Developmental Disability Waiver Activities

The following figures reflect waiver activities from 7/01/14 thru 9/22/15:

New Opportunities Waiver (NOW):
- offers - 783
- linkages - 639
- certifications - 516

Children’s Choice (CC) Waiver and CC-425:
- offers - 676
- linkages - 419
- certifications - 342

Supports Waiver:
- offers – 1,288
- linkages - 282
- certifications - 206

Residential Options Waiver (ROW):
- offers - 0
- linkages - 0
- certifications - 0

Request for Services Registry (RFSR) as of 8/31/15
- New Opportunities Waiver (NOW): 13,297
- Supports Waiver: 1,842

Pinecrest Supports and Services Center (PSSC) - Transition Status

The following figures reflect transition activities from 1/01/15 thru 9/21/15:

- The census of Pinecrest Supports and Services Center to date is 416.
- In 2015, PSSC has admitted 39 participants and discharged 28 participants.
- Additionally, 36 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 91 percent.
EarlySteps

- The EarlySteps program is currently providing services to 4,545 children.
- The statewide staff and stakeholder planning team, including State Interagency Coordinating Council (SICC) members, will meet on Tuesday, October 13, 2015 in the afternoon and continue with their workgroup and SICC meetings the following day as part of addressing the requirements for Phase II of the State Systemic Improvement Plan (SSIP). Phase II requirements include: in-depth infrastructure analysis; development of the components to support local improvement activities; and an evaluation plan which will be used to measure the success of the improvement activities. The focuses for the meetings will be the evaluation component and finalization of workgroup recommendations for 2015.
- Data for the Annual Performance Report is currently being analyzed prior to submitting the report in February 2016. Performance results analyzed to date are consistent with last year’s results.
- EarlySteps staff is planning training for this fiscal year for new support coordinators and supervisors who have enrolled since face-to-face training was provided three years ago.

Children’s Choice (CC) Waiver

- The Children’s Choice Waiver continues to operate under the five-year renewal which occurred on 6/27/14.
- The Self-Direction option for Family Support services in the Children’s Choice (CC) waiver began in February 2014. Currently, there are thirty-eight CC waiver participants enrolled in Self-Direction across the state.
- Provider enrollment continues to be ongoing.
- Therapeutic services (aquatic therapy; art therapy; music therapy; sensory integration; and Hippotherapy/therapeutic horseback riding) continue to be implemented through the CC waiver.
- An update to the provider enrollment packet for Music Therapy is being implemented in an attempt to get more providers enrolled throughout Louisiana.
- The CC Program Manager has completed updates to the Children’s Choice Provider Manual and Children’s Choice waiver documents, which are posted on OCDD’s website. Waiver related documents and forms are available for download. Related links:
  - [http://www.lamedicaid.com/provweb1/Providermanuals/CCW_Main.htm](http://www.lamedicaid.com/provweb1/Providermanuals/CCW_Main.htm)
  - [http://dhh.louisiana.gov/index.cfm/page/218](http://dhh.louisiana.gov/index.cfm/page/218)

Residential Options Waiver (ROW)

- ROW Rule - Permanent Supportive Housing services:
  - The public hearing was held on 8/27/15, regarding the addition of two Permanent Supportive Housing (PSH) services to the ROW Waiver approved by CMS:
    - Housing Transition Services - Assists participants who are transitioning into a PSH unit, including those transitioning 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.

There were no objections from the public. The rule is expected to be final and published in the 10/20/15 Louisiana Register.

• ROW Emergency Rule Re-write:
  o A public hearing was held on 8/27/15 to finalize the current emergency rule, amending the Residential Options Waiver (ROW) Rule to:
    ▪ revise the provisions governing the allocation of waiver opportunities and the delivery of services in order to provide greater clarity;
    ▪ revise the allocation of waiver opportunities in order to adopt criteria for crisis diversion, revise the provisions governing the individuals who may be offered a waiver opportunity, and clarify the provisions governing the Developmental Disabilities Request for Services Registry;
    ▪ clarify adult dental services accessible to participants;
    ▪ clarify expectation of host home provider/ host family to inspect/report significant changes which may impact ROW participants; and
    ▪ include person-centered language edits [i.e., revise all Mentally Retarded/Developmentally Disabled (MR/DD) facility language to Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID), and revise Individual Support Plan (ISP) to Plan of Care (POC) for language consistency across Home and Community-Based Services waivers].

There were no objections made to the rule. The rule is anticipated to be finalized and published in the 10/20/15 Louisiana Register.

• ROW Manual Revisions in draft:
  o The OCDD ROW Program Manager is preparing the related revisions to the ROW provider manual and business rules to allow for PSH service utilization.

• ROW Conversion:
  o OCDD is following up monthly with the two Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD) providers who have voiced interest in the conversion from ICF/DD to ROW over the past year.
    ▪ One provider had communicated interest in converting one ICF/DD home to ROW opportunities. The provider has indicated the need to delay the project for now, but is agreeable with monthly to quarterly discussions regarding the agency’s interest and desire to move forward within an undetermined timeframe.
    ▪ OCDD staff met with the statewide executive directors and other leadership of a second ICF/DD provider in June 2015 to clarify ROW conversion training and to provide additional information regarding ROW conversion. The provider has expressed an interest in converting six to eight beds to the ROW. The necessary documents and proposal information have been forwarded to the provider; however, the provider has not submitted a proposal thus far.

• ROW Provider Enrollment:
- OCDD ROW Program Manager has continued to focus efforts on supporting Medicaid qualified providers to enroll as ROW providers. This effort will continue next quarter to ensure ROW participants have greater freedom of choice.

INITIATIVES

Employment First/Supports Waiver

- The Supports Waiver amendment received final approval from Centers for Medicare and Medicaid Services (CMS) in August 2015. This amendment includes the addition of Transition from School to Work slots and the Priority Slots along with changes to units for billing for some services to allow for flexibility for participants. Providers will receive training on the changes in the next quarter, and it is anticipated that the changes will be put in place in January 2016.
- Ongoing training continues with participants, families, Local Governing Entities (LGEs), Support Coordinators, Providers and Stakeholders. The next scheduled training is for the LGE staff on the review and monitoring of the provider self-assessments.
- OCDD has hosted Employment Roundtables in seven regions with vocational providers, Louisiana Rehabilitation Services (LRS), and Support Coordinators to provide open discussions and technical assistance regarding the changes in day services and employment. The three remaining regions have roundtables scheduled in October 2015. One-on-one technical assistance continues with vocational providers and will continue as requested by providers.
- OCDD is working to schedule a webinar for all participants and families within the next quarter in order to share the changes that are occurring, specifically with employment, as well as changes that may be occurring within the facilities and how day services are being provided. OCDD is also working on a Vocational Provider Panel Discussion webinar where the providers will discuss their programs and how they have begun making changes to come into compliance with CMS. Some providers began working on changes prior to the CMS rule and are therefore farther along in the process. Also, training is planned for Support Coordinators on various items related to the CMS rule. OCDD anticipates this training will occur during the next quarter.
- OCDD has piloted the “Path to Employment” form that Support Coordinators will complete with all individuals receiving waiver services on at least a quarterly basis, at the annual Plan of Care meeting, and at any revision meetings where day services are changed. This form will be utilized to facilitate a conversation regarding employment with every individual. Information that is gathered from this form will be entered into the data system in order for OCDD to begin collecting employment data. The information will include the type of job the individual has, wages earned, hours worked, and date employment began. Additionally, for the person does not work, the form will solicit what the individual is involved in daily. OCDD will be collecting this information on a quarterly basis. This form should be fully implemented in the next quarter.
- OCDD is continuing to work with Louisiana Rehabilitation Services to draft a Memorandum of Understanding (MOU) that will contain information from the
Workforce Innovation Opportunities Act (WIOA) which will improve employment outcomes for individuals with developmental disabilities. This MOU will also include Office of Behavioral Health and Medicaid services.

- Improving opportunities for employment for individuals with developmental disabilities continues to be one of OCDD’s top priorities.

**Money Follows the Person (MFP) Rebalancing Demonstration (My Place Louisiana) as of 9/15/15**

- MFP activities provided:
  - Pre- and post-transition assistance requests total 277 with 162 My Place participants receiving assistance (some participants made multiple requests)
  - Direct Service Worker (DSW) Specialization Training for 269 provider staff and family members
- Housing Relocation Assistance Program (HRAP) activities included:
  - 60 referrals for HRAP
  - 45 people receiving lists of appropriate housing options for their review
  - 34 families or individuals have moved into housing located by the contractors
- Total of 268 people have transitioned to the community with My Place supports:
  - New Opportunities Waiver (NOW): 230 individuals
  - Children’s Choice (CC) Waiver: 29 children
  - Residential Options Waiver (ROW): 9 children

**System Transformation**

System Transformation activities completed in the third quarter of 2015:

- Work on the proposed system for prioritization of persons on the Request for Services Registry (RFSR) has continued. The tool associated with the prioritization will be utilized to assess individuals who currently have a Support Coordinator and are on the RFSR in order to begin gathering information on support needs of individuals waiting for New Opportunities Waiver services.
- OCDD also continues to work toward a consolidated Home and Community-Based Services waiver. This consolidated waiver will be a 1915 (C) waiver, and it will integrate services currently utilized across all four waivers into one waiver utilizing a Resource Allocation system.
- In addition to the above, System Transformation activities related to data system improvements were continued this past quarter. A Request for Proposal (RFP) for a new incident management system was submitted and there were submissions from those interested in performing this work. This new data system will incorporate improvements to incident reporting and tracking proposed in 2014 as a part of System Transformation. Scoring of the proposals received is currently in process by Department of Health and Hospitals (DHH) staff, who will assist in the selection process. This RFP also includes implementation of a “No Wrong Door” system within the OCDD and Office of Aging and Adult Services (OAAS) populations.
- OCDD continues to encourage providers to submit voluntary information utilizing the established provider questionnaire so that individuals and families can have a
resource to assist in selecting a provider through Freedom of Choice. To date, sixty providers have submitted the questionnaire that is available on OCDD’s webpage.

**Medication Administration**

- The Louisiana State Board of Nursing (LSBN) Board of Directors approved the medication assessment tool and the on-line training course for staff in the self-directed programs on 8/13/15. DHH, along with the LSBN and stakeholders, worked on the medication assessment tool and this is a tremendous asset for providers, support coordinators, and participants. The on-line training course for staff persons who work in the self-direction program was developed by DHH and the LSBN. This course is a direct result of Act No. 507 (also known as “Bailey's Law”) which became effective on 8/01/14.

**Certified Medication Attendant (CMA) Program**

- To date, there are over 4,800 active Certified Medication Attendants (CMAs) in the database. More than 300 new CMAs have been certified since the second quarter.
- All active CMA records have been input into the database, and the CMA program staff is currently working to file a large volume of hardcopy records, which must be retained.
- CMA program staff is receiving an increasing number of requests for certificate reprints 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.

**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, as well as provides an update on the Resource Center and Local Governing Entity collaboration on the Non-Consensual Sexual Behavior (NSB) process through the second quarter of 2015 (1/1/15 – 6/30/15). (Note: Reporting is on last full quarter.)

- There have been 91 crisis referrals, with 33% of these individuals requiring admission to Pinecrest Supports and Services Center (PSSC).
- Last year's trend relative to persons being referred from other more intensive and institutional-type settings has continued through this reporting period, with 57% of referrals coming from institutional/acute care settings. Further breakdown within these settings reveals that 32% of these referrals were from psychiatric hospital settings, 4% of persons were in a psychiatric residential treatment facility at the point of referral, 5% were for persons who were incarcerated, 10% were supported in ICF/DD settings, and 3% of persons were in an acute care hospital.
Eighty-five out of ninety-one cases (93%) referred for admission received a crisis consultation from the Resource Center, with the ability to divert 65% of these individuals from long-term institutionalization.

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 quarter’s data revealed that 213 persons are receiving follow up by the Local Oversight Team (LOT). Since the initiation of the NSB process, only 13 persons have had a subsequent incident of NSB, and all but one person had waiver supports at the time of the incident (the other individual was residing in a community home). For these persons, not all incidents involved direct contact. Seven of the 13 incidents occurred during the second quarter (03/31/15-06/30/15). Five of these individuals remained in the waiver program; one individual was incarcerated and then returned to waiver; and the other individual maintained placement in the community home. 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 6% 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 individual’s NSB-related support needs increased.

In terms of collaboration across entities relative to the behavioral health needs of persons with intellectual and developmental disabilities, the Office continues to actively meet with representation from the Office of Behavioral Health and Medicaid relative to the merger of persons currently receiving services within the Louisiana Behavioral Health Partnership (LBHP) into Bayou Health. Identified behavioral health enhancements will be included in the transition to Managed Long-Term Supports and Services (MLTSS). Additionally, more active triaging and coordination are occurring across Offices to address cases with complex support needs.