone knows where Elmwood is, that's where it's at.

MELISSA BAYHAM: Yes. It's definitely close to the Elmwood shopping center.

RENODA WASHINGTON: Any other questions from council members or any public comment?

EBONY HAVEN: I don't have a question Melissa. I do have a comment. I was just reading through the report, the rest of it, and I saw you guys included a success story. I just wanted to say that's really helpful and we love to see success stories so thank you for including that in the report.

MELISSA BAYHAM: You're welcome. We're going to start doing that every quarter.

CONSTANCE ALPHONSE: I know that you talked about kind of changing the numbers of WIBLs and increasing the preETS hours. What was the basis for that change?

MELISSA BAYHAM: Preemployment transition services really it's a work in progress since 2014. So I'll start with the work-based learning experiences. First of all, we made some of these decisions before we received additional funding and we're still kind of in the process of assessing our budget for preETS because preemployment transition services is in our federal allotment. And without getting into too many details we were spending our preETS money faster than our other VR funds. And so, which means we needed to slow down our preETS spending because at some point it was going to overspend. And so we were trying to figure out where to cut back there and so we cut back on work-based learning experience. Not because it's not important, because it's very important, but by in large what we were finding is when people were getting more than one experience it was not helpful situations. Meaning they had one employer who gave them two quote unquote jobs so vendors were getting two placements for two different jobs with the same employer which is not the point of the program. And so we felt that was a place that makes sense. I would prefer vendors concentrate on one really good work-based learning experience than what we were seeing.

And then that might seem counterproductive in that we increased the number of sessions for all the other four preemployment transition services. But what you don't see in there we were doing a pilot program with one of our vendors, Opportunity Next, and they were receiving 120 units. And so we ended the pilot program and the 105 really came from analyzing how many sessions people were actually receiving. So it was basically a number in more reality of actually happening. Because of the things that makes

it very difficult to plan preETS is that we have over a 50 percent cancelation rate. So when you're looking at a budget and trying to manage a budget and you have all this money tied up in obligations and they don't come to fruition it's really hard to manage a budget that way. And so the 105 came from a better analysis of what students were actually receiving. Does that make sense?

CONSTANCE ALPHONSE: Yes. Does that include though the 120 that the Opportunity Now pilot was doing? I guess was it inflated?

MELISSA BAYHAM: So the thing with that particular-- all the schools are different meaning so Opportunity Next they do what they call embedded preETS which is what a lot of our other vendors do where they're on the campus and they're there several days a week. It really depends on the vendor and the school district. Meaning some of the school districts allow vendors on campus several days a week and some they do not. So it's still very different depending on each particular situation. Which is what I don't like about preETS is because there's so many variables because you're dealing with so many school districts who allow you to do different things and so some schools it's just easier, for whatever reason, than others. It's a hard program.

CONSTANCE ALPHONSE: That kind of leads to my next question. I guess to differentiate in terms of those allocations between the WIBLs and the preETS hours because students who have more moderate to significant needs really need that time in those work-based experiences verses private instruction because they're going to learn more from being on the jobs and learning verses sitting in a classroom.

MELISSA BAYHAM: I do not disagree with you but we are not finding that a lot of our vendors, for legitimate reasons, they're not getting these experiences for our students. And a lot of the times they want to do these experiences on the actual school campus for different reasons but you're never going to have a true employment experience when you're at school. You're just not. I'm going to be honest with you. We're continuously looking at preemployment transition services because it's very difficult to manage. And what I mean by that is we spent so much time, all five of those activities have to be reported separately, and so to make anything more

complicated with the units I don't know how we would manage it. I'm not saying we won't ever. In fact, the Rehabilitation Service Administration recently put out a Dear Pauly letter about preemployment transition services that explained preETS completely different than they did before. So we really are kind of looking at our program to see how we can improve it. We're hoping to-- like we just got this Arc of Louisiana contract executed. We are thinking about doing additional contracts throughout the state with the different regions so that we can have more staff to be able to handle the administrative function that has been very overwhelming be honest with you. PreETS is fun. It's great. It's a lot of fun to administer.

RENODA WASHINGTON: The chair recognizes Jill Hano.

JILL HANO: Can you refresh what my memory was-- never mind. Can you go over the 60/90 performance report that is probably right in front of my face.

MELISSA BAYHAM: So explain the 60/90?

JILL HANO: Yeah.

MELISSA BAYHAM: So in federal rule we are required when somebody applies for services we are required to determine if they're eligible for the program within 60 days. And then once they're eligible, the date of their eligibility we have 90 days to write their individualized plan of employment. Those percentages that's how good we did. We made an A.

JILL HANO: Good job Melissa.

MELISSA BAYHAM: We didn't make an A before so we were on a corrective action plan.

JILL HANO: Last quarter?

MELISSA BAYHAM: It's been several quarters since we've been on a corrective action plan.

JILL HANO: Okay, cool. Thank you.

RENODA WASHINGTON: Any other questions from council members or public comments? Hearing none, the report requires no action and will be placed on file. The next item of business is the report of the Office of Public Health. The chair recognizes Dr. Patti Barovechio for the report.

PATTI BAROVECHIO: Good afternoon. Thank you for having us today. I'm going to report on the title five children and youth with special healthcare needs program and then affiliated programs within the Bureau of Family Health that work to support children and youth with special

healthcare needs. I don't know what color I'm printed on. Usually it's a gold color but you can find this report, it's seven pages long, so I'm just going to hit a few high points. So we have a clinical program through Children Special Health Services that works to ensure children and youth with special healthcare needs have access to the healthcare services designed to minimize their disabilities and maximize the probabilities of them reaching their full potential. And so they offer subspecialty clinics in certain parts of the state where these services are needed. And so you can find details about which regions offer and what services. But they're very variable. As long as there is community providers in the area there's no need to have these clinics.

BFH also has the medical home program which is really a lot of the work that I do. It is around building provider capacity and workforce capacity. We create trainings, toolkits, referral guides. Everything that we can do to support providers with providing high-quality pediatric primary care. And we overall are doing pretty good. We're above the national average on the national survey for children that receive care in a medical home.

We also sponsor a family resource center which works collaboratively with our Louisiana birth defects monitoring network. We do outreach to every family of a child that is born with a birth defect to ensure that they are linked timely to early intervention and developmental supports. And in addition they have expanded this population to also include children with extreme prematurity whether or not they were born with a birth defect. So that is a service we provide families and it's very successful. These families are very appreciative. And we do have documentation of strong linkage of families to these needed services. You can see over the last quarter we had 634 referrals. We engaged and worked with 374 families. And through those engagements we provided over 1400 resources.

We also work with Families Helping Families the state peer support organization. Through that we do provider education events, many, many family trainings on early childhood development and the like. They will be advertising in the upcoming months for several provider education events so I will promote those through this channel when I have notification of those trainings.

We also support the early hearing detection and intervention program which is really that hearing screening that children receive in the hospital before they're discharged. And then they also provide coordination and ensure that the child receives a hearing screening by one month, an audiological evaluation by three months and then referral and enrollment in early intervention no longer than six months of age. That program has an advisory council meeting that just met on October 23rd. But if you want more information and are interested in attending any of those advisory council meetings you can follow the email link in the report.

Again, with our EDIE program we have the Louisiana Hands and Voices which is a parent support organization. And this is for families who parent a child who is Deaf or Hard of Hearing. So there are parent guides that support families and help them link to services. And so they also provide that peer support. Really great service if you know somebody that would benefit from getting connected to Louisiana Hands and Voices. We also sponsor the genetic diseases program which provides genetic screenings for children. That's that newborn heel stick they receive in the hospital. Through that program we are able to make sure that these children who are identified with a genetic disease are linked to services.

Our Louisiana birth defects monitoring network, as I mentioned, they do state surveillance to track the occurrence of over 70 structural, functional and genetic birth defects of Louisiana residents. And this information informs the prevalence of birth defects in the state. And it is really essential to identifying issues in our communities. And so the Louisiana Commission for the Deaf is another program that functions as a principal state program that provides information and services to and for individuals who are Deaf, Deaf-Blind or Hard of Hearing. And if you would like more information on that program you can contact LCD@la.gov for more information.

And we also support the maternal infant and early childhood home visiting program which is a voluntary program that provides family support and coaching to improve the health and wellbeing of pregnant women and parenting families with young children. Families are paired with registered nurses or certified parent educators who provide personalized education guidance and

referrals to serve to empower families to reach their goals. So a lot of health coaching and developmental support over a long period of time. If you know of a family that might benefit or if you want more information on the program the email for that program is listed in the report.

We also sponsor the Louisiana provider to provider consultation line. And this is a no cost provider to provide telephone consultation and education program. So it's there for pediatric providers and obstetrical providers. They serve and provide guidance on mental healthcare planning for pediatric and perinatal populations. If you know a physician that would like to, or any type of health provider that would like to participate, they can contact PPCL through their phone number or they can reach out at the email address listed.

And then we also, because we are the title five program, which means we are a federal state partnership and we administer the title five maternal and child health block grant. And that supports a lot of this program that we just featured. And so if you want more information about title five and the programming you can reach out to title five or go to the website for more information.

Last but not least we have the young child wellness collaborative which is a cross-sector group of state agencies, health providers and family leaders. And we convene to discuss strategies to improve health outcomes of young children in the state. And if there's someone who's interested in participating you can reach out to the email at familyhealth@la.gov. And I will take any questions if there are any.

RENODA WASHINGTON: Thank you so much, Dr. Barovechio. Any questions from council members or any public comments? The chair recognizes Adrianne Burns.

ADRIANNE BURNS: I had a specific question. I forget the slide but for the early screening for hearing basically whatever that acronym was.

PATTI BAROVECHIO: Early hearing detection and intervention program.

ADRIANNE BURNS: Yes, thank you. Does that at all, do you guys link up with the Louisiana childhood lead poisoning prevention program at all? Because from my understanding my kiddos had lead poisoning from our house and what not and that causes your inner ear hair to wilt and it causes hearing loss in its own thing. So I was

wondering if lead prevention had linked up with and if so that might be something. Thank you.

PATTI BAROVECHIO: Yeah. Thank you for that comment. Lead prevention, childhood lead prevention, what used to be part of this program and now they also have an adult side to the lead program. So they combined those two programs under another bureau. But we have an audiologist and other team members on that early hearing detection and intervention program and I'm sure they link and share information and they do do some level of care coordination support for those families. But thank you. That's very interesting. I gid not realize that was a contributing factor from high lead levels. So thank you.

ADRIANNE BURNS: Thank you. They let me know about it and it seemed like we were referred through that but I was just wondering if there was a link. Thank you.

RENODA WASHINGTON: The chair recognizes Alaina.

ALAINA CHACHERE: I just had a question about the newborn heel stick screening. I was just curious as far as like the genetic, I don't know if syndromes is the appropriate term, but what's being tested on that newborn heel stick? Are there ever times where new genetic syndromes or diseases are considered to be included in that and kind of what is the criteria for maybe adding or petitioning for something to be added to the newborn heel stick?

PATTI BAROVECHIO: Well, it does go through a rulemaking I believe. But they do use the national standard. I'll try to get to that and I'll put it in the link. You can read about all of the different conditions. There may very well be. I can bring that back. I was just with the program manager for genetic diseases and I can certainly, she's on our floor, and I can certainly get you more information. But I'm going to put their program information in here. But I will send this and they can share it with you. It's LDH.la.gov/bureau-of-family-health/genetics-diseases-program. It's not an easy one to share but I'll get this to you. It's a HERSA partnership and they outline how it is administered and you can get to the information on what diseases they screen for. But it's based on the national recommendations.

ALAINA CHACHERE: I ask because my son has a genetic syndrome that is considered to be very rare but I just have

a hunch that it's not as rare as it probably is just because it manifest with a lot of autistic tendencies. So I was just curious about the heel stick. And it took us years to get his diagnosis. So had we had it earlier I think intervention could have been different for him. So that's why I was curious. Thank you, Dr. Patti.

PATTI BAROVECHIO: And I encourage you definitely reach back. And if it's something-- that's how we change rules and such and maybe expand screening panels when we hear from community. So it's really important for you to bring that up to them. So I would be happy-- they have my contact. You can email me and I'm happy to introduce you to them. If there's some sort of communication you would like to bring to their attention.

ALAINA CHACHERE: Thank you.

STEPHANIE CARMONA: I was just going to say, Dr. Barovechio, we don't have the chat enabled but if you wanted to post it in the Q and A that sends it straight to the staff members or you can send it to us in an email and that way we can get it over to Alaina so she has that address.

PATTI BAROVECHIO: It lets me open the Q and A and it does not let me enter. I'll send it through email.

STEPHANIE CARMONA: Thank you so much.

PATTI BAROVECHIO: Any other questions?

RENODA WASHINGTON: Any questions from council members or public comment? Hearing none, the report requires no action and will be placed on file. The next item of business is the report from the Office of Intellectual and Developmental Disabilities report. The chair recognizes Janae Burr.

JANEA BURR: Good afternoon. Can you hear me? I'll go ahead and share my screen. Good afternoon everyone. My name is Janea Burr. I am the waiver director for the Office of Intellectual and Developmental Disabilities Supports. Is everyone able to see the screen? I'll go ahead and just start with the information for all of you today on environmental modifications and I'll also share the information with the DD Council if that works for everyone today?

RENODA WASHINGTON: Yes.

JANEA BURR: What I wanted to go ahead and get started with there were a couple of questions regarding environmental modifications in our OIDD waivers. And we actually have four waivers but for environmental

accessibility adaptations it actually applies to three of our waivers which includes our children's choice. Our supports waiver does not have environmental modification. And we have it in our residential options waiver and our new opportunities waiver.

So I wanted to go ahead and tell you some of the general information as far as the allowable funds because we get a lot of questions regarding the amount of money. So with the new opportunities waiver it actually has a 12,000-dollar cap that renews every three years. As far as our children's choice and our residential options waiver it's actually based on the cap of the waiver. Because the children's choice waiver is a capped waiver and then our residential options waiver has capped levels. So it's actually based on those caps. But just for clarification the new opportunities waiver has a 12,000-dollar cap for environmental modifications that renews every three years.

So some of the covered services that actually are included with environmental would be some of the things that families will approach about possibly like a ramp or grab bar or things like that for the house. So that includes like, just for example, widening of doors and modifications to the bathroom facilities. You can have some training for the participant and provider in the use and maintenance of the environmental accessibility adaptations. And also some repairs related to that equipment and/or devices including battery purchases and/or recurring replacement items. That would also contribute to the ongoing maintenance of the approved adaptations.

Some of the things that I want to point out as exclusions to adaptation include that the adaptations cannot be provided when living arrangements are owned or leased by providers of waiver services. It also excludes any service warranty and contracts above those that are provided by the manufacturer at the time of purchase. Also, any basic construction cost or construction that adds to the total square footage of the home except when the additional square footage is necessary to make the required adaptation function properly.

So some of those modifications are general utilities that are not included would include flooring, roof repair, central air conditioning, hot tubs, swimming pools, exterior fencing, general home repair and maintenance. A

couple of other things that we have included there are related to like fire sprinklers, extinguishers, the replacement of toilets, septet system, cabinets, appliances such as a washer, drier, dish washer and then non-portable oxygen site and whole home generators. Those are some of the excluded services under environmental accessibility adaptations.

So I'll take a moment to talk about the adaptations to a vehicle. Vehicle adaptations refer to those modifications made to the participant's primary means of transportation. That makes the vehicle accessible to the participant and be able to accommodate their needs. Or allow the participant the ability to operate their vehicle. An assessment could be done to determine that appropriate modification is necessary for the vehicle and then of course all modifications to the vehicle must meet all applicable standards of the manufacture, design and installation.

Some of the things that are included in the vehicle adaptations would be like lifts, ramps, hand controls, some training for the participant and/or others in the use of that maintenance. And then of course any repair or equipment and/or devices including battery purchase as a result of that lift and any other recurring replacement items that contribute to ongoing maintenance of the approved adaptation.

Some of the exclusions to the vehicle would include adaptations cannot be made to vehicles that are owned or leased by paid caregivers or providers. Another exclusion is the purchase or lease of a vehicle. Regularly scheduled upkeep and maintenance of a vehicle is also excluded as well as car seats and service warranties and contracts above those that are provided by the manufacturer at the time of purchase.

So I wanted to take a moment here to talk about the process steps for when someone is requesting environmental accessibility adaptation. Because it is a process and it really starts with the individual and/or family notes that they actually want to get some type of equipment or something in the home to make it more accessible. So the request is made to the support coordinator. And all of those three waivers should have a support coordinator who will be able to confirm first if that request for what they're asking for is covered under durable medical

equipment. So if there's anything with state plan services that would cover it we would definitely explore that first.

The support coordinator will also confirm if there's a balance of funds. Like I mentioned earlier for the new opportunities waiver there's a 12,000-dollar reset every three years. So they would check to make sure there are available funds prior to sharing the actual environmental modification freedom of choice lift. Which is on our website which we keep a freedom of choice for all of our providers across the state. The individual and/or the family would select a provider that they're interesting in doing the job. They would schedule that visit and they would get an estimated bid for the amount of the work. The selected provider would submit that estimated bid to the individual, family and support coordinator. At this time the support coordinator will develop a revision and a job completion form. Those are forms that we have within the Office of Intellectual and Developmental Disabilities Supports. There are certain sections on the job completion form that would be initiated by the support coordinator but they would have to obtain signatures from the provider as well as the individual and/or family. Once all of those signatures are completed the freedom of choice is linked as far as this is the person that the family wants to move forward with. The support coordinator will submit all of this documentation to the local governing entity for pre-approval. So the LGE is going to get all of this documentation. They're going to get the job completion, the signed revision. Everything has to be signed by the provider, the individual and/or the family. And the LGE will then review and they will grant a pre-approval to initiate the work.

There's a section on the job completion that the local governing entity will issue a pre-approval so the job can start. Once this is done the support coordinator should contact the individual, family and provider to let them know that the modifications can begin. Once the job is completed the provider has a section of that job completion form where they'll say that the job started on this date and they'll also sign that the job was completed and they'll also obtain signatures from the family. Once that's done the support coordinator will verify the work has been done and obtain the final signatures saying the individual

and/or family accepts the work that is done. Once that is done the support coordinator will send all of the final job completion forms to the local governing entity. The local governing entity will receive that job completion form and they will issue the final prior authorization.

So that was a lot of steps that I talked about but the facilitation of this actually starts with the support coordinator once they are informed that someone is interested in environmental modification or vehicle modifications. It's very important to note also that the plan of care year is extremely important from when the job is started because you want to get all of the services, all the job, everything completed before the end of the plan of care year. So plan of care years are a year. So if someone has work to be done it would be in the best interest that the support coordinator also talks about we're at this point in your plan of care year and they would also explain that to the provider so everything can be completed before the end of the plan of care year. Are there any questions for me?

RENODA WASHINGTON: The chair recognizes Bernard.

BERNARD BROWN: I can run through some of our hot topics and some report outs for OIDD if we're ready to do that? Unless y'all asked me a question that I missed. Did y'all ask me a question?

RENODA WASHINGTON: I thought you just wanted to add a little addition to what she stated. Let's get questions for her.

BERNARD BROWN: Yeah. Whenever y'all ready.

RENODA WASHINGTON: Any questions from council members? I think we had Adrianne Burns.

ADRIANNE BURNS: I wondered so sometimes-- and this process does take years I believe. I'm not sure if I have a support coordinator and what not. My question is if you need training on how do you use your equipment and how do you go about accessing training? Thank you.

JANEA BURR: Hello Ms. Adrianne. This is Janea again. That can be part of that environmental adaptation. The accessibility that can be part of it as well if training is required. It can be part of that as well for waiver. And I certainly don't want anything to take years so I wanted to make sure I made that point about it should be in one plan of care year that this all occurs because you don't want it to carry over.

ADRIANNE BURNS: My son is five and it took us about three years to get our car seat modifications but it was a bunch of things. I don't know how to install it and when it was given to me they were like because of liability we don't install it. And I don't know how to do it. But my son basically he's an elopement risk in all possible forms. Like he will get out of the car seat while we're on the interstate and I will have to pull over. And he has a sister and they do it together. They're just up to mischief. This was supposed to be a car seat where he couldn't get out of it but I just don't know how to install it. I was wondering if accessing training was something I needed to ask for.

JANEA BURR: Well, that is something-- you said it was a couple years for this to happen?

ADRIANNE BURNS: Yeah. It took a bit of time because they-- sorry, I don't want to take up time on just my thing.

JANEA BURR: Ms. Adrianne, I can share my email and any notes that I shared as well as the power point. I can make sure you have my email and then I can assist as needed.

ADRIANNE BURNS: Thank you.

RENODA WASHINGTON: Any other questions from council members? Or public comment? The chair recognizes Bernard for the report.

BERNARD BROWN: All right. Thanks, Janae. Hopefully you stay on in case some people have questions that may pop after some of our discussion with the report out. So first I want to talk about Derrek's promise task force. I think I mentioned this last meeting. But this is a task force that was enacted or created by Rep Butler. It was HCR67. It was in the last legislative session. And the goal of the task force was to study gaps in acute care access. And what I mean by acute care is basically like hospitals, ER admissions, doctor visits, physical therapy, occupational therapy, speech, outpatient services. All of the non-waiver services that exist. And study the gaps in those areas for individuals with IDD. And come up with a report making recommendations on ways to address those and truly develop a coordinated system of care.

We've had two meetings. We had a meeting in September and another in October where we discussed some of the issues that were identified and we actually reviewed data that was comparing inpatient admissions and ER admissions of individuals with developmental disabilities to Medicaid

recipients without developmental disabilities. And focusing in on diagnosis and differences and consistencies across both populations. As well as average length of stay and readmissions or multiple ER admissions in the same year.

Interestingly enough there was not much change in terms of ER admissions nor average length of stay. What was interesting however was the amount of times the DD population returned to the ER verses the non-DD population as well as some of the diagnosis for ER admissions related to DD verses non-DD. That was pretty interesting. But saying all that to say that this task force is a fantastic opportunity for you all to kind of hear some of the talking points outside of waiver as it relates to individuals with DD. There are legislators on the task force. There's appointees that range from Medicaid director, secretary LDH, physicians who support individuals with DD, community providers, family members of self-advocates as well as legislators. Senator McMath is on the task force. Rep Butler is on the task force as well as Rep Andy Spell. So it's a really good task force. It's virtual now so the Teams link and all that will be posted not only on the OIDD website but also on the legislative website. And the DD Council will have it to blast as well. The next meeting is scheduled for November the 17th at 9:00. Once we get everything formalized as far as an agenda we will send that out. We hope you guys can join. We do allow for public comment obviously and we actually open it up during topics (audio dropped). So you can look out for information for the November meeting.

Rate increase. Ebony already kind of touched on it. The rate increase went into effect October 1st. It was a 3 percent rate increase across all of the services that were identified in the Milliman rate study to receive an increase. That's important to point out because in the rate study that service wasn't slated to be increased. That service was not increased by the 3 percent in this October 1st increase. Also, as she touched on with the wage floor. We adjusted the wage floor 3 percent as well commensurate with the rate increase to where the new wage floor will be, key word will be, $9.27 on OIDD's side. And I say will be because we have to promulgate to amend that rule which takes 90 to 120 days depending on the level of feedback or public comment we receive. So once that rule

is finalized that will be in affect and you should be able to see and hold providers accountable to the $9.27.

Another big piece of news effective October 1 the Office of State Healthcare Facilities was created. This facility will oversee all the state healthcare facilities including Pine Crest and Central Louisiana Supports and Services Center. What does that mean for you all as well as OIDD. We're still working closely with the Office of State Facility and per statute we still have programmatic oversight over ICFs including Pine Crest and Central Louisiana. However, day-to-day operations will be managed by the Office of State Healthcare Facilities. Again, that means ELMs which is the East Louisiana Mental Health Facility, (inaudible) which is the state ran nursing home, Central, Pine Crest, Central Louisiana. All of those will be managed under this one office moving forward.

Lastly, as far as hot topic updates. The Early Steps single point of entry change. I think we put out the press release last week that OIDD is transitioning entry, just entry, for the Early Steps Program to our OIDD regional operations. So essentially what's happening is the intake when you get referred to Early Steps the person that does that is now going to be the same person who does DD eligibility which is the LGE. Instead of going to two separate entities for developmental disability services you will go to one place. So if you're in region two instead of going to the region two Early Steps intake person you will go to Capital Area. So on and so forth. So streamlining this. There will be no interruption in services during the transition period. Full go live will be effective April 1. The question that we received before was impact to existing Early Steps recipients. There will be no impact to the existing Early Steps recipients. This will only be a change, technically can't even call it a change, it will only be a change for people who are requesting Early Steps services for the first time. So all the numbers will be updated. All the referrals will be updated. They will not know what was before. They will only know the new process. And that's it for hot topics. I guess I'll stop there and see if there's any questions before I jump into some other areas.

ALAINA CHACHERE: Hey Bernard. I was just curious do y'all have-- in theory it sounds great and it would be nice just to go one place speaking as a parent who went through

the process. But do y'all have a plan B if this doesn't work? Like if it doesn't work how y'all are expecting it to, and maybe if it's too much of a burden on the LGEs to be able to do the screening process, what's the plan? Do y'all have a plan?

BERNARD BROWN: Yeah. So I just hit the high points Alaina. As part of this consolidation we're hiring dedicated Early Steps staff for intake so it's not adding additional duties to the LGE without the resources. So they will be staffed up with staff just doing Early Steps. So there shouldn't be any shock or any kind of hit to the normal operations. Like we're literally gearing them up to support this.

ALAINA CHACHERE: Okay. Thank you.

BERNARD BROWN: Yes, ma'am.

RENODA WASHINGTON: The chair recognizes Adrianne Burns.

ADRIANNE BURNS: That sounds incredible first of all. Like truly if there were a possibility to make it retroactive that would also be incredible but I understand. I guess what I'm asking or what I would like to ask is so child search, how Early Steps refers you to child search I guess I'm kind of asking would it be similar? How does that fit into there or does it because that's how it stems to the education world if that makes sense?

BERNARD BROWN: Good question. I don't have the answer to that but I can find the answer for you. I don't want to misspeak.

ADRIANNE BURNS: But that's great work.

BERNARD BROWN: I don't know where that falls if it's in the intake piece or post eligibility. Like I don't know where it falls to answer that for you so I'll find it and I'll get it to you.

ADRIANNE BURNS: Thank you so much.

BERNARD BROWN: Yes, ma'am.

RENODA WASHINGTON: We will take a break at this time. The report requires no action and will be placed on file. It is now 2:40. We will reconvene at 2:50.

{Break}

RENODA WASHINGTON: It is now 2:51. The meeting will come to order. The next item of business is a report from Bureau of Health Services Financing. The chair recognizes Brian Bennett for the report.

BRIAN BENNETT: Hi everybody. Also, just for those of

you who don't know, technically our agency is the Bureau of Health Services Finance. That's what we call ourself but we are the state Medicaid. Just wanted to say that. Because most people know us by Medicaid services financing. So I'll start off sharing a few highlights towards the front of the report. I'm not going to go into too much about community engagement requirements because we had a presentation on that at the last meeting and I think we covered it. But two or three things that I want to highlight. The blue banner that's in the middle of the section I wanted to kind of point that out. But I think most of the people that are hearing this or if they're in this group won't be affected by this. This only affects our adult expansion population. So if you're on a waiver, if you have a disability, if you're a child this is not going to impact you. It will impact working adults in our expansion group though.

We have been sending out letters and post cards for those that are impacted and then the official start to the requirement is in January for those renewing in January. So I know this is a little complicated but for those renewing in January we actually send out the paperwork and all the letters in November. So the first letters for renewals that will contain information about the community engagement requirements if those apply will be sent out starting November for those renewing in January.

The next thing, the Healthy Blue transition. I mentioned this yesterday during our committee meeting. But effective January 1st they will no longer be one of the Medicaid health plans. So we will have four MCO plans starting January the 1st. So any of the Medicaid members that are with Healthy Blue you should have received a letter notifying you of this and also with instructions to select a new health plan. We opened up a special enrollment period for those Healthy Blue members to select a new health plan. And then we're currently in that enrollment period. It started October 15th and that will go through November the 16th. So there's about a month of time if you got a letter you can call in or go online and select your new plan. And then for those that do not select the new plan they will be auto assigned to one of those four plans Aetna, AmeriHealth, Humana or Louisiana Healthcare Connections effective January 1st.

And for those that have the electronic copy or if you

want to review the report online later I included links throughout. For example, in this section I'll link the press release which reiterates what I just said. And it also has the information to call if you wanted more information about the plans or to make a selection for your plan. It tells you how to do that.

The next thing, I had mentioned this for a while. I kind of stopped including it in the report but it's back again because we're very excited that we finally got approval of our reentry demonstration waiver with CMS. This is our reentry demonstration waiver which allows us to provide up to 60 days of Medicaid coverage of select benefits to those that are incarcerated before they are released. We submitted this application to CMS back in 2024 and we finally got our approval letter in September. So we're very happy with that. We are working closely with the Office of Behavioral Health and the Department of Public Safety and Corrections to roll this program out. We are going to be putting it in all the state prisons and a handful of parish jails at least initially. And we hope to launch it at the first prison in April of 2027. That's what we're working for now. But the ultimate goal of this is to get everybody as they're getting ready to be released, get everybody signed up for Medicaid, offer them-- it's a limited service package before they release to kind of help bridge that transition from incarceration to when they're released back to the community to try to set them up for success. And make sure at the very least (inaudible) when they transition out. So that's going to be one of the main things that we work on over the next couple of months.

Our Medicaid annual report. This is for state fiscal year 2025. We published that and I have a link to it if anybody wants to look at that. It has a lot of data in it. If you love data you will like looking at the report. It's got data on Medicaid enrollment expenditures. Where we're spending money in the Medicaid program. And we tried to revamp the report this year. In years past I think we had 60 to 70 pages of tables and text and graphs. We tried to shorten this one. Condense it a little bit to make it more user friendly and put more infographics to make it a little more easy to digest for the average person. So that's available online if anybody would like to take a look at that.

And then the last thing I want to highlight is one of

the state plan amendments that is working its way through approval. Act 190 from the last legislative session allowed us to start offering postpartum home visits through Medicaid. The actual legislation required it of all insurers in Louisiana. So it's not just Medicaid. It's also private and commercial. But we will begin offering that coverage in January of 2027. So just after the new year. For any postpartum member that's enrolled in Medicaid when they return home after giving birth they can receive up to four visits with a nurse in their home. Again, to try to ease that transition, answer questions, provide guidance. Anything that they probably would have asked or needed in the hospital that nurse will then be available to do home visits to kind of help support the mom and baby.

The rest of the report is kind of the same thing I've always included. It's highlighting some of our different programs. But the one thing that I kind of changed a little bit is on the very last page in our targeted case management services. I broke out the three different case management service programs that we have. These are all outside of waiver. But we have EPSDT. And I know we don't like to use alphabets but I promise you saying it out in full, early periodic screening diagnosis of treatment is a lot more difficult. But if you ever see the word EPSDT basically what that means is children. Part of the children's Medicaid benefit. We have our EPSTD group which is those children that are on one of the OIDD registries but not yet in a waiver or any child who meets the definition for children with special needs or complex medical needs and receive that type of case management.

We have our youth reentry case management which we stood up about two years ago. I'm sorry. Summer of 2025. So that's similar to what I mentioned earlier but it's targeting youth primarily in juvenile justice facilities that provides case management just prior to and after release from incarceration. And then finally our ventilator care coordination which provides specialized case management to those who require a ventilator. Happy to take any questions if anybody has some.

RENODA WASHINGTON: Thank you, Mr. Bennett. Are there any questions from council members or any public comment? The chair recognizes Adrianne Burns.

ADRIANNE BURNS: I didn't see it on there but for the

new changes, the work changes what I had seen in other places though before that it does include parents or the primary caregiver of children under the age of 14. Would that still be accurate or?

BRIAN BENNETT: Ms. Burns are you talking about would they have to comply with that or would they be exempt from it?

ADRIANNE BURNS: Exemptions.

BRIAN BENNETT: Yes. You're right. They would be exempt from that. If you look at that blue box that's kind of in the middle of that section it list a lot of the groups that are exempt. So yes, if you're a caregiver of a young child or an individual with a disability those individuals are exempt as well.

ADRIANNE BURNS: Okay. And they'll let us know how to comply with letting them know or do they just already know? Like I have a child that's not in school. I just want to make sure I'm doing what's right.

BRIAN BENNETT: Yes. They will provide instructions. I believe for the caregiver exemption there's a self-attestation form.

ADRIANNE BURNS: Got you. Thank you.

RENODA WASHINGTON: Thank you, Ms. Burns. Are there any other questions from council members or other public comments?

BRIAN BENNETT: I just wanted to add. I forgot about this. That we had some discussion in the last council meeting about dental services. So I developed a one-pager and we'll push this out for DD Council and then I'm also going to share it with Bernard's team so he can share it with the support coordinators that work with our waiver participants. Basically just it walks you through how to find dentist and how to get an appointment scheduled so that mainly what I want from this is we setup this service a couple of years back so we don't want to have this service and have people that they don't know how to access the service or they might not even know the service exist. That's kind of what I heard from the last meeting so we put together some information that we'll be sharing on that. So lookout for an email on that. And then again, we're also going to share that with support coordination agencies so they'll be aware of that.

RENODA WASHINGTON: Awesome. Thank you so much for that. Any other questions? Discussion? Hearing none,

the report requires no action and will be placed on file. The next item of business is a report from Disability Rights Louisiana. The chair recognizes Ashley Volion.

ASHLEY VOLION: So I am just going to give you all some highlights. So this quarter we have focused a lot on our voting accessibility policy and community engagement initiatives. Right now we're preparing for the November and December elections with a focus on making sure that people in our community know how to exeresis their right to vote. And we have partnered with the Governor's Office on Disability Affairs to do a one-pager on information that we can share with the public to tell them about how to cast their ballot in the most appropriate way.

I have done three different voting accessibility trainings this quarter. One with the Louisiana Hispanic Association and then the others with Families Helping Families of Southwest Louisiana and Families Helping Families in region seven. As well as I did one with region three last week that isn't on this report. And before the election we contacted the Registrar of Voters Office to make sure that any of the problems that were present last election were taken care of and we received reports that they were. So that was really positive.

And then I presented at GODA's conference on how to effectively tell your disability story to policymakers. When it comes to our Community Living Ombudsman Program or CLOP during this current year CLOP serviced 3,877 people living in 475 community homes across Louisiana. And staff completed 1,669 visits and recorded 9,965 resident contacts and 745 resident complaints.

Going along to Supported Independent Living Assistance Program. During this year SILAP served 49 individuals helping them remain in the community and addressing concerns effecting their daily lives. This assistance included improving living environments, conditions, vocations and accessibility needs. And SILAP also helped individuals improve their relationships with their support coordinators, providers and regional offices. Offering additional service hours through different waivers, relocate to new housing and coordinate visits with family and friends.

And then the last program that I'll discuss is our Financial Access Inclusion and Resources Project. FAIR continues to support individuals with disabilities before

returning to the community after incarceration through a comprehensive case management and financial coaching process. And during this time period during this year FAIR provided information and referrals to 128 individuals in case management and financial coaching to 66 active clients. And just to highlight a few of these active clients 44 percent increased their income while participating in FAIR with a combined increase of 29,098-dollars per month. That's combined. And 32 entered the program with existing debit. Of those clients 18 or 56 percent reduced their debit by a combined total of 40,718-dollars during the period. And only four of our clients were reincarcerated.

I'm sorry. I said that was the last program but our CAP program was actually the last program I'll talk about. So CAP staff are currently serving 48 clients. And Janine Duron played a key role in organizing the virtual Empowerment through Employment conference on July 28th. And the conference was co presented by Bayou Land Families Helping Families, the Statewide Independent Living Council, the Human Development Center LSU Health and LDH's Office for Individuals with Developmental Disabilities. The conference brought together 209 participants and received very positive feedback on its content and professionalism. And a recording can be found at this link at the bottom. So now I'll take any questions that you guys may have.

RENODA WASHINGTON: Thank you so much, Ashley. Are there any questions from council members? Any public comment? Hearing none, the report requires no action and will be placed on file. The next item of business is the report from the Department of Education. The chair recognizes Hilary Robinson for the report.

HILARY ROBINSON: Okay. Good afternoon. My name is Hilary Robinson. I am the supervisor of data policy and reporting for the Louisiana Department of Education. Before I get into my report I just want to say thank you for the opportunity to serve today as a proxy for Dr. Lauren Wells. I have been following DD Council for about six years. I've spent ten years of my career in special education. Four as a teacher. Three years as an IEP facilitator for Louisiana School for the Deaf. And the remainder of my career as a director of special education. Through that time it inspired me to become an attorney

because I witnessed firsthand some of the struggles and discrepancies that this population endures. So again, it's truly an honor to be here today to report on behalf of the department and to keep you guys abreast of what we have going on.

So the first thing I want to discuss on the report is our SEAP council. SEAP stands for Special Education Advisory Panel. The most recent meeting was held on September 2nd. The main focus of this meeting was to introduce our target for the SPP which stands for state performance plan. The federal government requires each state to submit a state performance plan every six years. So we are concluding our sixth year. With that being said, we have to set new targets for our next cohort of six years. And these targets were introduced to the SEAP council on September 7th. Recently last week we held a workgroup with a variety of stakeholders to actually talk about the number that measures the target and that number will be given out at the end of the month for public comment. So if you look on our website you will be able to keep track of the targets set.

We also discussed communication processes to strengthen local stakeholder engagement. One of the things that the department is focusing on is field support which is giving hands-on person-to-person support to LEAs in the event they need the support. We got the feedback that they didn't get the support that they needed in the previous years so our team specifically has completed over 300 visits to local school districts to provide supports to the stakeholders in special education. Our next SEAP meeting is November 4th. It will be held at the Claiborne Building downtown if you are interested in attending. The meeting starts at 9:00 a.m.

The next great event that was held at the Department of Education was our diverse learners leadership collaborative. And this collaborative we invited all the special education directors of the state which included more than 145 participants. During that time there were sessions that involved family engagement including Families Helping Families as well as learning IDEA aligned behavioral practices. A lot of feedback that we have been receiving from the special education directors was that all schools needed support with the increase in behavior infractions from students with exceptionalities. So we

provided some hands-on training to address those needs. Also, another session that was held was around dispute resolution. Dispute resolution was an area on the previous SPP that our state had a very high percentage in so we made sure to include a session to address those needs. The day ended with leadership identifying ways they could take those strategies back to those districts and apply it to the outcomes for our students with exceptionalities in Louisiana.

The next area is pupil appraisal. So pupil appraisal is the area designated in bulletin 1508 which is the determination process of how schools identify students with exceptional needs. So we have actually three institutes. The first institute were for districts, local school districts. The second was for charter school districts. And we actually held an individualized one for NOLA public schools which is the area that has the highest charter schools in the state. Each one of those institutes allowed pupil appraisal support teams to ask any questions that they may have to get feedback from our team on how to address the 1 percent requirement as well as any questions on how to make sure that students are eligible for alternate assessment. As you may know alternate assessment is the LEAP test that provided for students who are in self-contained or severe and profound classrooms.

And the last great event that was held at the department was English language learner institute where all of the state's English language learners directors learned hands-on from our wonderful chair Dr. Alexander Chenevert on how to implement best strategies to make sure that the students who are English language learners have equal access on state assessments. This was an all-day event. There will be two more English language learners institutes held at the Department of Education. The next one is in January. So that's all I have if you guys have any questions.

RENODA WASHINGTON: Thank you so much, Ms. Robinson. The chair recognizes Stephanie.

STEPHANIE CARMONA: So for the stakeholder workgroup for the state performance plan that was just held can you tell me when that was?

HILARY ROBINSON: It was last week October 21st from 9:00 a.m. to 2:00 p.m.

STEPHANIE CARMONA: How are people selected for this

workgroup? Was there an application process?

HILARY ROBINSON: We have a mass directory of all stakeholders in the State of Louisiana and they were randomly picked. I would like to compare it to when a jury is picked. It's supposed to be a fair cross section of the community so it has an accurate representation of stakeholders. So we did a fair cross section of the directory of all stakeholders in the State of Louisiana. That included parents of students with disabilities. It included independent (inaudible) who have their own private practices and do evaluations for students. It included district workers. It included speech pathologists. It was a wide variety of stakeholders.

STEPHANIE CARMONA: Okay. And then for the public comment portion how is the public comment going to be received? Is it a survey? Is it by email? How are y'all receiving that public comment?

HILARY ROBINSON: The targets will be put on the Louisiana Department of Education's website. From there it will be a link to where anybody can go in and make public comment. I don't have the exact date yet because it's pending the next workgroup. But the date will be communicated across the state. Once it's released you will have the opportunity to make public comment on the targets.

STEPHANIE CARMONA: And then the second workgroup is the same representation within the first workgroup?

HILARY ROBINSON: Yes.

LANDON HANKS: Ms. Robinson I appreciate your time here but I do have a question about the special education panel. The next time they plan to convene (inaudible)?

HILARY ROBINSON: Yes. It's open to the public. It's November 4th and starts at 9:00 a.m. And it's at the Claiborne Building downtown. I think the address is 1201 3rd Street.

LANDON HANKS: Can you tell me again what will be discussed?

HILARY ROBINSON: The results of the workgroup. And in that workgroup they voted on target sets. Meaning they voted on the percentage or the way to measure the targets for our next six years.

LANDON HANKS: Okay. Nothing further madam chair. Thank you.

RENODA WASHINGTON: Thank you, Landen. The chair

recognizes Alaina.

ALAINA CHACHERE: So I have our community input from setting our advocacy agenda and we have a lot of regions reporting noncompliance. Just one summary says schools repeatedly breaking special education laws and ongoing problems with their schools. And then also another one that popped up was shortened days for students that wasn't necessarily written in the IEPs. It's more of the schools requesting it based on staff shortages. And I was just curious if there was any sort of reporting from the districts or schools that y'all are aware of on how many students' days are shortened and why they're being shortened. And if that issue was being addressed as a department. Because we're hearing a lot of feedback community wise people are having those issues in their region.

HILARY ROBINSON: Thank you for your question and for your feedback. First to address the noncompliance issues. As I mentioned earlier in the report according to our SPP Louisiana had a high percentage in dispute resolution so we are aware of that which is why we provided hands-on training during our session at the collaborative. Also, our legal department hired quite a few more attorneys to address those needs. They were short staffed the last six years so that's another way that we're combating those compliance issues. As far as the time and instruction being decreased or modification at the district level we haven't received a report to indicate how much that has happened. But we did receive a public records request from a stakeholder that the legal department is working to address. I don't have an answer of those numbers but I know that a public records request was given to the department.

ALAINA CHACHERE: Okay. Is there any idea of when that might be?

HILARY ROBINSON: I don't know because I know we received it maybe two or three weeks ago. And depending on the scale of numbers that they have to report it can take from weeks to three months. I can't give a timeline on that but we do have to answer that public records request.

ALAINA CHACHERE: Is there a timeframe that you have to answer it within?

HILARY ROBINSON: It depends on the magnitude of the request. So some requests we're able to answer in one day but when it's a large scale of data it may take two to three

months.

RENODA WASHINGTON: The chair recognizes Constance Alphonse.

CONSTANCE ALPHONSE: What are districts required (inaudible)?

HILARY ROBINSON: As far as discipline it's just seclusion and restraint and they have to do a yearly report. That report was just finalized last week and will be reported on the Department of Education's website. Previously we were mandated to report to the legislators but from this past session it no longer has to also be put in a legislative report. If you check the website maybe in about two to three weeks you'll see a seclusion and restraint report but it's 25/26. It's always a year behind. So you won't see 26/27 until next year.

CONSTANCE ALPHONSE: We all know the old LDOE website was interesting. I'm finding that I have a hard time-- I was able to find (inaudible). I cannot find things as easily. Where is this report?

HILARY ROBINSON: My best practice to recommend to you is to use the search bar and just type in seclusion restraint report and it will bring you straight to it. Because there are so many different divisions within the department it is very difficult to navigate the website just by clicking through. So my recommendation is just to use the search bar and you'll be able to see the reports from the previous years. And when the new one is updated you will see this years as well.

CONSTANCE ALPHONSE: You said the only thing that discipline data you all collected were seclusion and restraint. Do guys not collect data on suspension for students with disabilities?

HILARY ROBINSON: So I'm using the indicators for the SPP on the federal level. They do have expulsions as it pertains to students with disabilities and the disproportionately but right now we're working on that six-year closeout which requires seclusion and restraint. That's the federal report indicator.

CONSTANCE ALPHONSE: At a state level you're not collecting like suspension data because it's not directly tied back?

HILARY ROBINSON: We're reporting it for the state report, not for the federal report. But currently we're working on the federal report because the six-year cohort

is ending. The state performance report will not be released until next year.

CONSTANCE ALPHONSE: Thank you.

RENODA WASHINGTON: The chair recognizes Adrianne Burns.

ADRIANNE BURNS: I'm not sure which report. I didn't catch exactly which report this was included in. But you mentioned a rise, a notation of a rise in behavioral issues. I was wondering are the behavioral reports, like incidents or what not, I was wondering if you guys had the types of issues and if elopement was one of those with the risks and everything?

HILARY ROBINSON: So what I mentioned earlier was that the stakeholders reported an increase in behavioral incidents with students with disabilities or exceptionalities. They did not go into detail as far as the types of behavior infractions that increased, just an overall increase in all behaviors. In turn to support them with those behaviors we provided in-house training at our special education collaborative held at the department.

ADRIANNE BURNS: Okay. Thank you. I was just wondering if they also kept in-house like what the behavioral issues that were most presented.

HILARY ROBINSON: I will say that when I attended the pupil appraisal summit for NOLA PS and their charter schools I did hear some of the directors speak of elopement but only for early childhood grades PreK through three or four. We didn't really hear much about it at the middle school or high school level.

ADRIANNE BURNS: Okay. Thank you.

HILARY ROBINSON: No problem.

RENODA WASHINGTON: Thank you, Ms. Adrianne. The chair recognizes Stephanie.

STEPHANIE CARMONA: Sorry. I just have one more question. For the statement of (inaudible) is that open to the public? Thank you.

RENODA WASHINGTON: Any other questions from council members or public comments? Hearing none, the report requires no action and will be placed on file. The final item of business is the report from the Governor's Office of Disability Affairs. The chair recognizes Ashley Allen for the report.

ASHLEY ALLEN: Hey everybody. Thank you so much. My name is Ashley Allen. I'm the GACDA cochair and I'm

presenting for Liam Doyle the executive director of GODA. The Governor's Office of Disability Affairs recently partnered with Disability Rights Louisiana, which Ashley touched on a little bit earlier, and Dr. Miranda had the state ADA coordinator to create the informational flier centered around voting accessibility and the importance of having a plan to vote prior to election day for people with disabilities. The flier is on page two. It went out in the GODA newsletter in October. And it was added to the GODA website for anybody that needs it. And was also reported prior to the start of early voting and election day on the governor's programs and planning social media pages.

Also, the 2026 GOLD awards and art contest which will be held Wednesday December 2nd has a submission deadline of Monday November 2nd. If you guys know anybody that would be a great candidate for any of those awards that's also on the website. We would like to welcome any and all nominations for these great people.

As far as GACDA goes, the Governor's Advisory Council on Disability Affairs has been participating in a roadshow program where GODA staff and GACDA members meet with members of various disability awareness committees and local stakeholders. The intent of these meetings is to meet community members where they are and assess how we can be of assistance with their projects as a state agency. Additionally, the GACDA meeting following these visits serves as a way for local agencies and stakeholders to come together in one meeting and share their projects and progress with one another and remove some of the natural silos that can occur.

Our next stop for the year in this roadshow and the final GACDA meeting will be in the Shreveport and Bossier area and will take place on Monday November 16th, 2026, at the Billberry Park and Recreation Center in the multipurpose room which you can see the address here. It's 1902 Alabama Avenue in Shreveport. It's from 9:00 a.m. to 1:00 p.m. So that should be great. Really looking forward to it. Looks like they're going to have a really good turnout from people in that area there.

The GACDA subcommittees held our first round of meetings on September 1st and 2nd of this past month. The next quarterly meeting will take place Wednesday January 6th of 2027. And all three subcommittees of

accessibility, emergency preparedness and accessibility will meet on that day. And that is all I have for GODA and GACDA.

RENODA WASHINGTON: Thank you so much. Are there any questions from council members? The chair recognizes Stephanie.

STEPHANIE CARMONA: What are the three subcommittees? Accessibility is listed twice so I just wasn't sure.

ASHLEY ALLEN: Transportation is the other one. I should have caught that and I didn't. It's accessibility, emergency preparedness and transportation. Which is the most talked about for sure is transportation.

RENODA WASHINGTON: Are there any other questions from council members from the report? Any public comment? Hearing none, the report requires no action and will be placed on file. At this time we will have public comments. The public comments can be on any area of concern or question. Each person will be recognized by the chair and will have three minutes to speak. I specifically want to go back to when Bernard was speaking if anybody had any further questions for him you can go at this time. The chair recognizes Jill Hano.

JILL HANO: Will you email me that manual we talked about Bernard?

BERNARD BROWN: Yep. I already sent it. It should be coming shortly.

JILL HANO: Okay. Thank you.

RENODA WASHINGTON: The chair recognizes Mylinda Elliot.

MYLINDA ELLIOT: I have a couple of things if possible. You were going to email me the information around self-direction about the policy at the meeting Bernard.

BERNARD BROWN: You never received it? Let me check with the folks from the follow up and make sure you get it Mylinda. But it is on the website too but I'll make sure you get it.

MYLINDA ELLIOT: I couldn't find it.

BERNARD BROWN: No. It's all good. I got you. I thought you got it already. My apologies.

MYLINDA ELLIOT: The other thing was an observation. Right now one of the responsibilities under early intervention in Early Steps is the linkage with the local education agencies. So I assume that the LGEs are taking over those responsibilities, they're going to do that as

well?

BERNARD BROWN: Yes, ma'am.

MYLINDA ELLIOT: I was just making sure. Thank you.

RENODA WASHINGTON: Any other comments? Thank you everyone for your comments, questions and concerns. At this time we will now have announcements. The chair recognizes Ebony for the announcements.

EBONY HAVEN: Hello, again, everybody. I'll make it quick. I know it's almost four. On your agenda I just want to remind all the council members, and I will send out a reminder through email, that you are required to complete the Louisiana ethics training every year by December 31st so please make sure you complete that training. Again, I'll send out an email with the link so that you're able to log on and complete that training by the 31st.

Also, we are having our council retreat January 26th. So that is going to be in person. Just a reminder. Even though this meeting was in person the January meeting is in person as well. And then we'll have two back-to-back virtual meetings in April and July.

And then our next quarterly meeting is right after the retreat the 27th and 28th. And I think that's all I have chair. One more thing. Surveys in the back of your folders. Please fill those out. We love the feedback as staff. We want to make sure our meetings are running well and efficient and making sure you guys have everything you need. So please fill out your survey before you leave and you can leave it on the table.

STEPHANIE CARMONA: I have one more announcement. We sent out an LADDC on I want to say Monday or Tuesday. We are now in the federal reporting period. So our program performance report is going to be coming up. I've already started working on it. So we sent out a survey. If you have participated in any of our council activities, that includes any LaCAN activities such as a roundtable, Partners in Policymaking, going to the capitol, et cetera please, please, please fill out that survey. You can find it on our website or on social media. So please fill it out. It does help us report on that information.

RENODA WASHINGTON: Thank you, Stephanie. The chair recognizes Frank.

FRANK MACALUSO: Are any of these power points going to be sent to all of our emails? Just wondering.

EBONY HAVEN: Yes, Frank. I know the power point

yesterday from Dr. Angelocci was sent to Stephanie. We'll get that sent out. And then the one that Janea shared earlier about the environmental modifications we'll get that one sent out as well.

FRANK MACALUSO: Thank you.

RENODA WASHINGTON: Thank you, Ebony. Is there any further business? Thank you, everyone. Thanks for our virtual participants. Thank you to our council members. And thank you to our guests. If we have no other business we will now adjourn the meeting at 3:42. Thank you all so much.