

**OOAS Report to
Developmental Disabilities Council
October 2012**

Update as of September 24, 2012

Medicaid HCBS Services

Adult Day Health Care (ADHC) Waiver -- 667
Community Choices Waiver (CCW) – 4,329
Long Term Personal Care Services (LTPCS) -- 14,848
Program of All Inclusive Care (PACE) --285

Non-Medicaid HCBS Services

Money Follows the Person (MFP)—239
Traumatic Head Injury/Spinal Cord Injury (THI/SCI)—639
Community and Family Supports (CFS)—18
State Personal Assistance Services (SPAS)—14

Waiting List

Adult Day Health Care (ADHC) Waiver -- 2,963
Community Choices Waiver (CCW) -- 34,582
Money Follows the Person (MFP)—308 (pipeline)
Traumatic Head Injury/Spinal Cord Injury (THI/SCI)—262
Community and Family Supports (CFS)—51
State Personal Assistance Services (SPAS)—41

Budget

In July of 2012, Congress passed the Transportation Reauthorization Bill that cuts \$651 million in federal Medicaid assistance to Louisiana. As a result of these reductions the Office of Aging and Adult Services (OAAS) will delay offering 350 of the 500 new Community Choices Waiver slots approved in HB 1.

Community First Choices (1915 k)

The Community First Choices is a new state plan option to provide home- and community-based services in Medicaid Section, 1915(k); available October 1, 2011. States that take up this option receive a 6 percentage point increase in federal matching payments (FMAP) for costs associated with the program. As previously reported DHH submitted an application in May, 2012. Center for Medicaid and Medicare Services

(CMS) has provided feedback on the Louisiana application. In their final rule, CMS has interpreted eligibility for the program more expansively than the draft rule. This interpretation, if CMS holds to it, will reduce or eliminate cost savings. OAAS is continuing to work with CMS regarding the current interpretation.

Elderly Protective Services/Adult Protective Services

Changes in the 2012 Legislative Session resulted in the Governor's Office of Elderly Affairs and Elderly Protective Services Program staff and functions to be transferred to the Office of Aging and Adult Services as of June 25, 2012. OAAS is now managing both programs.

Electronic Visit Verification

Electronic Visit Verification or EVV is a telephone and computer-based system that electronically verifies service visits occur and documents the precise time service provision begins and ends. The purpose of EVV is to verify that individuals are receiving the services authorized for their support and for which the state is being billed.

DHH had planned to implement an EVV system in October. However issues with the sub-contractor will cause this to be delayed. DHH is currently evaluating other options.

HR 166: Study Group on Long Term Care Financing

The purpose of HR 166 is to create and provide for the Study Group on Long Term Care Financing to develop the design for a thorough and complete analysis of funding for long-term services and supports (LTSS) that will be proposed in the 2013 legislative session. The goal is to increase options for LTSS in Louisiana. The first meeting of the study group was August 17, 2012. The group will propose recommendations for the 2013 legislative session.

The Office of Aging and Adult Services (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 development of the plan mandated by Act 299 of 2011.

Work on the plan is ongoing. Internal staff from Office of Aging and Adult Services (OAAS) and Office of Citizens for Developmental Disabilities (OCDD) have been meeting to compile current information from each of the committees. The information will be presented to the steering group at a yet to be determined date.

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).

An emergency rule requiring Home and Community Based Services (HCBS) providers to submit cost reports was published in July, 2012. Training sessions have been held for providers on how to complete and submit cost reports. The cost reports will provide a baseline of current DSP compensation. The Rate and Cost Reimbursement committee will reconvene to look at reimbursement methodologies. The Department of Health and Hospitals (DHH) is currently considering feedback from the trainings and may alter the timelines and requirements for the first reports.

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.

Work on a DSP training curriculum is an action item in the ACT 299 work plan.

