

## Office for Citizens with Developmental Disabilities (OCDD)

### QUARTERLY DD COUNCIL REPORT

(Submitted for 3rd Quarter 2014)

September 23, 2014

### SERVICES

#### EarlySteps

- The EarlySteps program is currently providing services to 4,166 children.
- Family Cost Participation (FCP) became effective 10/01/13. As of 9/5/14, nine statements have been sent out to families to bill for services.
- A state-wide staff and stakeholder planning team, including State Interagency Coordinating Council (SICC) members, has continued to meet regarding Phase 1 planning for the State Systemic Improvement Plan (SSIP). This plan is a newly required priority of the Office of Special Education Programs (OSEP). Three workgroups were identified to address proposed areas of focus: 1) improving child and family outcomes, 2) professional development, and 3) system equity. The full workgroups will meet on 10/08/14. The next component of the SSIP, Theory of Action, will be discussed by the workgroups. Theory of Action includes a visual representation of what EarlySteps hopes to improve with the SSIP. The final requirements for the SSIP process were released in April 2014, and OSEP has begun training with states on the components of the new systems process. Brenda Sharp presented with two other states at the national *Improving Outcomes* conference in New Orleans on 9/09/14. The focus for the discussion was developing the Phase 1 components for the SSIP.
- The final Federal award amount for FY15 was received in June 2014 in the amount of \$6,538,122, an increase of approximately \$350,000 from last year.
- EarlySteps providers are completing the online training modules developed by the Louisiana Department of Education (LDE) regarding the two major assessment components of the Act 3 Early Care and Education System for Early Childhood Education: 1) the Teaching Strategies Gold and 2) the CLASS. Having providers knowledgeable about these tools will allow them to support caregivers in publically-funded early childhood settings such as child care and Early Head Start. As of 8/15/14, over 800 early interventionists have completed the module.
- The Request for Proposals (RFP) for the 10 System Point of Entry Offices, which conduct eligibility determination for EarlySteps, was posted on 9/03/14. EarlySteps will fund ten SPOE contracts.

### **Children's Choice (CC) Waiver**

- Centers for Medicare & Medicaid Services (CMS) approved the Children's Choice Waiver for five year renewal on 6/27/14. With waiver approval, Applied Behavioral Analysis (ABA)-Based Therapy was removed from the Children's Choice waiver as the service is offered under State Plan Medicaid services. Amendment to Children's Choice waiver was submitted to rulemaking on 8/26/14; it is currently in the Medicaid Policy section for review and publication.
- The Self-Direction option for Family Support services in the Children's Choice (CC) waiver began in February 2014. Currently, thirteen CC waiver participants are enrolled in Self-Direction across the state. Several others are in process.
- Children's Choice therapeutic therapy services (aquatic therapy; art therapy; music therapy; sensory integration; and hippotherapy/therapeutic horseback riding) have also been implemented. Provider enrollment continues to be ongoing.
- The OCDD Program Manager has completed update of Children's Choice waiver documents to OCDD's website. Documents and forms are available for download.

### **Residential Options Waiver (ROW)**

- The ROW Medicaid provider manual - Appendix E (billing and procedure codes) has been revised and posted on the Louisiana Medicaid website. Information is available at the following link:  
[http://www.lamedicaid.com/provweb1/Providermanuals/ROW\\_Main.htm](http://www.lamedicaid.com/provweb1/Providermanuals/ROW_Main.htm)
  - As of 1/01/14, Current Procedural Terminology (CPT ©American Medical Association) - Code 92506 (Evaluation of speech, language, voice, communication, and/or auditory processing) has been deleted and replaced with four new, more specific evaluation codes related to the assessment of language, speech sound production, voice and resonance, and fluency disorders.
  - The old code (92506) has be replace with the following new assessment codes:
    - 92521 - Evaluation of speech fluency (e.g., stuttering, cluttering)
    - 92522 - Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
    - 92523 - Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
    - 92524 - Behavioral and qualitative analysis of voice and resonance
  - The billing rates/codes posted reflect the most current information.
- OCDD is working on the business procedure and rule for the adding two additional Permanent Supportive Housing (PSH) services to the ROW Waiver in accordance with the CMS approved ROW Waiver amendment (June 2014):

- Housing Transition Services – Assists participants who are transitioning into a PSH unit, including those transitions from institutions to secure their own housing, and
- Housing Stabilization Services – Assists participants to maintain their own housing as described in their plan of care.
- OCDD is continuing its discussion with Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD) providers who have voiced potential interest in the ROW Waiver Conversion from ICF/DD.
  - OCDD has met with one provider who has received the agency’s Board of Director’s approval to move forward with converting up to two ICF/DD homes to ROW. The provider is currently working with six individuals and their families with the hopes of converting.
  - The goal is still to begin the process of converting one home, currently undergoing renovations, before the end the Fall 2014.
  - OCDD is expecting to meet with the executive leadership of another provider during the 3<sup>rd</sup> quarter to revisit ROW conversion.

### **Pinecrest Supports & Services Center (PSSC) Transition Status**

- The census of Pinecrest Supports and Services Center to date is 401.
- In 2014, PSSC has admitted 31 participants and discharged 23 participants.
- Additionally, 30 participants are planning for a transition from the center.
- Five (5) participants are projected to move to waiver supports or private Intermediate Care Facility (ICF) supports within the next quarter.
- The overall satisfaction rate for individuals assessed post-discharge is 91%.

## **INITIATIVES**

### **Employment First**

- October is National Disability Employment Awareness Month. OCDD is working with the Louisiana Workforce Commission Disability Employment Initiative on Diversity Works Job Fairs that will be held around the state during the month of October.
- OCDD is currently working cooperatively with Louisiana Rehabilitation Services (LRS) to improve Supported Employment delivery and working to update the current Memorandum of Understanding (MOU) to reflect this.
- OCDD is currently working to implement a voluntary provider report card that will be uploaded and attached to the Freedom of Choice listing. The information provided will be available for use by individuals and their families when choosing a provider.
- Rulemaking is in process to establish fifty Supported Waiver opportunities that will be utilized for individuals exiting high school and transitioning into work. This rule will be effective in January 2015.
- OCDD will continue to provide trainings around the state on Employment First at Families Helping Families trainings, LRS Regional Offices and OCDD providers.

- OCDD continues to work toward improving employment outcomes for individuals with developmental disabilities.

### **Money Follows the Person (MFP) Rebalancing Demonstration (My Place Louisiana)**

- MFP activities provided:
  - Pre and post move support for 150 My Place participants
  - Direct Service Worker (DSW) Specialization Training for 260 provider staff
- Housing Relocation Assistance Program(HRAP) activities included:
  - 51 people being referred
  - 46 people receiving lists of appropriate housing options for their review
  - 32 families moving into housing
  - 1 family receiving My Place supports to purchase a home
- Total of 206 people have transitioned to the community with My Place supports:
  - New Opportunities Waiver (NOW): 177 individuals
  - Children's Choice (CC) Waiver: 20 children
  - Residential Options Waiver: (ROW): 9 children

### **Access to Behavioral and Medical Intervention in the Community**

The Resource Centers (RCs) continue to focus on the following activities:

- *Crisis service mobilization and diversion*, with RCs working in partnership with the Human Services Districts and Authorities resulting in an increased responsiveness to crisis issues and the ability to divert 87% of individuals identified as having a crisis from long-term institutionalization;
- *Provision of court-ordered evaluations and services*, inclusive of Department of Health and Hospitals (DHH) commitments and evaluations required by law for persons with dangerous behaviors found not competent to stand trial:
  - In FY14, RC clinicians provided these evaluations and services to 40 individuals;
- With decreased emphasis on provision of direct behavioral health services, *increased efforts directed toward supporting private providers to succeed in serving individuals with complex and dangerous problem behavior*;
- When necessary, *provision of direct services for persons with life threatening problems requiring behavior supports*, with 99% of these persons remaining in the community (Note: For nearly all of these individuals, there is no comparable treatment resource available, and many services required for stabilization are non-billable.);
- *Triage efforts to address extensive wait lists for behavioral health services as part of wait list reduction efforts* resulting in provision of 353 consults for FY14. (Note: Of these consults, 48% resulted in consultation, 12% required primary long term services, 16% required short term services, 7% were referred to community providers, and 16% did not require RC service provision.);
- *Piloting of new capacity-building efforts*, which move from simple classroom training for staff to a mentoring relationship with private providers, including the

opportunity for training, consultation, and more extended collaboration. (Note: Outcome data for this initiative is being collected and will be reported in the next quarterly report.); and

- *Efforts toward assuring that persons with a history of and/or current challenges related to non-consensual sexual behavior (NSB) have access to needed supports* (Note: State-wide roll out of the NSB process has been completed, with four out of the ten Local Governing Entities (LGEs) completing the initial reviews. Case reviews within the remaining LGEs are underway.)

Summary of initial outcome data related to non-consensual sexual behavior (NSB):

- Improvements occurred in understanding of NSB and associated risk.
  - Better definition of NSB and risk ensures that those who are in need of greater support are correctly identified and plans are reviewed comprehensively and with clinical expertise to ensure needed supports are present (77 of the original 129 reviewed were identified with confirmed NSB and in need of ongoing review).
  - Those without ongoing NSB concerns or erroneously identified have their plans and documents updated to remove the previous “labels” and unnecessary risk identification with the added assurance of minimizing/removing “over support” and unnecessary “rights restrictions” (40% or 52 of the original 129 reviewed were noted as not having confirmed NSB).
- Positive outcomes and improved supports occurred for those identified with NSB and ongoing risk needs.
  - Some individuals were determined to have needs related to overall quality of life, and the review process provided opportunity for the person to get connected to these supports (i.e., recreational opportunities).
  - Some reviews afforded discussion of new support ideas that may not have been otherwise identified.
  - Only 4 of the original 129 reviewed had subsequent incidents following review; 2 out of these 4 individuals were placed in more restrictive settings (one person was incarcerated and one person was placed at a forensic hospital).
- Individuals with NSB can and are being supported successfully within community living situations (81% of those reviewed currently reside in community living situations with waiver supports).
  - This is consistent with the national approach toward deinstitutionalization and the recognition that persons with disabilities have the right to community living consistent with their life vision.
  - This process appears to underscore the need to engage in creative and comprehensive planning on an ongoing basis to ensure that persons with NSB have the opportunity to remain in the least restrictive setting.
  - Custody is only required in a small number of instances (9%)
- Many individuals with identified NSB also have co-occurring behavioral health conditions. In some instances behavioral health conditions can trigger or exacerbate NSB; thus, the need for appropriate treatment for these conditions is

a key component of positive outcomes (64% have a behavioral health diagnosis and 14% have history of substance use).

- The fact that more than half of these persons at some point have received some form of therapy (69%) supports the growing research acknowledging that individuals with intellectual and developmental disabilities (IDD) and behavioral health needs can participate in and benefit from therapeutic approaches.
- The use of traditional therapy and other behavioral health supports (22%) in addition to more traditionally used behavior supports for individuals with IDD (77%) highlight the need to consider a variety of supports and services to assure individualization, choice, and needs related to NSB and overall quality of life are addressed.
- Additionally, given the potential for multiple providers to engage in service provision for the person, communication across all team members (including clinical providers) to assure continuity of supports and care remains critical.

In addition to the RC efforts outlined above, OCDD has been working with representation from Office of Behavioral Health and Magellan to develop a collaborative protocol that outlines a communication agreement relative to coordination of services for persons with a dual diagnosis whose support and service needs overlap both systems. This protocol is intended to improve efficiency with accessing needed services and enhance coordination efforts at the local level. The initial draft has been reviewed within DHH, and the next step toward finalization includes presentation to the LGE Executive Directors during an upcoming Human Services Interagency Council (HSIC) meeting.

### **System Transformation**

- System Transformation activities continue, with reporting in the 9/10/14 large stakeholder meeting in the areas of critical incident system revamp, provider freedom of choice, and Request for Services Registry (RFSR) validation. (NOTE: The contents of the large stakeholder meeting can be reviewed from the OCDD main web page, by clicking on the System Transformation link.)
- In addition to these activities, work on the Single Point of Entry /No Wrong Door (SPOE/NWD) system continues, in collaboration with the Balancing Incentive Payment Program. The DHH is working to establish a single portal for a person to access information on all disability services as well as a screening tool to generate appropriate referrals to disability offices. (NOTE: If you have not visited the OCDD web site lately, please do so. It has been completely redesigned, with updated information, easy to use sections, and Americans with Disabilities Act (ADA) compliant features. This was an important system transformation goal in both improving OCDD's online presence and preparing for the SPOE/NWD improvements occurring in DHH.)
- The OCDD Intellectual/Developmental Disabilities (I/DD) Managed Long Term Supports and Services (MLTSS) systems concept paper was released on 9/16/14, detailing the Department of Health and Hospital's strategy in approaching managed care for persons with intellectual and developmental

disabilities. The inclusion of the EarlySteps program is also outlined in the paper. The MLTSS Advisory Group will meet 9/22/14 to discuss the concept paper. (Note: Please take some time to review the concept paper and the updated OCDD MLTSS timeline by visiting the following link:

<http://MakingMedicaidBetter.com/LongTermCare>.

- Questions and comments may be submitted by using the e-mail address: [longtermcare@la.gov](mailto:longtermcare@la.gov).

### **Medication Administration**

- The Louisiana State Board of Nursing will review the medication administration assessment tool that the DHH workgroup developed on 10/15/14.
- A small internal group from DHH will meet with the State Board of Nursing on 10/07/14 to review HB 185 which relates to training requirements for medication administration for individuals in the Self-Direction option.

### **Certified Medication Attendant Program**

- The Certified Medication Attendant (CMA) committee submitted proposed changes to the CMA course guidelines to Dr. Lyons with the State Board of Nursing. The changes would extend the certification period from one year to two years. Certificates would expire two years from the test date. CMAs would be responsible for completing nine continuing education hours and competency would have to be assessed, but it would be done bi-annually, rather than annually. Dr. Lyons stated that due to patient safety concerns, the Board would have a problem with CMAs waiting two years to demonstrate competency and that nine hours of continuing education over a two-year period would not be sufficient. The committee revised the proposal to state that CMAs must complete the nine continuing education requirements over the two-year period, but would have to demonstrate competency annually. If a CMA changes employers within the two-year period and training records from the first year are not available the new employer, then the new employer must assess competency upon hire in addition to meeting the requirements for recertification. The revision was sent to Dr. Lyons on 8/26/14.

Two CMA instructor training classes were offered for all ICF and HCBS providers. The first class was taught on 8/22/14 in Baton Rouge to twenty nurses. A session was taught in Pineville on 8/25/14 to ten nurses. The sessions were taught because providers stated a need for the training.

- A graduate student worker was employed to work with the CMA program for twenty hours a week. She is assisting with the processing of requests and data entry. She is also learning about the procedures and the management of the program.
- Terry Cooper is looking into whether OCDD can add some OCDD deliverables to a contract that Health Standards has with a technology company called Trisine. The company would handle data entry for the CMA program, as they do for the Certified Nursing Assistant (CNA) program. If approved, OCDD would reimburse Health Standards for the cost of the additional deliverables.