

**Office for Citizens with Developmental Disabilities (OCDD)**

**QUARTERLY DD COUNCIL REPORT  
(Submitted for 1st Quarter 2015)  
March 24, 2015**

**SERVICES**

**Developmental Disability Waiver Figures**

The following figures reflect waiver activities from 7/01/14 thru 3/19/15:

New Opportunities Waiver (NOW):

- offers - 740
- linkages - 463
- certifications - 322

Children's Choice (CC) Waiver and CC-425:

- offers - 589
- linkages - 343
- certifications - 264

Supports Waiver:

- offers - 885
- linkages - 224
- certifications - 118

Residential Options Waiver (ROW):

- offers - 0
- linkages - 0
- certifications - 0

**Pinecrest Supports and Services Center (PSSC) - Transition Status**

- The census of Pinecrest Supports and Services Center to date is 404.
- In 2015, PSSC has admitted five participants and discharged six participants.
- Additionally, 37 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 1 year post-discharge is 93 percent.

### **EarlySteps**

- The EarlySteps program is currently providing services to 4,230 children.
- A statewide staff and stakeholder planning team, including State Interagency Coordinating Council (SICC) members, has continued to meet regarding the State Systemic Improvement Plan (SSIP). This plan is a newly required priority of the Office of Special Education Programs (OSEP). A draft of the plan was submitted to OSEP in January and shared with stakeholders for review. The final SSIP is due on 4/1/15 and has been revised based on OSEP and stakeholder input. The state's SSIP technical assistance consultant will be in Baton Rouge 4/7/15 and 4/8/15 to begin planning for the Phase II requirements. There will be a daylong meeting on 4/7/15 at the Claiborne Building and the SICC workgroups will also meet with her on the following day.
- The Request for Proposals (RFP) for the 10 System Point of Entry Offices that conduct eligibility determination for EarlySteps was posted on 9/03/14. Proposals were received by 10/29/14. EarlySteps will fund 10 SPOE contracts with the current SPOE contractors with the exception of Easter Seals receiving an award in Region 6. Transition planning with the new contractor is underway now.
- The 2015-16 application for the Individuals with Disabilities Education Act (IDEA), Part C funds is posted to the EarlySteps website at: <http://www.earlysteps.dhh.louisiana.gov> for public comment until 4/20/15. Note: Comments can be submitted to Brenda Sharp at: [Brenda.sharp@la.gov](mailto:Brenda.sharp@la.gov)

### **Children's Choice (CC) Waiver**

- Centers for Medicare & Medicaid Services (CMS) approved the Children's Choice Waiver for a five-year renewal on 6/27/14. With waiver approval, Applied Behavioral Analysis (ABA)-Based Therapy was removed from this waiver as the service is offered under State Plan Medicaid services. The final rule to remove ABA Therapy from the Children's Choice Waiver was published in the 1/20/15 Louisiana Register.
- The Self-Direction option for Family Support services in the Children's Choice (CC) waiver began in February 2014. Currently, twenty-two CC waiver participants are enrolled in Self-Direction across the state.
- Children's Choice therapeutic therapy services (aquatic therapy; art therapy; music therapy; sensory integration; and hippotherapy/therapeutic horseback riding) have also been implemented. Provider enrollment continues to be ongoing.
- The OCDD 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.

### **Residential Options Waiver (ROW)**

- The ROW Medicaid provider manual has been updated and is now available at [http://www.lamedicaid.com/provweb1/Providermanuals/ROW\\_Main.htm](http://www.lamedicaid.com/provweb1/Providermanuals/ROW_Main.htm)
  - The following revision were made:
    - Updated Appendix C – Contact Information
    - Updated office and name and contact information for Health Standards Section
    - Corrected contact information for Adult Protective Services
    - Deleted Elderly Protective Services
    - Clarified contact information for the Office for Citizens with Developmental Disabilities
- OCDD is continuing its discussion with Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD) providers who have voiced potential interest in the ROW Waiver Conversion from ICF/DD.
  - One provider has continued to remain interested in converting one of its homes to ROW opportunities. The provider has run into delays with renovating the property; however, the provider wants to move forward.
  - OCDD staff will be scheduling to meet with a second provider to clarify ROW Conversion training within the next quarter.
- OCDD ROW staff has focused 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 (SW) Transition Plan was not submitted in January 2015 as originally planned but was submitted along with the amendments to the waiver in March 2015.
- In preparation for submitting the plan, OCDD presented the SW Transition Plan and discussed employment changes at provider meetings around the state. OCDD also hosted three public forums to discuss the Transition Plans for the SW and the overall OCDD plan in Region 2, Region 3 and Region 7.
- One-on-one technical assistance has been initiated with providers, and this assistance will continue throughout the year as requested by providers. OCDD will also be hosting ‘round tables’ with vocational providers in each region to further provide technical assistance throughout the year.
- Also, meetings with families have been occurring to help them understand the changes that will be occurring with individual employment opportunities, the vocational programs, and how their individuals will be affected by the changes. These meetings will continue as requested.
- Both of the provider self-assessments (for all waivers) are posted on the OCDD Transition Plan webpage and public comment is being accepted through 4/18/15. Training with the providers will occur after this time and prior to their completion of the assessments.

- Currently, OCDD is working with Louisiana Rehabilitation Services to draft a Memorandum of Understanding (MOU) that will contain information from the Workforce Innovation Opportunities Act (WIOA) that will improve employment outcomes for individuals with developmental disabilities.
- 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)**

- MFP activities provided:
  - Pre- and post-move support for 150 My Place participants
  - Direct Service Worker (DSW) Specialization Training for 260 provider staff
- Housing Relocation Assistance Program(HRAP) activities included:
  - 51 people being referred
  - 46 people receiving lists of appropriate housing options for their review
  - 32 families moving into housing
- Total of 220 people have transitioned to the community with My Place supports:
  - New Opportunities Waiver (NOW): 189 individuals
  - Children's Choice (CC) Waiver: 22 children
  - Residential Options Waiver (ROW): 9 children

### **System Transformation**

System transformation activities completed in the first quarter of 2015 have consisted of:

- Focused work with the System Transformation Core Stakeholder Advisory Committee on the proposed system for prioritization of persons on the Request for Services Registry (RFSR). The prioritization system is still in development as of this DD Council report. Managed Long-Term Supports and Services (MLTSS) components are being considered in the development. OCDD will follow the same processes used for changes made to the RFSR last year and will roll out the prioritization proposal in a statewide webinar. The prioritization proposal will be included in the MLTSS waiver application and is not anticipated to be implemented before MLTSS begins.
- In addition to the above, System Transformation activities related to data system improvements were completed this past quarter. An RFP for a new incident management system was finalized and is currently with DOA for approval. This new data system will incorporate improvements to incident reporting and tracking proposed in 2014 as a part of System Transformation. In addition, the Participant Services Database has been fully reconciled, and any out-of-date or missing information will be addressed over the next few months by OCDD and Local Governing Entities (LGEs). This may involve contacting persons to update statement of approval information or contact information. This is an important component in readying the OCDD system for MLTSS.

- OCDD Assistant Secretary Mark Thomas and his executive team have been traveling to LGE provider meetings, with visits scheduled February through April 2015, providing up-to-date information on the Bayou Health opt in, the Louisiana Behavioral Health Partnership (LBHP) integration occurring later this year, and MLTSS. A statewide webinar of this information is tentatively scheduled for 4/30/15.

### **Medication Administration**

- An internal meeting with OCDD, Office of Aging and Adult Services (OAAS), and Health Standards was held on Friday, 3/20/15, to discuss an online medication administration training program for direct support employees in the consumer direction program. Once developed, DHH will coordinate with the Louisiana State Board of Nursing to obtain its review of the training program along with feedback and recommendations. The preliminary projection is that the program would be finalized by the end of April 2015.

### **Certified Medication Attendant (CMA) Program**

- Since the emergency rule that changed the CMA program from a one-year to a two-year program went into effect on 10/30/14, there have been no complaints from providers regarding the changes. The emergency rule was approved for the maximum period of 120 days. The OCDD renewed the emergency rule for another 120 days, which was published in the 2/20/15 edition of the *Louisiana Register*.
- Because the changes went into effect one day prior to the 10/31/14 expiration date for the 2014 certification year, many provider agencies prepared CMA staff for recertification and were issued certificates effective from 2014-2016. Other providers chose not to recertify staff as they were given a one-year extension on the previous certification, which is effective until 2015. Providers should maintain in their files both the most current CMA certificates received from the OCDD and the letter issued to providers on 10/30/14 regarding these changes as documentation of this change.
- Per the emergency rule change, certificates for new CMAs are being issued with expiration dates that are two years from the last day of the month the CMA passed the state exam. 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 before the expiration dates.
- The changes to the program, as outlined in the emergency rule, have required extensive changes to the CMA database to reflect the impact on CMA expiration dates. The OCDD is working with the Division of Administration IT programming staff to develop and implement the changes required within the database.
- The state office CMA staff members have been working to input into the CMA database a backlog of initial certification records processed in the previous certification year, while continuing to process recertification requests and initial certification requests received on an-ongoing basis.

- State office CMA staff members are keeping a record of requests for CMA instructor training to authorize new CMA instructors to teach the course. The next CMA instructor training will be scheduled this spring.

### **Access to Behavioral and Medical Intervention in the Community**

The following provides an update on the 2014 crisis referral and trends associated with placement requests to OCDD Central Office, inclusive of an update on Resource Center activities related to these requests.

- In reviewing data, 2014 revealed a comparable number of crisis referrals to OCDD Central Office when compared to 2013 (n=72 and n=78, respectively). Since 2012, referrals have remained in the 70 – 80 range. Admission rate has ranged from a high of 70% in 2007 (full data not available) to less than 50% in 2012. While 2013 included comparable diversion and admission rates (e.g., 38% and 40%, respectively), the admission rate in 2014 was higher than the diversion rate (68% and 32%, respectively).
- For 2014, 67% of admission referrals came from institutional/acute care settings. Further breakdown of these referrals from institutional/acute care settings (67%) reveals that 42% were from psychiatric hospital settings, 13% were for persons who were incarcerated, 10% were in ICF/DD settings, 1% of persons were in acute care hospitals, and 1% of persons were in nursing facilities. Consistent with the system challenges noted in the prior report, individuals requiring admission to Pinecrest Supports and Services Center (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 2014, the crisis service mobilization and diversion process fully shifted to the Resource Centers working in partnership with the Human Services Districts/Authorities (HSDs/As) so that an increased responsiveness to crisis issues could be obtained. There were 135 crisis consultations completed in 2014, with the ability to divert 70% 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 HSDs/As. While we are predicting that this shift allows for more efficient assessment - prior to an individual's needs/crisis becoming so acute that his/her current living option is no longer viable, the timeliness of request for Resource Center consultation with the additional factor of availability of community resources impacts viability of preserving one's current living option. We are currently completing further refinements to the diversion data collection element so that we can more accurately pinpoint trends and gaps to inform the transition to MLTSS and assure that appropriate services are developed to meet this complexity of needs.
- In terms of efforts toward assuring that persons with a history of and/or current challenges related to non-consensual sexual behavior (NSB) have access to needed supports (and as noted in prior NSB updates), the state-wide roll out of this process was completed. While there remain some LGEs who are still completing the initial case reviews, as of this report these LGEs have completed a cursory review to prioritize those cases needing more immediate attention and

have adjusted the order of review to meet this need. The following provides an update on outcome data for all completed reviews as of 3/11/15:

- Improvements in understanding NSB and associated risk.
  - ✓ Better definition of NSB and risk ensures that those who are in need of greater support are correctly identified and plans are reviewed comprehensively and with clinical expertise to ensure needed supports are present (151 of 209 reviewed were identified with confirmed NSB and in need of ongoing review).
  - ✓ Those without ongoing NSB concerns or erroneously identified have their plans and documents updated to remove the previous “labels” and unnecessary risk identification with the added assurance of minimizing/removing “over support” and unnecessary “rights restrictions” (28% or 59 of 209 cases reviewed were noted as not having confirmed NSB).
- Positive outcomes and improved supports occurred for those identified with NSB and ongoing risk needs.
  - ✓ Some individuals were determined to have needs related to overall quality of life, and the review process provided opportunity for the person to get connected to these supports (i.e., recreational opportunities).
  - ✓ Some reviews afforded discussion of new support ideas that may not have been otherwise identified.
  - ✓ Only four of the 209 reviewed thus far had subsequent incidents following review; two out of these four individuals were then placed in more restrictive settings (one person was incarcerated and one person was placed at a forensic hospital).
  - ✓ Individuals with NSB can and are being supported successfully within community living situations (88% of those requiring ongoing review are currently residing in community living situations with waiver supports).
  - ✓ This is consistent with the national approach toward deinstitutionalization and the recognition that persons with disabilities have the right to community living consistent with their life vision.
  - ✓ This process appears to underscore the need to engage in creative and comprehensive planning on an ongoing basis to ensure that persons with NSB have the opportunity to remain in the least restrictive setting.
  - ✓ For those requiring ongoing review, custody is only required in a small number of instances (6%).
- Many individuals with identified NSB also have co-occurring behavioral health conditions. In some instances behavioral health conditions can trigger or exacerbate NSB; thus, the need for appropriate treatment for these conditions is a key component of positive outcomes (for those requiring ongoing review, 63% have a mental health diagnosis and 11% have history of substance use).
  - ✓ The fact that more than half of these persons (65%) at some point have received some form of therapy supports the growing research acknowledging that individuals with intellectual and developmental disabilities (IDD) and behavioral health needs can participate in and benefit from therapeutic approaches.

- ✓ Of the individuals with identified NSB, the use of traditional therapy and other behavioral health supports (for 25%) in addition to more traditionally used behavior supports for individuals with IDD (for 60%) highlight the need to consider a variety of supports and services to assure individualization, choice, and needs related to NSB and overall quality of life are addressed.
- ✓ Additionally, given the potential for multiple providers to engage in service provision for the person, communication across all team members (including clinical providers) to assure continuity of supports and care remains critical.
- In terms of collaboration across entities relative to the behavioral health needs of persons with IDD, the Office is actively meeting with representation from the Office of Behavioral Health to plan the merger of persons currently receiving services within the Louisiana Behavioral Health Partnership (LBHP) into Bayou Health. Additionally, behavioral health enhancements are being planned with stakeholder input as the state designs the transition to MLTSS.