

Office for Citizens with Developmental Disabilities (OCDD)
QUARTERLY DD COUNCIL REPORT
 (Submitted for 4th Quarter 2016)
 December 20, 2016

SERVICES

Developmental Disability Waiver Activities

The following figures reflect **waiver activities thus far in state fiscal year 2016-2017 (July 1, 2016 - December 15, 2016)**:

WAIVER	Offers** #	Linkages #	Certifications
NOW	45	23	112
Children's Choice/CC-425	1	1	12
Supports	9	6	10
ROW	26***	0	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.*

The following figures reflect **total waiver numbers as of December 15, 2016**:

WAIVER	Total # Slots Allocated	Total Participants linked, but not certified	Total # Certifications	Total # Vacant Slots
NOW	9,032	60	8,659	313
Children's Choice/CC-425	1,475	13	1,157	305
Supports	2,050	24	1,825	201
ROW	210	2	22	186

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

- New Opportunities Waiver (NOW): 14,911
- Supports Waiver: 1,790

Children's Choice (CC) Waiver

An amendment to the Children's Choice Waiver application was submitted to Centers for Medicare & Medicaid Services (CMS). Changes included in this amendment are: updating all references from Department of Health and Hospitals (DHH) to Louisiana Department of Health (LDH), adding the Statewide Transition Plan regarding the new Home and Community-Based Services (HCBS) settings rule and updating the provider requirement for music therapy (allowing Music Therapists to enroll as their own provider type rather than as a subspecialty under a Physical Therapist). CMS has asked for some additional information before providing approval.

Self-Direction Option

Acumen resumed their duties as the fiscal agent for all Self-Direction participants in the state of Louisiana as of November 11, 2016. A formal reconciliation of all payment activities that occurred during the service dates of September 16, 2016 and October 13, 2016 will be completed by the end of December 2016 to ensure that all tax documents are accurate and timely.

New Opportunities Waiver (NOW)

The New Opportunities Waiver (NOW) renewal was submitted to CMS on October 6, 2016. Two Informal Requests for Additional Information (IRAI) were received from CMS on November 11, 2016 and November 15, 2016. Both IRAIs were answered on December 2, 2016 with additional information provided on December 9, 2016. The NOW renewal was approved by CMS on December 19, 2016.

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 HCBS Settings rule.

Residential Options Waiver (ROW)

The Residential Options Waiver (ROW) pilot involving transitioning individuals who reside in Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) to Home and Community-Based Waiver options has continued. To date, 26 offers have been made. The Local Governing Entity is hand delivering offers to individuals / families and helping them to understand what the ROW offers. In addition, the Ombudsman is available 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.

Pinecrest Supports and Services Center (PSSC) - Transition Status

The following figures reflect transition activities from January 1, 2016 thru December 13, 2016:

- The census of Pinecrest Supports and Services Center to date is 439.
- In 2016, PSSC has admitted 54 individuals and discharged 34.
- Additionally, 44 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 92 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 December 1, 2016, the EarlySteps program is currently providing services to 4,780 children, an increase of 148 children from December 2015.
- Louisiana received its Differentiated Monitoring designations in October 2016 as part of the Individuals with Disabilities Education Act (IDEA) general supervision requirements which the US Department of Education, Office of Special Education Programs (OSEP) must provide to states. This is a new “Results Driven Accountability” process using a risk assessment model. Information used for the designations was determined from information provided by EarlySteps as part of its Statewide System Improvement Plan (SSIP) work, from the state’s annual performance results, and from OSEP’s knowledge of the state’s system. The SSIP analysis phase identified areas of increased risk or weakness to the system, such as fiscal resources and provider shortages. EarlySteps received intensive designations in the outcome results and system improvement areas, a targeted designation in the child find area and universal designation in the fiscal area. Each designation determines how OSEP oversees each state, either at a “universal level” such as the typical types of technical assistance that any state could access, or with a more targeted approach such as an onsite visit. Since EarlySteps received intensive designations in two areas, we will benefit from onsite visits from our technical assistance consultants. Debby Shaver with the IDEA data center will be here in January to meet with staff and the SSIP workgroups followed by another visit later in the spring to include Grace Kelley with the National Center for Systemic Improvement and the Early Childhood Technical Assistance Center.
- The EarlySteps advisory council, the State Interagency Coordinating Council (SICC), will have its first orientation for new members on January 1, 2017 at 11:30am preceding its quarterly meeting which begins at 1:00pm. Each council member will receive an orientation manual which will be reviewed at this first orientation meeting. There will be subsequent webinars and meetings to continue the orientation.

INITIATIVES

Waiver Related Initiatives:

Employment First

- OCDD, with the assistance of the LGEs, is currently conducting onsite reviews at all the day programs statewide to understand where Louisiana stands as a state regarding the HCBS Settings Rule. This review should be finished by March 2017.
- Ongoing technical assistance is taking place with the day program providers regarding the HCBS Settings Rule.
- 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

conducting employment discussions. 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 trainings will be shared with everyone as they are scheduled.

- OCDD is in the process of forming an Employment Roundtable in each region to assist providers in planning for employment and to allow open discussions and sharing of ideas among providers in the regions.

Medication Administration

Target date for self-direction program implementation remains January 15, 2017.

Electronic Visit Verification (EVV)

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

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

- To date, thirteen states have received approval: Tennessee, Ohio, Kentucky, Delaware, Arkansas, Connecticut, Idaho, Indiana, Iowa, North Dakota, Oregon, Washington, West Virginia and Pennsylvania.
- Based on the last round of feedback from CMS, modifications were made to the format and information provided related to the systemic assessment. In addition to the individual feedback received, the State participated in a series of small state technical calls. During these calls, CMS clarified expectations related to review, assessment, validation, remediation, and heightened scrutiny. As such, OCDD evaluated the initial proposals made regarding the assessment and validation processes. OCDD determined that the initial sample of provider visits to validate provider self-assessments for the vocational programs was not an adequate sample, so OCDD has opted to complete a second phase of validation. A site visit will be conducted on all facility-based day service programs. As indicated previously, OCDD is taking a multifaceted approach to the assessment process. In addition to the site visits, the Office also partnered with Support Coordination to complete individual experience surveys on a composite sample across all waivers. Again, we found the composite sample was not statistically significant for the non-residential services, thus for Phase 2 of the validation process OCDD will have Support Coordination complete Individual Experience Surveys for all persons supported. We are planning for all assessment and validation activities to be completed by March 31, 2017.
- The Statewide Transition Plan (STP) has been revised to address all comments/feedback received from CMS. OCDD has worked collaboratively across offices in an effort to assure that the revisions to the plan adequately cover all expectations that have been shared by CMS. The revised STP was

posted for public comment on September 14, 2016; the comment period for this posting will end on October 14, 2016. Due to the flooding incident experienced during August, the State requested and received an extension to submit the updated STP. The updated plan was submitted on October 28, 2016.

- As OCDD has adjusted the timelines for assessment/validation, we will also be extending the timeframe for service providers to submit their transition plans. OCDD provided refresher training to the service providers in October 2016 regarding expectations that they draft their transition plans. 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 (30) days post refresher training. For agencies identified 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. 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

- Screening of Urgency of Need (SUN) tools have continued to be completed with individuals who are receiving the Supports Waiver and on the NOW Request for Services Registry (RFSR). A total of 1,081 individuals have been screened thus far with the following results:
 - No unmet needs - 835 people (74%)
 - Planning needs (supports needed in 2 - 5 years) - 123 people (11%)
 - Critical needs (supports needed in 1 - 2 years) - 65 people (6%)
 - Urgent needs (supports needed within 12 months) - 27 people (3%)
 - Emergent needs (supports needed within next 90 days) - 31 people (3%)
- 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.
 - Communication via letters, verbal presentations, and an official press release has been provided to all relevant stakeholders.
 - More than 200 people have received training on the screening process.
 - This has been accomplished through Cooperative Endeavor Agreements with nine of the ten Local Governing Entities and hiring of additional OCDD staff to conduct screenings in Capital Area region. Five of the staff have been hired to conduct screenings and two staff have been hired to provide oversight of the staff and screening process.

Other Initiatives:

Money Follows the Person (MFP) Rebalancing Demonstration (My Place Louisiana) as of December 9, 2016

- MFP activities provided:
 - Pre- and post-transition assistance requests total 391 with 212 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:
 - 78 referrals for HRAP
 - 51 people receiving lists of appropriate housing options for their review
 - 27 families or individuals have moved into housing located by the contractors
- Total of 363 people have transitioned to the community with My Place supports:
 - New Opportunities Waiver (NOW): 308 individuals
 - Children's Choice (CC) Waiver: 46 children
 - Residential Options Waiver (ROW): 9 children

Certified Medication Attendant (CMA) Program

- The statewide Certified Medication Attendant (CMA) Committee is working to update the instructor training materials to ensure alignment with current best practices and the new CMA rule.
- To date, there are 3,932 active CMAs in the CMA database. There are currently 1,270 CMAs whose certificates are expired. Of those expired, 839 expired on October 31, 2016 and 117 expired on November 30, 2016. OCDD Central Office made several courtesy calls to providers with multiple CMAs who had expired, but 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.
- OCDD conducted a CMA nurse instructor training in October 2016 in Bossier City. We are currently keeping a contact list so that nurses who wish to attend the next training will be notified as soon as it is scheduled.
- 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 must 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 our 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 a CMA verification form 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.

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 – December 2, 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.

- For the period noted above there were 102 crisis referrals. Diversion efforts remain underway for 13 of these individuals. Of the 89 cases that have been closed, 46% have required admission to Pinecrest Supports and Services Center (PSSC). Initial data for this year to date indicates an initial positive downward trend in referrals which it is believed 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 a Resource Center but the person's ability to remain in his/her living situation is preserved based upon the LGE triggering RC involvement in advance of loss of placement.
- Seventy-nine of the eighty-nine cases (88%) referred for admission received a crisis consultation from the Resource Center, with the ability to divert 54% 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 support or 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 seventy-two of the one hundred and two cases (71%) of referrals coming from institutional/acute care settings. Further breakdown within these settings reveals that 51% of these referrals were from psychiatric hospital settings, 21% were for persons who were incarcerated, 19% were supported in ICF/DD settings, 6% of persons were in a psychiatric residential treatment facility, and 3% were in an acute care setting 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 194 persons are receiving follow-up by the local oversight team. Since the initiation of the NSB process, only 27 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. One of the 27 incidents occurred during the reporting period September 20, 2016 - December 2, 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 (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 14% 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. OCDD in partnership with OBH was awarded a Transformation Transfer Initiative (TTI) grant for FY17 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. Background research to identify training components is underway, with curriculum development and outreach to the Healthy Louisiana Managed Care Organizations (MCOs) to begin January 2017.

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. For the pilot provider agency, phase one/trainings and phase two/intensive technical assistance team recommendations and provider implementation have both completed. Phase three/intensive technical assistance mentoring and outcomes is in progress. The provider has implemented all recommendations from the OCDD Team, and Initial Outcomes are already occurring as noted below:

- No emergency room visits/hospitalizations since provider engagement which represents an improvement from a range of 0-4 with average 1.83 based on 1st 6 months.

- Decrease in Critical Incidents since provider engagement which represents an improvement from a range of 2-13 with average 6.8 based on 1st 6 months; Post-Implementation Range is 0-1 with average being less than 1 since only 1 critical incident has occurred in entire 2nd 6 months – the single incident in December was an urgent care visit for ear infection which is not concerning as occasional non-preventable illnesses will occur and these are still reportable as major illness (i.e., required “unscheduled” treatment from a physician).
- No staff turnover for involved staff.
- No reported staff injuries.
- Two of the five individuals receiving individual consultation have already improved family relationships and contact and increased noted friends outside of paid staff.
- Two of the five individuals receiving individual consultation have been identified for exploration of competitive employment.

Phase One/trainings has just been completed with two additional providers (roll out was subsequent to pilot provider), one in central LA and one in the northern part of the state. Roll out for an additional provider in the Acadiana area is slated for January 2017. [There was an additional provider in the South Central area that was also slated for January 2017 roll out but the provider withdrew from the project.] 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 Monitoring

- OCDD will implement a process for programmatic oversight of Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD) in March of 2017.
- The goal is to improve quality of services for persons residing in ICFs/DD by offering training and technical assistance to providers and conducting documentation and on-site visits for a sample of providers.
- A brainstorming meeting was held with ICF/DD providers in December 2016 for input on process.
- Another brainstorming meeting will be held with individuals, families and advocates in January of 2017 (Date TBD).

Cooperative Endeavor Agreement Downsizing

- Three former large state institutions for individuals with intellectual/developmental disabilities were “privatized” through Cooperative Endeavor Agreements with private providers, who now operate these facilities in Bossier, Iota and Hammond.

- These three facilities have been actively working to transition individuals who are residents of the facility to community options, including to home and community-based waiver services (HCBS) or smaller intermediate care facilities (ICF/DD) options.
- Each agency has a downsizing and transition plan that will ultimately lead to closure of the large facility.
- LDH and OCDD have worked to educate and communicate with stakeholders, including individuals, family members, and legislators, on national trends and best practice related to residential settings and home and community-based waiver services.
- To date, the three facilities have discharged 306 individuals. The facility in Hammond is projected to close in January of 2017, and the facilities in Iota and Bossier are projected to close within the next four years.