

## Office for Citizens with Developmental Disabilities (OCDD)

### QUARTERLY DD COUNCIL REPORT (Submitted for 2nd Quarter 2014) June 25, 2014

#### ***Area of emphasis/goal to be discussed at the July meeting:***

DD Council - Goal 8: **Children participating in EarlySteps will demonstrate improved developmental outcomes through increased access to quality services and will lead to the full inclusion and meaningful participation of people with developmental disabilities in all facets of community life.**

#### **EarlySteps**

- The EarlySteps program is currently providing services to 4,163 children.
- Family Cost Participation (FCP) became effective 10/01/13. As of 6/01/14, seven 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 on July 9. The final requirements for the SSIP process were released in April and OSEP has begun training with states on the components of the new systems process.
- EarlySteps received its performance determination of “Meets Requirements” on June 23. The state has achieved this highest rating given by OSEP for results of its annual performance report for 4 years.
- The final Federal award amount for fiscal year 2014-15 has not been sent, but is expected by 6/30/14. The application is posted to the EarlySteps website at <http://new.dhh.louisiana.gov/index.cfm/page/139/n/139> and the budgeted amount is \$6,459,881.
- EarlySteps providers are completing the online training modules developed by the Louisiana Department of Education (LDE) regarding the two major assessment components of the Act 3 Early Care and Education system for Early Childhood Education: 1) the Teaching Strategies Gold and 2) the CLASS. Having providers knowledgeable about these tools will allow them to support caregivers in publically-funded early childhood settings such as child care and Early Head Start.

## **SERVICES**

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

- The Self-Direction option for Family Support services in the Children's Choice (CC) waiver began in February 2014. Currently, three CC waiver recipients are enrolled in Self-Direction and six are in process.
- Six new therapeutic services (applied behavioral analysis; aquatic therapy; art therapy; music therapy; sensory integration; and hippotherapy/therapeutic horseback riding) have also been implemented. Provider enrollment continues to be ongoing.
- A request amendment was submitted to Centers for Medicare & Medicaid Services (CMS) on 9/19/13 for Children's Choice Chisholm Class members to be given a Children's Choice Waiver opportunity to access needed Applied Behavioral Analysis (ABA)-Based Therapy. This amendment was approved in December 2013. The initial Chisholm Class member/participant was admitted to the Children's Choice waiver and began ABA Therapy in December 2013. A total of six Chisholm class members were admitted to Children's Choice waiver from December 2013 to March 2014. In April 2014, these class members were transition to the Medicaid State Plan effective 5/01/14. All ABA services are currently being administered through Medicaid State Plan services; these services will be removed from the Children's Choice waiver with the Children's Choice waiver renewal.
- The OCDD Program Manager has completed update of Children's Choice waiver documents to OCDD's website.
- The Children's Choice Waiver Renewal was submitted to CMS on 12/18/13; waiver expiration date was 2/21/2014. On 12/20/13, a temporary request to CMS was submitted for extend Children's Choice waiver through 6/20/14. This request was necessary to align all waivers with beginning date of July 1. This request was approved by CMS through 3/20/14, and again on 5/14/14 approved through 6/30/14. OCDD continues to wait for final approval of Children's Choice Waiver from CMS.

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

- CMS approved an amendment to the ROW application on 6/06/14 adding two additional Permanent Supportive Housing (PSH) services to the ROW Waiver:
  - Housing Transition Services – Assists participants who are transitioning into a PSH unit, including those transitions 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.

OCDD will move forward with the rulemaking process to implement CMS approval of PSH services to the ROW.

- OCDD is continuing its discussion with ICF/DD providers who have voiced potential interest in the ROW Waiver Conversion from ICF/DD.
  - OCDD is scheduled to meet again with one provider who has received its Board of Director's approval to move forward with converting up to two ICF/DD homes to ROW.
  - The goal is to begin the process of converting one home currently that is undergoing renovations before the end the Fall 2014.
  - OCDD is expecting another provider's decision as to whether or not the agency will move forward with ROW conversion within the next few weeks.
  - Two other providers decided not to move forward at this time with ROW conversion.

### **Pinecrest Supports & Services Center (PSSC) Transition Status**

- The census of Pinecrest Supports and Services Center to date is 398.
- In 2014, PSSC has admitted 17 participants and discharged 12 participants.
- Additionally, 32 participants are planning for a transition from the center.
- Ten (10) 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 assessed post-discharge is 91%.

## **INITIATIVES**

### **Employment First**

- The Supports Waiver was approved by CMS for another five years.
- In the renewal, Day Habilitation, Prevocational, and Supported Employment definitions have been revised to reflect CMS expectations. Prevocational services have been time limited to four years and the participant must have an employment goal. The focus of prevocational services will be planning a career and working towards becoming employed. Supported employment has been split into two services: 1) individual employment and 2) group employment. Career planning is part of this service as well. The goal is to have a progression through the services with an end goal of community employment. Training and technical assistance will be provided to the providers so that they will have a clear understanding of the new expectations. The NOW will be updated to reflect the new definitions in the next few months.
- OCDD will continue to provide trainings around the state on Employment First at Families Helping Families trainings, LRS Regional Offices and OCDD providers.
- A pilot project is underway with Metropolitan Human Services District centered on employment. MHSD is doing a great job partnering with various agencies with the goal of getting more individuals employed. In the future, this project will be shared with the other regions around the state.
- OCDD continues to work towards improving employment outcomes for individuals with development disabilities.

### **Money Follows the Person (MFP) Rebalancing Demonstration (My Place Louisiana)**

- MFP activities provided:
  - Pre and post move support for 144 My Place participants
  - Direct Service Worker (DSW) Specialization Training for 256 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
  - 1 family receiving My Place supports to purchase a home
- A total of 198 people have transitioned to the community with My Place supports:
  - New Opportunities Waiver (NOW): 169 individuals
  - Children’s Choice (CC) Waiver: 20 children
  - Residential Options Waiver: (ROW): 9 children

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

The Resource Centers (RCs) continue to focus on the following activities:

- Crisis service mobilization and diversion, with RCs working in partnership with the Human Services Districts and Authorities, has resulted in an increased responsiveness to crisis issues and ability to divert 78% of individuals identified as having a crisis from long-term institutionalization;
- 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:
  - Between 1/01/14 – 5/30/14, RC clinicians provided these evaluations and services to 14 individuals;
- With decreased emphasis on provision of direct behavioral health services, increased efforts have been directed toward supporting private providers to succeed in serving individuals with complex and dangerous problem behavior;
- When necessary, direct services for persons with life threatening problems requiring behavior supports continue to be provided, with 98.5% 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 have resulted in provision of 310 consults between 7/01/13 – 3/31/14. For these consults, 48% resulted in consultation, 13% required primary long term services, 15% required short term services, 7% were referred to community providers, and 17% did not require RC service provision;
- Piloting of new capacity-building efforts, which move from simple classroom training for staff to a mentoring relationship with private providers, includes the opportunity for training, consultation, and more extended collaboration. Outcome data for this initiative is being collected and will be reported in the next quarterly report; and

- Efforts aimed at protection of the public from potential sexual offenders: The RCs in collaboration with the local governing entities have begun review of support needs for persons with current or historical challenge related to non-consensual sexual behavior. State-wide roll out is occurring in a phased manner, with six out of ten local governing entities and the accompanying RC participating. Roll out within the remaining Local Governing Entities (LGEs) is scheduled to be completed by July 2014. The case review process includes the partnership between LGE and RC, as well as collaboration from support coordination and the provider agency and is intended to assure that any unmet safety, health, service and/or support needs are identified and addressed. Outcome data from the areas that have completed their initial reviews will be presented in the next quarterly report.

In addition to the RC efforts outlined above, OCDD has 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. This protocol is intended to improve efficiency with accessing needed services and enhance coordination efforts at the local level.

### **System Transformation**

A Large Stakeholder Meeting was held on 6/24/14. Agenda updates included:

- System Transformation (ST) and Managed Long Term Supports and Services (MLTSS) (Mark A. Thomas)
  - ST Meetings over the past 18 months:
    - 5 Public Stakeholder meetings
    - 6 LGE Directors meeting
    - 10 Core Advisory meetings
    - 18 ST Workgroup Chairs and Co-Chairs meetings
    - 32 OCDD ST and Community Services meeting
    - 4 regional meetings with EarlySteps stakeholders
  - Transformational Outcomes:
    - Serve more people in home and community-based services (HCBS)
    - Achieve cost-effectiveness in HCBS
    - Reduce institutional reliance
    - Provide access to appropriate services based upon need
    - Increase use of appropriate natural and community supports
- Request for Service Registry (RFSR) (Mark A. Thomas)
  - RFSR Data Assessment:
    - 13,191 - Total open records on RFSR as of 12/31/2013
    - 11,660 of the 13,191 are Medicaid Eligible (88.39%)
    - 144 removed from RFSR count (49 deceased, 71 residing in Pinecrest, 20 residing with Cooperative Endeavor Agreement providers, and 4 receiving NOW)

- 13,047 valid open records on RFSR (4,826 or 37% receive some type of service, 8,221 or 63% receive no paid service)
  - RFSR Validation
    - 974 individuals residing in private nursing homes or intermediate care facilities for the developmentally disabled
    - General validation almost complete, SRI re-sending validation letters to individuals who new addresses were found
  - RFSR Operational Instruction Manual – Revision and circulation completed.
- Single Point of Entry /No Wrong Door (SPOE/NWD) (Herman Bignar)
- SPOE/NWD Online Portal - DHH and OCDD are working to integrate data systems for participants and families to:
    - Update participants demographic info
    - Check Request For Services Registry status
    - Complete level one screening
  - Based on quality assurance/quality review the following revisions have been completed:
    - More task/topic oriented site
    - Word documents converted to PDF files
    - External links and pages open in new windows
    - External partners informed to provide a link to OCDD website
    - ADA best practices followed
  - Determination for System Entry – Circulation of the Operational Instruction regarding eligibility was completed in May 2014.
  - Website improvements have been completed.
- Balancing Incentive Program (BIP) (Amy Bamberg)
- Balancing Incentive Program (BIP) increases the Federal Matching Assistance Percentage to participating states through September 2015 in exchange for states making certain structural reforms to increase access to Medicaid community based long-term services and supports (LTSS). Louisiana qualifies for a 2% Enhanced Federal Medical Assistance Percentage (EFMAP), which was awarded to Department of Health and Hospitals in January 2013. The award is operated by Medicaid in partnership with OCDD, Office of Aging and Adult Services (OAAS), and Office of Behavioral Health (OBH).
  - Required Structural Reforms include:
    - Implementing a “no wrong door” eligibility and enrollment system and applying to all disability groups;
    - Developing or adopting core standardized assessment instruments that capture a uniform set of information for all persons with disabilities served by Medicaid; and
    - Ensuring case management activities are conflict free.

Update on Freedom of Choice Enhancements – OCDD met with DHH Bureau of Media and Communication regarding disclaimer language for Freedom of Choice Enhancements (FOC). There is currently an existing disclaimer on DHH’s website, and it was determined that the current disclaimer language on the website would also cover

the enhancements being proposed for Freedom of Choice. Next steps include finalizing the questions to be included in the FOC enhancements and determining if there are resources available to create a fillable pdf form. Once approval is received regarding final questions, the form will be sent to all providers for response. A deadline will be given to return the document. Once received, the responses will be uploaded to the website for families to utilize when scheduling service provider interviews.

Information about system transformation progress can be found on the OCDD website: <http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8>

Inquiries can be emailed to OCDD System Transformation at: [OCDDsystemtransformation@LA.GOV](mailto:OCDDsystemtransformation@LA.GOV)

If you would like to be contacted directly with updates or to identify yourself to participate in our focus groups and other stakeholder processes please email us at: [ocddsystemtransformation@la.gov](mailto:ocddsystemtransformation@la.gov)

### **Medication Administration**

- The demand for initial certifications for Certified Medication Attendants has increased during the past quarter. This increase is basically due to discontinuation of Physician Delegation which was mandated by Health Standards.
- Health Standards has developed a workgroup that includes provider agencies/ organizations, support coordination agencies, the Advocacy Center, OCDD and OAAS staff. This stakeholder group is reviewing the medication administration rule and will make recommendations/suggestions that will enable providers to meet the requirements of the rule as well as provide assurances that all conditions are met. The committee has met three times and plans to meet again on 7/02/14.