

Office for Citizens with Developmental Disabilities (OCDD)

**QUARTERLY DD COUNCIL REPORT
(Submitted for 4th Quarter 2014)
December 16, 2014**

SERVICES

Developmental Disability Waiver Figures

The following figures reflect waiver activities from 7/01/14 thru 12/05/14:

New Opportunities Waiver (NOW):

- offers - 692
- linkages - 323
- certifications - 166

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

- offers - 457
- linkages - 180
- certifications - 135

Supports Waiver:

- offers - 885
- linkages - 82
- certifications - 36

Residential Options Waiver (ROW):

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

Pinecrest Supports & Services Center (PSSC) - Transition Status

- The census of Pinecrest Supports and Services Center to date is 409.
- In 2014, PSSC has admitted 47 participants and discharged 31 participants.
- Additionally, 27 participants are planning for a transition from the center.
- Four (4) 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%.

EarlySteps

- The EarlySteps program is currently providing services to 4,237 children.
- Family Cost Participation (FCP) became effective 10/01/13. As of 12/05/14, twelve statements have been sent out to families to bill for services.
- A state-wide staff and stakeholder planning team, including State Interagency Coordinating Council (SICC) members, has continued to meet regarding Phase 1 planning for the State Systemic Improvement Plan (SSIP). This plan is a newly required priority of the Office of Special Education Programs (OSEP). Three workgroups were identified to address proposed areas of focus: 1) improving child and family outcomes, 2) professional development, and 3) system equity. The full workgroups will meet again on 1/14/15. The draft of the Theory of Action, developed by the workgroups in October 2014, will be finalized. Theory of Action includes a visual representation of the improvements EarlySteps hopes to achieve with the SSIP. Phase 2 is underway and national technical assistance providers are supporting states with assistance on these components. Also, as part of the analysis for the SSIP, the regional coordinators are conducting a SWOT* analysis at their Regional Interagency Coordinating Council meetings this quarter. (*Note: SWOT stands for Strengths, Weaknesses, Opportunities and Threats.) It was felt that this process is an effective way to get input on EarlySteps at these regional meetings. The information will be compiled and included in the SSIP plan submitted to OSEP in April 2015.
- 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 ten SPOE contracts and the award announcement will be coming out very shortly.

Children's Choice (CC) Waiver

- Centers for Medicare & Medicaid Services (CMS) approved the Children's Choice Waiver for 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. Amendment to Children's Choice waiver was submitted to rulemaking on 8/26/14; it is currently in the Medicaid Policy section for review and publication. Notice of Intent was published in the Louisiana Register on 10/20/14 to update approved CMS Children's Choice Waiver changes effective 7/01/14. Public Hearing for comments was held on 11/26/14; anticipated publication date of final rule is 1/20/15.
- The Self-Direction option for Family Support services in the Children's Choice (CC) waiver began in February 2014. Currently, seventeen CC waiver participants are enrolled in Self-Direction across the state. Several others are in process.
- 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 update of Children's Choice waiver documents to OCDD's website. Waiver related documents and forms are available for download.

Residential Options Waiver (ROW)

- OCDD is continuing its discussion with ICF/DD providers who have voiced potential interest in the ROW Waiver Conversion from ICF/DD.
 - One provider continues to move forward slowly toward converting one of two ICF/DD homes to ROW. The provider has begun to meet monthly with OCDD to this end.
- OCDD provided ROW shared living training to a provider interesting in transitioning a number of individuals from an institutional setting to the community during the 3rd quarter.

INITIATIVES

Employment First/Supports Waiver

- The Transition Plan specifically for the Supports Waiver required an amendment which has to be made in January 2015. The Transition Plan along with the proposed amendment to the Supports Waiver was posted on 11/21/14. Public comment on this plan will be accepted through 1/16/15.
- OCDD has recently presented the transition plan and discussed employment changes at provider meetings in Regions 3, 4 and 5. The same information will be presented in the remaining regions at the beginning of 2015.
- In addition to the meeting held in November 2014 in Baton Rouge, OCDD will be hosting two additional meetings to present the Transition Plan and to receive public comment, one in Region 3 on 11/18/14 and the other in Region 6 with the date TBD.
- OCDD partnered with Louisiana Workforce Commission on 12/02/14 at an Employer Summit in Bossier City to provide training on intellectual and developmental disabilities and OCDD services along with information regarding the Transition Plan.
- OCDD continues to work towards improving employment outcomes for individuals with developmental disabilities.

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 207 people have transitioned to the community with My Place supports:
 - New Opportunities Waiver (NOW): 178 individuals
 - Children's Choice (CC) Waiver: 20 children
 - Residential Options Waiver (ROW): 9 children

System Transformation

- The Freedom of Choice (FOC) questionnaire was sent out to providers. OCDD has received responses and has begun to upload the enhanced information on the online FOC listing. This is an ongoing process applied as information is received. Participation in the enhanced FOC listing is voluntary. OCDD is looking for a way to highlight on the main FOC page when enhanced information is available following a click on the provider agency. The improvements can be viewed on the OCDD web site at:
<http://new.dhh.louisiana.gov/index.cfm/page/141>
- System Transformation work continues to be integrated into the Managed Long-Term Supports and Services effort, inclusive of development of the new comprehensive Intellectual/Developmental Disabilities 1115 waiver. OCDD will begin statewide meetings in February of 2015 discussing details of the new waiver design. A schedule of meetings will be posted on the OCDD web site main page, posted on <http://www.makingmedicaidbetter.com/longtermcare>, and circulated through partner agencies, including the DD Council.

Medication Administration

- The Louisiana State Board of Nursing (LSBN) reviewed the medication administration assessment tool that the Department of Health and Hospitals (DHH) workgroup developed on 10/15/14; DHH then met with the LSBN on 12/04/2014. The assessment tool was approved for a pilot, which will take place from January 2015 through June 2015.
- A small internal group from DHH met with the Louisiana State Board of Nursing on 10/07/14 to review HB 185 which relates to training requirements for medication administration/non-complex tasks for individuals in the Self-Direction option. The group met again on 12/04/14, and it was agreed that meetings would begin in January 2015 to start the process of developing the medication administration training between DHH and the LSBN to address the needs of direct support staff in the self-direction program.

Certified Medication Attendant Program

- OCDD submitted an emergency rule change for the Certified Medication Administration program on 10/30/14. The change allows for an extension of the certification period from one year to two years. The Louisiana State Board of Nursing approved the change with provisions. Providers must ensure that Certified Medication Attendants (CMAs) meet the following requirements for re-certification (Noted on revised CMA Form 3B):
 - On a bi-annual basis, each CMA must complete nine hours of continuing education, two which must directly relate to the agency's medication

- administration policy and procedure. The remaining seven hours of in-service must relate to medication administration.
- On an annual basis, the CMA must pass with proficiency, either by physical or verbal demonstration, the twenty-five skills on the practical checklist. The annual cycle is based on the last day of the month that the certificate was printed. If a CMA changes employer within the certification period and training records are not available for the first year, the new employer must determine competency by assessing the twenty-five skills upon hire, in addition to meeting these requirements for recertification.
 - Effective 10/30/14, all CMA certificates with an expiration date of 10/31/14 will expire on 10/31/15. All CMA certificates with an expiration date of 10/31/15 will expire on 10/31/16. The corrected expiration date will be printed on certificates for re-certification requests received by OCDD after 10/30/14.
 - Another change to the program is in regards to CMAs who are inactive. CMAs who have not worked directly with medication administration for a period of twelve months or more must pass the statewide CMA exam and pass with proficiency the twenty-five skills checklist in order to restore good standing as a CMA. If the suspended CMA does not pass the state exam, then the CMA must repeat the sixty hour course prior to being recertified.
 - Providers were notified of the changes via a letter, detailing the changes, and referencing the publication of the rule changes in Louisiana Register. Because the majority of certificates for the 2014 effective date had already been printed, providers are required to keep a copy of the letter on file for surveyors. Health Standards has issued a separate letter to surveyors informing them of the rule change to ensure the changes are reflected in monitoring. OCDD has received very few calls and emails regarding these changes.

Access to Behavioral and Medical Intervention in the Community

The following provides an update to activities outlined within the Resource Centers (RCs) transformation initiative since 1/01/14:

- *Crisis service mobilization and diversion* with RCs working in partnership with the Human Services Districts and Authorities (HSDs/As) resulted in an increased responsiveness to crisis issues, with 134 crisis consultations completed, and the ability to divert 69% 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. Information on state-wide crisis trends for calendar year (CY) 2014 is as follows:
 - Despite implementation of this process and the diversion outcome, admissions to PSSC have continued to increase since 2012, with 76% of admission referrals coming from institutional/acute care settings for CY14;
 - Further breakdown of the referrals from institutional/acute care settings (76%) reveals that 49% are from psychiatric hospital settings, 14% are for persons who are incarcerated, 9% are in ICF/DD settings, 3% are in acute care hospitals, and 1% are in nursing facilities;
 - Preliminary analysis of these data highlight several system challenges:

- Individuals requiring admission to PSSC continue to present with a significant complexity of needs;
- Individuals are being increasingly referred from other more intensive and institutional-type settings;
- Since the closure of the North Lake Supports and Service Center Stabilization Unit in 2012, there is no comparable short-term diversion option within Louisiana’s Developmental Disability Services System.
- *Provision of court-ordered evaluations and services*, inclusive of DHH commitments and evaluations required by law for persons with dangerous behaviors found not competent to stand trial:
 - Since 1/01/14, RC clinicians provided these evaluations and services to 19 individuals;
- When necessary, *provision of direct services for persons with life threatening problems requiring behavior supports*, with 87% of these persons remaining in the community (Note: For nearly all of these individuals, there is no comparable treatment resource available, and many services required for stabilization are non-billable.);
- *Triage efforts to address extensive wait lists for behavioral health services as part of wait list reduction efforts* resulting in provision of 364 consults for CY 14 (Note: Of these consults, 48% resulted in consultation, 27% required primary long term services, 21% required short term services, and 4% were referred to community providers.);
- *Piloting of new capacity-building efforts*, which move from simple classroom training for staff to a mentoring relationship with private providers, including the opportunity for training, consultation, and more extended collaboration resulted in 10 technical assistance combined with training events for CY14; and
- *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*. State-wide roll out of the NSB process has been completed, with four out of the ten Local Governing Entities (LGEs) completing the initial reviews. Case reviews within the remaining LGEs are underway, and outcome data for all completed reviews to date are as follows:
 - Improvements occurred in understanding of 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 (115 of the original 173 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” (34% or 58 of the original 173 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 4 of the 173 reviewed thus far had subsequent incidents following review; 2 out of these 4 individuals were 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 (90% of those reviewed currently reside 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.
 - Custody is only required in a small number of instances (7%).
- 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 (63% have a behavioral health diagnosis and 10% have history of substance use).
 - The fact that more than half of these persons (63%) 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 68%) 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.

As noted in prior reports, OCDD had been working with representation from Office of Behavioral Health and Magellan to develop a collaborative protocol that outlines a communication agreement relative to coordination of services for persons with a dual diagnosis whose support and service needs overlap both systems. Given the recent decision to integrate behavioral health and primary care, OCDD will continue to provide a supportive role to coordination efforts at the local level, as well as work in conjunction with the OBH and the identified managed care organization(s) toward improving efficiency with accessing needed services.