

Medicaid Home and Community Based Services Update

Current Recipients as of 11/30/12 (Molina)

- Adult Day Health Care Waiver: 669
- Community Choices Waiver: 4,208
- Long Term Personal Care Services: 14,572
- Program All-Inclusive Care for the Elderly: 284

Waiting List as of 11/30/12 (SRI)

- Adult Disabled Health Care Waiver: 3037
- Community Choices Waiver: 36,324

Money Follows the Person Services Update

As of 12/06/2012

- Total OAAS transitions since inception of program in 2007: 270
- 2011/2012 OAAS Benchmark: 110
- 2011/2012 OAAS Transitions: 119
- Number in pipeline: 287

State-funded Services Update

Current Recipients as of 12/06/2012

- Community and Family Supports: 17
- State Personal Assistance Program: 14
- Traumatic Head /Spinal Cord Injury Trust Fund: 591

Waiting List as of 12/06/2012

- Community and Family Supports & State Personal Assistance Program: 124
- Traumatic Head /Spinal Cord Injury Trust Fund: 256

Permanent Supportive Housing

Current Recipients as of 10/30/2012

- 2362 households

1915 (k): Community First Choice Option

OAAS has responded to formal questions from the Center for Medicare and Medicaid Services (CMS).regarding the 1915 (k) application. CMS has not yet responded.

Rate Reimbursement and Cost Reporting

As a follow up to the Act 299 Report, a cost reporting format was developed by DHH. An Emergency Rule was published on June 29, 2012 to establish a rule requiring HCBS providers to file cost reports. The intent was to require reports for Fiscal Year 2012, ending June 30, 2012. Training for providers in cost reporting was held on the following dates: September 10th and 24th, 2012. DHH provided training sessions including webcast for those who could not or who chose not to attend in person.

Based on feedback obtained from providers in response to the proposed rule, the proposed cost reporting format, and the training, DHH has elected to postpone implementation of mandatory cost reporting until Fiscal Year 13 ending June 30, 2013. In the interim DHH is exploring simplifying the cost report format. A revised format will be developed by March 1, 2013. Additional training will be provided when the report is finalized.

The Department remains committed to implementing cost reporting for HCBS providers and using that data to inform setting rates. The workgroup established under Act 299 will continue to meet as needed to advance this process. However, the Department felt further research was needed in order to ensure an effective implementation for next year.

Electronic Visit Verification

Electronic visit verification and billing were to have been implemented as an October, 2012 deliverable under the Medicaid Management Information System (MMIS) replacement project. Medicaid staff and DHH program offices have met extensively with contractors to develop much of the detailed design for this system, and providers have also provided input. However the visit verification product provided by the initial contractor fell short of Department and contract requirements. After an extensive process of identifying alternative solutions for implementation in 2013, the Department elected to work with First Data to develop an electronic visit verification system. First Data has implemented similar systems in multiple states.

ACT 299 Study Group Report

SR 156, of the 2012 Regular Session, directed the Department of Health and Hospitals to submit a report on the status of the implementation of the plan mandated by Act 299 of the 2011 Regular Session of the Legislature on or before February 1, 2013. The ACT 299 study group met and is issuing a report in the near future. The study group and

related committees will continue to meet and work on activities as identified in the work-plan.

Lifespan Respite Summit

A Lifespan Respite Summit will be held on March 4, 2013 in Baton Rouge. The purpose of the summit is to provide information on lifespan respite and engage participants in working meetings to develop a coordinated system of respite care across the state.

OAAS

Objective 2.1 The quality of waiver services in Louisiana will improve through the development and implementation of a comprehensive home- and community-based services plan.

Activity 2.1.1 Participate in the further development, implementation, and monitoring of the plan mandated by Act 299 of 2011.

Update 2.1.1 SR 156, of the 2012 Regular Session, directed the Department of Health and Hospitals to submit a report on the status of the implementation of the plan mandated by Act 299 of the 2011 Regular Session of the Legislature on or before February 1, 2013. The ACT 299 study group met and is issuing a report in the near future. The study group and related committees will continue to meet and work on activities as identified in the work-plan.

Objective 2.2 Direct Support Professionals (DSPs) serving Louisianans with developmental disabilities will receive competitive compensation.

Activity 2.2.1 Participate in and monitor activities of the Act 299 workgroup for

- the starting DSP compensation level to be at or above the national average and
- the dedication of a certain percentage of the HCBS rate to DSP costs (based on provider cost reports).

Timeline: FFY 2015

Update 2.2.1 The ACT 299 Rate Reimbursement and Cost Reporting committee will discuss and consider the dedication of a certain percentage of the HCBS rate to DSP costs.

Objective 2.3 DSPs serving Louisianans with developmental disabilities will display a minimum skills set and have access to a graduated certification process with corresponding compensation increases.

Activity 2.3.1 Advocate for

- the development of a (or use of existing) comprehensive and evidence-based training curriculum and certification for DSPs statewide and
- the implementation of graduated pay increases for DSPs to correspond with performance on a graduated certification process.

Timeline: FFY 2015

Update 2.3.1 Acumen has developed and begun providing on-line training to consumer-directed workers. OAAS is working with Acumen to refine the training, and Acumen will provide the on-line training to consumer-directed workers in the Community Choices Waiver in early 2013 and in the LTPCS program shortly thereafter. Three web-based Learning Management Systems (LMS) have been reviewed for delivery of training to agency workers with the current recommendation being to further explore the use of the Essential Learning LMS.

