

Office for Citizens with Developmental Disabilities (OCDD)
QUARTERLY DEVELOPMENTAL DISABILITIES (DD) COUNCIL REPORT
 (Submitted for 1st Quarter 2017)
 March 29, 2017

SERVICES

Developmental Disability Waiver Activities

The following figures reflect **waiver activities thus far in state fiscal year 2016-2017 (July 1, 2016 – March 20, 2017)**:

WAIVER	Offers** #	Linkages #	Certifications
NOW	37	27	168
Children's Choice/CC-425	3	3	17
Supports	9	6	16
ROW	392***	11	0

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

**** Includes offers made under the ROW Pilot Project. Refer to below update for additional information.*

The following figures reflect **total waiver numbers as of March 20, 2017**:

WAIVER	Total # Slots Allocated	Total Participants linked, but not certified	Total # Certifications	Total # Vacant Slots
NOW	9,032	34	8,630	368
Children's Choice/CC-425	1,475	14	1,114	347
Supports	2,050	15	1,801	234
ROW	210	6	23	181

Request for Services Registry (RFSR) as of February 28, 2017:

- New Opportunities Waiver (NOW): 15,241
- Supports Waiver: 1,897

Children's Choice (CC) Waiver

The Children's Choice Waiver continues to provide services to individuals ages birth through their nineteenth birthday offering supplemental support to people with intellectual/developmental disabilities who currently live at home with their families or who will leave an institution to return home. During the quarter, several forms utilized by Support Coordination in the CC Waiver have been updated to incorporate language consistent with the new Home and Community-Based Services (HCBS) settings rule and to update codes and acronyms.

Supports Waiver

A review of the current Supports Waiver rule, policy and application is taking place as we move forward with the necessary changes to align with the Home and Community-Based Services (HCBS) Settings rule and enter into the Tiered Waiver.

Residential Options Waiver (ROW)

- **The Residential Options Waiver (ROW) pilot** involving transitioning individuals who reside in Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD) to Home and Community-Based Waiver options has continued. To date, 400 offers are in the process of being extended across the state. The Local Governing Entities are hand delivering offers to individuals/families and helping them to understand what the ROW offers. In addition, local Community Living Ombudsmen are available and attending meetings to provide additional information to the individual/family if they wish.
 - The goal is to have 50 people transition or in process of transition by June 30, 2017.
 - Thirteen individuals have accepted ROW pilot offers as of March 22, 2017 and are in the process of transition.
 - Due to the high number of people who are declining the ROW offer, an increased number of offers are being made in order to meet the target of 50 people.
- **ROW Amendment (ROW/OAAS transition) Status Update** - The ROW Waiver Amendment (LA.0472.R01.02) was resubmitted on January 5, 2017 and is pending Center for Medicare & Medicaid (CMS) approval.
- **ROW Evidentiary Report Update** - The State submitted an evidence package for the ROW waiver program to CMS on September 30, 2016 to support compliance with the six statutory assurances set forth in 42 CFR 441.302. The evidence package included an outline of the program's discovery tools, methods, and performance measures (PMs) designed by the State as well as a summary of monitoring processes and methods for remediation for each assurance. The State utilized data from July 1, 2013 through June 30, 2016.
- **ROW Provider enrollment** continues to be a priority and is increasing with additional providers enrolling as the result of the ROW pilot. The Freedom of Choice (FOC) listing has been updated to reflect the increased number of enrolled Community Living Supports (CLS) and Companion Care Service providers.

Pinecrest Supports and Services Center (PSSC) - Transition Status

The following figures reflect transition activities from January 1, 2017 thru March 17, 2017:

- The census of Pinecrest Supports and Services Center to date is 427.
- In 2017, PSSC has admitted 4 individuals and discharged 13.
- Additionally, 41 participants are planning for a transition from the center.

- Four 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 93 percent.
- OCDD and Pinecrest have initiated a transition workgroup to address identified barriers for people moving from PSSC to the community. This workgroup will inform changes to the Transition Manual and other policies/procedures where indicated.

EarlySteps

- As of March 1, 2017, the EarlySteps program is currently providing services to 4,740 children, an increase of 110 children from March 2016.
- The Annual Application for Federal IDEA Part C Funds is available for public comment until April 20, 2017. The USDOE (United States Department of Education) currently does not have an approved funding allocation for the 2017-18 federal fiscal year, so the requested amount is the same as last year (\$6,755,851) and there are no proposed changes from last year's application. The state will submit a revised budget when the allocations are finalized and will receive its award in July 2017.
- The EarlySteps advisory council, the State Interagency Coordinating Council (SICC), will have its second orientation for new members on April 13, 2017 at 11:30am preceding its quarterly meeting which begins at 1:00pm. New members have proposed a series of orientation sessions by topic; the topics for April are the budget process and the SICC workgroups and committees.

INITIATIVES

Waiver Related Initiatives:

Employment First

- OCDD, with the assistance of the Local Governing Entity (LGE) offices, is wrapping up the eighty-six onsite reviews at each of the active day programs statewide. This review is allowing OCDD to better understand what changes will be needed in order to meet the Home and Community-Based Services (HCBS) Settings rule. All providers will receive a report from the visit.
- OCDD is in the process of forming an Employment Roundtable in each region to assist providers in planning for employment and allowing open discussions and sharing of ideas amongst providers in the regions. These roundtables will begin in April 2017 and will be used as time for providers to work through their transition process.
- OCDD is represented on the Employment First Work Group that was formed by the Governor's Office of Disability Affairs (GODA). Also, OCDD is represented on the subcommittee which is working on bench marks for the

state. The group is meeting on a regular basis between now and June, at which time a report is due to the governor.

- OCDD is in the process of planning a series of trainings for providers and Support Coordinators that will assist them with planning for employment and for how the employment discussion should happen. Providers are in the process of making changes in their programs to align up with the CMS Settings Rule and are asking for assistance and guidance with the changes. These training opportunities will be shared with everyone as they are scheduled.
- OCDD continues to provide ongoing technical assistance as requested to assist providers in regard to the HCBS Settings Rule criteria.
- OCDD is in the process of reviewing and making necessary changes to align all the vocational definitions across waivers and to ensure they are aligned with the HCBS settings rule and the Employment First initiative.

Medication Administration

The Medication Administration component was implemented in the Self-Direction Program on January 15, 2017. All Support Coordinators have been trained to complete the Client Assessment document, and the Medication Administration training materials are available on the Acumen Web site. OCDD will be visiting Support Coordination agencies to encourage use of this component in the Self-Direction Program.

Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV) for center-based services and supported employment is fully implemented for OCDD services. EVV for in-home services is being evaluated with implementation targeted for October 2017. In the near future, an informational memo will be prepared and distributed by Medicaid.

Home and Community-Based Services (HCBS) Settings Rule Activities

- Louisiana received notification of Statewide Transition Plan (STP) Initial Approval via email from CMS on March 3, 2017. In order to receive Final Approval of the STP, Louisiana must complete remaining steps and submit an updated STP. These steps include: completion of comprehensive site-specific assessments with implementation of strategies for validating results; identifying remediation strategies and timelines for resolution of site-specific settings issues; establishing a detailed process for sites requiring CMS Heightened Scrutiny; developing a process for communicating with participants who need to be relocated; and establishing ongoing monitoring of settings to ensure continuing compliance. CMS will also be advising Louisiana of technical issues that must be resolved prior to Final Approval of the STP. Once these revisions are complete and prior to submission to CMS, Louisiana will issue the updated STP for a minimum 30-day public comment period.
- To date, the following states have received initial approval on their transition plans: Alabama, Alaska, Arkansas, Connecticut, Delaware, Hawaii, Idaho,

Indiana, Tennessee, Ohio, Kentucky, Delaware, Arkansas, Connecticut, Idaho, Indiana, Iowa, Kentucky, Louisiana, Montana, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Virginia, Washington,

- Louisiana has continued to conduct site specific validation visits and requests for transition plans from Service Providers as non-compliance is identified. Providers that have self-identified the need to complete a transition plan and providers that were identified as needing a transition plan through the site-specific visit process during validation will be expected to get their transition plans in thirty days following refresher training. For agencies identified as moving forward, the LGE will assign a due date for the transition plan. It is OCDD's expectation that all validation activities will be completed by March 31, 2017. As such, all provider transition plans should be submitted and approved by the end of April 2017.
- In addition to the validation visits, OCDD also implemented an individual experience survey to further validate information self-reported by service providers related to compliance with the regulation. OCDD is currently compiling this information. As areas of concern are identified, service providers will be asked to provide evidence of compliance and/or complete a transition plan to come into compliance.
- Information from all assessment and validation activities will be compiled into a report for CMS. Information will be posted for public comment throughout the process prior to submitting to CMS.

Request for Services Registry Screening

- A total of 4,923 Screening of Urgency of Need (SUN) tools have been completed; this includes individuals receiving Supports Waiver and those on the Request for Services Registry who are not receiving other waiver services.
- OCDD received funding for and is in the process of conducting a SUN screening for all individuals on the RFSR, with anticipated completion in June 2017. Mid-year reductions resulted in a 28.8% reduction in the total number of screenings to be completed by the end of June 2017. It is anticipated that this percentage of individuals currently on the Registry will not be screened due to one of the following: moved out of state, unable to be located, or refused to participate in screening.
- Of the 4,923 screenings completed thus far, the category of support needs is as follows:
 - No unmet needs - 50%
 - Planning needs (supports needed in 2 - 5 years) - 23%
 - Critical needs (supports needed in 1 - 2 years) - 16%
 - Urgent needs (supports needed within 12 months) - 6%
 - Emergent needs (supports needed within next 90 days) - 5%

Other Initiatives:

Money Follows the Person (MFP) Rebalancing Demonstration (My Place Louisiana) as of March 20, 2017

- MFP activities provided:
 - Pre- and post-transition assistance requests total 395 with 217 My Place participants receiving assistance (Note: Many participants have made multiple requests.)
 - Direct Service Worker (DSW) Specialization Training for 285 provider staff and family members
- Housing Relocation Assistance Program (HRAP) activities included:
 - 80 referrals for HRAP
 - 52 people receiving lists of appropriate housing options for their review
 - 27 families or individuals have moved into housing located by the contractors
- Total of 388 people have transitioned to the community with My Place supports:
 - New Opportunities Waiver (NOW): 330 individuals
 - Children’s Choice (CC) Waiver: 49 children
 - Residential Options Waiver (ROW): 9 children

Certified Medication Attendant (CMA) Program

- The statewide CMA Committee is working to update the instructor training materials to ensure alignment with current best practices and the new CMA rule.
- The next CMA training will be conducted once the new materials have been finalized and are ready for distribution. OCDD is currently keeping a contact list so that nurses who wish to attend the next training will be notified as soon as it is scheduled. The anticipated date for the next training is within the next three months.
- To date, there are 3,939 active CMAs in the CMA database. There are currently 1,415 CMAs whose certificates are expired. 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. All providers are urged to check the CMA expiration dates on their certificates to ensure that they are in compliance with the rule.
- CMA program staff continue to receive requests for certificate re-prints from CMAs whose employers are not giving them their certificates. 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.

Access to Behavioral and Medical Intervention in the Community

The following information outlines Resource Center activities inclusive of crisis referral and trends associated with placement requests to OCDD Central Office for the 2016 calendar year (covering the period of January 1, 2016 – December 31, 2016), as well as provides a current update on the Resource Center and Local Governing Entity collaboration on the Non-Consensual Sexual Behavior (NSB) process as of December 2, 2016.

A decrease in the number of referrals was revealed in 2016 when compared to 2015 (e.g., 2016 n = 111 & 2015 n = 171). The admission rate for 2016 was 41% and the diversion rate was at 59%, which was an increase in admissions and decrease in diversions when compared to 2015 (33% admission rate and 67% diversion rate). However, 2016 remains an improvement over 2014, in which the diversion and admission rate was 32% and 68%, respectively. The highest admission rate (70%) was seen in 2007 (full data not available).

For 2016, 72% of admission referrals came from institutional/acute care settings. Further breakdown of these referrals from institutional/acute care settings (72%) revealed that 33% were from psychiatric hospital settings, 17% were for individuals in ICF/DD settings, 16% were for individuals who were incarcerated at time of referral, 4% were in a residential program, and 2% of individuals were in acute care hospitals at the time of the referral. Consistent with the system challenges noted in prior reports, individuals requiring admission to PSSC continue to present with a significant complexity of needs and individuals are being increasingly referred from other more intensive and institutional-type settings.

In 2016, 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 maintained. There were 100 crisis consultations completed in 2016, with the ability to divert 62% 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 2017, 199 persons are receiving follow-up by the Local Oversight Team (LOT). Since the initiation of the NSB process, only 32 persons have had a subsequent incident of NSB, and all but four persons had waiver supports at the time of the incident (two individuals were residing in a community home and the other two individuals were living at home without waiver supports). For these persons, not all incidents involved direct contact. Five of the 32 incidents occurred during the reporting period December 2, 2016 - March 16, 2017. Two incidents did not involve direct contact and all individuals were able to maintain the existing living option.

OCDD continues to collaborate with the Office of Behavioral Health (OBH) and Medicaid relative to triaging and coordinating services for persons with complex support needs. As noted in the prior update, OCDD in partnership with OBH was awarded a Transformation Transfer Initiative (TTI) grant for FY (fiscal year) 2017 to provide cross-system training and education for clinicians, administrators, and direct-

support professionals to develop expertise to support persons with co-occurring intellectual/developmental disabilities (IDD) and mental health needs. Curriculum development is actively underway and selection of provider applicants across the various levels of care is in process so that the didactic training portion of the project can begin in April.

Additionally, the initiative between OCDD and the DD Council to develop training and consultation to build provider capacity to support persons with complex needs continues to progress. Current Partnership involves four providers representing implementation in key areas across the state (Northshore, Lafayette, Monroe, Alexandria).

- Executive Team training and orientation completed at three of the four providers with 92 DSPs trained at these three providers. The fourth provider began training in January 2017 and has completed the Executive Team training as well as the person-centered and positive behavior support modules for sixteen staff.
- Initial pilot provider has completed Phase 2 of the project (Intensive Technical Assistance) and has moved into Phase 3 (Final Implementation and Outcome Monitoring). The team has verified outcomes in the following areas:

Health and Safety:

- Decrease in Emergency Room (ER) visits from a range of 0-4 each month in prior six months to a consistent absence of ER visits in 8 months of the partnership.
- Critical incidents have decreased significantly from a range of 2-13 per month in the prior six months to only 3 incidents in last eight months (2 were related to illness and 1 to suspicion of exploitation).
- No staff injuries since partnership began and no staff turnover in the staff involved.

Personal Outcomes - The following represent progress in important personal outcomes areas to date; achievement of set goals in these areas often takes time and this is a major focus moving forward.

- Individual and family report of improved relationships
- Development of relationships outside of paid staff (expanding community and social networks)
- Inclusion of competitive employment goals and exploration of job interests in individual's plans of care
- Access to technology to improve communication
- The two providers have completed Phase 1, and training has moved into Phase 2. Six-month report of intensive technical assistance recommendations and status will be forthcoming in April 2017 for these two providers.
- The fourth provider is scheduled to complete Phase 1 training by April 2017. OCDD and the DD Council have been exploring methods for expanding the

project. Provider interest across the state is variable. At this time, the following enhancements and modifications are in progress:

- OCDD has pulled three core training modules that represent foundational knowledge not limited to individuals with the most complex needs: Person-Centered Thinking, Introduction to Positive Behavior Supports for DSPs; and Recognizing Signs and Symptoms of Illness. These modules will be offered to any provider's staff and expanded to be offered for DSPs supporting individuals using self-directed services. The goal is to provide foundational knowledge and practice with important staff skills and tools in these areas for any interested support professional with a particular focus on the expansion component. Additionally, for provider agencies for whom a number of staff participate, OCDD and the DD Council will reach out to further explore interest in a more in depth partnership. Initial efforts will roll out in April and May 2017.
- An extension of the in-depth partnership for the existing four providers will occur with a goal of continued support and engagement for an additional year. OCDD and DD Council are working on building in additional incentive options for both maintenance of initial project outcomes and particular focus on achievement of personal outcomes that may take more than six months to achieve (keeping in mind the first 6 months of each partnership is training and technical assistance to identify and implement recommended changes).

As noted in the prior quarter's update, this initiative involves training, agency consultation and partnership, evaluation and monitoring of outcomes for the 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.

ICF/DD Programmatic Unit

- OCDD continues to work on implementation of the ICF/DD Programmatic Unit, which will include a process to partner with private ICF/DD provider agencies to improve the quality of their programs. This unit is intended to collaborate with provider agencies to ensure that supports and services are planned and provided in a truly person-centered manner and that supports and services are having the desired outcomes. The process will include the provision of technical assistance, clinical guidance, and training to provider agencies.
- A brainstorming meeting was held with ICF/DD providers in December 2016 for input on process, and another brainstorming meeting was held with individuals, families and advocates in January of 2017.
- A family survey was conducted with families whose loved ones currently reside in a Cooperative Endeavor Agreement (CEA) ICF/DD facility to get feedback on areas of importance for the unit.

- Development of the initial provider handbook and OCDD staff operational instruction is currently in process.

Cooperative Endeavor Agreement Downsizing

In late 2012, Evergreen Presbyterian Ministries began operating and downsizing the state residential facility in Hammond, La (formerly known as North Lake Supports and Services Center) through a cooperative endeavor agreement with the Louisiana Department of Health. In the first quarter of 2017, the last of the individuals residing in the facility were transitioned into community-based homes and the facility was closed.