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Goal Statement:

To achieve the full inclusion and meaningful participation of people with developmental disabilities in all facets of community life:

• Policies and practices will result in improved health outcomes for Louisiana citizens with developmental disabilities.employment.

Desired Outcome 1: Individuals with developmental disabilities, particularly people with complex medical conditions, will have continuity of care for their health related needs. Continuity of care is care across time and individuals responsible for providing care.

Gaps and Barriers

- Absence of effective provider-level processes and forms to ensure effective and timely communication across Direct Support Professional (DSP) shifts, from DSPs to managers, and from providers to Support Coordinators and health care providers (HCP).
- Lack of an effective feedback loop utilizing data on high-occurring health issues to develop systemic change in policies and procedures.
- The state's planned move to Managed Long Term Supports and Services may cause some individuals to lose access to some health care provider(s) they are currently using.

Agency	Agency Activities Addressing Gaps/Barriers to Achieve Desired Outcome	What additional action steps are needed to address the gaps/barriers and achieve the desired outcome?
	 As of today, DHH does not have immediate plans to move to MLTSS. Those plans are on "hold" for the immediate future. 	
Medicaid	2. Persons who are Medicaid eligible are in Bayou Health. Those that are in HCBS waivers have the option to "opt-in" to Bayou Health for physical services. Bayou Health provides care coordination/ management and case management to its members to better coordinate health care to enrolled members.	
M	3. DHH requires extensive data reporting from the Bayou Health plans. As a result of data, DHH focuses on improving HEDIS measures which in turn, has shown improvement in adult well care. Emergency room utilization is tracked and extra efforts/incentives are given to providers for extended operating hours. ADHD medications are scrutinized as a result of data provided by the Health Plans, resulting in concerted efforts to monitor appropriate treatment options.	
ОСОР	OCDD has developed the Guidelines for Support Planning manual as a guide and enhancement to comprehensive planning for individuals. The manual provides guidance on more frequent and consistent communication across the support team. The manual also provides guidance and expectation for the provider and support coordinator related to communication and information sharing with the health professionals to ensure all needed treatment and support recommendations are included in the plan of care for each individual.	OCDD has evaluated the existing plan of care and identified areas in need of improvement which include efforts to streamline the plan of care and enhance instructions for support staff that would improve communication about and consistency of implementation of all needed supports including those related to health care needs.

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_	 Monitoring the impact of US Department of Labor overtime regulations to ensure they do not lead to unnecessary institutionalization or lack of needed care. 	1	. Better integration between waiver services, physical health providers and behavioral health providers is needed.
Advocacy Cente	2. Monitoring integration of behavioral health services into Bayou Health.	2	2. Lack of understanding of the benefits of behavioral health services; behavioral health services, particularly Medicaid funded services, are often under-utilized by people with developmental disabilities.

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Desired Outcome 2: Individuals with developmental disabilities in all areas of the state will have access to a full range of quality health care providers and services. Gaps and Barriers

- Shortages of health care providers, especially in rural areas and with certain specialists.
- Shortages are exacerbated by the limited number of health care providers accepting payment through Medicaid.
- Lack of capacity of many health care providers in effectively treating people with conditions associated with certain developmental disabilities.
- Lack of dental services for adults on Medicaid/waiver.
- Lack of adequate resources for people with disabilities requiring prolonged care and accommodations

Agency	Agency Activities Addressing Gaps/Barriers to Achieve Desired Outcome	What additional action steps are needed to address the gaps/barriers and achieve the desired outcome?
	 Medicaid is addressing the shortages of providers by moving away from the traditional fee-for- service Medicaid program. By contracting with managed care organizations, providers are not required to enroll with Medicaid in order to provide services to Medicaid recipients. 	More funding is needed from the State Legislature to provide for waiver slots for the current Medicaid waivers to enable DHH to provide more services to more people. Adding additional services, such as dental services, requires additional state dollars.
Medicaid	2. All Bayou Health plans offer adult dental and adult vision benefits.	 State legislative funding to incentivize medical school and health care professional graduates to specialize or treat persons with conditions associated with developmental disabilities.
	3. All Bayou Health plans do not place 12 visit limits on adult services.	 State legislative funding to incentivize medical school and health care professional graduates to serve areas in the state that suffer a shortage of primary and specialty providers.

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1. The OCDD Resource Centers continue to provide training to community health care	
professionals. During Fiscal Year 2014-15 (FY15), the Resource Centers conducted 152	training
activities with up-and-coming professionals (i.e., graduate students and interns) and curre	nt
health care professionals.	

- 2. The OCDD Resource Centers continue to provide direct services and consultation for individuals with complex medical and allied health needs. In FY15, the Resource Centers provided services or consultation to approximately 300 individuals.
- 3. The GNO Resource Center has continued to provide dental services to individuals in significant need of services with no other viable community option. In FY15, GNO RC provided dental services to 446 individuals.
- 4. Dental services are available through the Bayou Health managed care options for individuals who are/choose to enroll.
- 5. EarlySteps children are included in the Bayou Health system, and therefore have access to the medical services provided through them. The EarlySteps services are "carved out" of Bayou Health and remain in legacy Medicaid.
- 6. EarlySteps received 11,000 referrals in FY15. Forty five percent (45%) of these referrals were from health providers (i.e., 3,400 from physicians and 1,500 from hospitals and neonatal intensive-care units).

- OCDD is continuing to explore areas of improvement in reaching more health care providers regarding training and consultation. Additionally, efforts continue to balance the need for direct services in very complex situations with the ability to maximize outreach and capacity building efforts with health care professionals.
- 2. OCDD continues to identify inclusion of dental services in the proposed service array for Managed Long-Term Supports and Services (MLTSS).

OCDD

1. CSHS improves access to healthcare services by improving coordination of care statewide, linking families to public health and community resources, and by providing safety-net subspecialty clinics in OPH regions 2-9.

- 2. CSHS clinics serve Louisiana residents under the age of 21 who are diagnosed or suspected to have certain chronic physical illnesses or serious disabilities that are likely to cause impairments which could significantly limit major life activities, and who may reasonably be expected to benefit from services provided by the program. These individuals are eligible for program services if there is an appropriate CSHS treatment service available and if the family is unable to access and afford private subspecialty care. Families must meet legislated CSHS medical and financial eligibility criteria to receive services. Some of the diagnoses of the children seen in CSHS clinics are spina bifida, cystic fibrosis, hearing loss, cerebral palsy, heart defects, cleft lip and palate, renal disease, scoliosis, seizure disorders, and glaucoma.
- 3. CSHS also provides webinars and trainings for physicians, nurses and social workers in caring for children and youth with disabilities and special health care needs. Webinars were developed in collaboration with LSU HDC with DD Council funding. Four of these were converted into "Lunch and Learns" for providers. CSHS will also train pediatric practices that want to improve their care coordination services for children with special needs.
- 4. Hearing, Speech and Vision provides audiology clinics in Regions 5 and 8 for children under the age of 21 who meet CSHS criteria and need hearing aids. There are no private audiologists in these regions that provide hearing aids. The HSV Program also provides care coordination and family support for children with hearing loss to ensure that they receive appropriate early intervention.
- 5. The Genetics Program provides genetics clinics in all regions of the state for children with genetic conditions diagnosed by newborn heel stick screening, as well as specialty formulas and medications to treat their conditions. They also provide care coordination for individuals with sickle cell disease through Sickle Cell Foundations, and sickle cell clinics in Regions 6 and 8 for individuals who cannot access hematology specialty care in the private sector. Children diagnosed with cystic fibrosis are referred to private specialty CF clinics that are supported by CSHS and Genetics.

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	1.	Individual legal assistance to people who cannot access the Medicaid funded services that they need.	Medicaid managed care companies are not held accountable for inadequate provider networks.
	2.	Systemic advocacy to ensure adequate provider networks.	
cy Center	3.	Advocacy to ensure people with disabilities who are deaf or with other hearing loss can access qualified interpreters in medical settings, during the development of a plan of care and in other health situations.	
Advoca	4.	Litigation (Wells v. Kliebert) is improving Medicaid notices which should help people with disabilities understand when services are not authorized or are reduced.	

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Desired Outcome 3: Individuals with developmental disabilities will have access to (Home and Community Based Services/direct care) staff skilled in performing a full range of health related and medical procedures.

Gaps and Barriers

- Turnover of DSPs and lack of DSP certification/career-mindedness and opportunities for advancement/pay increase.
- Ineffective training; unclear directives from supervisors.
- Inadequate monitoring of quality of procedures and health conditions.
- Inadequate training in recognizing health crisis, situation or emergency and taking critical initial action steps.
- Lack of adequate policy or protocols required to address specific, life-threatening conditions.
- Policy restrictions for who can perform certain procedures create staffing/cost challenges.

Agency	Agency Activities Addressing Gaps/Barriers to Achieve Desired Outcome	What additional action steps are needed to address the gaps/barriers and achieve the desired outcome?
	 Many HCB services have been moved under Medicaid managed care which can be more effectively administered, managed and monitored by managed care organizations. 	Legislative funding for the entire Medicaid budget is desperately needed to address pay increases, monitoring, and training.
Medicaid	2. Managed Care Organizations have the ability to provide services "in lieu of" what is required under the State Plan when a service can be provided as effectively, safely, but in a more costly manner than which the State Medicaid agency may do so. MCOs have successfully provided services in lieu of a State Plan requirement successfully. An example is a nurse providing an injection although nurses are not recognized providers under the State Plan.	

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	1. OCDD offers self-directed options to participants in the New Opportunities Waiver, Residential Options Waiver, and the Children's Choice Waiver. Self-direction offers a service delivery option where individuals/families can be their own employer. In this service option, the individual can pay his/her Direct Support Professionals (DSPs) a higher wage, ensure they are properly trained for the individual's own specific needs, and meet the individual's desired level of expertise. This option may lessen the turnover of DSPs.	1.	OCDD is working to review and update all training curricula to ensure up-to-date information on best approaches and guidance for providers and DSPs.
	2. Central Office training managers are directing their efforts toward increasing training opportunities for Home and Community-Based Services (HCBS) providers, support coordinators, and Local Governing Entities (LGEs).	2.	OCDD is exploring implementation of modified techniques to enhance impact on DSP skills and day-to-day implementation.
	3. The OCDD Resource Centers and My Place partnered to develop a Medical /Therapy training for DSPs. Since its implementation, training has been completed with 260 DSPs. The curriculum has been nationally recognized.	3.	OCDD will be implementing guidelines for expectations related to support for high-risk medical and therapeutic issues.
	4. The OCDD Resource Centers continue to complete other requested trainings related to medical/nursing and allied health issues for DSPs as well as technical assistance upon provider request. In FY15, the Resource Centers completed 58 technical assistance activities related to allied health needs and medical/nursing needs and 63 training sessions for DSPs on specifically requested allied health or medical/nursing issues (or those specifically related to individual specific needs).		
Center	Participation in SR 191 study committee, which will examine family as direct care providers and problems in the provider service delivery system.	1.	Limits on direct support providers' ability to administer medication and perform certain medical tasks and limits on funding for nurses to perform these services put people with disabilities at risk of institutionalization.
Advocacy		2.	Agencies are not adequately monitored and held accountable for poor quality services.
Adı		3.	Lack of transparency so that individuals with disabilities cannot evaluate various provider options.