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More Details Released on the New System of Supports Planned for People with DD

Do you or a family member receive supports through the waiver to assist you in living at home and accessing your community? Are you or a family member on the waiting list for waiver services? Does your child receive early intervention services through EarlySteps? If any of the above applies to you, it is important to be informed of the changes that are coming to the system of supports available to people with developmental disabilities.

The Department of Health and Hospitals (DHH) continues to refine its plans to move the state's services for people with developmental disabilities and those who are aging or acquired a disability later in life into a managed care system. Two updated concept papers were released by DHH – one for services authorized by the Office for Citizens with Developmental Disabilities (OCDD) and one for services authorized by the Office of Aging and Adult Services (OAAS) – and information was presented at recent meetings of the Managed Long Term Supports and Services (MLTSS) Advisory Committee. The information presented is not final and DHH and the Council encourage stakeholders to submit comments on the latest proposals.

This article includes only *some* of the components of the proposed system for **people with developmental disabilities** – and highlights areas the Council supports and those areas where we have concerns. Since there are many other details included in the DHH documents, you are strongly encouraged to read the full [OCDD Concept Paper](#) and [Power Point presentation](#) and communicate your thoughts to DHH [here](#). It is important to not only express where you have concerns and why, but to also include aspects you are happy with to reinforce the preliminary decisions DHH has made.

Areas the Council Supports

The Council supports many components of the proposed system. Listed below are aspects which should lead to improved services for people with developmental disabilities and their families *if* they are implemented as described and the Managed Care Organizations (MCOs) are held accountable for positive outcomes.

- All persons, even those waiting for Long Term Supports and Services (LTSS), will receive support coordination when they are first determined eligible for services. By providing support coordination and information to individuals/families about available resources, many needs of those on the waiver waiting list can be met through regular Medicaid, state-funded services, and other state and community resources. This “front end” support coordination can also help identify those situations where immediate assistance can help prevent a crisis.
- The four existing waivers for people with developmental disabilities will be consolidated into one new waiver. Waiver recipients will enter the MLTSS system in their current waiver, but they will be transitioned to the new waiver service package during a phase-out period. Families have long





advocated for the simplicity and comprehensive, flexible supports that should result from this consolidation.

- The new waiver will include an improved package of services that includes “transformation and innovations in employment, maximum choice and flexibility, and increased emphasis on community integration and enhancing independence.” The complete service package for both behavioral health and LTSS will be detailed in a series of public information sessions prior to finalization of the waiver submission to the federal Medicaid agency (CMS). The goals for the service package are encouraging, but in addition to providing information to the public, the Council recommends DHH also solicit input in these meetings to ensure individuals and families agree the improved package of services will in fact achieve these goals.
- DHH acknowledges that system improvements must include development of a specialized behavioral health package that will identify and meet the needs of persons with developmental disabilities who also have intensive mental health and behavioral support needs. Families have often reported the lack of behavioral support services for people with developmental disabilities in the existing system and DHH reports behavioral health challenges as the main reason for institutionalization. The Council agrees a system that can appropriately meet the needs of people with challenging behaviors is vitally important.
- Appropriate “value added” and “in lieu of” service options will be encouraged, including hospital sitter services. Hospital sitter services are currently not available to waiver recipients so including them in the new system is a positive step and will alleviate the financial burden on families, providers and the state-funded Individual and Family Support program.
- The mention of employment several times in the document is encouraging. It is included as one of the two “performance improvement projects” that will be included in the MCO contracts. Employment for people with developmental disabilities facilitates self-determination and inclusion, financial stability, social and professional relationships, and overall quality of life.
- A two-phased approach to implementation of MLTSS will be used to best support appropriate planning and technical assistance to the MCOs and to providers. Families have requested and national experts recommend a phased-in approach.
- The MCOs will be required to contract with all LTSS providers in the initial year of implementation resulting in the least disruption in the lives of recipients. However, recipients will retain the ability to change providers by request. This should alleviate some concerns individuals/families have expressed.
- Participants will have access to an independent ombudsman program to receive complaints and provide assistance in the resolution of those complaints. Having an ombudsman that does not work for the MCO was also a recommendation from families and advocates.





- The proposal says the MCO contracts must include an “aggressive waiting list reduction strategy.” This is encouraging as the Council has advocated for eliminating the waiting list for decades; however, **more details are needed regarding how this will be achieved.**
- The proposed system will apply resource allocation principles with an intended outcome that persons will be served in the “most cost effective and appropriate setting.” A level of need system will determine ability to request long-term institutional stay. Portions of this description are encouraging, as the Council supports all people having access to the most appropriate setting, which is almost always their home with appropriate supports. And the current admission policy for an institutional setting has resulted in people residing in these facilities when they do not require 24-hour supports. However, this description is also included in our list of concerns as explained below.

Areas of Council Concern

- The system will apply resource allocation principles with an intended outcome that persons will be served in the most cost effective and appropriate setting. Using the language “most cost effective” is of grave concern since services for some people do/will cost more in their own homes and communities. **A person’s right to receive supports in their own homes must be guaranteed and explicitly stated in the Request for Proposals (RFP) and the MCO contracts.**
- In order to achieve one of the department’s goals of rebalancing the system **it is vitally important to provide financial incentives to serve people in their own homes and communities with individualized supports and services.** It is recommended that DHH provide clear indication to include these financial incentives in the MLTSS system.
- The concept paper discusses transition planning from the point of admission to acute medical and behavioral health settings. This is important, but **transition planning should also begin at point of admission to an ICF/DD (community and group homes, large private institutions, Pinecrest).**
- The Council has a concern regarding support coordination being a function of the MCO. It was explained that the MCO will have a “firewall” between administration of support coordination and service provision; however, it is difficult to understand how there can be true “conflict free” support coordination when the MCO is paying for support coordination. **For truly independent support coordination, it is recommended the state maintain control of the support coordination contracts.**

No position by the Council

- DHH plans to include EarlySteps in MLTSS. Early intervention provider guidelines and network specifications will remain the same. The System Points of Entry (SPOEs) will continue to conduct the initial assessment/eligibility determination for infants and toddlers. It is easy to see both sides of this issue. By including EarlySteps, children and families will have continuity of services and a smooth transition from EarlySteps to OCDD’s traditional system. However, EarlySteps is not





included in other states' MLTSS systems thereby causing some providers and parents to be apprehensive of doing so in Louisiana.

Please remember to share your thoughts on this proposed system directly to DHH [here](#). If you are interested in the proposed MLTSS system for people receiving services through the Office of Aging and Adult Services you are encouraged to read that [Concept Paper](#) and [Power Point presentation](#) and submit comments to DHH [here](#).

