JILL HANO: We're still waiting for a quorum and we're actively working on it so we will let you know shortly whether we will continue.

PATTI BAROVECHIO: Jill it's 4:35. Do we have someone who has RSVPed positively and we're just waiting for them to attend?

BRENTON ANDRUS: To answer your question Patti, we did have people RSVP so we're trying to figure out what has happened. And I think, per the rules, we try to establish a quorum for 30 minutes before we end up having to cancel the meeting. So we have about ten minutes left on the timer.

PATTI BAROVECHIO: Sure. I was just wondering if there were people that we expected to attend that we were just waiting for. Okay.

BRENTON ANDRUS: Yes, ma'am.

{Break}

JILL HANO: Can everyone please turn their cameras on to make sure we have a quorum. Good afternoon ladies and gentlemen. It is 4:45 and I would like to call the meeting to order. Rekeesha will you please call the roll.

REKEESHA BRANCH: Ashley Allen.

ASHLEY ALLEN: Yes, here.

REKEESHA BRANCH: Ashley Allen is here. Ms. Patti Barovechio. We can come back to you. Brian Bennett.

BRIAN BENNETT: Here.

REKEESHA BRANCH: Ayden Blunschi. Dr. Patti Barovechio.

PATTI BAROVECHIO: I'm here.

REKEESHA BRANCH: Dr. Patti Barovechio is here. Alaina Chachere.

ALAINA CHACHERE: Here.

REKEESHA BRANCH: Alaina Chachere is here. Ms. Cheri Crain. Landon Hanks.

LANDON HANKS: Here.

REKEESHA BRANCH: Landon Hanks is here. Jill Hano.

JILL HANO: Here.

REKEESHA BRANCH: Jill Hano is here. Angela Harmon. Ms. Cherie Kelly-Aduli.

CHERIE KELLY-ADULI: Here.

REKEESHA BRANCH: Ms. Kelly-Aduli is here. Frank Macaluso. Mr. Robby Smith. Mr. Gearry Williams.

GEARRY WILLIAMS: Here.

REKEESHA BRANCH: Mr. Gearry Williams is here. Nine, we have a quorum.

JILL HANO: Okay. Thank you, Rekeesha. Before we get started can you also review a couple rules.

REKEESHA BRANCH: Yes, ma'am. For committee members and members of the public attending in person please raise your hand to speak and wait to be recognized by the chair before speaking. To help the meeting run smoothly please keep side conversations to a minimum and comments related to the topic we are discussing. For those committee members who are attending virtually remember you must be on camera and have your first and last name showing to count 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 committee members in person and virtually will be allowed to speak first. Public members in person will be called on followed by public participating virtually who have their hand raised. Comments in the Q and A will be addressed last. As with all hybrid meetings it's difficult to keep track of all wanting to speak in person and virtually so please be patient. All comments and questions from the public may be subject to two minutes at the discretion of the chair. Please keep that in mind. Depending on time constraints we may also limit comments to one per issue. Also, comments about a person's character will not be allowed. And 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 if comments will be accepted outside of those times.

JILL HANO: Thank you, Rekeesha. Now we will approve

the July meeting summary. Everyone should have reviewed this which is attached in the agenda you received via email. There is also a hard copy in your committee packet. I need a motion to adopt the July meeting summary.

AYDEN BLUNSCHI: I'll motion for you Jill.

GEARRY WILLIAMS: Second.

JILL HANO: Mr. Blunschi motions. Mr. Williams seconds. Is there any discussion? Any public comment? The July meeting has been accepted.

So now we will move on to our noncontractual updates which as always we will begin with our LDH departmental update. Mr. Bernard from OIDD is up first. So will you provide us with some updates from your office Mr. Brown?

BERNARD BROWN: Yep, I sure can. And forgive me in advance. I have a two-year old in the back seat so if you hear noise please try your best to ignore it. Real quick, I got really four major updates to share so I'll try to be quick because I know we started a little late. First, I wanted to talk about the Derrick's promise task force. So during legislative session that just ended Rep Butler passed a house concurrent resolution that implemented the task force to study gaps in acute care access to individuals with intellectual and developmental disabilities. So that task force has met twice. We met in September and then again in October and we have a third meeting set up for November 17th. That's the tentative date. But the agenda will be posted on OIDD's website as well as the legislative website highlighting how you can access that meeting virtually. Really productive conversations. They're really honing in on making sure our individuals with developmental disabilities have access to the appropriate acute care services and supports including hospital stays, ER admissions so on and so forth.

Last meeting was really productive. We reviewed some acute hospital data, some hospital data looking at in-patient admission length of stay as well as ER admissions and frequency of readmissions. And what we did was we compared those rates for people with IDD, rather they were in the waiver or not, to Medicaid recipients who do not have IDD and pulled out some really good things. So I would encourage you-- I think the minutes are posted so if you want to go take a look at the minutes I would encourage you to. And I would also encourage y'all to join that next meeting in November because it's really good

discussion.

Next, we're going to talk about rate increases. So as you guys remember coming out of session there was some funding added to house bill one that covered a partial rate increase for home and community-based services. That rate increase went into effect October 1st. It was a 3 percent increase to all home and community-based services and OIDD waivers as well as OAAS waivers and some home and community-based services that are in state plan. So those rate increases have went in affect. Tied to that rate increase we are gearing up to do another run of the adequacy study. We are currently accepting cost reports from providers. They have until November 30th to submit those cost reports. So if you are with a provider agency or you receive supports I strongly encourage you to inquire if they submitted their cost reports or plan to submit their cost reports to LDH.

Next, also starting October 1st, and this is kind of something I'm going to take a second on, the Office of State Healthcare Facilities was enacted effective October 1. Essentially what this office is responsible for is all the state facilities in the state. So Pine Crest, Central, ELMS, Central Louisiana special schools. They have direct oversight-- well not oversight, but they have direct administrative control over all those facilities. So my plan is to have the executive director pop in next DD Council meeting if that's okay. I was going to ask that to you all tomorrow. But the plan is to have her come in, introduce herself and kind of just outline the role this office will play in the administration of Pine Crest. Because that's the one that's most important for this group. But that office is stood up and there's an executive director and a lot more to come in terms of what does that mean as it relates to our office in OIDD and that Office of State Healthcare Facilities.

Last but not least. We recently just put out information about our Early Steps systems changes where we're now consolidating all of the Early Steps intake into the regional offices. So now instead of having to interact with a separate entity to do Early Steps intake you will go through the LGEs just like all other developmental disability intake. So there won't be any multiple needs to go to multiple entities. It will truly be a one-stop shop for developmental disability supports for individuals

from zero to death. So a lot of big news there. A ton of guidance will be coming out in the upcoming months around transition, phone number changes, highlighting the locations folks can go. So we'll send out a lot of that starting probably mid-November, early December gearing everybody up for that transition.

Impact to individuals receiving Early Steps. If you're already receiving Early Steps, zero impact. This only affects intake. So this only affects individuals who aren't in the Early Steps system who are coming in seeking supports through Early Steps. Similar to with DD. You're seeking DD supports you go to the LGE. Now it's if you're seeking DD supports or early intervention supports you go to the LGE. So there's no impact to people receiving services currently. Arguably it won't have an impact to new people because they'll never know. They have no point of reference in terms of where to go. It's going to be this place and that's the only place they know because they're new to the system. So that's all the updates I have and I guess I'll stop and open it up for questions.

JILL HANO: Okay. Thank you. Any questions?

ADRIANNE BURNS: Hello. Can you hear me?

JILL HANO: Yes, ma'am.

ADRIANNE BURNS: I wanted to know if for the Derrek's task force the upcoming meeting how you sign up for it? And also if there's a way to engage with the study and whether or not it was part of the LaCAN meeting that's happening the same day or if it's separate from that day?

BERNARD BROWN: Great question. I'll start from your last question first. It's not a part of the LaCAN meeting. The task force, the resolution that came out identified task force members. But anyone is allowed to listen obviously and we do open it up for public testimony. And we have a lot of discussion and inclusion from non-task force members. So it's a really good opportunity for you all to kind of weigh in on the information being shared and help us develop a report that speaks to ways we can address the gaps in acute care access for individuals with developmental disabilities. How can you get access to the task force meetings. Again, they're posted on the IODD website, the meeting link, the Teams link and it's also posted on the legislative website. I think we send it to DD Council but I'm not sure. If we don't we will. And let me know, Ebony, if we hadn't in the past because they were

supposed to. But we send it out through normal channels.

EBONY HAVEN: We got the second one. We missed that first one but we did get the second one and we pushed it out.

BERNARD BROWN: So we're sending it out. Because that was one of the biggest things Rep Butler, who is the chair of that committee, she wanted as much community participation as possible. So you should be getting it. If you don't you can email me and we will make sure you get access to that link.

ADRIANNE BURNS: Perfect. Thank you.

JILL HANO: So I don't know if I'm just not thinking. I'm almost embarrassed to say this, but can you define the term acute care. Like what does that entail? What is the task force going to go into Bernard?

BERNARD BROWN: Great question. So to summarize what acute care is that's hospital visits, emergency room visits, doctors' office visits, clinical visits. Like if you go to a behavioral health clinician, psychologist or psychiatrist those visits. In-patient psych admissions. All of that is acute care supports. OT/PT, speech that falls under the category of acute care. Does that help? So physical therapy, occupational therapy, speech therapy those things fall under the acute care umbrella. Does that help?

JILL HANO: Immensely. And that's till age (inaudible)?

BERNARD BROWN: Yes.

JILL HANO: Thank you. Any more questions? Ms. Burns you have the floor.

ADRIANNE BURNS: Thank you. So I just wanted to understand so you were saying that you already have the people picked out for the Derrek's task force that are from the community? That's what you were saying?

BERNARD BROWN: Yes. The task force members were appointed by the house speaker and the senate president. The resolution defines who the task force members are. I don't have it in front of me. I'm going to kind of butcher it. But in short it's a representative from the house of representatives. A senator from the senate. The LDH secretary, OIDD assistant secretary or their designees. Medicaid director or their designee. A community provider. A physician who provides supports to individuals with IDD. The hospital system. Then two

community members. Meaning like either family advocates or self-advocates and/or-- yeah, that's it. Family advocates and self-advocates. So all those were appointed by the speaker of the house and then one was from the senate president.

ADRIANNE BURNS: Thank you.

JILL HANO: Okay. Thank you. Any more questions? Can you provide us with an update from Medicaid?

BRIAN BENNETT: Yes, I will. Good afternoon everybody. I just wanted to give two quick updates and I'll share both of these again tomorrow with the full council. Coming up at the end of the year our contract with Healthy Blue will end. So Healthy Blue is one of our MCOs. And in September and then early October anyone that was receiving services through Healthy Blue got a letter notifying them of this and that they were going to have a special enrollment period to select a new plan since Healthy Blue will no longer be contracted with us come the first of the year. So that special enrollment period is October 15th through November 16th so it's currently ongoing. But again, anybody that was receiving services through Healthy Blue should have gotten a letter explaining this and then offering them a chance to change plans that would be effective January 1st.

For anyone that does not select a plan they will be auto assigned to one of the four other plans. Built into the auto assignment procedures what we try to do is if you have another member or household that's on Medicaid we will try to assign you to the plan that that other member is with. Or to the extent possible, it's not always possible, but if you have doctors that you're currently seeing we'll try to assign you to a plan that those doctors are also contracted with. So to the extent possible that they are contracted with other plans you will have to find new providers. But I want to emphasize that's only if you're receiving services through Healthy Blue. If you have another MCO or another health plan you don't have to do anything.

The other update is we had a little bit of discussion about dental during the last meeting, especially dental services for the adult waiver population. That was one that we added it was a couple summers ago. But what we did is prepare kind of a one-pager focusing on providing information how you can go on each plan's website,

depending on which one you're in, search through their provider directory and the plans have built-in filters now that will allow you to say what program you're in. It tells you how to only select providers that are accepting new members. You can filter by different accommodations that the provider might offer. So I'm going to share that resource with Bernard's team and OIDD so we can push that information out to the support coordinators so they can share that with all the waiver families and then we can also push that out as well. Those are my updates.

JILL HANO: Are there any questions for Brian?

AYDEN BLUNSCHI: So you said (inaudible) your waiver service or whatever. You know what I'm trying to say.

BRIAN BENNETT: Yes. So when you go onto the plan's page it will allow you to select which program you're in. If you're an adult in one of the OIDD waivers you would select adult waiver. And that's important because the regular, the other adults enrolled in Medicaid only have access to denture services.

AYDEN BLUNSCHI: Correct. Say you do that and they give you like, just for example, five options of dental offices. You call the first two and they're like okay, I'm on this program. Do y'all offer this. You talk to them and they're like I don't know what you're talking about. I've run into that that's why I'm asking.

BRIAN BENNETT: We updated this, this feature was built in earlier in 2026 so I think at the end of 2025 that's when they pulled providers to kind of create this drill-down list so it should be accurate. But I also have on the one-pager that if you are having trouble finding a provider you can call your plan and ask for a case manager to help connect you with a dental provider in your area and they will find one.

AYDEN BLUNSCHI: What if they're clueless?

BRIAN BENNETT: This is the dental plan. We have a contract with them so they will know what you're talking about if you say you're an adult on a waiver. The dental provider should be aware of this also but if you do run into trouble you can call MCNA or Dentaquest and ask for help finding a provider.

AYDEN BLUNSCHI: I did that and they still didn't have a clue.

BRIAN BENNETT: The plan? I will get you somebody with your plan, somebody you can talk to.

AYDEN BLUNSCHI: Thank you.

BRIAN BENNETT: But the plans should have somebody, they're called a case manager.

AYDEN BLUNSCHI: Correct. They should but do they. Big difference.

JILL HANO: Ayden can you do this for a minute? Thank you.

AYDEN BLUNSCHI: You got it. Does anybody have any more questions for Mr. Brian? Mr. Gearry do you have any updates from OAAS that you would like to share with the committee?

GEARRY WILLIAMS: Yes, I do. Good afternoon everyone. Gearry Williams, assistant secretary for the Office of Aging and Adult Services. During our last meeting I touched on request for information that we were working on at the time that we plan to introduce to look at possibly opening additional PACE centers across the state. In addition I think that also covered a previous request for information that was published for Northwest Louisiana. Bold Age is the provider that will be opening a PACE center in Shreveport. They have identified a location. They are moving forward with signing a lease on that location. The next step for them is to start the build out and construction phase for that location with plans of hopefully seeing their first patient in 2028 at that PACE location.

As it relates to the most recent modification for statewide those proposals have been received and we received six proposals for the statewide ROI and we are currently reviewing those. Again, with hopes of having a PACE center location in Northeast Louisiana, the Monroe area, as well as region eight, nine and we will also look to cover some of the rural parishes surrounding region six Alexandria. We are working with Julie Foster Hagan and the rural transportation program to cover those smaller rural areas where we can hopefully open some alternative care sites in those areas or satellite locations. So we're looking to grow PACE not only by adding main locations if you will, but also satellite or alternative care sites. Where the need may arise we're going to look to increase the capacity in our current PACE sites. And again, like I said, those three pathways to PACE enrollment availability across the state.

As it relates to community choices waiver wait list

I think I touched on the last meeting that we were changing the way the waiver process is currently administered. Rather than first come first serve an acuity-based model. That's moving along. We have held three town halls I mentioned at our last meeting which were in Shreveport, Alexandria and Baton Rouge. Great turnout, great feedback from the community as well as from legislators that really feel this is something that should have been done a long time ago.

We have completed and worked with the Medicaid team on a waiver amendment. We received questions back from CMS on the waiver amendment related to this whole process and we're in the process of reviewing those comments and questions to provide feedback. Also, on the rule changes that will be in association with making this change to acuity based rather than first come first serve.

One thing that came out of the town halls as we were going to those different areas was the providers, stakeholders all mentioned that they would like to see more engagement with the Governor's Office Of Elderly Affairs. Especially in North Louisiana they were very vocal about that. So we started that engagement already. We had some communication with the executive director there making sure that they know what we do, what programs we offer. And also we're going to have some further engagement with the Governor's Office of Elderly Affairs. We're going to reach out to the local Councils on Aging to make sure they're aware of what we do, who we are and what programs we have.

Another thing that came out of those meetings was more engagement with the Louisiana Hospital Association. So when there's availability or an opportunity for someone that may be discharged from the hospital, those discharge planning social services staff, making sure they have information on programs that we offer in the waiver services and state plan service. That we have that upon discharge if someone qualifies with these programs and gives them the ability to remain in the community and receive services. We want to make sure upon discharge those folks are aware of the programs that we offer. That's it.

JILL HANO: Any questions for OAAS before we move on? Thank you. Up next, we are moving quite along. Now we will move on to our contractual activities. Stephanie

will you start us off?

STEPHANIE CARMONA: So the first activity that I'm going to talk about is Partners in Policymaking. So that's activity 1.1.1. So for Partners in Policymaking the 2026 class wrapped up in June with 16 graduates including six self-advocates. According to the end of program surveys all 16 graduates reported being more comfortable speaking up about what matters to them and the services and supports that they needed. All 16 also reported being active in advocacy and five reported serving on boards, committees or in other leadership roles. Everyone who completed the survey said they were satisfied with the program.

One of the things that continues is that Partners graduates stay involved in advocacy after completing the programs. So graduates continue to take on leadership roles across the state. Just a breakdown. And you will see this in your status report, like the actual numbers. But we still have graduates that are still serving as Families Helping Families executive directors, LaCAN leaders, serving on the council as well as other boards and committees such as like the Statewide Independent Living Council, the Disability Rights board, People First, et cetera. So those numbers are actually broken down and we have that reported within the status report which is in your blue folder.

There's also been work recruiting for the 2027 class. We shared information through LADDC news, social media and outreach. The biggest way they get recruitment is through word of mouth. They have received, I want to say, 31 applications before the deadline. The selection committee is going to meet on Monday to review those applications and select participants. So just to let you know, even though they received 31 applications every year there are a couple people that just are deemed ineligible for different reasons. And so right now they're looking at I think five people are ineligible so the other ones will be the ones that they look at when they're making selections.

The next activity that I'm going to talk about is 1.1.7 which is the Youth Leadership Forum. So the 2026 Youth Leadership Forum was held July 9th through 12 at LSU Eunice. There were 22 applications that were received and I have that 14 delegates were accepted. Two were unable to attend. They received 29 staff applications and they

selected 18 staff members which included four medical staff and support staff. Of those selected staff 61 percent had a disability and 33 percent of them were former delegates. They had some new activities and sessions. One of the ones that they included was they had a session with the Secretary of State's office where they were able to practice with the voting machines. So that was kind of cool. And then they also had an internship program with a former delegate who also served as staff. The internship ran from January to July. It gave them some hands-on experience. And then the team held some feedback, like some debriefing kind of things just to talk about improvements for next year. So they're kind of in the midst of training or talking about like recruitment for the upcoming year. And then also planning for future events for former delegates in order to have like an alumni event coming up. And that is all I have for YLF.

And then the next one I'll talk about is activity 1.1.8. And I also have, if you want to look, there's a report that's linked in this table right here. That is just like an attendance summary. But just to give you a little bit of information the council contracted with Team Dynamics to complete seven trainings. It was supposed to be nine trainings across Louisiana to help people with intellectual and developmental disabilities to recognize, prevent and report abuse, neglect and exploitation. A total of 68 people attended. And you can see that in this breakdown.

So the trainings covered different types of abuse, neglect and exploitation including how to recognize warning signs, what to do when someone may be experiencing abuse, how to speak up for yourself or others, how to create a safety plan and understand when, where and how to report concerns. There were group discussions. There was activities. And then also like real-life scenarios.

So the thing that I did want to just mention is that there was an unforeseen circumstance, an emergency happened that the contractor had to cancel the last two trainings so they were only able to complete seven of the nine trainings. I did want to just point that out. So they were going to have nine but the last two trainings they did have to cancel at the last minute. They did have really good survey results. Everybody enjoyed the information and said that they learned something new. Everybody left

with new tools in order to help recognize abuse and take steps to stay safe and report concerns when needed.

And then the only other thing that I did want to point out this activity is not going to be continued for the new action plan because we are going to be starting that new five-year plan. The other two are continuing because that is part of your self-advocacy goals. And that's all that I have unless you have any questions for me.

I guess I do have one more thing if y'all are interested. Even though they are done with this contract they were asked to do a training at Pine Crest and so they will be doing this training at Pine Crest. They were a speaker at AIDD's conference and I believe somebody from Pine Crest was there and they really enjoyed the information that was provided and asked them to do a training at Pine Crest for their staff. So they are doing a training at Pine Crest outside of our contract just kind of like in kind with them with the council with the information that they created for the council contract.

JILL HANO: Okay. Thank you. Any questions? Ms. Burns you have the floor.

ADRIANNE BURNS: What deems a person ineligible for the Partners in Policymaking? I'm just curious. And do you inform the people that are not eligible that they aren't? Just wondering. Thank you.

ALAINA CHACHERE: Hey Jill, I can kind of answer. I'm on the selection committee. I can't answer 100 percent for sure but I do think individuals who are ineligible were notified or will be notified. And then some of them were parents who had children who were eligible by the age criteria and so I think they were just asked if their children could participate in the program as self-advocates in their place of the parent. Because the parents who were applying who had kids old enough to participate, I don't know what the age is, I'm not hundred percent sure, so that was one thing. I know we were looking at the committee. And then some of them not being eligible I believe you have to have certain criteria. So like ADHD doesn't qualify. We may have had an individual who applied and that's not a qualifying disability for the program. So it just depends on I guess if you're disability meets criteria. I hope that helps.

ADRIANNE BURNS: Got you. Thanks.

JILL HANO: Alaina parents were applying to be campers?

ALAINA CHACHERE: We were talking about Partners in Policymaking, right?

JILL HANO: Okay. Then I definitely have to re-watch that. So the question was about PIP and not YLS?

STEPHANIE CARMONA: So just to kind of clarify a little bit and go off of what Alaina was saying. Yes, the person has to meet a developmental or intellectual disability by the definition of what that is and by what the federal government or whoever decides what that is. We have that definition listed on our website. So it has to meet that definition. And so there are certain things that there are. Like I think one of them it has to be diagnosed before the age of 22. Like ADHD, as Alaina said, is not one of those. So if that is the diagnosis like that does not fall under that category. So there are other criteria that fall within it. I don't know the definition off the top of my head. But it is on our website. I do know that.

But other reasons that they may not be eligible, like you were saying, is if it is the parent of an adult with a disability. So as Alaina was saying before the child was not a child. They were 19 and 20-years old. So they in turn could apply to the program themselves. And they could then advocate for themselves. They are no longer a child. They are not a minor. So they could advocate. So therefore the parent is now ineligible. They do not meet the criteria. Other reasons that a person may be ineligible, because they don't meet the criteria, is if you are not the main caregiver. If you are just a family member and you're not the main caregiver then you do not meet the criteria. I hope that answered your question. But there are different criteria that you have to meet in order to benefit from the program. So that's why there is a selection committee. And the people I believe they receive a letter or an email that lets them know if they have been accepted or not accepted and what the reason is. And if there is a question Rebecca is very good about if she's not really sure she does give the participants a call to see if there is some kind of a misunderstanding or if there's kind of a gray area of oh, I'm not sure if they meet the criteria. She does call them to kind of ask clarifying questions to see if they do end up meeting the criteria.

JILL HANO: Okay. Is Partner's criteria similar to the council's criteria?

STEPHANIE CARMONA: Partners criteria is national.

Nationally the Partners they set like a standard guideline.

BRENTON ANDRUS: To answer your question there is some overlap but it's not necessarily set to be in line with what the DD Act requires. But there is some overlap.

STEPHANIE CARMONA: To also go along with what the council does in terms of like making sure there's representation across the state in different regions Partners does that also. I don't know if that's within like the guidelines but that is within what the council has instructed Partners in Policies to do to make sure that there is representation across state.

JILL HANO: Okay. Cool. Ms. Burns you have the floor.

ADRIANNE BURNS: I guess if somebody applied would you give them the feedback if they applied in the incorrect way? Because if they do have children that are of a certain age but perhaps they applied as a self-advocate due to a different disability. Thank you.

JILL HANO: Okay. Thank you.

ADRIANNE BURNS: Y'all can move on. I'm sorry.

STEPHANIE CARMONA: Okay. I'm not sure how to answer that. That's a coordinator question.

JILL HANO: I'm being told that's a Rebecca question and she is not on the call.

ADRIANNE BURNS: Thanks. Y'all can move on. Sorry.

JILL HANO: Anymore questions for Stephanie? Thank you. Rekeesha will you give us an update on the next few activities? You can always say no.

REKEESHA BRANCH: I will be quick. The first one is LaCAN. LaCAN currently has 6,052 individuals registered for the council and LaCAN list serve. For this fiscal year-- well, last fiscal year. I'm sorry. The action alerts we had 16 with 1,535 actions taken. We had seven yellow shirt days with 189 in attendance and 12 testimonies given. Everybody did participate in Disability Rights Day. We had 58 people to attend with three council members that were there. As far as our legislative visits there were 73 completed with 42 of those being committee members. They also were able to complete a total of 170 visits with legislators to discuss the advocacy agenda. As far as trainings all LaCAN leaders will be participating in their annual fall training on November the 12th to support leader development and strengthen advocacy strategy.

Community input meetings in July and August of this year. Community input meeting were held by LaCAN leaders

and FHF centers across the state to get input from the public for the council's 2027 legislative advocacy agenda. There were a total of 205 individuals in attendance. The input from those meetings were rated by the LaCAN leaders and FHF directors to help the 2027 legislative ad hoc committee to select an advocacy agenda that will be recommended to the council. And that's everything I have on LaCAN.

JILL HANO: What did you say about a fall training?

REKEESHA BRANCH: They're going to have their annual fall training on November the 12th just to kind of go over some things and make sure we're still doing well and learning everything they need to know about advocacy.

JILL HANO: Any questions?

REKEESHA BRANCH: I'm going to move onto Families Helping Families. Since October the 1st, 2025, we had 25,503 individuals with disabilities that Families supported. They supported over 42,292. I'm sorry. They had 42,292 units of information and referrals completed. 340 trainings were conducted with 6,841 people in attendance. 736 outreaches were connected at hospitals, pediatricians, school districts, applied behavior analysis clinics and physical therapy clinics. Within the next few months, actually within the last few months we completed that audit for the centers. And with those desk audits being completed all centers completed, I'm sorry, all centers were able to meet their deliverables. If you look in the FHF end of the year report it's up on the screen. You're able to see the two centers that were not able to complete it. It was region five and region ten. They were unable to meet their deliverable for legislative visits. So they did also submit a plan of action to let us know what they're going to do moving forward. You will also see that in the end of year report to make sure that it doesn't happen for this next year. And also since the last quarter Families Helping Families of Acadiana hired a new executive director, Ms. Debra.

JILL HANO: Any questions?

REKEESHA BRANCH: All right. We have the next contract was the sex education contract or our HEART initiative. Just to remind you guys the council contracted with LSU to develop a comprehensive education curriculum for individuals with developmental disabilities, their families and also professionals to navigate through sexual

development and to build healthy relationships. So since the last quarterly meeting we have not received any invoices or reports from them but I was able to speak to the contractor on October the 7th to kind of get a status update on the contract. And he did report to me that as far as the middle school curriculum he was able to complete that but he had not had a chance to pilot it to get feedback from the middle school. But he would like to continue working on it even though it's outside of the contract timeline. So he wants to continue and he's giving us the deadline of December the 15th. He does understand that he won't be able to get paid for that because it's outside of the federal contract timeframe but he wants to continue to work on it and he still wants to give us that information.

Also, with high school they have not completed that high school curriculum at all. But he is working on it and they also plan to get that piloted and get that information to us by December the 15th.

JILL HANO: Landon.

LANDON HANKS: I have a question for Rekeesha. Which LSU are we working with?

REKEESHA BRANCH: Baton Rouge.

LANDON HANKS: I didn't know. That's all.

JILL HANO: Okay. Any more questions? Now Brenton will you please review our final activity?

REKEESHA BRANCH: I have one more Jill, women's health. So it's kind of the same situation. They were not able to complete that particular contract deliverable. According to the contractor he told me they did complete the toot kits but they did do not have information yet as far as feedback or surveys because it has not been piloted. But he's giving himself the deadline of December 15th for that one as well.

JILL HANO: Okay.

REKEESHA BRANCH: And just a reminder they have not submitted invoices since July so they have not been paid for anything since July.

JILL HANO: So I have a question. Do we as a council if they don't submit anything by this December 15th deadline are we going to like regroup or what? Because I know we kind of just discussed this, and I don't want to say consequences because we're adults, but what are the corrective action plans if any that will be taken if we're still not getting data?

BRENTON ANDRUS: The consequence one is they don't get paid. You didn't do the work so you don't get paid. We'll pay you for the work you did do but not for what you weren't able to accomplish. What's happening in December our work is guided by the plan and as of this month that plan is over. So I am happy that they want to continue doing some work. If they have information that they could produce in December that we could help disseminate we'll do that but we're not necessarily concerning ourselves with the work that they should be doing. With these two initiatives we kept y'all updated through the year. They didn't get a contract until March or even April before they even started anything. So there was no real, at that point with it being so delayed, no real recourse in the sense that we can't say all right LSU, we're breaking the contract with you. Let's go with somebody else. So we didn't have that opportunity.

Future consequences are that we as your staff will likely not recommend that you contract with LSU system wide unfortunately because we have contracted with other parts within the LSU system and have had not quite as many struggles as this one but we have had a lot of struggles. And so based on our assessments and based on documentation that we provide to the state every year on contracts LSU for us is considered a very high-risk contract. So we would not look to enter into any agreements with them in the future based on this project and other projects that we have had with the LSU system. And that's unfortunate because that could be a very good partner within our state. That doesn't stop other systems like University of Louisiana system, community colleges, those things. But yeah, LSU would be considered very high risk and we would have to encourage the council not to select those potential proposals if we receive it.

JILL HANO: Landon.

LANDON HANKS: I have a question for Brenton. (Inaudible) concern ourself as you said but you're referring to LSU in Baton Rouge (inaudible) or all LSU as a whole?

BRENTON ANDRUS: It would be an LSU system I think if you're asking Brenton. Because the contracting process with LSU health was also quite difficult. It's been very difficult with LSU as a system. Universities in general are very difficult because for instance, if I have a contract with, my next one that I report out on is I have

a contract with the Arc of Louisiana. If we are having an issue with The Arc I speak directly with them. They're the ones that provide the billing. They're doing the trainings. LSU it's different. The guy that is managing the project is not the one doing the trainings. He's not the one doing the development. He's not the one that's doing the invoicing. And so there's all these people that have to communicate before we even get an answer.

And then whenever it comes to the contracting process no one on your council staff are lawyers. We don't pretend to be. We don't want to be. And we write nice simple contracts of this is what the council wants, please provide. But when you contract with someone like LSU, and it's been our experience, their lawyers are very thorough in what they like to read. And rightly so. That's what they're paid to do. But that's not how we really operate and it gets very complicated. And they want certain exceptions because they think we're a university system, we get federal, we shouldn't have to do this. Well, sorry you want our money you play our game. We don't play yours. And that's kind of harsh to say but that's how it is so it gets very complicated. The two LSU entities we have a contract with LSU here in Baton Rouge, we have done some work with LSU HDC and those contracts have been very difficult. With the HDC though I do want to clarify they are a sister agency. Really appreciate them. Our issues were not necessarily with the people that were doing the work. It was with the way we would invoice and the documentation we needed. It was more of an administrative issue with HDC that really bogged down the process and kind of messed up our books as well in trying to get things paid. It's a lot of red tape.

LANDON HANKS: I was asking because I really do think (inaudible).

BRENTON ANDRUS: Yeah. And all the systems as a whole they do great work. We know they do great work. It's something about, I don't know, the contracting process that has not been pleasant. And unfortunately it's money that you as a council are leaving on the table. It's an initiative that you deemed very important that's not completed. It's a pilot program that we thought we would be able to continue for years to break out into a system wide goal that is going to fail unless LSU decides to continue it on their own dime. I don't know if that's their

plan or not. And so it's unfortunate. I think their folks are upset as well not being able to accomplish what they had hoped.

JILL HANO: Anymore questions for Rekeesha before we move on? Brenton your turn.

BRENTON ANDRUS: I have four minutes left to your meeting. So most of what I have to tell you is included in your status update which is in your blue folder. This is the initiative that we were doing with the Arc, like I mentioned a minute ago, where they are offering or were offering trainings throughout the state to educate folks and really put an emphasis on educating people with disabilities on the service system that's available to them and how complicated it could be kind of understanding those three main sort of areas which would be behavioral health, your home and community-based waivers on the OIDD side as well as services and supports that might be offered through your managed care organization. This year was their final year. We did this initiative for three years. The last two years the Arc was our contractor. Within this year we've been able to get 283 people trained on this particular initiative. Interestingly enough this past quarter we trained almost half of those people in the past quarter than we did in the other three quarters of this year.

But what was great is, at least with this initiative, over half of the attendees that participated were self-advocates and a lot of that had to do with our contractor actually trying to go where self-advocates were. Not having to ask them to come to them at a location for training but go to where they were. So a lot of day programs, a lot of group homes, a lot of the Arcs. They were able to utilize their regional system of Arcs to bring in the folks that they serve. It's been really great feedback. This year we added a wellness component which had really positive reviews. Almost everyone, I think well over 95 percent of the people indicated they have learned something new which is kind of something we're always looking for in our initiatives. We want to make sure you learn something new before you leave whatever that is. But a lot of them were very appreciative of that wellness component. As part of this training you would get a wellness guide to take with you because there's really no benefit of knowing about these three systems if you're not going to utilize those services and understand how

those services are going to help support you. And why you need to make sure that you are conscious of your own health needs. So ultimately it's been a great project. This was the last year though so we're no longer moving forward with this type of activity. That's all I have.

JILL HANO: Any questions? We will move onto Rekeesha for announcements.

REKEESHA BRANCH: Tomorrow is the full council meeting and it will start at 10:00 a.m. We will be in the same room. Those who are registered to participate virtually should have the links to the meeting in their email.

JILL HANO: Thank you so much. No questions?

BRENTON ANDRUS: Not a question as much of a comment before y'all rush out of here really quickly. I made the same announcement, if you will, at the education committee so I want to make sure we share it in this committee. A couple weeks ago we had our legislative ad hoc committee. Within that committee there was a lot of information discussed and submitted through our community input meetings that Rekeesha talked about a moment ago that LaCAN host every year to help you as a council decide what you want to advocate for during the upcoming legislative session.

Your committee here is responsible for goals one and two of your plan. There's a lot of information within those goals of topics that came up. So I encourage all of you to go, it is still on the website, that committee was October the 15th. You can go to the agenda on our website, pull up that document, you can see all of the issues that the committee discussed. You can go back and watch the committee and hear a lot of information that folks were sharing. Because I think as a committee you need to get back to doing work and not just updates. For instance, we are really appreciative of what our agency folks present every time they come to the committee but most of the time they're sharing information with you now that they also are going to share tomorrow or that is written in their report that's going to go tomorrow. So we need to save the updates for our guests tomorrow. And you need to start asking the questions in this committee what policies are not working, what changes. We need to start having those discussions. We need to start getting with our agency folks before the meeting with your ideas, the topics you would like to discuss so we can start figuring out pathways to address

some concerns that we're hearing in the community. Because whenever you participate in the legislative committees a lot of you in this room have been on one before or have been engaged in one at some point or the other. The community is asking you to do X, Y and Z and a lot of times you want to pull the trigger on something but we don't have the information and we have to tell you it's very hard to write a bill or change a policy when we don't have that information. And that's what these committees are supposed to be doing is putting in the legwork. And a lot of times that legwork will happen for one or two years before we're ready to move to that legislation point.

But you have to start addressing that here so we're not going into every session and we're not going into all of our agendas blind every October. So I encourage you to go back, look at that document. For this community Rekeesha is your staff person. Get with her if there are topics that you want to discuss. In the last meeting we had a lot of conversation about vision being offered in waivers and things like that. If those things are important how do we make those happen and start having that dialogue here in committee along with the public input so we can start navigating that path of how to make some changes instead of just hearing about what's already happening. That's all I got. That's the announcement.

JILL HANO: Thank you, Brenton. It is now 6:03. I would like to adjourn the meeting unless there are objections? All right.