



# State of Louisiana

Department of Health and Hospitals  
Office for Citizens with Developmental Disabilities

## Quarterly Update to the DD Council

March 28, 2012

**Money Follows the Person (MFP) Rebalancing Demonstration - My Place Louisiana (My Place):** The My Place staff has used CMS (Centers for Medicare & Medicaid Services) Supplemental funds to provide pre- and post-move supports (i.e., Community Living Training and Support, Transition Maintenance, and additional supports) to assist seventy (70) individuals with supports and training totaling \$56,659.85.

Direct Service Worker Specialization Training (DSWST) [i.e., Positive Behavioral Supports (PBS) and Nursing/Medical/Physical Supports (N/M/PS)] has increased the number of trainings offered through the Central Office and OCCD Resource Centers. DSWST has been conducted for one-hundred thirteen (113) provider staff. Training cost for DSW travel and salary reimbursement to date is \$5,412.80. Follow-up trainings have been provided to agencies to address ongoing PBS implementation needs.

Housing Relocation Assistance (HRA) contractors identify and locate accessible, affordable and safe housing for individuals transitioning into the community. To date twenty-one (21) people have been referred to the HRA program, and twenty (20) have received lists of appropriate housing options for their review. Currently, nine (9) families have moved into housing located by the HRA contractors and five (5) people are preparing to move. At this time, the HRA program does not have contractors in all regions of the state; however, the six (6) contractors have agreed to temporarily cover the entire state until additional contractors can be engaged. Anyone willing to provide contact information for a possible real estate agent, property manager, or other persons familiar with real estate for any region should send the person's name and contact information to Faimon Roberts with OCDD at [Faimon.Roberts@la.gov](mailto:Faimon.Roberts@la.gov) or call him at 225.342.6817.

As of March 7, 2012, a total of one-hundred twenty-two (122) people have transitioned to the community with My Place supports and waiver services. Transition numbers for My Place to date are:

- New Opportunities Waiver (NOW) – ninety-five (95) people transitioned from public Intermediate Care Facilities (ICFs), three (3) people have transitioned from private ICFs and two (2) people have transitioned from psychiatric hospitals;
- Children's Choice (CC) waiver – seventeen (17) children transitioned using My Place supports with four (4) children transitioned from nursing facilities and thirteen (13) children transitioned from hospitals;
- Residential Options Waiver (ROW) – five (5) children transitioned using My Place supports - two (2) transitioned from nursing facilities and three (3) transitioned from hospitals [Note: My Place is revisiting all families of children remaining in nursing

facilities and is also contacting Office of Community Services for those in custody. With the ROW open statewide, these families may reconsider transition, as the ROW offers more services/supports than the Children's Choice waiver. OCDD remains focused on transitioning all children from nursing facilities.]; and

- An additional fifty-seven (57) people and/or their families have provided informed consent for My Place participation and are actively participating in planning their transition.

To date thirty-five (35) people have completed their 365 days in the My Place program and are continuing to receive waiver services. The OCDD My Place program transition benchmark for 2012 is eighty-one (81) transitions. At this time, My Place has transitioned sixteen (16) people during the 2012 calendar year. Of the total one-hundred twenty-two (122) persons who have transition with My Place supports, 91% remain in home and community living situations.

OCDD continues to partner with national consultants (Support Development Associates) to collaborate on developing a person-centered service delivery system. Support Development Associates are nationally recognized for their work in this area and have successfully worked with many states and providers to improve the lives of people with developmental disabilities. This fiscal year, Support Development Associates is assisting OCDD, the two community providers identified via application process (Options and A-1), and Pinecrest Supports and Services Center (SSC) in completing more in-depth activities to become person-centered organizations. These activities began with a kickoff for each organization in October, 2011. The kickoff activities involved bringing together organizational coaches, organizational leadership, local representatives from the support coordination agencies, the OCDD regional offices, human services districts/authorities and OCDD state office leadership to prepare for the year's activities, to assess current agency strengths and challenges, and to set goals for the year. Person-centered thinking sessions occurred for the coaches and leadership teams for each organization along with training specific to organizational coaches and leadership teams. The focus for the remainder of the fiscal year continues to be on implementation of person-centered thinking tools and activities within each organization with coaches and joint coaches and leadership team meetings every other month facilitated by Support Development Associates. Support Coordination agency staffs, human service districts/authorities staffs and OCDD Central Office leadership team members are also participating in the training. These efforts are also being paired with Direct Service Worker trainings noted earlier to systematically assess efforts that may be most successful in supporting individuals with more complex medical and behavioral needs. National data from similar projects indicate that individuals supported by organizations who embark on the person-centered organizations activities are more satisfied with their lives, spend more time being a part of their local community, and have fewer other challenges. Goals have been set for each organization with strategies and action plans developed to achieve these goals. Progress, successes and barriers are reviewed at the coaches and leaders meetings. OCDD staff will work with the organizations throughout the process to identify any statewide issues and barriers so needed systems adjustments can occur. OCDD is also continuing to work with Support Development Associates to develop trainers within the state of Louisiana to support the continuation and maintenance of these efforts. Seven identified OCDD trainers met with a Mentor trainer from Support Development Associates in December for trainer orientation. All trainer candidates attended and participated

in person-centered thinking training last fiscal year. Trainer candidates provided their initial training with observation from the Mentor trainer; each candidate has received feedback. They provided a second training with observation this month. Following these sessions, each candidate will complete planning drafts for submission to the Mentor trainer to complete certification. Family and self advocate opportunities are also scheduled for this fiscal year so that the Office continues to support individuals who receive developmental disabilities services to actively participate in and advocate for a truly person-centered support system.

Regarding Money-Follows-the Person Initiative Legislation, OCDD is supporting this legislation (as long as it remains cost neutral to the DHH) through assistance with drafting the legislation, working with the DD Council to host stakeholder meetings (three meetings with provider groups) to garner input into the legislation and address concerns/opposition, and working with interested providers on a bed valuation model for the ICF/DD (Intermediate Care Facility for Persons with Developmental Disabilities) Bed Purchase Program included in the legislation. OCDD will not develop "MFP Policy" until after the legislation is passed with final components. The MFP proposal involves the Residential Options Waiver and voluntary conversion.

**Accountability and Implementation Plan (AIP) Quality Partnership:** Effective fiscal year 2009-2010, OCDD regional offices and human services districts/authorities began submitting quarterly data on performance indicators which measure performance results on a wide range of regional functions. Each quarter, statewide results are summarized in "The Human Services Accountability and Implementation Plan (AIP) Quarterly Performance Report." Validations visits are made annually to each OCDD regional office and human services district/authority to review and confirm performance results reported to OCDD Central Office and quality improvement strategies for which the performance standard was not met. Technical assistance is provided, as needed. Preliminary Quality Partnership Reports are completed for review and response following the validation visit made to each office. Final Quality Partnership Reports are released once responses are received from each office.

From November 2010 through June 2011, several workgroups met to revise the current performance indicators in the AIP and also to include additional performance indicators to provide accountability in the delivery of waiver and EarlySteps services. The operational instructions and attachments for the revised AIP Quality Partnership process became effective on August 1, 2011. Training was conducted in October 2011 for the Quality Specialists and backup staff in the regional offices, districts and authorities. Performance indicator data for the second quarter of fiscal year 2011-2012 was submitted on January 30, 2012. Corrective Action Plans for performance indicators that did not meet the performance standard were due by February 15, 2012. An on-site visit was made to for each regional office, district and authority during the period of December 2011 through March 2012 to provide technical assistance and to receive feedback on Corrective Action Plan Development training they received for the revised AIP Quality Partnership process.

**Support Coordination Monitoring:** The transfer of support coordination monitoring to OCDD has been completed, and the Office has initiated monitoring.

**Residential Options Waiver (ROW) Status:** A Residential Options Waiver (ROW) CMS (Centers for Medicare & Medicaid Services) Amendment was approved with an effective date

of October 17, 2011. The amendment provides a means of entrance into the waiver for individuals residing in supports and services centers much in the same way individuals are able to receive New Opportunities Waiver services. The ROW Provider Manual was officially issued December 1, 2011 and is available on the Medicaid website or through the following link: [http://www.lamedicaid.com/provweb1/Providermanuals/ROW\\_Main.htm](http://www.lamedicaid.com/provweb1/Providermanuals/ROW_Main.htm)

A ROW ICF/DD Conversion Stakeholder Workgroup has been formed to discuss barriers and proposed solutions to implementing the ROW ICF/DD Conversion model. It is composed of OCDD program managers and private ICF/DD providers who are interested in the conversion process. Incentives and options are being explored and shared at stakeholder meetings with the goal of increasing participation in conversion from ICF/DD services to ROW services. Concurrently, ROW staff are partnering with MFP staff and the DD Council to support legislation which would provide incentives, using an MFP rebalancing fund, for private ICF/DD providers to convert their beds into ROW opportunities.

**Amending the Children’s Choice (CC) Waiver:** As requested by the DD Council, OCDD has included the *self-direction option* for Family Support services in the Children’s Choice (CC) Waiver amendment as well as the following six new *therapeutic services*: applied behavioral analysis; aquatic therapy; art therapy; music therapy; sensory integration; and hippotherapy/therapeutic horseback riding. Per request from CMS, the hippotherapy/therapeutic horseback riding services definitions have been incorporated together while still requiring the former to have 1:1 involvement of a licensed therapist. Finally, *specialized medical equipment & supplies* has been incorporated as an extended state plan service.

After receiving the CC amendment, CMS responded with a formal Request for Additional Information (RAI) to DHH/OCDD on 1/18/12. In collaboration with other DHH/Medicaid Sections, OCDD has just completed its responses to the RAI and the document is currently being circulated through the required DHH and Medicaid reviews before it is forwarded to CMS. It is expected that the RAI will be forwarded to CMS no later than next week. Once CMS receives the formal RAI response, they have 90 days to approve the CC amendment.

**Emergency Waiver Revisions:** In March, the Emergency Waiver (EW) Review Team began the first of monthly offerings of available EWs. This move reflects unanimous agreement from the Emergency Waiver Work Group and input from focus groups to make the EW more responsive to “emergent” situations. Since this requires no change in rule, operational instruction, or Centers for Medicare & Medicaid Services (CMS) amendment, the change is being implemented now. The source for available EWs is those opportunities that become available when a prior recipient releases his/her EW (e.g., move out of state; move to more restrictive living situation; refusal of conditions of offer; death; etc.).

- A formal memorandum is being prepared to explain the process to OCDD regional offices and human services districts/authorities.
- The March review offered 3 slots, and 2 of the top-ranked applications were approved.
- It is anticipated that 1-2 slots will be available for the April 10 EW Review.

Remaining EW revisions that will require CMS Amendment, rule and operational instruction changes are: 1) ranking applications for priority of review and 2) allocation of EWs from available pool of New Opportunity Waivers. When the EW Work Group, OCDD Executive

Management Team (EMT) and DHH Medicaid approve the final draft of CMS amendment and rule changes, the timeline to implementation is anticipated at 6 months. (This allows for concurrent CMS amendment and rule changes.) In consideration of promoting a more rapid response to assessed need, the future EW rule and operational instruction will be written to require ongoing analysis and better allow for moderate to minor adjustment of process.

Update on remaining revisions (all based on input from focus groups, EW Work Group, and OCDD EMT):

- Language for first draft of rule change is in progress. Draft will be shared with EW Work Group prior to OCDD EMT review.
- System for ranking priority of applications is nearly finalized and requires input from EW Work Group (specific to “risk” component) prior to returning to OCDD EMT.
- Technical assistance is being sought to finalize formula for EW allocation, which will then go before EW Work Group prior to returning to OCDD EMT. This change will also require substantial development of procedures (i.e., when is the formula used; will there be upper or lower limits on allocated number; etc.).
- Following submission of CMS amendment and rule change, formal input will be assembled to develop a more comprehensive tracking and monitoring system for all EW applicants, including regular assessment of meaningful outcome measures.

**Transition:** Since July 1, 2010, a total of 307 individuals have been discharged from the three large supports and services centers (Pinecrest, North Lake, and Northwest). One hundred-seventeen (or 38%) of these individuals have discharged to private ICF/DDs; 112 (or 36%) to waiver services; and 78 (or 25%) to “Other” (e.g., out-of-state placement, nursing home, large state residential facility, hospice). Initially, most individuals and their families chose private community homes; however, presently the majority of pending moves are to settings with waiver supports. Of the 76 pending moves, 68% have indicated the desire for waiver services, 26% for private ICF/DD, and 6% have chosen an ‘other’ option such a nursing home or out-of-state ICF. During the previous quarter and continuing into this quarter, OCDD successfully closed Leesville Residential and Employment Services by transferring 11 juveniles with significant behavioral issues to Pinecrest Supports and Services Center where these individuals are receiving the same level of individualized therapeutic services designed to meet their needs. OCDD also continued transition efforts in the three centers. Census for the centers on July 1, 2011 was 842. Since that date, 114 persons have been discharged and 61 admitted, which brings current census to 789. This is a decrease of 13% for the fiscal year 2012. In February 2012, OCDD announced its proposal to privatize Northlake SSC and Northwest SSC transferring all residents and facility operations to a private provider by October 1, 2012.

Satisfaction Rates assessed post-discharge indicate that people are satisfied overall in their new living situations. See chart below:

<b>OVERALL SATISFACTION- FY 2012 Q3</b>	
Baseline	86%
6 Months	92%
1 Year	92%

**Employment First/Integrated Individualized Employment:** Releasing the Employment Position Statement, defining employment, and conducting the Employment First Forums, Employment Survey, Employment Summit, and the initial employment first training with Support Coordinators and OCDD staff have all been completed thus far in the Employment First Initiative.

OCDD continues to work on the Employment First Initiative and is in the process of collecting baseline data from vocational providers across the state. The Office will also be aligning waiver definitions across waivers and reviewing rates for the vocational services. An Employment Manual for support coordinators will be developed, and cross training between Louisiana Rehabilitation Services (LRS), Support Coordinators and Work Incentives Coordinators will take place. Over the next few months OCDD will be focusing on ensuring that OCDD policies and procedures are following Employment First Best Practices.

OCDD will continue to partner with LRS to ensure that Supported Employment services are better defined and services are enhanced across agencies. The Office will also be working to complete a new Memorandum of Understanding (MOU) so that OCDD and LRS can share employment data as well. OCDD has also begun talks with Department of Education (DOE) and Louisiana Workforce Commission (LWC) to share employment data across agencies. Data collection continues to be problematic as systems across agencies do not work together nor is there an easy way to collect data.

The Employment First Work Group is scheduled to meet on April 3, May 1 and June 5. The Work Group will be working with OCDD to ensure that all of these important activities are completed and that the Employment First Initiative remains on target.

**EarlySteps:** The US Department of Education/Office of Special Education Programs (OSEP) issued final regulations for the Part C program in September, 2011. These regulations provide the requirements for states' operation of the program and EarlySteps is revising its policies to meet the requirements. The policies revisions include two potential program changes resulting from the growth in the program which has caused a budget shortfall: restricting the eligibility criteria and adding a Family Cost Participation component. Three public hearings were held during the week of February 27 in Baton Rouge, Alexandria and Metairie for stakeholder input prior to requesting approval of the policies from OSEP in April, 2012. Approximately 50 persons attended the hearings and approximately 50 comments were received by mail or email. The majority of the comments were in opposition to the two main changes. A few comments were received regarding changes to the complaint process which requires the family to submit a complaint in writing with their signature and to send it to the person against whom the complaint is being made. EarlySteps will be reviewing the comments until March 27 and will make decisions regarding the implementation of the changes with the submission of the Federal Application for funds by April 16.

The Annual Performance Report was submitted to OSEP on January 31, 2012. Louisiana met its performance targets for 8 indicators, had improved performance for 10 indicators and had slight slippage in performance in 7 indicators. The percentage of children who exit EarlySteps and function at the level of their typical peers has remained stable at 45% for the past three

years. OSEP's response to the State's performance is expected in July. The APR is posted to the EarlySteps website at <http://www.earlysteps.dhh.louisiana.gov>.

As of March 1, 2012, the number of children and families that have received support from EarlySteps is 8,725.

**Resource Allocation:** Resource Allocation was implemented in the New Opportunities Waiver (NOW) in October 2009. During the initial implementation in FY 10, the OCDD provided an allowance for current recipients to “phase-in” to their recommended resource allocation level over time. Concurrently, reviews were conducted to assure the health and safety needs of the recipient are met along with negotiations to explore options that will bring the person within the recommended allocation. Nonetheless, OCDD still averaged a savings of over \$12,000.00 per recipient per year when compared to the previous fiscal year costs. This resulted in cumulative savings of \$27 million at the end of FY 11, increasing to approximately \$44 million by the end of FY 12. The NOW program expanded participation by 8.3 percent with only a .48 percent expenditure growth in FY 11. The expansion of the program through efficiencies has reduced the wait time for services by 4 years.

Resource Allocation System is noted below.

<b>Status of NOW participants:</b>			
NOW - total participants	NOW participants assessed (new and participating)	NOW participants awaiting assessment	NOW participants reviewed by the Guidelines for Planning State Office Review Committee (GPSORC)
8,508	8,160	348	2,000+

<b>Cost Data:</b>		
Average cost of new participants	Average cost of current participants	Average cost per participant SFY 2007/08
\$45,207	\$54,470	\$68,000

<b>Summary of NOW Offers:</b>		
NOW Offers	NOW Acceptances	NOW Certifications
8,891	760	8,131

During this reporting quarter, two additional appeals have gone to hearing and during both hearings, the families agreed on a plan to reduce their Individual and Family Support (IFS) hours and come into allocation.

**Access to Behavioral and Medical Intervention in the Community:** OCDD continues to operate a crisis referral system that requires exploration of all possible community-based and private options prior to admission to a supports and services center (SSC) and facilitates diversion activities and assistance to avoid admissions. Referrals have increased in the last

few years and were at an all-time high in 2011 with 177 requests for admission, although not all requests were for individuals residing at home. Despite the increase in referrals, diversion activities were successful in many instances and diversion rate was at an all-time high as well at 60% compared to 30% in 2007 when OCDD began collecting this data. Primary presenting problem continues to be focused on behavioral/mental health concerns. Most individuals were receiving some developmental disabilities services at the time of referral (with the largest group being waiver recipients), although a significant number were from other long term care options which is not consistent with previous year admission trends. This year OCDD focused on more systematic referral to the resource centers for consultation and assistance in ensuring needed specialty services were in place. (This did not always include the resource center becoming the primary clinical service provider.) Resource center consultations were secured in 53% of referrals with a higher diversion rate of 71% when compared to 48% without consultation.

As part of the upcoming fiscal year strategies, OCDD will be working collaboratively with Medicaid to offer enhanced medical care coordination for waiver recipients to better address needed coordination among medical professionals. Although a limited number of individuals need admission due to medical services, there continue to be some medical conditions that are difficult to support in current community/provider setting and transition for some individuals has been slow due to medical needs.

OCDD continues to work collaboratively with the Louisiana Behavioral Health Partnership (LBHP) to educate Office of Behavioral Health (OBH) and Magellan Health Services about its transition process and create opportunities for LBHP to become involved with OCDD in integrated transition planning. The Office is also using the LBHP to access behavioral health services for persons who either: (1) have not been able to access or maintain services and/or (2) have acute psychiatric admissions post transition and can benefit from the continuity of care segment in the LBHP. OBH has been very open to working with the Office on its transitions and sustaining community placement.

OCDD is in the process of completing an analysis of the current system gaps related to supporting individuals with behavioral and medical needs within community/private living situations and research of other state programs/partnerships/approaches to building community and private provider capacity to support these individuals. The Office is working to develop a more comprehensive approach to increasing quality and access to needed medical and behavioral services within community settings.

### **Direct Support Professionals' Training/Certification:**

#### **Use of Technological Solutions to increase access to training opportunities for Direct Support Professionals (DSPs):**

- OCDD has worked collaboratively with Health Standards to develop a DSP curriculum and has worked with Essential Learning to convert this curriculum to an electronic learning forum for greater access to needed training for DSPs serving individuals who use self-directed services. Essential Learning is working to develop curriculum and/or modify existing curricula based upon the collaboration with OCDD. Implementation roll out will be developed upon completion.



- As part of the response to Act 299, OCDD and OAAS are working collaboratively to expand electronic learning options beyond self-direction. A subcommittee of the larger workgroup has reviewed several electronic learning packages and will be making a recommendation to the larger committee on which curriculum will best meet the needs of our system and allow for customization as needed.

Development of Specialized Curricula for DSPs: OCDD has worked through the My Place Money Follows the Person demonstration to develop two specialized curricula specifically to assist in improving DSP skills in supporting individuals with complex needs – Positive Behavior Supports Curriculum and Medical/Therapeutic Supports Curriculum. Both curricula have been piloted with OCDD clinicians providing the training to identified providers who are agreeing to support individuals moving through the My Place program with significant medical and/or behavioral needs. The training has been well received by providers and family members and has assisted in successful moves for several individuals. The My Place staff and OCDD Clinical staff are working to move forward with broader implementation including partnering with providers interested in having trainers certified to teach the curricula within their own organization.