

OCDD STATE ADVISORY COMMITTEE

Meeting Minutes Held Online

July 13, 2022 from 12:30 pm – 3:00 pm

Call to Order – Kathy Dwyer, Chair, called the meeting to order at 12:32

ROLL CALL

SAC Voting Members: 9 out of 16 – 3 vacant slots

Present: Holly Bell, Michelle Wall, Rebecca Fruge', Mylinda Elliott, Dana Fullington, Suzanne Bourgeois, Kristen Essaied, Kathy Dwyer, Jen Walle, Konstance Causey (late)

Absent: Penny Curran, Kay Lewis, Tiffany Brunet, Debra Fontenot, Kristen Reed, Nicole Bilberry

OCDD AD HOC Members: Julie Foster Hagan, Tanya Murphy, Brenda Sharp, Jacquelyne Cobb – OCDD

Health Standards Section: Cullen Brewer

Office of Aging and Adult Services: Sherlyn Sullivan

Public Present:

Charlie Michel, Sharon Delvisco, Kathleen Cannino, Steve Kauffman, Torri Rocca, Katie Kroes, Stacy Guidry, Jennifer Purvis, Andrea Albert, Chanel Jackson, Kasey Hill, Christina Martin, Susan Riehn, Carmen Omara, Tami Schilling, Nicole Williams, Amy Miller, Jacqueline Nwufoh, Bebe Bode, Anthony Stafford, Katelyn Ramsey, Brenton Andrus, Christy, Cindy, Doanie Perry, Janise Monetta, Karissa Jackson, Matthew Wallace, Nancy LeBlanc, Paul Moreau, Rona Burkett, Torri Keller, Julie Folse

APPROVAL OF AGENDA: Because it was thought a quorum was not present, approval of the agenda was postponed to the next SAC meeting.

APPROVAL OF MIUTES: Because it was thought a quorum was not present, approval of the Minutes was postponed to the next SAC meeting.

PUBLIC COMMENT

- Kathleen Cannino wanted to address the lack of oversight when there are issues like abuse in a school or facility, specifically in a school. There's no real way of reporting other than to the school police and the schools are contracted with the police. LA Department of Education said they don't accept complaints for abuse

or mistreatment. Kathy stated that since we're the State Advisory Committee for the Office of Citizens with Developmental Disabilities (OCDD), we don't have oversight over public schools. Kathy then asked Julie if she, Health Standards, another office could help with abuse in public schools. Julie reiterated that public schools are not under the purview of OCDD or the investigation arm for LDH. Cullen Brewer with Health Standards will talk about how Health Standards handles things. Brenda Sharp stated that abuse in public schools is handled the same way any suspected abuse or neglect is reported. Teachers and Principals are mandated reporters for DCFS, anytime there's an abuse and neglect situation, it is then reported by the individual whose involved or who identified it. Mylinda stated that works if the parent is the abuser, but not if the teacher is the abuser. DCFS will tell you they do not take complaints against teachers. Brenda then suggested the Governor's Office of Disability Affairs has an education committee, maybe it should be referred to them. Kathy stated that may be a good idea because it difficult to believe that LDE does not accept complaints. Mylinda suggested that LACAN Leaders are doing Community Input Meetings, maybe this is something to be included on LACAN's advocacy agenda. Kathleen noted that because the schools are Medicaid providers, she thought LDH would have some oversight, especially with restraint. Cullen Brewer stated that Health Standards only conducts regulatory compliance for licensed Health Care Facilities, they have no oversight over educational schools. Kathy suggested this concern be brought up at the Governor's Office of Disability Affairs and the DD Council Education Committee meetings. Susan Reine suggested it could be brought up at the Special Education Advisory Committee.

OCDD REPORT – Julie deferred the report to Cullen Brewer with the Health Standard Section (HSS).

Cullen Brewer presented the following about Health Standards Section (HSS)

- Licenses and certifies healthcare facilities within the State of Louisiana.
- Conducts surveys of licensed and certified healthcare facilities to ensure substantial regulatory compliance.
- Health Standards is comprised of 5 Field Offices with 4 additional sites across the state and the State Office which is in Baton Rouge.
- They have approximately 120 surveyors to conduct surveys.

HSS Complaint Process

Disclaimer: This is not intended to be a complete representation of HSS' policy and/or procedure for the complaint process. The following presentation is an overview of the current HSS complaint process. Please note that the HSS complaint

process, which is dependent on federal or state statutes and regulations, may change.

- How complaints are received
 - Phone
 - Email
 - Facility reported incidents for suspected abuse, neglect, or Misappropriation of funds including SIMS
 - Fax/Other

- ACTS (ASPEN COMPLAINT TRACKING SYSTEM)
 - All complaints are entered into ACTS by HSS Complaint Team
 - The complaint team reviews complaint information to determine:
 1. Is there enough information provided?
 2. Is the complaint regulatory?
 3. What are the allegation categories?
 4. What is the prioritization of the complaint?

- Prioritization of Complaints
 - There are multiple prioritization criteria across different provider types. They are defined in CMS' State Operations Manual Chapter 5.

- For ICF providers, the following apply:
 - 2-day complaint
 - 30-day complaint
 - Administrative Review/Offsite Investigation
 - No further action necessary

- 2 Day Complaint
 - The regulations at 42 CFR 489.3 define immediate jeopardy as, "A situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident."
 - Intakes are assigned this priority if the alleged noncompliance indicates there was serious injury, harm, impairment or death of a patient or resident, or the likelihood for such, and there continues to be an immediate risk of serious injury, harm, impairment or death of a patient or resident unless immediate corrective action is taken.

- Survey must start within 2 business days of complaint being routed to Field Office.
- 30 Day Complaint
 - Non-Immediate Jeopardy
 - Intakes are assigned this priority if the alleged noncompliance with one or more standards within a Condition of Participation, Condition for Coverage or Condition for Certification is limited in manner and degree and/or caused, or may cause, harm that is of limited consequence and does not impair the individual's mental, physical and/or psychosocial status or function.
 - Survey must start within 30 calendar days of complaint being routed to Field Office.

Question/Answers/Comments:

- Kathy asked if the two-day complaint mostly involves those with potential injury or harm done to the person, correct? Cullen said: It's serious injury, harm, or death. To clarify, Kathy asked "Like requiring hospitalization, being ER/ICU?" Cullen responded saying If it falls into an abuse/neglect situation. But just because someone goes to the hospital doesn't mean there's a reason the facility is not non-compliant. If there's an allegation of non-compliance and serious harm, it would go out as two-day complaint.
- Kathy asked: If there are questions whether or not there's abuse is that a two-day or 30-day complaint? Cullen responded saying: It depends on what the level of harm would be, don't want to speak specifics.
- Kathy asked: What if someone's health declined significantly and in a short period due to unexplained reasons and required hospitalization or maybe it was obvious that appropriate care wasn't provided, is that a two-day or 30-day? Cullen responded saying: There's a lot of factors to go into that. It would depend on what information that was provided, what the background was to the specific instance. It's very hard to do a general question and answer when it comes to examples because there's a lot of effort in having a conversation with a complainant to get the details of who were involved when it happened, what shift it was when it happened, what the condition was, where the condition is.
- Bebe Bode asked in the Zoom Chat: Where do you find the information on how to report on exactly what they need in order to determine the need for an investigation. Kathy responded that she shared a link on where to file a complaint.

- Kathy asked if the link where you file a complaint includes instructions of the information you should provide? Cullen responded saying the link will provide basic information for one the complaint line will have information where you can call. When calling have specific information needed: who, what, when and how. The information that will be very helpful will draw who we may need to speak to. Again, is it regulatory. We may have a situation, not specific ICFs, where an individual residing in an apartment, we don't license apartment complexes. If there's an issue with the apartment complex and not a health provider, that wouldn't be regulatory. Regulatory is what the statutes and our regulations require of those facilities or provider types and if are they doing what is required. Within caring services there's going to be some type of action on compliance because those are always required by the entities that are providing services.
- Administrative Review/Offsite Investigation
 - Intakes are assigned an "administrative review/offsite investigation" priority if an onsite investigation is not necessary. However, the SA conducts and documents in the provider file an offsite administrative review (e.g., written/verbal communication or documentation) to determine if further action is necessary.
 - Complaint team speaks with appropriate staff of a provider and requests documentation from the provider to review. Based on the review/off-site investigation the complaint team will determine if any further action is necessary.
- No Action Necessary
 - Intakes are assigned a "No Action Necessary" priority if the SA determines with certainty that no further investigation, analysis, or action is necessary.
 - For example, no action is necessary if a previous survey investigated the exact same event(s) and either did not find noncompliance, or noncompliance was previously identified and subsequently corrected by the provider.
 - Please note, this category would also be used for intakes concerning an event that occurred more than 12 months in the past, unless the SA determines that a complaint investigation is nevertheless warranted.

Complaint Investigation Process

- Pre-Survey
 1. Surveyors review complaint details. Surveyors prepare prior to the start of the survey to determine who, what, when, where, and how if

known. For example, the details may indicate that the allegation occurs on night shift.

2. Surveyors contact the complainant, if known, to clarify details in the complaint or ask for additional information.
 3. Surveyors review compliance history to determine if the provider is currently out of compliance from a previous survey and/or to determine if the current allegations have been investigated previously.
 4. Surveyors will plan their investigation. For example, who are the key personnel they need to interview, what documentation needs to be reviewed, and what observations are needed.
- **Survey**
 1. Surveyors conduct entrance conference with provider to inform that they are there to conduct a complaint survey.
 2. Surveyors request a list of residents with current diagnosis. This is used to find same or similar residents to the resident(s) that may be named in the complaint.
 3. Survey team will create a sample of residents based on the list and complaint. For instance, the complaint may identify a wing where the allegations are occurring.
 4. Surveyors conduct investigation based on observations, interviews, and record reviews that are specific to the area(s) of concern. A complaint is a focused survey.
 5. Surveyors document their investigation.
 6. Surveyors will conduct an exit conference to inform the provider of any regulatory deficiencies that may/or may not have been found.
 - **Post-Survey**
 1. Surveyors write deficiencies, if needed.
 2. Surveyors complete complaint investigation form, which includes a brief summary of their findings and whether or not they substantiated the complaint.
 3. The complaint is reviewed by State Office for thoroughness of investigation.
 4. The complaint findings are sent to provider.
 5. The complaint findings are sent to complainant, if known.

Question/Answer:

- Kathy: I have a question about the survey. When you said you go to meet with the providers to let them know you're responding to a complaint, are they given advanced notice that you're coming, or do you just show up?
 - Cullen – All surveys are unannounced, except for an initial survey where they are getting licensed for the very first time. For a licensed provider, the provider is notified upon entrance of the facilities, not before.
- Kathy – So you begin to conduct the survey there?
 - Cullen – When they enter the facility, we begin our survey process.
- Kathleen – Once the investigation is done or if a facility is found non-compliance, do they post those findings anywhere for the public to see, not specific and not names, just they provide it for non-compliance?
 - Cullen – All providers are required to post their last survey results.
- Kathy – Providers are required, but is there any place on LDH website that we can see the information?
 - Cullen – No, as agencies we don't post those survey findings on the website, however for ICFs those 2567, which is the Statements of Deficiencies are posted by CMS.
- Kathy – On the Federal CMS website?
- Findings and Compliance
 1. While onsite the surveyors, utilizing the complaint details, will determine whether or not a facility is in current substantial compliance.
 2. Substantial compliance means a level of compliance with the requirements of participation such that any identified deficiencies pose no greater risk to resident health or safety than the potential for causing minimal harm. Substantial compliance constitutes compliance with participation requirements.
 3. Noncompliance may occur for a variety of reasons; however, whenever a facility is out of substantial compliance, it is a danger to the health and safety of its residents and can result in harm or likely harm to residents.
 4. HSS is investigating the provider and not individuals when conducting a complaint.
 5. A complaint may be substantiated; however, a facility may have corrected the issue and be in substantial compliance with the regulations. A deficiency would not be written.
 6. Surveyors may not be able to substantiate an allegation. This does not mean the situation did not occur.

7. Surveyors may write a deficiency, regardless if the allegation can be proven, if the provider is found to be current non-compliance at the time of the survey.

Kathy asked: If you found something that's a deficiency, and the provider corrected, but if there was an individual, an employee involved, and there was some kind of abuse, you don't address the issue from the employee aspect?

- Provider Responsibilities

1. All providers must submit, at a minimum, a plan of correction within 10 calendar days of receipt of their statement of deficiencies.
2. This plan of correction must include the following:
 - a. Address how corrective actions were accomplished for those residents/clients/patients found to have been affected by the deficient practice.
3. Describe how other residents/clients/patients that have the potential to be affected by the deficient practice will be identified; and what will be done for them.
4. The measures that will be put in place or the system changes that will be made to ensure that the deficient practice will not reoccur.
5. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. Indicate how the corrective measures will be monitored.
6. What quality assurance program will be put into place? Monitoring must include who (what discipline), how (chart audits, direct observations, specific procedures), how often (daily, weekly, twice a month), and what will be done if problems are discovered.
7. Include dates when corrective action will be completed.

- Provider Responsibilities

1. Provider must implement their plan of correction and come into substantial compliance.
2. Depending on the type of deficiency and egregiousness, HSS may conduct an onsite follow-up survey or HSS may conduct a desk review by requesting evidence to ensure substantial compliance has been achieved by the provider.

- Referrals

Depending on the outcome and/or egregiousness of actions or inactions of provider staff, referrals may be made to various entities. These may include:

1. The Louisiana Board of Nursing,
2. Louisiana Board of Medical Examiners,
3. the CNA or DSW registries,
4. Louisiana Attorney General's Office, and
5. local law enforcement.

Questions/Answers/Comments:

- Anthony Stafford question in Zoom Chat: Can you discuss the difference between Significant Finding and Deficiency?

Cullen: Deficiency, for example, is when health standards checks to make sure that all new employees have a background check and if they find that a background check wasn't done, the Health Standards would cite that as a deficiency.

Significant Finding – (for example) – If I review the policy and procedures and a regulation requires 20 different items while reviewing the policy and procedures, we find 1 is not covered, however it's more paper compliance, and doesn't have anything to do with outcomes or negative outcomes. We may do a Significant Finding to notify the provider to put it in their policy and procedures.

- Kathy – So a Deficiency is more serious than a Significant Finding?

Cullen – Yes, but Significant Findings are rarer.

- Kathy – Let's say a facility have several complaints surrounding similar issues of abuse of a client, does a red flag go up where even further investigation is done even though it may be different clients?

Cullen – That's sort of off the topic because that gets into actions taken by the Department based on Compliance history. For ICFs – it's not just complaint surveys we do, we also do Recertification Surveys every 9 to 15.9 months, it's not yearly, it's between that time span. The reason for that is when we walk in to do a recertification survey, we're looking at the system as a whole, the provider as a whole instead of focused. There are remedies for repeat deficiencies. We have conversation with some of these providers that we call stay in cyclical in non-compliance and other remedies under the sanction statues up into license, but that separate apart from the complaint itself. We're looking at that as a totality of what the provider has done and the egregiousness of the deficiencies of

what we're finding in those facilities, and that's not specifically to ICFs, but for all Health Care providers.

- Kathy – I guess I was wondering if you received complaints about a particular provider and as you begin an investigation, you notice there were similar complaints. Are previous complaints found as a deficiency where someone may have been hurt or abused considered, especially if some could not be substantiated, but a history of complaints appear to indicate something is going on? Who handles that, do you not handle that, what happens?

Cullen – Again, it's specific to the situation and the level of egregiousness that's going on. Those decisions are made by the program desk at State Office, as well as the supervisor over those programs desk, myself, and my director.

- Is the provider in Cyclical Non-compliance?
 - What level of Cyclical Non-compliance are they following?
 - Are we sighting them for immediate jeopardies, are we sighting Paper Compliance or what is the situation?
-
- Katelyn Ramsey Castleberry shared public concerns about a residential care facility in Boyce, LA. Is it typical in your professional opinion or does it occur where people who file complaints, have severe legal action taken against them by the corporation? Are whistle blowers or complaints finding themselves in severe trouble for reporting abuse and neglect in places like the residential care facility in Boyce, LA? Have you seen that before?

Cullen – Again I don't want to answer to specific situations, I try not to give opinions, I stay within what our process regulations state' as to any specific incident, I wouldn't want to speculate.

- Kathy – If someone feels they're being retaliated against, where do they go to file a complaint?

Cullen – I don't have that answer.

- Kathy – Earlier you mentioned that when you receive a complaint, you review whether or not previous complaints have been received.

Cullen – Yes and whether or not they've been investigated. We have instances, for example, a facility reported incident comes in, it's triaged, it's assigned to Complaints or prioritization, we go out, we investigate if it's cited efficiency or not. Perhaps in 45 to 60 days later someone in the

public calls in a complaint relative to the incident the provider had already notified us of, and we've investigated, we don't go back out to investigate the same instance unless there's different material differences and additional information that has lead us to look at something else.

Report from OCDD – Julie Foster Hagan

Budget Update

When we last met in May, we were still in the midst of the Legislative Session. So, I wanted to let you know the outcome of Session.

HB 1 Information relative to OCDD population:

- Funding for comprehensive dental services for adults on I/DD waivers and in ICFs was added this fiscal year
- EarlySteps rate increased: 30% for services and 40% for case management. OCDD and Medicaid working to get this change implemented. It requires rule changes and changes to billing system. Don't have a specific date but we are working on it.
- Transportation rate increased for vocational / day program. Increased rate to a flat rate of \$20 / round trip. Was previously \$12 / round trip for non-wheelchair accessible and \$20 / round trip for wheelchair accessible but using same vehicle
- Continuation of \$2.50 rate increases started on 10/1/2021
- Rate increased for ICFs - \$12 / day "add on", \$12 per person, per day when billed. Reimbursement increased from 75% to 85% of per diem for leave days. A large amount of money given to the ICFs as a one-time supplemental payment

Legislative Update

The following bills were passed during 2022 Regular Legislative Session:

- HB 55: Comprehensive dental coverage for adults in ICFs
- HCR 14: Task force to study voting rights of persons with disabilities. Secretary of State is lead but LDH has a seat on the task force
- 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 / ICFs

COVID Update / Appendix K Exceptions Update

- Current Public Health Emergency (PHE) is through mid-July of 2022. Federal government has stated that they will give us 60 days' notice prior to ending the PHE. We anticipate that an extension will be announced this week. If renewed for another 90 days, this means that the Appendix K exceptions will be in place until April of 2023. If we were to get the extension it will be extended to mid-October.
- OCDD will be pulling the focus groups back together to further discuss family as paid caregiver and virtual visits in this quarter.

American Rescue Plan Act HCBS Funds Update

- CMS gave an extension to spend the ARPA HCBS dollars (Section 9817) through March of 2025, was initially March of 2024. Extension given because of length of time for CMS to approve plans.
- Initiatives Updates:
 - START assessment and pilot: We are working on getting a contract with the START team to begin the assessment process. Timing is dependent on length of time for approval of contract.
 - VBP (Valued Base Payment) and remote technology for families: We are still building out our project management plan.
 - Dental training: We are working on a contract with the Louisiana Dental Association to pay for continuing education units for dentists that's specific to providing services to individuals with developmental disabilities at upcoming conference
 - Bonus payments: For any DSW or Support Coordinator employed at this time. They will receive bonus payments of \$125 / month for every month that they worked at least 16 hours per month or 10 contacts with participants beginning 4/1/2021 – current. Traditional providers will receive \$150 with a requirement that \$125 be given to the worker. Staff in self-direction will receive via fiscal intermediary. Target to implement this is 10/2022. We have approval through Appendix K and emergency rule is in process.
 - Temporary rate increase for Support Coordinators of 30%: We have approval through Appendix K and emergency rule is in process. Target to implement this is 10/2022

Act 421: Children's Medicaid Option Update

As of 6/24/2022, 830 applications received

- 451 applications pending review
- 67 applications denied

- 300 applications approved
- 12 applications withdrawn

Early Steps Update

- At next SAC meeting in September, we will have full fiscal year data for 2021-2022 that was requested.
- Looking at children who are aging out of EarlySteps

Sun Screening

Question: Can we get an update on the SUN assessments? There are a lot of people who received a '0' who I assume are in the process. I am curious how many had the 0 on the SUN and how many have been reassessed. Someone brought this up at our RAC meeting.

Response: Most recently, OCDD initiated a review process to do an analysis of the number of people requiring a screening or re-screening in the upcoming year. We are currently in the process of refining our scheduling and tracking screening/re-screening procedures to ensure we have the most efficient processes in place. We are also expanding and diversifying the screening team to meet the current requests and necessary re-screenings across all living options. These efficiencies will assist us with ensuring people receive a timely screening. Should the analysis reveal additional needs, we will prioritize allocation of resources to meet these needs. If a family member has already been screened and they feel like their situation has change they should reach out to their LGEs and ask for an expedited screening.

Question/Comments/Answers:

- Nancy LeBlanc: Are you waiting until the emergency is over to make a determination about parents being workers for their adult children.

Julie: No, we're not waiting, we've had several focus groups, general meetings, and there's a power point presentation on our OCDD website. I can provide you with the link. We took every exception that we have and will the exception continue or discontinue or be continues with changes. There are certain Federal guidelines we have to follow when family members are paid caregivers. All waiver amendments have been approved, which outline those guidelines for family members to be paid caregivers. What we need to follow up on is:

- If you are the primary care family member, a parent of a child that is under the age of 18, for our OAAS participants, the

spouse, and being paid, you have to be able to show that there's extraordinary care being provided.

There are some expectations of as a parent taking care of a child and some expectations if you're a spouse taking care of a spouse. There's the ability to show that the person getting the support is extraordinary care needs. We have included in our Waiver Application what CMS calls legally responsible individuals, which are different from family members that are not legally responsible individuals, both will get paid within the guidelines.

If you are a legally responsible relative, we have to show that it meets extraordinary care. One of the pieces of follow ups I mentioned was that we will be bring back the focus groups of family members as paid caregivers, is defining more clearly what that extraordinary care means, what's the criteria on how to define it. What CMS says is, if you are any member, whether a legally responsible family member or non-legally responsible family member; if you are being paid to provide services, you have to show where it's the best interest of the individual. We are also going to have to do some work around what is it that we are going to show that's in the best interest of the individual. For family members to be paid caregivers, there will be some limits in terms of the number of hours and there will be things that need to be included in the individual's Plan of Care that shows that it's in the best interest of the individuals and again if it's a legally responsible individual that meets the extraordinary care. The more work that we have to do, what we need to do is we will be re-engaging folks in clearly defining and setting the criteria for those two things and have it approved. In the power point presentation, it says it's approved and what are the things that need to be considered.

- Kathy: When they talked about legally responsible relatives, wasn't there something about those who are tutrix under a continuing tutorship that was questionable?

Julie: Yes, we still have work to follow-up with legal.

- Nancy: With Self-Direction, does that bonus include employer-employees too, that is, the employer being the parent?

Julie: In Self-Direction or in traditional provider agency to be a Direct Support Worker, anyone serving in the capacity of a DSW that provides 16 hours or more.

- Jacqueline: Where do you find the requirements for the Sun Screening job?

Julie: When we post them, they're out there. It requires an Undergraduate's degree in a Social Service Field, which is multipurpose things, or a minimum of 1-3 year experience of working with people with Developmental Disabilities.

- Annie: Is the expedited process new (the expedited Sun Screening process)? If not, how long has it been an option?

Julie: It's always been an option, but it's not always communicated that way. That is why I've been trying to make people understand that it's an option. They should call the local governing entities and request it. We've reinforced it with the LGEs as well. It has been an option for the last 4 years.

- Suzanne: The rule was published in the Louisiana Register, Volume 48, #6 on June 20, 2022. That is the rules about family members and legal guardians being able to work. It breaks it down by waiver.

Julie: The rule is just more formal language from the power point I will send to you.

- Kristen: What about with Self-Direction, can the employer still be the worker?

Julie: Here's the problem with Self-Direction: We have checked and double checked with legal, and there's a conflict that we're not being able to avoid, and we can't allow something that is a conflict of interest. If you are in Self-Direction and you are the person with a disability, you may self-direct your own services and you then are a person who is doing self-direction. If you are a person in Self-Direction who is not able to self-direct, you have an authorized designee or an authorized representative who assists you with the Self-Direction. When you fill out your paperwork for Self-Direction, the individual with disability identifies that they will be their own authorized representative or if someone else will be their authorized representative and that person is the one who helps find staff, hires staff, and sets staff wages. When you are a Self-Direction employer, you set the wages, do performance evaluations (you hire, you fire, you help the person with that) because of the role that the employer or person listed as employer or authorized representative designee in terms of hiring, firing, setting salaries, they cannot also be the employee, there's a conflict. Let's say your adult child needs your assistance being in Self-Direction, and you do that, you will be the paid employee, then you're

hiring yourself, setting your salary, doing your own performance evaluation, then there's a conflict. One of the things that I will discuss is if you are an employer in Self-Direction, you cannot also be the paid employee.

- Kathy: When will the bonus for DSWs be in effect?

Julie: We are shooting for October 1, 2022, but there's a lot of logistics involved. The payment will go back to April 1, 2021. The system has to be set up so that we pull from the Electronic Visit Verification all of the employees from that period, look at the number of hours that they worked, make sure it's calculated correctly, and that it generates a list that has to be compared, it's complicated. The systems have to talk to each other to be able to work. We put together a platform to have all systems talk to each other. If we test it and it works great and if not and find glitches, then we have to go back and reprogram and retest again. It just depends on how long the testing takes, but we're hopeful for October 1, 2022.

- Ms. Jackson: Will the \$12 go directly to DSW? Kathy added on: Or is it still the 70-30 split like the previous increase?

Julie: The \$12 per day, per person is for ICFs and it's more complicated because they get a per diem, not an hourly rate. Medicaid Rate and Audit is publishing some emergency rules to talk about what the Intermediate Care Facility providers will have to do to be able to submit cost reports at the end of the year. They have to show where that additional funding was used for DSW workers. There's always going to be some split because of administrative cost. It will be in the emergency rule, that has not been put in place yet, but an expectation that a portion of the amount, since it's ICFs that's for the whole day, so you may have two or three employees and it stretches across. One thing in House Bill 1 requires us to do before session next year is for the department to go back to all rate increases given and give the legislature a report on our audits and what we've done, to take a look to make sure it goes to Direct Service Workers. It also goes to Joint Legislation Committee on Budget, but that language was added to House Bill 1.

- Kristen: When is the bonus paid back to?

Julie: We want it to go back to March 2020, but CMS came back and said that because the American Rescue Plan Act wasn't active and available until April 2021, we could only retroactively go back that far by the Federal Government.

- Mylinda: You talked about the registry and that the family member wouldn't be the employer and the employee in Self-Direction; I know of a couple of families in the area who does that. Do you know when that goes into effect?

Julie: That is in our Waiver. Right now, in the Appendix K exceptions, we don't have any prohibitions of that. So, during COVID we said we didn't limit the time and CMS allowed us to bypass those rules, i.e., what the Appendix K allow us to do during an emergency, and CMS approved it even if we have a rule against it. If there's an emergency to keep people safe, you can bypass those rules. Our Appendix K exceptions can be in place until 6 months after the end of the Public Health Emergency. I can't tell you when that is because I don't really know when the Public Health Emergency will end, that's the reason why I want to get it in the Waiver now to have it approved.

Reports from Regional Advisory Committee:

Region I – Holly Bell reported they were supposed to meet on June 10, 2022, but the meeting was canceled due to conflicts. The next meeting will be August 12, 2022, from 10:00 am – 12:00 Noon.

Region II – Michelle Wall reported they had a meeting May 16, 2022, had a Quorum. Capital Area did an AP Report. Employment improving 8.12%, trending each quarter, still not where we need to be. They had a change in leadership, i.e., Katie Crowes replaced our secretary; the other Officers remain the same. They are continuing their discussion with EarlySteps and what a closure means? There's a communication issue with the LGEs and families meeting. Families may not be answering the phone calls because they don't recognize the numbers and they have some suggestions they will present to Brenda Sharp later. Three new members were approved.

Kaitlyn commented: Thanks to the care workers trying to get through to families on the phone. I know it's hard and very frustrating to reach families and make the time to talk and interview and circle back again and again. I want to thank each and every one of you and thank the disability families who make sure other families participate again and again because as a person with weeks and weeks of no sleep and needing to provide a higher level of care, I want to participate in facilitating my son's resources, and at times it's downright impossible. Thank you all for the constant efforts.

Region III – Charlie Michel said he didn't have anything to report. They're meeting is next month. They meet quarterly, overlaps sometimes. They did get in touch with Wesley, and he will check on the status of Charlie's and Julie's applications when he gets in the office next week.

Region IV – Rebecca Fruge’ reported they met on June 14, 2022 and had a quorum. They had 7 members present, 4 absent, 2 for public comment. Troy Abshire, their director gave an update: 250 on the waiting list for Flexible Family Fund. He also said we received about 50 applications for entry just in the last month. Currently serving 2,357 Waiver clients, larger than any other region in the state. Gave an update on ACT 421 and how that’s going a little smoother. They had Kim Smith and BJ Smith for public comments. They were concerned about abuse and neglect of people with disabilities. The next RAC meeting will be Tuesday, September 13, 2022.

Region V – Mylinda Elliott reported that the last month report was for the end of the second quarter. Since the last meeting they did have a provider meeting or a SAC meeting. At the end of second quarter:

- LGE served 148 people with Individual and Family Support.
- At the end of the fiscal year, they were running really close and waiting for some of the contracts to spend or not spend, and that was with the LGE graciously putting extra money in the Individual Family Support.
- There’s still a lot of people hurting because of the Hurricane.
- The Flexible Family Fund had 91 slots filled and no child had to receive placement services.
- EarlySteps Indicator – percentage of children receiving EarlySteps by 36 months was at 100%. If the parent had indicated they wanted it, the process was completed 100% by the end of the second quarter.
- Hopefully by the next meeting they’ll have the end of the fiscal year, it depends on how the months works out.

Region VI – no Representative to report

Region VII – no Representative to report

Region VIII – Konstance Causey said they didn’t’ have a report. The next RAC meeting will be Tuesday, July 27, 2022.

Region IX – Suzanne Bourgeois reported they’re last RAC meeting was on May 11, 2022 and that they didn’t have a meeting since the last SAC meeting. The next meeting is August 2022.

Region X – Jen Walle reported they did not have a meeting since the last SAC meeting. The last RAC meeting was 4/26/2022 which she reported at last SAC meeting. The next RAC meeting will be July 26, 2022.

Dental Task Force Report: Kathy reported that they just had a meeting last Friday. They didn’t meet during Legislative Session because of being busy with

advocating for funding for Act 450 and passage of HB 55 which Julie reported on. She stated she was very pleased to announce that the Comprehensive Dental for Adults with Intellectual Disabilities on Waivers – New Opportunity Waiver (NOW), Supports Waiver (SW), and Residential Option Waiver (ROW) is now official and effective since July 1, 2022. Everyone should be automatically enrolled in a Dental Plan; it will be provided by MCNA or DentaQuest. During open enrollment period you would have the opportunity to choose one of those two Dental Plan Providers, i.e., MCNA or DentaQuest. If you didn't select one, one was selected for you, so you need to go look at the paperwork you received in the mail to see who your Provider Plan is and for any questions you have. If not, you can call Medicaid to find out which plan you have. Dentist can also enroll as well. They will need to contact one of the Dental Providers, i.e., DentaQuest or MCNA. Also, let your dentist know that a new cod has been provided as a result of the Dental Task Force to allow dentists to bill for extra time needed to treat someone with I/DD. The next Dental Task Force meeting will be next month, the second Friday of the month. They are now focusing on training existing dentists. And they are working with the Louisiana Dental Association, who has a couple of trainings coming up. They are also working on developing a proposal for mandatory Continuing Education Units. Kathy spoke with their President who wants them to submit the proposal for the September Board meeting. Mandatory CEs will help make sure dentists are properly trained. Dr. Jacob Dent will be providing some trainings. For those of you who don't know Dr. Jacob Dent, he's in the Lake Charles area, has been practicing for some time, and is the father of a young man with Autism. He's been conducting training in Special Needs Dentistry long before the Dental Task Force was formed. He's been very helpful and working closely with Kathy and the Dental Task Force to get the trainings up and running and getting dentists to enroll in the program.

OLD BUSINESS

SAC Members:

- Kathy commented that there's 1 vacancy on the SAC. One vacancy in Region VI. Two vacancies in Region VII. It's very important to have representatives on the SAC. Anyone residing in Region VI can join the RAC to be appointed to the SAC. Anyone listening can contact their Human Services District/Authority to join their RAC and ask to be appointed as a representative to the SAC. Also, SAC members need to make sure they provide updated contact information. Mylinda sends out the Roster prior to each meeting. Please review to make sure the information is correct.
- Annie commented that she used to be on the RAC but not currently, but I want to attend some of the meetings in Region IX. Can someone send the information or let me know where to find it.

Suzanne responded saying she will have Tammy Schilling send it to you if you send your email in the Chat; Annie added her email to the Chat.

- Kathy said she encouraged Jefferson Parish and another Region to post the meetings on their website.
- Charlie added that all meetings are open meetings, public meetings, so they are covered by open meeting statues. Some local entities are not doing that, and one thing that they are required to do is post meetings on their website for the entire year, failure to do so puts them out of compliance with the Open Meeting Act, and applies to RACs, SAC, and LGEs. It is something to keep in mind so that we're not guilty of being obstructionist inadvertently.

NEW BUSINESS - None

PUBLIC COMMENTS - None

ANNOUNCEMENTS:

- Kathy noted the remaining meetings for 2022, i.e., September 14, 2022 and November 9, 2022.
- We have election of new SAC Officers. Please considered who to nominate for Chair, Vice Chair, and Secretary.

ADJOURNMENT

Suzanne motioned for adjournment. Mylinda seconded the motion. Meeting adjourned at 3:16 PM.