

Office for Citizens with Developmental Disabilities (OCDD)

QUARTERLY DD COUNCIL REPORT

(Submitted for 1st Quarter 2016)

March 30, 2016

SERVICES

Developmental Disability Waiver Activities

The following figures reflect **waiver activities for state fiscal year 2014–2015 (July 1, 2014 – June 30, 2015)**:

WAIVER	Offers**	Linkages	Certifications
NOW	771	544	439
Children’s Choice/CC-425	590	363	336
Supports	886	279	205
ROW	0	0	0

*** This is the number of unique individuals made an offer or final offer during this time period.*

The following figures reflect **waiver activities thus far in state fiscal year 2015-2016 (July 1, 2015 – March 22, 2016)**:

WAIVER	Offers** #	Linkages #	Certifications
NOW	135	300	271
Children’s Choice/CC-425	326	218	169
Supports	1,199	430	266
ROW	1	1	0

*** This is the number of unique individuals made an offer or final offer during this time period.*

NOW-DC offers and linkages may not have been included in previous report from December 17, 2015.

The following figures reflect **total waiver numbers as of March 22, 2016**:

WAIVER	Total # Slots Allocated	Total Participants linked, but not certified	Total # Certifications	Total # Vacant Slots
NOW	9,032	87	8,688	257
Children’s Choice/CC-425	1,475	53	1,243	179
Supports	2,050	109	1,820	121
ROW	210	1	25	184

Request for Services Registry (RFSR) as of February 29, 2016:

- New Opportunities Waiver (NOW): 13,826
- Supports Waiver: 1,426

Residential Options Waiver (ROW)

- The ROW Waiver Amendment (LA.0472.R01.02) is currently pending Centers for Medicare and Medicaid Services (CMS) approval. The amendment was revised to include the following based upon stakeholder feedback received during the public comment period (October 8, 2015 through November 18, 2015):
 1. Expanded the eligibility language to clarify and broaden the ROW eligibility criteria to include all individuals with a Statement of Approval from OCDD who meet the required Level of Care criteria.
 2. Revised Request for Amendment Section - Brief Waiver description to clarify eligibility and waiver opportunity prioritization.
 3. Revised Item 6,i. - Public Input Section and included methods the State employed to promote public input and the identification of modifications resulting from Advocacy Center and stakeholder input for this amendment.
 4. Provided required attachment (*A Transition Plan Service Crosswalk*) explaining the improved access available to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) services for these eligible individuals by eliminating all reserved capacity groups and by taking the following actions:
 - a. Implementation of a one-time transition of persons who are eligible for Developmental Disabilities (DD) services and are presently enrolled in the Office of Aging and Adult Services (OAAS) Community Choice Waiver (CCW);
 - b. Implementation of a one-time transition of those persons who are eligible for DD services and who are presently on the OAAS Community Choice Waiver (CCW) waiting list to the ROW waiting list, where they will maintain their current CCW Request for Services Registry (RFSR) protected date;
 - c. Implementation of a one-time transition of persons who are eligible for DD services and who are presently enrolled in the OAAS Adult Day Healthcare (ADHC) Waiver to the ROW.
 5. Provided required Attachment 2 which incorporates the OCDD Home and Community- Based Services (HCBS) settings transition plan and addresses requirements of the HCBS Settings Rule.
 6. Revised Participant Access and Eligibility Specification of the Waiver Target Group(s) sections to clarify and decrease the number of eligible individuals institutionalized in the State by broadening eligibility and creating the following priority groups in the ROW:
 - a. Priority 1. One-time transition of persons who are eligible for DD services and who are presently enrolled in the OAAS Community Choices Waiver (CCW) or the Adult Day Health Care Waiver (ADHC).
 - b. Priority 2. Adults and children residing in institutions [nursing facilities and public/private ICF/IID (Supports & Services Center or former Supports & Services Center operated through a Cooperative Endeavor Agreement with OCDD)] who are eligible for DD services and who wish to transition to the ROW.
 - c. Priority 3. Adults and children in crisis situations who are eligible for DD services and who need HCBS services to prevent institutionalization.

- d. Priority 4. Persons who are eligible for DD services and who request the ROW, based on their ROW Request for Services Registry (RFSR) protected date and a first-come, first-served basis.
7. Adjusted the total numbers served years 3, 4 and 5 to better correspond with legislative approval and fiscal projections and adjusted the number of unduplicated number of participants to align with years 3, 4, and 5.
8. Revised Participant Access section to eliminate all reserved capacity groups which are no longer applicable due to the addition of the four priority groups as previously indicated.
9. Added Adult Day Healthcare (ADHC) service to provide continuity of service for those eligible persons presently receiving ADHC in either the OAAS Community Choices waiver (CCW) or OAAS Adult Day Health Care Waiver (ADHC) and transitioning to the ROW.
10. Clarified available adult dental services as expanded dental services are now available via Bayou Health.
11. Revised General Service Specifications section to allow payment to parent(s) of an adult child to provide services under specific circumstances.
12. Revised/created the newly required section in Appendix G-2,c Participant Safeguards: Seclusion to complete the newly created section for data collection.
13. Revised Appendix G-3 - Participant Safeguards: Medication Administration to align with current State law/policy regarding medication administration.
14. Changed Waiver Assistance and Compliance Section (WCS) to Medicaid Program Support and Waivers (MPSW).
15. Revised OCDD Regional Waiver Office language “Human Service Authority or District” to “Local Governing Entity” (LGE).

The ROW amendment documents, as well as other OCDD HCBS transition plan documents, may be found at web link <http://new.dhh.louisiana.gov/index.cfm/page/2313> under “Archived” documents.

- Manual Revisions in draft:
The OCDD ROW Program Manager is preparing the related revisions to the ROW provider manual and business rules to allow for changes as the result of the ROW Re-write rule, which was published in the LA Registry November 20, 2015.
- ROW Provider Enrollment:
 - More than 145 new ROW providers have been enrolled as of March 2016. As a result of recent regional outreach efforts, ROW participants will have greater freedom of choice.
 - Discussions are underway with the goal of creating a separate element on the Freedom of Choice listing for ROW Personal Care Assistance (PCA) type providers in the future.
- ROW Provider Training
 - Row program manager provided outreach/training at two regional providers quarterly meeting during the quarter (approximately 300 audience members).
 - Training was provided for the Louisiana Supported Living Network membership.

Children's Choice (CC) Waiver

- The Self-Direction option for Family Support services in the Children's Choice (CC) waiver began in February 2014. Currently, there are fifty-eight CC waiver participants enrolled in Self-Direction across the State.
- There are no providers currently enrolled for Aquatic Therapy, Art Therapy, Hippotherapy/Therapeutic Horseback Riding and Sensory Integration Therapy. Providers are needed for these services. A flyer was emailed to various companies and professionals who currently provide these therapies in Louisiana asking them to consider enrolling as Medicaid providers. As Children's Choice participants express interest in these services, they and their Support Coordinators are encouraged to find providers in their regions and encourage them to enroll as providers in the Children's Choice Waiver.
- An update to the provider enrollment packet for Music Therapy is being implemented in an attempt to get more providers enrolled throughout Louisiana. Previously Music Therapy in the Children's Choice Waiver was listed as a subspecialty under PT, OT or Speech Therapy. After multiple discussions with several Music Therapists in Louisiana, it was determined that they have their own licensing board and that Music Therapist are not also PT, OT or Speech Therapist. The process has begun to add Music Therapy as its own provider type. Hopefully within the next few months that process will be completed and Music Therapist will be able to enroll as providers in the Children's Choice Waiver.

New Opportunities Waiver (NOW)

- In February 2016, a request to extend the NOW renewal for six months was forwarded to CMS. In March, CMS responded asking for additional information which was provided on March 16, 2016. The CMS response to the evidentiary report submitted late in 2015 is expected by April 1, 2016.
- The NOW renewal application will be posted for public comment no later than August 2016. Submittal of the application to CMS for approval is scheduled for October 1, 2016. Implementation is scheduled for January 1, 2017.
- Renewal application will include a plan for support coordination to approve some plans of care. This will require a change to the Quality Improvement Strategy for plan approval.

Supports Waiver

Implementation of the changes to the Supports Waiver, which included unit changes and reserved capacity groups, took effect on March 1, 2016. A refresher training occurred on February 24, 2016 for all providers.

Pinecrest Supports and Services Center (PSSC) - Transition Status

The following figures reflect transition activities from January 1, 2016 thru March 18, 2016:

- The census of Pinecrest Supports and Services Center to date is 424.
- In 2016, PSSC has admitted 9 individuals and discharged 4.
- Additionally, 42 participants are planning for a transition from the center.
- Six 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 leaving PSSC assessed one-year post-discharge is 97 percent.

EarlySteps

- The EarlySteps program is currently providing services to 4,625 children.
- The statewide staff and stakeholder planning team, including State Interagency Coordinating Council (SICC) members, has been meeting by phone to complete the Phase II Evaluation component of the State Systemic Improvement Plan (SSIP) which must be submitted to the Office of Special Education Programs by April 1, 2016. The January and March 2016 workgroup meetings had to be cancelled due to the President's visit to Louisiana and the flooding respectively. A report of the final SSIP evaluation process will be given at the April 14, 2016 SICC meeting. The workgroups will meet prior to that meeting.
 - In order to accomplish one of the priorities for the SSIP (i.e., To increase the number of children who receive EarlySteps support in child care settings), the Individualized Family Services Plan (IFSP) form has been revised to better capture the primary settings where children receive EarlySteps services.
 - Family Support Coordination and System Point of Entry staff will receive technical assistance to ensure accurate implementation of the revised IFSP scheduled for implementation on April 1, 2016. With the revised form, the SPOE staff will be better able to capture the service setting data to determine best how to support caregivers in child care settings.
- The State's application for the federal fiscal year 2016-2017 Federal IDEA Part C funds is posted to the EarlySteps website for public comment through April 21, 2016. The final allocation is \$6,755,840, a \$343,813 increase from last fiscal year. The increase is due to an increase in the total federal allocation for Part C funds nationally.

INITIATIVES

Waiver Related Initiatives:

Employment First

- The “Path to Employment” form, which is being used by Support Coordinators to facilitate a conversation about employment with every consumer in every waiver who is at least 16 years old, was implemented January 1, 2016. Data regarding employment is entered into Case Management Information System (CMIS) and is now available.
- The “rough” draft of the Memorandum of Understanding (MOU) between Louisiana Rehabilitation Services (LRS), OCDD, Office of Behavioral Health (OBH) and Medicaid services has been submitted to LRS legal department for final approval. Upon approval, the MOU will be sent to the DHH legal department.
- One-on-one technical assistance with vocational providers around the State continues as requested by providers.
- OCDD has worked with Families Helping Families in Jefferson Parish to conduct a training for waiver participants and their families regarding the new CMS rule and the effects on waivers. The training, which is scheduled for April 26, 2016, will inform attendees of the changes that are occurring with employment services as well as changes that may be occurring within the facilities and the provision of day services. OCDD will duplicate this training in a live broadcast statewide in May 2016.
- OCDD is also working on a Vocational Provider Panel Discussion that will be broadcast statewide where providers will discuss their programs and how they have started planning, and in some cases, are already implementing changes in order to meet compliance with the CMS Settings Rule. And finally, training with the Support Coordinators on various items around the CMS Settings Rule is being prepared; OCDD anticipates these trainings to take place over the next few months.

Medication Administration

Support Coordinators and the Interdisciplinary Teams are doing assessments on all individuals in self-direction to determine who will require assistance with medication administration. Once it is determined who in self-direction requires medication administration assistance, the staff employed with that individual will take the on-line training medication administration course. It is projected that the on-line training will begin by May 1, 2016. OCDD is still in the process of working out the details with supervision of the Registered Nurse for the staff involved.

Electronic Visit Verification (EVV)

- EVV was implemented for Day Habilitation and Prevocational/Employment Related Training providers on March 1, 2016.
- EVV is scheduled to be implemented for Supported Employment and Center-Based Respite Providers on September 1, 2016.
- EVV for transportation services is optional for Day Habilitation and Supported Employment.
- EVV database is LaSRS® which is managed by Statistical Resources, Inc.

EVV Efficiencies:

- PCA providers are automatically blocked when electronic clock in/out is used by **non-residential providers**, including transportation.
- Even though transportation is optional, many **non-residential providers** are using the electronic clock in/out because it does not block the transportation service for that provider.
- EVV helps to identify when services are being provided inappropriately (i.e., worker providing both Mobile Crew and Day Habilitation at the same time).
- EVV identifies if providers are not complying with service ratios (i.e., number of workers to participants based on billing code).
- Positive feedback has been received from **non-residential providers** due to reduced administrative burdens. The provider does not have to enter data into LAST and the overlaps are not blocked on the electronic clock in/out side.
- EVV allows OCDD to identify providers who are providing services inappropriately.
- EVV reduces burden on DHH offices to assist with overlapping issues between providers.

Other Initiatives:

Money Follows the Person (MFP) Rebalancing Demonstration (My Place Louisiana) as of March 16, 2016

- MFP activities provided:
 - Pre- and post-transition assistance requests total 324 with 183 My Place participants receiving assistance (Note: Many participants have made multiple requests.)
 - Direct Service Worker (DSW) Specialization Training for 269 provider staff and family members
- Housing Relocation Assistance Program (HRAP) activities included:
 - 64 referrals for HRAP
 - 48 people receiving lists of appropriate housing options for their review
 - 26 families or individuals have moved into housing located by the contractors
- Total of 312 people have transitioned to the community with My Place supports:
 - New Opportunities Waiver (NOW): 264 individuals
 - Children's Choice (CC) Waiver: 39 children
 - Residential Options Waiver (ROW): 9 children

System Transformation

System Transformation activities completed in the first quarter of 2016:

- Work on the proposed system for prioritization of persons on the Request for Services Registry (RFSR) has continued. The prioritization tool continues to be provided to individuals who are on the NOW RFSR and who are receiving Supports Waiver services during their annual plan of care meeting. Support Coordination agencies continue to provide information to Central Office on a monthly basis to identify the number of prioritization tools completed and the outcome of the tool. Reports on this information will be shared once all data is gathered.
- OCDD continues to plan for a move to a consolidated home and community-based services waiver. Internal discussions are in process, and information will be shared with stakeholder group in the next quarter.
- The Request for Proposal (RFP) for the new incident management system is in the process of implementation. This data system will incorporate improvements to incident reporting and tracking.

Certified Medication Attendant (CMA) Program

- The emergency rule that extended the Certified Medication Attendant (CMA) program from a one-year program to a two-year program was renewed for another 120 days (effective February 19, 2016) and was published in the February 20, 2016 edition of the *Louisiana Register*. Providers should review the changes and take steps to ensure the CMA Guidelines are being followed.
- To date, there are 4,819 active CMAs in the CMA database, an increase of more than 300 since last quarter. There are currently 343 CMAs whose certificates are expired. Providers are urged to check CMA expiration dates to ensure that they are in compliance with the rule. It is incumbent upon providers to have a system in place to track expiration dates for their CMAs and to ensure the requirements for recertification are met.
- CMA program staff continue to receive requests for certificate re-prints from CMAs whose employers are not giving them their certificates. Section 915 A of the CMA Course Guidelines states, "The central office coordinator will issue two certificates; one for the CMA, and one for the requesting provider agency." Therefore, providers are required to keep one original certificate on file, and distribute the second certificate to the CMA. Agencies must adhere to these guidelines. Processing a third certificate for the CMA presents a strain on OCDD resources and increases processing time for other requests. If an agency hires a CMA who was trained by a previous employer, the agency that hires the CMA must request that a CMA verification form be issued rather than a re-printed certificate. CMAs who request a duplicate certificate for a prospective employer will be instructed to refer the prospective employer to CMA program staff in order to comply with our verification process.
- OCDD is planning a CMA nurse instructor training for the spring of 2016. The date and locations will be announced via blast fax.

- The CMA program staff have completed filing a large volume of hardcopy records, which must be retained.

Access to Behavioral and Medical Intervention in the Community

The following provides an update on the 2015 crisis referral and trends associated with placement requests to OCDD Central Office, inclusive of an update on Resource Center activities related to these requests.

- The year (2015) revealed an increase in the number of referrals when compared to all prior years (e.g., 2008 -2014) with the exception of 2011 (2011 n=177 & 2015 n=171). However, despite the increase, the lowest admission rate compared to all prior years was achieved in 2015. As such, 2015 revealed a higher diversion rate than admission rate (67% & 33%, respectively), which is an improvement from the diversion and admission rate in 2014 (32% & 68%, respectively). The highest admission rate (70%) was seen in 2007 (full data not available).
- For 2015, 60% of admission referrals came from institutional/acute care settings. Further breakdown of these referrals from institutional/acute care settings (60%) reveals that 37% were from psychiatric hospital settings, 11% were in ICF/IID settings, 5% were for persons who were incarcerated, 4% were in a residential program, 2% of persons were in acute care hospitals, and 1% of persons were in nursing facilities. Consistent with the system challenges noted in prior reports, individuals requiring admission to Pinecrest Supports and Services Center continued to present with a significant complexity of needs and individuals were being increasingly referred from other more intensive and institutional-type settings.
- In 2015 the crisis service mobilization and diversion process continued to involve a partnership between the OCDD Resource Centers (RCs) and the Local Governing Entities (LGEs) so that an increased responsiveness to crisis issues could be obtained. There were 154 crisis consultations completed in 2015, with the ability to divert 69% of individuals identified as having a crisis from long-term institutionalization. The Resource Center clinicians continue to be a main source of diversion and coordination with the LGEs.

Efforts toward assuring that persons with a history and/or current challenges related to non-consensual sexual behavior (NSB) have access to the needed supports remain ongoing.

- As of March 2016, 204 persons are receiving follow-up services by the Local Oversight Team (LOT). Since the initiation of the NSB process, only 19 persons have had a subsequent incident of NSB, and all but two persons had waiver supports at the time of the incident (one individual was residing in a community home and the other individual was living at home without waiver supports). For these persons, not all incidents involved direct contact. One of the 19 incidents occurred during the reporting period between (January 1, 2016 and March 18, 2016). This incident did not involve direct contact and the individual was able to maintain existing waiver services. It should be noted that on average, between 5% and 20% of known adult sex offenders will be re-arrested for a

new sex crime within three to six years of follow up [Association for the Treatment of Sexual Abusers (ATSA), 2010]. Given that the NSB process encompasses a broader definition than just persons arrested for sex offenses (i.e., NSB includes sexual behavior that jeopardizes the safety of another and/or places an individual at risk for contact with law enforcement and includes persons whose needs require a level of oversight to reduce the risk to others.), the 9% rate of a subsequent NSB event is still lower than the reported average re-arrest rate. Involvement of the LOT has allowed for enhanced responsiveness in several situations as the individuals' NSB-related support needs increased.

OCDD continues to collaborate with the Office of Behavioral Health and Medicaid relative to triaging and coordinating services for persons with complex support needs. Additionally, the initiative between OCDD and the DD Council to develop training and consultation to build provider capacity to support persons with complex needs is proceeding and will involve training, agency consultation and partnership, evaluation and monitoring of outcomes for participating agencies and those supported by the agencies. The goal is to improve the skills and abilities of in-home support providers and their staff to support persons whose needs are complex while avoiding repeats and costly hospitalizations and institutionalization.