

**Office for Citizens with Developmental Disabilities (OCDD)**  
**Quarterly Report to the Developmental Disabilities Council**  
**June 2008**

**Legislation and Appropriations:** For OCDD, the 2008 Regular Legislative Session provided DHH with 2,025 waiver opportunities (slots), 15 administrative positions to manage these opportunities, a 25% increase for Early Steps Providers, and enough funding to continue all other programs that the Office currently operates. Enrolled Bills of interest include the following:

**HB 987** Adds to present law requiring voters who need assistance to vote to file with the registrar a certification of disability. Expanded law provides for documentation for proof of disability to include one of the following: copy of a current, Department of Public Safety and Corrections mobility-impaired photo identification card; OR copy of proof of disability showing eligibility for Social Security benefits, Veteran's Disability benefits, para-transit services, benefits from the Office for Citizens with Developmental Disabilities, or Louisiana Rehabilitation Services; OR a certificate by a medical doctor or optometrist certifying disability.

**SB 299** Adds to present law the requirement that “any person with developmental disabilities who became disabled prior to attaining the age of twenty-one, with one parent whose coverage of such person was terminated as a result of lost employment of the parent and one parent who is an employee, as defined in R.S. 42:808(A)(3), participating in life, health, or other programs sponsored by the Office of Group Benefits, shall be covered as a dependent of such parent participating in life, health, or other programs sponsored by the Office of Group Benefits, regardless of the age of the person with developmental disabilities.”

**HB 1378:** Creates the missing senior citizen and missing person with developmental disabilities “Silver Alert Network” for locating a missing person with a verifiable mental impairment who is missing from his residence or from the supervision of his caretaker, whose whereabouts are unknown, and which poses a credible threat to the person's health and safety; Provides for the creation of a Silver Alert Steering Committee.

**SB 423** Creates the missing senior citizen and missing person with developmental disabilities alert program, "Silver Alert" to be implemented by the secretary of the Department of Public Safety and Corrections; Defines “missing person with developmental disabilities” as “a person whose whereabouts are unknown; whose domicile at the time he is reported missing is in this state; and whose disappearance poses a credible threat to the safety and health of himself, as determined by a local law enforcement agency;” Provides for a system to be created to notify citizens when a senior citizen or person with a developmental disability is determined to be missing, and an alert to be issued to the community to assist law enforcement officials in locating the missing senior citizen or person with a developmental disability

**HB 1098** Changes terms within referenced acts from “adult day care facility” to “home- and community-based service provider” and from “mentally retarded” to references related to developmental disabilities; Allows personal care attendants, home- and community-based provider workers as defined in R. S. 40:2120.2 to administer medication after successful completion of the drug administration course offered by the Department of Health and Hospitals; Requires providers applying for license to have a line of credit for at least fifty thousand dollars to ensure long-term stability; Provides for licensure of home- and community- based service provider to be valid for a single geographic location; Provides for accreditation through a recognized national, not-for-profit accredited body; Increases licensing fees; Provides for a fine for each day of \$250 - \$1,000 for those operating without a license.

**HCR 69** Requests the House Committee and Senate Committee on Health and Welfare to meet and to function as a joint committee to study and make recommendations with respect to autism spectrum disorders; Requires the DHH to join the joint committee and provide estimates of annual costs associated with each proposed autism program; Requires the Joint Committee solicit recommendations and advice from the OCDD, the Louisiana State Autism Chapter, the Department of Education, the Louisiana Developmental Disabilities Council, the Louisiana State University Human Development Center, the Department of Social Services, Medicaid, St. Mary's Residential Training School, and Family Helping Families.

**HCR 217** Urges and requests the Department of Labor, Department of Health and Hospitals, and the Louisiana Community and Technical College System to work together and combine their efforts to study and design a plan for recruitment, retention, and training of direct support workers and make a written report to the Legislature, the House and Senate Committees on Labor and Industrial Relations, and the House and Senate Committees on Health and Welfare, detailing their combined efforts to accomplish these goals and make recommendations for any necessary legislation prior to January 1, 2009.

**HB 1224** Places a moratorium on new applications for licensure for personal care attendant services agencies, respite care service agencies, and supervised independent living programs effective July, 2008; Provides an exception to the moratorium to facilitate the conversion of intermediate care facilities for persons with developmental disabilities (ICFs/DD) to the proposed Residential Options Waiver; Gives authority to the Department to waive this moratorium if it is determined that there is a need for a specific provider in a certain geographic location of the state.

**HB 1341** Amends and reenacts R.S. 40:2179(B), relative to direct service workers to provide for minimum mandatory criteria for relatives serving as direct service workers; and to provide for the grandfathering-in of any relative serving as a direct support worker as of July 1, 2008; Stipulates that a parent, stepparent, grandparent, son, daughter, brother, sister, aunt, or uncle of a recipient may not serve as a paid direct service worker to a recipient unless the relative meets the criteria established by Rule and has received a waiver issued by the Secretary of the Department, or his designee, stating that the relative is the best available appropriate direct service worker for the recipient being served; Becomes effective upon approval by Centers for Medicare and Medicaid Services of the necessary waiver and state plan amendments.

**HB 1273** As of Monday afternoon, June 23, 2008, Representatives Mount and Tucker were to offer resolutions in their respective Chambers to authorize the Department of Health and Hospitals to develop and implement cost control mechanisms for the Long-Term Personal Care Services program and the New Opportunities Waiver; the purpose is to direct the Department to develop and implement mechanisms to lower the average per person cost of program.

**HB 958** Requires health insurance policies, contracts, and plans to provide coverage for diagnosis of treatment of Autism Spectrum Disorders in individuals less than 17 years of age.

**HB 670** Transfers Autism services and the Center for Excellence for Autism within DHH to OCDD.

**HB 914** T The Department felt that this piece of legislation could be helpful in assuring stability of the Waiver in the future; however, this Legislation regarding New Opportunities Waiver Fund did not make it through the Legislative process. After discussions, it was decided that more data is needed regarding the costs, as well as further legal interpretation of the NOW Fund, established during last years session for any future legislative consideration.

**SB 546** Extends the implementation of Act 451 approved during the 2005 Legislative session from existing 12 months requirement to 36 months of training required of direct support staff to administer certain medications. Additionally, will allow for sufficient time to evaluate resources or other barriers to implementation of Act 451; Provides for a joint quarterly review by DHH and the Board of Nursing to review data related to the program and evaluates the efficiency of the program; Makes joint recommendations for any needed revisions to the program, and allows for inclusion of direct support employees included as part of an authorized self-directed program operated by the Department.

**SB 237** Adds additional definition to existing law, regarding criminal abandonment R.S. 14:93.3, adding “the intentional physical abandonment of an aged or disabled person by a caregiver compensated for providing care is considered criminal abandonment.”

**Training and Learning:** In addition to providing training for new programs and quality initiatives, OCDD is promoting and partnering with other entities to ensure that training is available for OCDD employees and the public. Training is coordinated and supported by OCDD’s curriculum and training coordinators, Dr. Joyce Loudon and Dr. Sylvia Melancon. OCDD, in partnership with other DHH agencies, has contracted the services of Essential Learning, Inc., to provide OCDD with a state-of-the-art learning management system with online courses to meet agency needs, which includes easy-to-use reports, automated training, testing, surveys, and course evaluations as well as course assignment and completion tracking and certification. Essential Learning (E-learning) includes a large library of course offerings with the ability to customize and create additional courses. The online learning project Phase I was implemented in Spring 2008 for basic training requirements for all OCDD employees. For Phase II, training coordinators will select additional courses specific to employee job roles. EarlySteps and regional coordinators are also choosing program-relative courses for staff training.

**Individual Support Plan Project:** OCDD continues to work on implementation of a new Individual Support Plan (ISP) format to establish a single plan for each person receiving services and supports. The training was completed for Regional Office Specialists and back-ups in Regions 4 and 5; Support Coordinator Trainers - March 2008; Regional Office Specialists in the waiver offices of Regions 1, 3, 9 - February 2008; and Support Coordinator Trainers for these regions as well as Region 2 - May 2008; training for Support Coordinators in these Regions will begin late June 2008. Training for Regional Office Specialists and their Back-ups in the Regions 2, 6, 7, and 8 was completed in April 2008 and was initiated for Support Coordinator Trainers in Regions 6, 7, and 8 in May 2008 with completion anticipated in late July. Waiver Offices in Regions 4 and 5 received training in June 2008. A project group and regional teams has been established for the oversight of implementation in each region. Quality Indicators for the project are currently being developed; target completion date is July 2008. OCDD, Medicaid, and the contracted software developer continue to work together to develop an electronic ISP and procedures for data sharing among agencies.

**EarlySteps:** Coordination of a number of activities continues as the Office works to integrate the EarlySteps program into OCDD’s array of supports and services. EarlySteps’ Community Outreach Specialists (parent-liaisons) are in place in all Regions except for Region 8, where EarlySteps has a vacancy. A request for proposals for SPOE (Single Point of Entry) contractors was issued on April 16; fourteen proposals were received on May 16, and recommendations to award ten contracts are in process with a proposed start date of July 1. Arc-Baton Rouge has been contracted to add new three training modules to the three core-modules with additional face-to face training under consideration. A contract with Essential Learning, Inc. will offer web-based access to providers and staff for all six modules, providing access to the entire catalog of training offered by E-learning for up to 500 persons. EarlySteps family support coordination agencies are participating in the billing changes required by the CMS rule published in December, 2007, requiring billing from the flat monthly rate to a 15-minute unit of service billing process. The *Annual Performance Report* was submitted to the Department of Education on February 1 (now available at

<http://www.dhh.louisiana.gov/offices/?ID=334>). In March, local program performance was posted to the website. Louisiana received its determination of performance from the Department of Education as “needs assistance.” This is the second “level” of performance out of four levels (thirty-four other states received this determination this year), and the second year Louisiana has received this level of determination. Through HB 1, EarlySteps submitted a request to reinstate the rates for services previously reduced by twenty-five percent in 2005. Application for Federal Funds was submitted in May; \$5,789,506 was awarded, a reduction of \$283,767 from last year and a total cut of \$854,282 over the past three years. Funding for Individuals with Disabilities Education Act (IDEA) has been an issue nationally for many years.

**Early Screening for Autism Project:** Given the current state of knowledge regarding prevalence, diagnoses, and services for people diagnosed with an autism spectrum disorder (ASD), many professionals and professional organizations recommend early diagnosis and service provision (e.g., American Academy of Pediatrics, 2007). Screening for autism is a very important first step toward early identification because it helps determine those who may benefit from a more comprehensive evaluation to better diagnose ASD. In June, 2008, the Office for Citizens with Developmental Disabilities (OCDD) EarlySteps program initiated a project to promote early screening for ASD in children ages 18-36 months with this screening as part of EarlySteps' initial and annual evaluations, and six-month reviews. For children whose screening shows that they may have some characteristics of an ASD, families are encouraged to obtain a formal evaluation to determine whether or not their child meets criteria for an ASD. EarlySteps is working to actively contribute to more effective and efficient screening of children who receive services. Although there are screening tools which have some evidence-based support, much work needs to be done to determine the most effective ways to screen very young children. Over the next year, OCDD EarlySteps will be closely following the project to help determine the most effective approach to early screening.

**Metropolitan Human Services District (MHSD) Transformation Team:** OCDD's Herman Bignar has been working with the MHSD Transformation Team, which includes consultant Colonel James McDonough, the new Executive Director (Judge) Calvin Johnson, and the MHSD Board of Directors led by Chairman Dr. Don Erwin, in making assessments, creating action plans, and coordinating activities for quality improvement for the District's operations. The Metropolitan Human Services District is making great strides toward accomplishing the Governor's directives. Staff has rallied behind the new initiatives; new staff has been hired; and contracts have been brought to quick completion to provide the range of services needed for Greater New Orleans residents.

**Support Intensity Scale (SIS) and LA PLUS Assessments:** OCDD is preparing for the statewide implementation of the SIS and LA PLUS assessment with all New Opportunities Waiver (NOW) participants. The American Association on Intellectual and Developmental Disabilities (AAIDD) reports that the SIS is being used, or explored for use, by fourteen states, two Canadian provinces, and fourteen countries. National consultants have continued to work with OCDD and the SIS/LA PLUS project team regarding the resource allocation model presented on June 2, 2008 to stakeholders. A sample has been selected to validate the model, which will consist of individuals' records review (psychological evaluations, medical records, support coordinator notes, provider progress notes, and SIS/LA PLUS assessments) and will include person-to-person visits in individuals' environments and surroundings to ensure that the intensity of support needs of people match those of others within the same level and are different from those in other levels. Training, shadowing, and certification for Regional Office Specialists for the SIS/LA PLUS assessment have been completed by project staff. Regional/district/authority staffs have been training, shadowing, and certifying Master Trainer and Master Trainer Back-ups for each contracted Support Coordination agency. Master Trainers will train their agency's support coordinators. A model for monitoring the integrity of the assessment data is in development, and will likely provide for additional training, shadowing, and re-certification for those using the SIS/LAPLUS assessment instruments.

**Quality Enhancement Process:** A Clinical Review Committee has been meeting since November 2007 and has developed a draft Risk Management Assessment Tool and a draft Risk Management Policy, which establishes a three-tiered process for mandatory review of serious or repeated critical incidents with implementation targeted for January 2009. Prior to implementation, reviews will be conducted by the

Clinical Review Committee with referrals from regional offices and/or the Critical Incident program manager. The Clinical Review Committee is also developing a Mortality Review Process, targeted to begin in July 2008. Upon the death of any person receiving waiver services, standard documents will be requested (e.g., provider progress notes, medical and hospital records, death certificates) with additional materials requested as needed. The purpose of the review will be to determine the probable cause of death and to make recommendations for quality improvement strategies that will enhance people's health and wellbeing. For quality enhancement of services, regional quality staff is being hired to serve as quality planners and quality management for EarlySteps, Waivers, State funded programs and other services. Quality staff functions will include assisting regional staff in reporting, reviewing, and tracking quality improvement initiatives; assisting in developing regional specific strategies; and providing technical assistance to providers, staff, and support coordinators. Review Approval of Provider Quality Plans will be transferred to the regional offices, target date October 1, 2008. A stakeholder workgroup will develop operational procedures and training for providers prior to transfer. Providers will be notified of new process prior to transfer.

**National Core Indicators:** OCDD's annual consumer interview and family survey data is being analyzed with a report forthcoming. National comparison of data will not be available until December 2008. OCDD's first year of participation in the National Core Indicators project has been challenging; therefore, meetings are planned to be held with the contractor, OCDD staff, and others to develop strategies to improve the process for next year. The assistance of staff of regional offices, districts/authorities, Supports and Services Centers, support coordinators, providers, advocates, families and people with disabilities are all appreciated for their contributions to this ongoing project.

**Support Coordination:** The Center for Medicaid & Medicare Services (CMS) recently mandated a Targeted Case Management Rule requiring all states to express support coordination services in 15-minute increments with clearly defined, billable units to assure tracking and accountability of service delivery for Medicaid reimbursements. In response, OCDD contracted with a national consultant (Peter Burns & Associates) and collaborated with DHH/Medicaid and statewide support coordination agencies to convert pre-existing flat monthly rates for support coordination into required billable units. This effort began in March, 2008 and has progressed in phases to allow for support coordinator training, feedback, adjustments, and coordination with contractor for billing.

**Critical Incidents:** OCDD's new Critical Incident Reporting Policy and Procedures will be implemented July 1, 2008. Support Coordination Agencies, OCDD Regional Offices/Districts/Authorities, and Central Office staff will be using the newly revised Online Tracking Incident System (OTIS) database. The purpose of the new procedures is to: 1) reduce and or eliminate the amount of paper generated critical incident reports; 2) stream-line the reporting process; and, 3) make critical incident data available for quality management purposes. OCDD Central Office staff has trained direct service providers, support coordination agencies, and OCDD regional office staff on the new policy and procedures, which includes a newly revised Critical Incident Report form and the use of OTIS to collect and manage critical incident data.

**Complaint Reporting:** The complaint workgroup reconvened for a post-implementation review and examination of the first six months of complaint data collected from October 1, 2007 to March, 31 2008. Information will be used to improve the Complaint Reporting process. A workgroup has been formed to develop a new database as the current one used is legacy software that needs replacing. The workgroup's first meeting was held on May 29, 2008, a first in a series of meetings to work with IT developers in the design, testing, training, and implementation of a new *OCDD Apps* complaint data application. This new database will provide quick and easy access to complaint information for remediation, and will manage information for quality improvement strategies.

**Transformation Grant:** OCDD Quality Enhancement staff has joined OAAS (Office of Aging and Adult Services) Quality Management staff to work together on consumer surveys for OAAS and OCDD and to develop support coordination monitoring tools and protocol. Consumer surveys will be completed by June 30, 2008 with analysis and findings to follow. The Support Coordination Monitoring Work Group has drafted significant portions of the monitoring tool. Both will be important data sources for quality

management activities. Enterprise technology is being used by a contracted data analyst to access multiple databases to ensure that all information is available to the Transformation Grant Project.

**Rebalancing Initiative Grant/Money Follows the Person:** During the last quarter of 2007, the Centers for Medicare & Medicaid Services (CMS) completed a second review of the *Money Follows the Person (MFP) Rebalancing Demonstration's Operational Protocol*. CMS assured approval by June 30, 2008, which will be posted on the DHH MFP web page. CMS was highly complementary of Louisiana's efforts in developing the *Operational Protocol*, including the state's responsiveness to CMS inquiries, marketing and outreach program, partnering, and vision for continued systems-change. Once the Operational Protocol is approved, transition of people from nursing facilities will begin. Phase I offers access to the Children's Choice Waiver for children with developmental disabilities through age 18, and offers elders and adults with physical disabilities access to the Elderly & Disabled Adult Waiver, Adult Day Health Care Waiver, and Program for All-Inclusive Care for Elders (PACE). The *MFP Rebalancing Demonstration* targets up to twenty children for transition through 2011. OCDD is working with Medicaid to finalize procedures for participants' entry to the Children's Choice Waiver. Children who enter the Waiver through the *MFP Rebalancing Demonstration* will "create" their own opportunity using Medicaid funding shifted that will shift to the Waiver. Phase II of the *MFP Rebalancing Demonstration* will add a Residential Options Waiver (ROW) as a choice for children and will provide additional opportunities for persons residing in ICFs/DD. Phase II start-up is contingent upon approval of ROW and CMS approval of the Operational Protocol. The *Real Choice Systems Change Rebalancing Initiative* grant is in its final months. This grant continues to support the implementation of the ROW, which is a key component of the *MFP Rebalancing Demonstration*.

**Residential Options Waiver (ROW):** The Residential Options Waiver (ROW), a Section 1915(c) Waiver, was re-submitted to the Center for Medicare & Medicaid Services (CMS) on March 20, 2008 by the Bureau of Health Services Financing (BHSF). Since March, there has been an on-going dialogue with CMS regarding clarification of OCDD's assurances of the ICFs/DD character of home- and community-based services to be converted or downsized into settings to provide Shared Living Services. BHSF is reviewing the ROW Application for resubmission to CMS, which is anticipated to occur late June. OCDD is working with providers who may be interested in converting or downsizing their community or group homes into waiver homes. As OCDD and BHSF move toward implementation, amendments to the current ROW rule will be promulgated; a ROW provider manual will be developed; and implementation activities through UNISYS will continue.