



State of Louisiana

Department of Health and Hospitals

Office of Aging and Adult Services

UPDATES TO THE DD COUNCIL THROUGH MARCH 2009

Legislative Agenda

OAAS has proposed the following legislation for consideration in the 2009 regular session:

- Technical Change: One reading of the provisions for the new HCBS license would require individuals who work directly for a family or individual with a disability as a DSW to be licensed as a HCBS agency. The proposed legislation will clarify the licensing provisions, so that it is clear that such individuals do not need an agency license, and will provide for other exceptions.
- While background checks are required by long-term care providers before hiring DSWs, the law does not specifically prevent the agency or facility from hiring an individual with a criminal record. The proposed legislation would prevent providers from hiring individuals who have a record that includes convictions for specific offenses such as, for example, cruelty to the infirm.

Legislative Updates

- SR180/HR190: The legislature directed OAAS to examine cost-control strategies for LT-PCS, pursuant to achieving cost effectiveness in the EDA Waiver and controlling growth in LT-PCS. On March 1, OAAS rolled out SHARe, a new methodology for resource allocation in LT-PCS and the EDA Waiver. The maximum number of hours now available through LT-PCS has been reduced from 56 to 42 hours.
- ACT 174 (HB 1361): New rules have been promulgated to license ADHCs. Support Coordination has been added to this waiver.
- SCR80: The Alzheimer's Task Force has been created to develop an Alzheimer's State Plan. The task force began meeting in August. The plan is due October of 2009.
- ACT 333 (HB 1341): OAAS is developing rules to implement this act, which provides that certain family members must have a waiver in order to serve as a paid support.
- ACT 328 (HB 1224): The department will require provider applicants to demonstrate an access problem for consumers in their proposed service area in order to get an HCBS license.

Single Point of Entry

A Single Point of Entry pilot will begin operation this spring in Region 2. The provider agency is the Capital Area Agency on Aging, which is also the Aging and Disability Resource Center in the area and a Medicaid Application Center. The pilot provide a single access point for application for all Medicaid/OAAS Long-Term Care services as well as non-Medicaid

services, such as Older Americans Act Services, United Way financed services, private pay services and others.

PACE (Program of All-inclusive Care for the Elderly)

PACE is an innovative program to care for all the medical and social needs of a nursing facility eligible population in the community. PACE recipients typically attend the day care center several times a week. While at the center, participants can see their physician, receive necessary therapy, receive their monthly medications, socialize and exercise. Services at home are also provided, based on the participant's care plan. In addition the PACE site is responsible for all medical care, including hospital care and nursing home care, if it should become necessary. PACE payments are capitated rates from both Medicaid and Medicare. The first PACE site opened in 2007 in New Orleans. A second site opened this year in Baton Rouge. If funding becomes available, a third site is planned for Monroe. Other sites around Louisiana are also being discussed.

Person Centered Planning

While person centered planning is a commonly used methodology among support coordinators who work with persons with a developmental disability, there is very little research relevant to using these tools with an elderly client population. Louisiana and New Hampshire have received a grant to research and develop or adapt a person centered model for use with the elderly. The University of New Hampshire serves as a consultant on the grant.

SHARe

As reference above, OAAS has begun using SHARe, a tool for allocating services in Home and Community Based Service Programs. It is very similar in concept to the resource allocation method OCDD is implementing for the NOW waiver. SHARe uses assessment scores taken from the OAAS assessment tool, the Minimum Data Set –Home Care (MDS-HC), to determine the EDA Waiver budget and the LT-PCS hours allocated to a particular individual. All support coordinators handling EDA Waiver cases have been re-trained in the use of the MDS-HC to assess clients. Additionally, Support Coordinators have also been trained in using the SHARe methodology. Individuals will have more flexibility in how the services are used from day to day. SHARe was developed in an effort to address the flexibility issue, but as it has become necessary to reduce EDA waiver costs, the methodology provides an acuity-based means of implementing reductions. This is preferable to other options such as across the board reductions or eliminating some services.

Money Follows the Person

OAAS will hire MFP staff shortly and will begin the process of training LTC Ombudsmen to begin transitioning nursing facility residents in the New Orleans area to housing in the community. The LTC Ombudsmen will assist OAAS in identifying potential transition candidates and assist them with self-assessments. OAAS, like OCDD will have two transition

coordinators, one in south Louisiana and one in north Louisiana. It is OAAS' goal to transition up to 50 people out of nursing facilities in 2008. The MFP coordinators will be able to take advantage of the Permanent Supportive Housing units that are coming on-line in south Louisiana.

Permanent Supportive Housing

Housing is coming up around the southern part of the state. Good timing with MFP. Processes have been set up with the Local Lead Agencies (LLAs) in order to get people with all types of disabilities housed. LLAs are developing reports showing the numbers of people/households housed as well as the different types of disabilities served through the PSH program. The service package in PSH is designed to assure that PSH clients are able to maintain housing.

Information Technology

OAAS is in the process of upgrading its entire IT structure. On completion the Office will be better able to track clients and services. The IT structure is being designed as an integral unit in the implementation of person-centered planning. Components of the IT system will include and electronic plan of care and call based billing.

Quality Management/Quality Assurance

Assuring that OAAS' clients receive quality services is a primary goal of this office. The DHH recently released a community version of OTIS (**W-OTIS**). As a result of this expansion to the OTIS application, Home and Community-Based (HCBS) oversight agencies and Support Coordination agencies (SCA) will now be able to electronically submit, follow-up, track and trend critical incidents involving persons receiving services in the community, in accordance with applicable DHH Critical Incident Reporting policies and procedures.