

Office for Citizens with Developmental Disabilities (OCDD)

QUARTERLY DD COUNCIL REPORT

(Submitted for 2nd Quarter 2016)

June 29, 2016

SERVICES

Developmental Disability Waiver Activities

The following figures reflect **waiver activities** thus far in state fiscal year 2015-2016 (July 1, 2015 – May 31, 2016):

WAIVER	Offers** #	Linkages #	Certifications
NOW	146	132	318
Children's Choice/CC-425	328	203	206
Supports	1,212	376	320
ROW	0	0	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 May 31, 2016:**

WAIVER	Total # Slots Allocated	Total Participants linked, but not certified	Total # Certifications	Total # Vacant Slots
NOW	9,032	90	8,676	266
Children's Choice/CC-425	1,475	31	1,230	214
Supports	2,050	70	1,833	147
ROW	210	1	25	184

Request for Services Registry (RFSR) as of May 31, 2016

- New Opportunities Waiver (NOW): 14,161
- Supports Waiver: 1,560

Residential Options Waiver (ROW) as of June 21, 2016

- The ROW Amendment (LA.0472.R01.02) is currently posted for public review and comment at: <http://new.dhh.louisiana.gov/index.cfm/page/2313>. This second public comment period is June 15, 2016 through July 15, 2016. The additional public comment period was provided to ensure that the public is aware of and has the opportunity to comment on the revised document which includes a modification from addition of a "reserved capacity group" for the new population to "priority groups" which had individuals leaving institutions as first priority to receive waiver opportunities (slots).

- The number of ROW providers has continually increased during the quarter as a result of regional outreach and training efforts. ROW participants will have greater freedom of choice as the number of qualified providers increases.
- ROW Freedom of Choice (FOC) Update
 - New separate elements on the Freedom of Choice listing are now available for ROW Community Living Supports (CLS) and Companion Care Services.
 - OCDD staff are now updating the system so that ROW CLS and Companion Care providers will be moved to those categories on the FOC listing.
- ROW Provider/Family Training
 - The ROW program manager provided outreach/training at a provider organization's quarterly meeting during the quarter.
 - Additionally, the ROW program manager provided information related to ROW transition to individuals/families in the Self-Directed Option and providers in Region 6.

Children's Choice (CC) Waiver

The Self-Direction option for Family Support services in the Children's Choice (CC) waiver continues to grow since it began in February 2014. Currently, there are seventy-three (73) CC waiver participants enrolled in Self-Direction across the state.

Self-Direction Option Handbook

- The Self-Direction Employer Handbook was updated on April 19, 2016. It was disseminated to all Local Governing Entities (LGEs) and Support Coordination Agencies on May 16, 2016.
- The new Handbook is available online at the Acumen website: <https://www.acumenfiscalagent.com/states/la.aspx> as well as the Louisiana Department of Health (LDH) (formerly Department of Health and Hospitals - DHH) website: <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1564>

New Opportunities Waiver (NOW)

- Centers for Medicare & Medicaid Services (CMS) granted the NOW extension request through September 28, 2016. The approval was granted in the specific increment of time allowed. Another request will be forwarded to extend the NOW renewal through December 31, 2016 as we approach the September 28, 2016 extension deadline.
- OCDD responded to CMS' request for additional information regarding the NOW evidentiary report submitted last year. The response was forwarded to CMS on June 2, 2016.
- The 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. OCDD and Medicaid are currently working on the revision.

- 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.

Pinecrest Supports and Services Center (PSSC) - Transition Status

The following figures reflect transition activities from January 1, 2016 thru June 17, 2016:

- The census of Pinecrest Supports and Services Center to date is 432.
- In 2016, PSSC has admitted 20 individuals and discharged 9.
- Additionally, 45 participants are planning for a transition from the center.
- Two 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.

EarlySteps

- As of June 1, 2016, the EarlySteps program is currently providing services to 4,815 children.
- The Phase II Evaluation component of the State Systemic Improvement Plan (SSIP) was submitted to the Office of Special Education Programs (OSEP) by the April 1, 2016 deadline, shared with the SSIP workgroups, and reported to the State Interagency Coordinating Council at the April 14, 2016 quarterly meetings. EarlySteps Staff will receive informal feedback on the Phase II plan during a July 7, 2016 telephone conference call with OSEP staff. The SSIP workgroups and the SICC will meet again on July 14, 2016 to continue the SSIP work for Phase III, Year 1 which started on April 1, 2016.
- Louisiana will receive its Annual Performance Report Determination by June 30, 2016. Last year the program received “needs assistance,” the second performance level, with “meets requirements” being the highest level.
- The State’s application for the federal fiscal year 2016-2017 Federal IDEA Part C funds was submitted by the April 21, 2016 deadline. The final allocation is \$6,755,840 and the award notice will be sent by July 1, 2016.
- Brenda Sharp, EarlySteps Director, participated in a national “Think Tank” meeting in June regarding the Division of Early Childhood Recommended Practices. The meeting was sponsored by the Early Childhood Technical Assistance Center (ECTA) to receive input from approximately thirty early childhood stakeholders, including families, regarding how ECTA can support states to improve their systems with the materials from the Recommended Practices. All current materials are posted on their website and include videos and practice guides for families and early interventionists. The materials are an excellent resource and can be found at: <http://www.ectacenter.org>. The think tank participants developed an array of recommendations for ECTA to consider including some which will assist states in

their SSIP improvement activities. We have already started discussing ways to embed the practices into practice documents, training, and the SSIP work plans.

INITIATIVES

Waiver Related Initiatives:

Employment First

- The draft of the Memorandum of Understanding (MOU) involving Louisiana Rehabilitation Services (LRS), OCDD, Office of Behavioral Health (OBH) and Medicaid services was approved by LRS' legal department and has now been returned to OCDD, OBH and Medicaid. The offices are reviewing the MOU before forwarding it to the Louisiana Department of Health (LDH) (formerly Department of Health and Hospitals) legal department.
- On April 15, 2016, OCDD hosted a basic training on Social Security. This presentation was completed by Louisiana State University Health Sciences Center (LSUHSC) and Advocacy Center certified work incentive coordinators. On April 26, 2016, OCDD completed a training through Families Helping Families in Jefferson for waiver participants and their families about the new Centers for Medicare & Medicaid Services (CMS) rule and the effects on waivers. OCDD is planning to duplicate this training in a live broadcast in the next couple of months for all waiver participants and their families throughout the state.
- OCDD is also in the process of planning a vocational provider panel discussion that will be broadcast statewide in which various providers from around the state will discuss how they have started planning, and in some cases, already implementing changes in order to come into compliance with the CMS Settings Rule. And finally, training with the Support Coordinators on various items around the CMS Settings Rule is in the works. OCDD anticipates these trainings to take place over the next few months. These trainings dates will be shared with everyone as they are scheduled.

Medication Administration

Support Coordinators and Interdisciplinary Teams have assessed which individuals in self-direction will require assistance with medication administration. Staff employed with identified individuals will take an on-line medication administration course. The pilot for medication administration will begin effective July 15, 2016. The selected group of individual staff will take the 16-hour online training course, and OCDD will get feedback from the staff/participant/family on training effectiveness.

Electronic Visit Verification (EVV)

OCDD has met with provider groups regarding the new Electronic Visit Verification (EVV) program that was implemented on March 1, 2016 for day programs and

prevocational programs. The majority of overlaps in services for previous periods was between in-home services and day/vocational programs. The day /vocational providers are not blocked for overlaps if they use the EVV clock in/out with no edits. Supported employment services will become mandatory for EVV electronic clock in/out on September 1, 2016. Transportation services are optional for electronic clock in/out.

HCBS Settings Rule Activities

OCDD has not received approval on its Transition Plan from CMS. To date, three states have received approval: Tennessee, Ohio, and Kentucky. The following includes information related to what the Office has been working on for the last 3 - 6 months as well as some next steps.

- All waiver rules, policies, and other documents have been evaluated, and a crosswalk to the settings criteria has been completed. This activity is one part of the systemic assessment to be completed and included in our updated Transition Plan. Some areas have been identified where language in waiver documents could be strengthened; remediation steps will be included in the transition plan to address this. Updates will begin with the NOW renewal.
- Provider validation visits were conducted during this timeframe. The intent was to have all LGE offices complete this task by May 31, 2016; however, some offices have been delayed and required extensions. State Office is working with two LGEs to complete the process. In addition to the site validation visits, OCDD developed a participant experience survey to further validate the self-assessments completed by providers. The survey was posted for public comment for 30 days; comments were received primarily from Support Coordination (SC) agencies. OCDD responded to their questions/comments, made minor modifications to the tool, and met with SC agencies regarding conducting the survey. A statistically significant sample was pulled for all waiver populations, and the names were sent to the appropriate SC agencies. They began conducting the surveys in June 2016 with a deadline to complete surveys by July 15, 2016. They are on track for completion.
- Next Steps: All information from the systemic assessment will be compiled into an updated transition plan. This will include the cross walk completed at the state level in terms of waiver rules, policies, etc. as well as provider self-assessment results, validations visits/audits, and the participant experience survey. OCDD will then begin to outline remediation steps to address areas that are out of compliance. This will include updates to appropriate rule/policy/manuals. Providers identified as out of compliance will have to complete/submit transition plans to the LGEs detailing how they will come into compliance. OCDD is planning to conduct refresher training with provider agencies mid-July 2016 on completing their transition plans and submitting them to LGE offices with a due date of September 30, 2016. Once the transition plan has been updated with above noted information, it will be posted for public comment. We are planning to have it posted by August 15, 2016 for public comment with a due date for input of September 15, 2016. After public comments are addressed, the updated plan is scheduled to be resubmitted to CMS for approval by September 30, 2016.

Other Initiatives:

Money Follows the Person (MFP) Rebalancing Demonstration (My Place Louisiana) as of June 15, 2016

- MFP activities provided:
 - Pre- and post-transition assistance requests total 352 with 186 My Place participants receiving assistance (Note: Many participants have made multiple requests.)
 - Direct Service Worker (DSW) Specialization Training for 282 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 322 people have transitioned to the community with My Place supports:
 - New Opportunities Waiver (NOW): 273 individuals
 - Children’s Choice (CC) Waiver: 40 children
 - Residential Options Waiver (ROW): 9 children

System Transformation

System Transformation activities completed in the second quarter of Calendar Year (CY) 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 OCDD Central Office on a monthly basis to identify the number of prioritization tools completed and the outcome of the tools. As of June 5, 2016, a total of 589 participants have been screened, and the following information has been gathered:
 - 3% or 22 persons with emergent needs (need for support within 90 days)
 - 4% or 23 persons with urgent needs (need for support within 3 – 12 months)
 - 6% or 36 persons with critical needs (need for support within 1 – 2 years)
 - 12% or 68 persons with planning needs (need for support more than 2 years)
 - 75% or 440 persons with none of the above / no unmet support needs identified
- If the budget supports the initiative, OCDD plans to conduct the Screening of Urgency of Need tool for all individuals currently on the RFSR in order to gather information about the support needs of individuals waiting for services and to help inform ongoing system transformation efforts.

- OCDD has re-implemented the Core Stakeholder Workgroup. An initial meeting was held on May 9, 2016 to advise the stakeholder group on a current status report of where we are. A second meeting was held on June 7, 2016 to discuss and receive feedback on the Request for Services Registry prioritization screening and on the concept of a tiered waiver system.

Upcoming System Transformation activities planned for the third quarter of CY 2016:

- OCDD is further refining the concept paper related to a consolidated tiered waiver system; a large stakeholder meeting will be scheduled within the third quarter of CY 2016 to present this concept.
- The System Transformation Core Stakeholder workgroup will continue to meet on a monthly basis with a goal of providing feedback to OCDD on key system transformation efforts.

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 June 18, 2016), and was published in the June 20, 2016 edition of the *Louisiana Register*. Providers should review the changes and take steps to ensure the CMA Guidelines are being followed.
- The Notice of Intent has been submitted to make the changes in the CMA Emergency Rule permanent and to update the CMA Rule. A public hearing on this proposed Rule is scheduled for July, 27, 2016 at 9:30 a.m., in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.
- To date, there are 4,813 active CMAs in the CMA database. There are currently 369 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.

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 thus far for the 2016 calendar year (covering the period of January 1, 2016 - June 16, 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 June 16, 2016.

- For the period noted above there were 48 crisis referrals, with 38% of these individuals requiring admission to Pinecrest Supports and Services Center (PSSC). (Note: Diversion efforts are still underway for 15% of persons referred, so these cases remain open at the current time.) Initial data for first half of this year indicates an initial positive downward trend in referrals which we believe

may be attributable to the partnership between the Local Governing Entities (LGEs) and Resource Centers (RCs), and there is information to suggest that this partnership is working such that cases previously labeled as 'placement issue' are receiving diversion efforts from the Resource Center but the person's ability to remain in his/her living situation is preserved based upon the Local Governing Entity triggering Resource Center involvement in advance of loss of placement.

- Forty-two out of forty-eight cases (86%) referred for admission received a crisis consultation from the Resource Center, with the ability to divert 50% of these individuals from long-term institutionalization. True comparison of the diversion rate compared to prior years cannot be achieved until all cases are closed, given that some cases are still open with diversion efforts underway. There is a large number of referrals that include court orders for placement or a quick timeframe for hospital discharge for which an adequate placement alternative cannot be enacted in time to meet these deadlines. The Resource Center is engaged in these cases to assure no diversion actions are missed, as well as to inform the Pinecrest Supports and Services Center treatment team of any issues so that length of stay can be as brief as possible.
- The last two year's trend relative to persons being referred from other more intensive and institutional-type settings has continued for the period noted above, with 63% of referrals coming from institutional/acute care settings. Further breakdown within these settings reveals that 38% of these referrals were from psychiatric hospital settings, 17% were for persons who were incarcerated, 6% were supported in ICF/DD settings, and 2% of persons were in a psychiatric residential treatment facility at the point of referral.
- 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.
 - This period's data revealed that 206 persons are receiving follow-up by the local oversight team. Since the initiation of the NSB process, only 23 persons have had a subsequent incident of NSB, and all but three persons had waiver supports at the time of the incident (two individuals were 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. Four of the 23 incidents occurred during the reporting period between (03/18/16-06/16/16). One of the four incidents involved 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 (e.g., NSB includes sexual behavior that jeopardizes the safety of another, and/or places an individual at risk for contact with law enforcement, and/or includes persons whose needs require a level of oversight to reduce the risk to others), the 11% rate of a

subsequent NSB event is still lower than the reported average re-arrest rate. Review of this quarter's NSB data revealed that involvement of the local oversight team has allowed for enhanced responsiveness in several situations as the individual's 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 has begun and includes two provider agencies as part of the pilot phase. 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. The initial training phase which targeted executive level staff within each agency was completed in June 2016. The remaining training modules will address person-centered thinking, positive behavior support, and nursing/allied health.