

Medicaid Report to the Developmental Disabilities Council

(July 2011 Meeting)

Waiver/ICF Updates

New Opportunities Waiver

Opportunities Allocated: 8,682
Opportunities Filled: 8,259 as of 6/27/11

- The NOW renewal was approved by CMS for 5 year period effective July 1, 2011.
- Resource Allocation has been approved by CMS.
- Effective 8/1/2010 rates for NOW were reduced by 2% (excluding Individual and Family Support – Night services, PERS, Environmental Accessibility Adaptations, Specialized Medical Equipment and Supplies, and One-Time Transitional Services). Programming for rate reductions is complete and has been implemented.
- Impact on future rate changes is being evaluated based on current fiscal situation and success of Resource Allocation.

Children's Choice Waiver

Opportunities Allocated: 1,475 (including the 425 slots reserved for children who meet state-funded family support priority level 1 or 2)
Opportunities Filled: 1,297 (includes 288 slots filled by children who meet the above stated priority group) as of 6/27/11

- The waiver was up for renewal in 2008/2009. Medicaid and OCDD worked to provide CMS with all requested information. The waiver was renewed on February 21, 2009 and extended for five (5) years.
- Effective 8/1/2010 rates for CC were reduced by 2% (excluding Environmental Accessibility Adaptations and Support Coordination) and the individual cap was reduced accordingly. Programming for rate reductions is complete and has been implemented.
- Impact on future rates changes is being evaluated based on current fiscal situation.

Supports Waiver

Opportunities Allocated: 2,050
Opportunities Filled: 1,978 as of 6/27/11

- The waiver was up for renewal in 2008/2009. Medicaid and OCDD worked to provide CMS with all requested information. The waiver was renewed on July 1, 2009 and extended for five (5) years.

- Effective 8/1/2010 rates for Supports Waiver were reduced by 2% (excluding Support Coordination and PERS). Programming for rate reductions is complete and have been implemented.
- Impact on future rates changes is being evaluated based on current fiscal situation.

Residential Options Waiver (ROW)

Opportunities Allocated: 210
 Opportunities Filled: 27 as of 6/27/11

- The ROW rule was updated and published May 2011 (includes all target groups and Crisis Diversion criteria)
- The ROW evidentiary report was completed and forwarded to CMS on June 27, 2011.

Money Follows the Person Update

- Approximately 135 recipients have transitioned through MFP since Fall 2009. Year-to-date, approximately 35.
- An amendment to the Operational Protocol is being submitted to CMS (in August) to add the following target groups to the populations we serve:
 - People under age twenty-one (21) with Developmental Disability residing in the state's inpatient Developmental Neuropsychiatric Program operated by Southeast Louisiana State Hospital, Office of Behavioral Health.
 - People aged nineteen (19) and older with Developmental Disability residing in Nursing Facilities.
 - People with Developmental Disability in crisis who meet the program requirements.
- Quality of Life survey contractor started in April and has completed over 70 baseline and 11-month follow-up surveys.
- HHS and HUD are collaborating on the development of housing resources in the states to provide support to the rebalancing efforts. This collaborative is part of the Community Living Initiative. As this develops, it will help persons find more places to live in the community and receive their services in the least restrictive environment possible.
- MFP continues to partner with the Permanent Supportive Housing sustainability plan, using this housing program as a resource for community placements.
- MFP is partnering with state Medicaid Infrastructure Grant (MIG) staff – with CMS guidance – to determine ways to support the overall rebalancing initiative in the state. The Medicaid Purchase Plan, a Medicaid program that offers affordable health coverage to people with disabilities who work, is a program started under the MIG. (MIG is a CMS initiative to develop

Medicaid infrastructure to support the competitive employment of people with disabilities by facilitating targeted improvements to the State's Medicaid program).

Intermediate Care Facilities (ICF)

- Effective 8/1/2010 rates for ICF providers were reduced by 2%.
- Impact on future rates changes are being evaluated based on current fiscal situation and success of Resource Allocation.
- Trend for public ICF providers continues to move residents to waiver programs or smaller private community homes.
- Two large private ICF providers have downsized from the 33+bed size groups to 1-8 beds and 9-15 beds size groups to provide smaller community based options for residents.

General Medicaid Issues Affecting the DD Population

Budget Reductions

For FY12, as HB1 stands today, we are fortunate that no new providers cuts are anticipated to be made to the DD population.

Statewide Management Organization Contract

Act 343 of the 2007 Regular Legislative Session directed DHH to establish a Statewide Management Organization (SMO) to oversee all behavioral health services. An SMO contract will allow Medicaid to better utilize the services which exist, cut costs per individual served, reduce fraud, increase the use of evidence-based interventions among providers and increase the availability of qualified mental health providers throughout the state. An SMO contract also has the potential to reduce redundancies throughout state agencies, expand services including substance abuse treatment and residential services, and target youth at risk for out of home placements.

Update Medical Criteria for Inpatient Hospital Admissions and Length of Stay of Phase 2 of InterQual

Louisiana Medicaid is updating our standards used for determining length of stay approved for inpatient hospital stays. InterQual Criteria is nationally recognized and based on current standards of medical practice individualized to patient needs. The implementation of this process would overall improve efficiencies and effectiveness to include improving the quality of care, decrease the cost of admissions, decrease the number of inappropriate admissions, facilitate appropriate discharge planning, automate manual process and assist in

determining medical appropriateness for healthcare with an overall cost reduction expected.

This may affect recipients since we estimate that updating this criteria will result in shorter hospital stays and may require more in home care services provided for this population after discharge. Phase 1 of this project was implemented on November 16, 2009 and only applies to extension request in non-state owned hospitals. Phase 2 of the InterQual Project required the State Hospitals to follow the same precertification process in place for the Private Hospitals. Phase 2 was implemented in August 2010.

La Health Care Quality Forum

This supports a comprehensive data warehouse across all medical benefit payers. It is designed to collect healthcare information which can then be utilized to improve and enhance the quality of health care to all patients. The Health Care Quality Forum's Medical Home Committee will assist the Medicaid program in enhancing coordinated care networks and establishing benchmarks by which the Medical Homes initiative will be measured.