

OCDD STATE ADVISORY COMMITTEE TEAM MEETING MINUTES

HELD ONLINE

May 11, 2022 from 12:30 pm – 3:00 pm

Call to Order – 12:32 pm by Kathy Dwyer, Chair

Attendance:

SAC Voting Members Roll Call: 12 out of 17 – 3 vacant slots – Quorum

Region I – MHSD – Penny Curran – not present – Holly Bell – not present

Region II – CAHSD – Kay Lewis – present – Michelle Walls - present

Region III – SCLHSA – Tiffany Brunet – present

Region IV – AAHSD – Rebecca Fruge’ – present

Region V – IMCAL – Mylinda Elliott (Secretary) – Dana Fullington – present

Region VI – CLHSD – Kristen Reed – present

Region VII – NLHSD – no representation

Region VIII – NEDHSA – Nicole Bilberry – Konstance Causey – present

Region XI – FPHSA – Suzanne Bourgeois – Kristen Essaied – present

Region X – JPHSA – Kathy Dwyer (Chair) – Jen Walle – present

OCDD AD HOC Members Present:

Julie Foster Hagan

Tanya Murphy

Brenda Sharp

Jacquelyne Cobb

PUBLIC:

Jakeel Abdullah, Steve Kauffman, Robert Blue, Jimmy Powell, Torri Rocca, Charlie Michel, Katie Kroes, Nicole Sullivan, Michelle Conti, Stacy Guidry, Jennifer Purvis, Andrea Albert, Chanel Jackson, Kasey Hill, Christina Martin, Susan Riehn, Carmen Omara, Tami Schilling, Nicole Williams, Amy Miller, Pamela Muhammad, Sharon Delvisco

Approval of the Agenda: Kathy called for a motion to accept the agenda submitted. Michelle Wall made the motion and was seconded by Kristen Essiad.

Approval of March 13, 2022 Minutes: Kathy called for a motion to approve the minutes for March 13th meeting. Konstance reported there was a correction in the minutes, i.e., Region VIII reported that they did have a meeting on January 25, 2022 and reported for that meeting. Kathy corrected minutes that Nicole Bilberry reported they did have a RAC meeting and reported from that meeting. Kathy

requested a motion to accept the corrected minutes. Dana Fullington made the motion as they were amended and Michelle Wall seconded the motion.

Public Comment – None

Report from OCDD –

Brenda Sharp reported on the OCDD budget and COVID:

- The rate increase follow-up requested by EarlySteps Providers has been included in HB1.
- EarlySteps updated its guidance in April to reflect the declining number of COVID cases around the state. Previously they would have a limited amount of home visits that providers could make based on the positivity rates at about 10%. EarlySteps continued to provide information that many parishes are below the 2% rate, so the visit limitations were removed. They will continue to monitor the COVID rates.
- EarlySteps revised the telephone screening process so that providers have to call families prior to visits to make sure no one is sick and providers are able to make home visits.

Tanya Murphy reported on Act 421/TEFRA:

At the last meeting it was reported that the EarlySteps population was added to be eligible to go through the ICF eligibility process instead of just the Nursing Home pathway. Act 421/TEFRA has added the ICF pathway for birth to age 3 children who are eligible for EarlySteps. Birth to 3 years old children who are eligible for EarlySteps and have a 90L from their physician may now qualify for the ICF/IDD Level of Care in the Act 421/TEFRA eligibility determination process. The rest of Act 421/TEFRA information discussed at SAC are included in Julie's talking points.

Reports from Regional Advisory Committee:

Region I – Holly Bell was not present; Jakeel Abdullah accepted the roll to fill in to do the report:

- Had a RAC meeting, did not have a quorum; not enough members present
- In the discussion they realized that there is no directory in case someone needs information, i.e., no contact list of voting members
- Discussed the need for a Community Outreach program
- Discussed a round table, Jakeel was present at the Legislative round table
- Wanted input from Christina Overton
- Meeting will be on the next agenda for the Legislative Round Table
- The main agenda was Advertisement, a Directory, and Community Outreach

Region II – Michelle Wall reported:

- Had their RAC Meeting on March 21, 2022
- Their LGE gave a presentation of their data and Family Supports budget, the AIP Data report, and also discussed open CIRs
- Discussed EarlySteps transition for clarification on what were the actual reasons for closure and whether it was a family not responding. They will continue the discussion at next meeting on May 16, 2022.
- Trying to increase their membership and will be reviewing 3 applications at the next meeting.
- Discussed the changes with Therapy, i.e., Art, Music, Hippotherapy and a 4th therapy.
- Had a discussion on how to recruit providers for those programs that are now able to be utilized without being under APT.

Kathy asked when they were reviewing the transition for EarlySteps regarding the actual reasons are they seeing a low response to transitioning to DD Services?

Michelle reported she is not sure of their numbers. The main thing they reviewed was cases being closed because the families were not responding and if that is considered a declination or is it the LGE's. The reason that was given was missed appointments, no response to request for documents, or families choose to withdraw or move out of state or region.

Region III – Charlie Michel reported:

- Had a RAC meeting on May 5, 2022, had a quorum (for the first time in forever)
- Trying to restructure/recreate what they had to make it better
- Executive Committee will get together to discuss the By-Laws to make sure that they are in line with all requirements and meeting the needs of the RAC.
- The main thing discussed was Hurricane Ida expenditures from IFS funding and they were told that all IFS funds will be used at the end of the year.
- The LGE in Region III, SWASHA, and Bayou Land FHF are sponsoring a training on ACT 421, and SWASHA Representatives will present the information on May 24, 2022 at 1:00 pm. Anyone interested please check out their website. LGE Representatives will be providing that information.

Region IV – Rebecca Fruge' reported:

- Have not had a RAC meeting since the last SAC meeting.
- Reported on the last meeting on March 8, 2022
- The next upcoming meeting is on May 31, 2022 at 10:00 am.
- Nothing has transpired since this time

Region V – Mylinda Elliott reported:

- Have not had another meeting since the last RAC meeting, no updates
- We are excited that we will start having Provider Meetings again. A meeting is scheduled for next week, Thursday, May 19, 2022. No update on reports

Region VI – no Representative to report

Region VII – no Representative to report

Region VIII – Konstance Causey reported:

- Had a RAC meeting April 26, 2022, had a quorum
- HSA was there to present information on Entry.
- Interesting topic that was taken from the Waiver Report was this was the first time there was a Waiver Reduction Slot
 - 9 slot reductions on track for expenditure of Family Support Funding
 - No face-to-face appointments are being done for entry unit.
 - Most scheduled interviews are being conducted - 73 out of 91 interviews were conducted.
 - 6 cases went to Eligibility Review Team that resulted in a denial.
- Discussed applications for new members. Will be discussed further at the next meeting; applications will go out for voting.
- Regional HSAs are putting out the PIE Summit (Partners in Employment) – flyers should be going out soon.
- Anyone from the public is welcome to attend the event.
- Discussed updates regarding the Legislative Agenda and the Bill tracking from the LA Developmental Disabilities Council
- Had a discussion to create a Centralized RAC Platform; through social media or on HSA website for people to be able to access RAC Membership Forms, PIE, and details about upcoming meetings in a central location.
- Next meeting will be on July 26, 2022 at 1:30 pm.

Kathy commented that she liked the idea about a Centralized RAC Platform and that Region 10 RAC has been working with JPHSA to put information on their website under the DD Division webpage. So far they have been posting our agenda and minutes, not sure if there's any application forms on there.

RAC and SAC application forms can be found on OCDD's webpage. Just click on "about us," scroll down and find a paragraph about the SAC and there's a hyperlink to lead you to the actual page with the applications, agendas, and minutes from past meetings.

It's a good idea, and it will help the RAC be more visible, help recruit more members, and help the public learn more about what the RAC is doing and what's going on at the LGE and State level.

Region IX – Suzanne Bourgeois reported –

- Had RAC meeting on May 12, 2022. Had a quorum present
- Received reports from FPHSA
- TEFRA information was presented
 - 96 applications from FPHSA were submitted
 - 93 mailed packets
 - 57 referrals – 42 were approved
 - 25 individuals were approved for Medicaid
- Waiver reported
 - Florida Parishes serving 1,832 individuals with waiver services
 - 131 were linked to waiver
 - 63 individuals were discharged due to various reasons, including deaths, placement in ICF/DD, refusal, or moving out of state. More than 20 individuals moved out of State
- Settings Rule visits are still being completed
- IFS Funding
 - 101 requests were made
 - Committee meetings continue to review the request
- Quality Management report was given
 - Employment percentage went up for Quarter 3 to 7.55%; an increase
- EarlySteps gave their report that included a rate increase requested by EarlySteps.
- RICC meeting was held with 54 individuals present
 - Active number of current children in our area is 385
- North Shores Families Helping Families gave their report with the ABLE Club having numerous events going on
- LACAN reported on the budget and several bills that were extremely relevant
- Did get a report that HB55 with Rep. Butler was reported favorably out of Senate Finance

Region X – Jen Walle reported:

- Had a meeting on April 26, 2022 and had a quorum
- JPHSA reported on their Transitional numbers
 - 34 families last quarter – 34 children were referred from EarlySteps to DD Services. Only 4 of those 34 received either a SOA or SOD
 - The other 30 were not evaluated because the families did not respond

- We're having a discussion on why there's such a low response by families
- Family Support reported
 - 426 individuals are currently being served
 - 83% of the budget has been expended by the end of the 3rd Quarter so they are confident that they will spend all of their IFS funding by the end of the Fiscal Year
- Flexible Family Fund
 - 287 children are being served presently
- Local Families Helping Families is hosting several trainings in the month of May
- Jefferson Parish Schools presented on transition from Part C to Part B Services. They will continue to present at each meeting on a topic of interest regarding the school system.
- Next meeting is on July 26th.

Kathy asked Jen to explain what SOA and SOD are for those who may not know. Jen explained that SOA is an acronym for Statement of Approval and SOD is the acronym for Statement of Denial. SOA and SOD is the determination when a child is transitioning from EarlySteps to OCDD and are evaluated for eligibility and is issued a statement of approval or denial, which states whether they're able to receive support after the age of 3.

Dental Task Force for Adults with I/DD Report:

- They've been meeting for over 2 years trying to develop insurance coverage and other needs for the adult population who are not covered by Medicaid for Comprehensive Dental Care.
- Fortunately, last year they were able to get Rep. Rhonda Butler to sponsor a bill, i.e., HB172 that passed and is now ACT 450. It will provide Comprehensive Dental Services for Adults with Developmental Disabilities. Those services typically stop at the age of 20, so this will be 21 and older.
- At the time we wanted to include everyone that was on a Waiver and those who resided in ICF/DD facilities, including group homes. However, because of the ICF/DD reimbursement rate structure, which is usually a per diem rate, Medicaid and OCDD did not have enough time to figure what the cost might be, so they were not able to include that in the fiscal rate and had to pull that population out temporarily.
- Rep. Butler submitted a House Concurrent Resolution asking OCDD and Medicaid to study what that cost rate might be. OCDD and Medicaid determined what the rate is and now Rep. Butler has filed HB55 which, as reported, has passed the Senate Finance Committee favorably.
- So far, we're getting nothing but positive response; no opposition.

- HB55 adds the ICF/DD population to ACT 450.
- Funding for ACT 450 is in the Executive Budget prepared by the Governor and so far has not been touched as it makes its way through the legislative process. So we're feeling confident that ACT 450 will be funded.
- The Dental Task Force has not met, usually we meet once a month from 11:00 am – 12:30 pm on the 2nd Friday of the month. We did not have a meeting this month because of the legislative session and I had to go to the Capitol often to advocate.
- We were supposed to have a meeting this Friday, May 13, 2022, but I requested that we cancel it as well because of the legislative session is in full swing and there's a lot of bills related to the developmental disabilities' population. Hopefully we'll be meeting in June.
- Next thing we'll start working on is training the dental workforce to make sure they are prepared and ready to start serving adults with DD in private practices.
- We're also trying to get a clinic to set up at LSU School of Dentistry. Currently there is a clinic at United Cerebral Palsy in Metairie and University Hospital in New Orleans which is also staffed by the LSU School of Dentistry. But there are waiting lists. And it is especially a challenge trying to get services for those with severe disabilities.

OLD BUSINESS

- Kathy commented to Charlie Michel that once his application is approved then he will be able represent Region III and vote.
- One more Representative is need for Region VI
- There's no Representative for Region VII, i.e., Northwest LA HSD. If there's anyone on the call that lives in the area, please contact the HSD and inquire about the RAC or fill out an application. We need two representatives for that region on our SAC.

NEW BUSINESS

- Mylinda sent out a document Julie prepared about various agencies who respond to Critical Incidents for abuse and neglect.

PUBLIC COMMENTS

- Haley Boeing sent a document to be read at the SAC meeting and Kathy read it.

OCDD REPORTS – Julie Foster Hagan

Budget Update

- HB 1 continuing to make its way through legislative process. It was approved on the House side and is now being discussed on Senate side. If Senate makes changes to the budget bill, it will have to go back to the House side before final approval.
- As of 5/11/22, HB 1 includes the following for I/DD services:
 - Funding for comprehensive dental services for adults in OCDD waivers
 - Rate increase for ICFs
 - Continuation of rate increase for OCDD waiver services provided by a DSWs
 - EarlySteps rate increase for providers and support coordinators

Legislative Update: The following are making their way through legislative process; will have to go through final passage to take effect:

- HB 55: Dental coverage for adults in ICF/DD facilities pending appropriation
- HCR 14: Task force to study voting rights of persons with disabilities
- HCR 38: Study I/DD and co-occurring behavioral health needs
- HCR 39: Study and recommendations for barriers to hiring DSPs for persons with disabilities
- HCR 40: Study/report on costs of providing nursing services in waivers and ICF/DDs

COVID Update / Appendix K Exceptions

- Current Public Health Emergency (PHE) is through mid-July of 2022. The Federal government has stated that they will give us 60 days' notice prior to ending the PHE, so we would expect to hear by next week IF they are going to cancel in mid-July.
- Approval of Post-PHE Waiver Exceptions
 - Children's Choice: all amendments discussed changes approved by CMS
 - NOW: some changes included in waiver renewal and approved; additional amendments will be needed to get to specific detail from workgroups
 - ROW and Supports: all discussed changes under review by CMS
 - In addition to post PHE Exceptions, we also added Dental Service for Adults with I/DD – the Comprehensive Dental Services.
- Following legislative session, OCDD will be pulling the focus groups back together to further discuss family as paid caregiver and virtual visits.

American Rescue Plan Act HCBS Funds Update: Our spending plan has been approved. LDH is working through the details and additional actions that CMS required for implementation of activities.

Act 421 TEFRA Program: As of 5/6/2022: 568 total applications received – 384 pending review; 20 denied; 158 approved; 6 withdrawn

EarlySteps Update: Rate increase of 30% for providers and 40% for case management currently in budget

Reporting Process of Critical Incidents/Abuse and Neglect and Discussion

Roles of Different Agencies for Abuse and Neglect and Critical Incident reporting

1. LDH Health Standards Section enforces regulatory compliance of health care providers and receives complaints regarding noncompliance with federal and/or state regulations. Allegations of abuse / neglect / exploitation by a provider agency, including their employees, and complaints against providers are investigated by HSS. Health Standards also has responsibility of administering the Direct Service Worker Registry. Contact number: 1-800-660-0488
2. Protective Services Agencies receive allegations of abuse / neglect / exploitation and investigate those allegations when they do not involve a health care provider agency. There are 3 different protective services agencies, and the referral to these agencies is based on the age of the “victim”. These agencies can all be contacted 24 hours a day, 7 days a week.
 - a. Child Protective Services is under the Louisiana Department of Children and Family Services (DCFS), and they investigate abuse / neglect / exploitation of children from birth to age 17. Contact number: 1-855-4LA-KIDS (1-855-452-5437)
 - b. Adult Protective Services is under the Louisiana Department of Health Office of Aging and Adult Services (OAAS), and they investigate abuse / neglect / exploitation of adults ages 18 – 59 years of age. Contact Number: 1-800-898-4910
 - c. Elderly Protective Services is under the Governor’s Office of Elderly Affairs, and they investigate abuse / neglect / exploitation of people ages 60 years of age or older. Contact Number: 1-833-577-6532 or 225-342-0144
3. Disability Rights Louisiana Ombudsman Program assist individuals and families who have concerns with services in nursing homes or ICF/IID facilities. Contact number: 1-866-632-0922
4. Local law enforcement: Contact when participant or direct support worker is engaging in illegal activities or participant is victim of crime.
5. Medicaid Fraud & Abuse: When fraud or abuse regarding Medicaid billing is suspected, contact Medicaid Program Integrity
6. Provider Fraud Complaints: 1-800-488-2917

7. Participant Fraud Complaints: 1-888-342-6207
8. Office for Citizens with Developmental Disabilities (Note: do not receive allegations of abuse / neglect / exploitation; these are all directed as noted above)
 - a. Set policy and process for receiving and follow-up of complaints (these are not suspected abuse / neglect / exploitation but concerns about the service delivery system). The LGEs directly handle addressing the questions and concerns and work with individuals / families to get needed supports into place to keep person connected and living in their home or community.
 - b. Contact information: The Local Governing Entity in which you reside.
 - c. Set policy and process for reporting of critical incidents for individuals receiving home and community-based waiver services

Critical Incident (CI) Reporting (Note: this is different than abuse/neglect/exploitation reporting)

What is considered a critical incident for OCDD Waiver Participants? All of the following are outlined as critical incidents in the OCDD policy, and they must be reported and tracked through the Statewide Incident Management System (SIMS)

- Abuse/Neglect (including child, adult/elderly, and self-neglect) / Exploitation / Extortion (the above reporting agencies MUST be contacted first; this notification is for the Interdisciplinary Team (IDT) awareness and discussion following conclusion of the investigation and any relevant activities; OCDD/LGE helps to ensure person has supports that are needed, not investigation; that is the role of others)
- Death
- Falls
- Involvement of Law Enforcement
- Loss or Destruction of Home
- Major Behavioral Incident: Any incident that results in ER visit or hospital admission as result of behavior in question; Suicidal threats; missing person; self-injury; nonconsensual sexual behavior; physical aggressive behavior
- Major Illness: substantial change in health status – suspected or confirmed – which requires medical treatment at Urgent care clinic, Emergency room, or Acute care facility (outpatient procedure or admit). Note – urgent care clinic, emergency room, and acute care facility are coded as “other major illness.”
- Additional reportable categories as part of OCDD’s risk management obligation: Bowel obstruction, Decubitus, Pneumonia, Seizures
- Major Injury: suspected/confirmed wound/injury requiring medical attention by licensed health care provider at urgent care clinic, emergency room, or acute care facility (Note: suspected abuse/neglect should be coded with applicable specifier)

- Major Medication Incident: admin/self-admin of med incorrectly which requires medical attention at urgent care clinic, emergency room, or acute care facility
- Restraint use

How are critical incidents reported? The roles and responsibilities for reporting is different depending on if you are a participant or family member, a direct support provider agency, or a support coordination agency.

HCBS participants and family members:

- Keep copy of Critical Incident (CI) reporting operational instruction and copies of CI report form
 - Understand definitions of CI & HCBS program reporting requirements to provider & Support Coordinator (SC)
 - All ER visits & hospital admits are reportable & alert provider (if applicable) or SC
 - Report suspected abuse and neglect to the appropriate party
 - Report CIs to provider & SC ASAP & no later than 24 hours after incident
 - Needed info: Hospital/ER/urgent care discharge summary/orders; Medication changes; Arrest info, court date, incarceration
 - Participate in planning meetings to resolve CIs/prevention & mitigation strategies
1. DSP agencies: (Do not investigate abuse/neglect/exploitation; support role only)
 - a. Immediately assure safety
 - b. Immediately contact protective services if abuse/neglect suspected (DSPA to remove staff & no contact with alleged victim or others receiving services pending internal investigation outcome). Cooperate with protective services & share info/records for investigation
 - c. Contact Support Coordination Agency by email or fax immediately & no later than 24 hours post discovery
 - d. Enter CI into SIMS ASAP & no later than 48 hours post discovery
 - e. Follow-up case notes within 6 business days & continue to follow-up until resolution/closure
 - f. Participate in team meetings & assist with providing info/documentation
 - g. Document/review all CIs
 2. Support Coordination Agencies/Support Coordinators (Do not investigate abuse/neglect/exploitation, support role only)
 - a. Contact provider within 2 hours of discovery & collaborate
 - b. If witness, then take action to assure safety & make report to protective services
 - c. Enter Critical Incident into SIMS within 48 hours of discovery:
 - i. Participant linked to SW or self-direction

- ii. Incident occurs at day hab or work site
 - iii. Participant approved for waiver but not using services via licensed DSP
 - iv. DSP is unable to enter into SIMS
 - d. Follow-up actions as outlined under DSP agencies & prepare document for CIRC review
 - e. Send participant copy of summary within 15 days after closure by LGE
 - f. Review C is for trends/facilitate discussion with team
 - g. Follow Mortality Review Process & MRC checklist regarding death of participant
- Steve commented that Disability Rights of LA has Ombudsman for the Groups Homes and 2 out of 3 Regions for the Supported Independent Living. The Nursing Home issues are taken up by Long Term Care Ombudsman and are no longer affiliated with the Disability Rights, and before that the Advocate Center. If you have a problem with an incident in a Nursing Home, it's best to check with the Long-Term Care Ombudsman.
 - Kathy asked what if it's an ICF/DD facility? Steve said if it's not a state-owned facility, Ombudsmen will investigate.
 - Julie said she will correct the handout sent to SAC members to include Steve's comment.
 - Kristen said she has an SIL participant that has cameras in her home, not overly verbal. Family members did catch some workers from a provider agency verbally abusing her on many occasions; Health Standards was involved. How do we assure that they're on the Medicaid exclusion list and that they don't go and get a job at another provider agency? Julie said there's a link she can provide for the DSW Registry
 - Kathy asked who manages the Registry? Julie said Health Standards
 - Kathy asked if Health Standard can do a presentation about their office, the Registry List, and investigations. Julie said she can ask Health Standards

Questions:

- Carmen commented that she had two questions:
 1. Is Critical Incident on the OCDD's website and where would I get the instructions?
 2. Is there an Ombudsman that oversees Self-Direction families in the home-environment?
- Julie responded saying there's a program called the SILAP Program, not specific for Self-Direction, but specific to people receiving in-home services as opposed to facility based, but not available in all of the regions.
- Steve said Region's 1 & 2 are the area it's available

- Kathy asked what does SILAP stand for? Tory responded saying Supported Independent Living Assistant Program
- Kathy asked if there is a State Advisory Committee for ICF/DD facilities, private and public? Julie said no
- Kathy asked do they fall under OCDD, and will we be able to discuss issues regarding ICF/DDs? Julie said yes, with Intermediate Care Facility, there are 3 primary sections involved:
 1. Health Standards Section is involved because they fall under Title 19 regulations, so there are Federal Statutes that have to be followed related to ICF/DDs, they have to get annual surveys to make sure they are in compliance with regulations. Health Standards is the Regulatory Compliance and Survey Agency.
 2. Medicaid Rate and Audit is the entity that establishes the rates and the rate structure for ICF/DD facilities.
 3. OCDD is often involved, but on the program side of things; they don't have specific policies and procedures for the Intermediate Care Facilities, but we do engage in different activities to help with the quality of services, and to help with training. It is similar to what we do on the Waiver side, but we're submitting the Waiver application directly to CMS and we're setting the rates for Waiver Services.
- Sharon commented that there use to be several Private Residential Providers that were members of the SAC Committee, i.e., Pine Grove Training – Kara Bertrand, and Robinswood School – Gordon Probe. Both of those agencies were involved in the SAC Committee
- Suzanne said there are 4 Residential ICF Facilities involved with their agency
- Kathy asked Torrie if Disability Rights Louisiana would like to present at one of the SAC meetings about what their process is when receiving complaints. Torrie said he would ask the Intake Legal or Community Advocacy to see if they would like to do a presentation. He said that it was a yes for him, but he would have to confirm it first with the others.

General Information and information in the Chat

- Katie Kroes – reported in Chat – House Education passed SB45 this morning favorably
- Christina Martin – May is all about Legislative Advocate – Region 1 & 10. Join us in person May 24, 2022 at 12:00 noon. Register at www.tinyurl.com/LACANMAY101

- Next future meeting are: July 13, 2022, September 14, 2022, and November 9, 2022. To receive copies of the minutes or the agenda email louisianasacdd@gmail.com
- Pamela Muhammad said she would like to change the policy that if someone with 24/7 care like herself goes into the hospital, the caregiver is not able to care for you because Medicaid will not pay for it, something needs to be implemented. Kathy responded that it is federal regulation, i.e., CMS Regulations. Karen Scallan said you can't have two services at the same time. When you're in the ER, your worker can be with you, but once you're admitted, the caregiver will no longer be permitted. Some hospitals (Ochsner) will provide someone to be in the room with you. If the hospital does not have a policy then you will need to talk to Human Services Districts in advance. Waiver or Medicaid itself will not pay for two services provided at the same time. Families can contact Karen for further information and assistance.

Karen Scallan – Medicaid Advocate – Special Needs and Parent Supports and Services of LA LLC. All services and assistance free of charge.

Phone: 504-300-5117; Email: snapsslhelpline@gmail.com

- Region II LACAN – 225-408-9963
KKroes@lacanadvocates.org
- Steve Kauffman stated that he looked on the tracking list and the original HB55 was heard in the Senate Health and Welfare and was accurate.

Kathy stated that if there are no other questions or comments, it is 2:45 pm, I would like to adjourn the meeting. Konstance Causey made a motion to adjourn. Dana Fullington seconded.