

Office for Citizens with Developmental Disabilities (OCDD)
QUARTERLY DEVELOPMENTAL DISABILITIES (DD) COUNCIL REPORT
 (Submitted for 1st Quarter 2018)

March 28, 2018

SERVICES

Developmental Disability Waiver Activities

The following figures reflect **waiver activities thus far in state fiscal year 2017-2018 (July 1, 2017 – March 8, 2018)**:

WAIVER	Offers # **	Linkages #	Certifications
NOW	203	85	214
Children's Choice/CC-425	787	271	193
Supports	260	103	58
ROW	511***	142	34

*** This is the number of unique individuals made an offer or final offer during this time period.*

**** Includes offers made under the ROW Pilot Project and OAAS to ROW transitions.*

The following figures reflect **total waiver numbers as of March 8, 2018**:

WAIVER	Total # Slots Allocated	Total Participants linked, but not certified	Total # Certifications	Total # Vacant Slots
NOW	9,032	87	8,639	306
Children's Choice/CC-425	1,475	175	1,148	152
Supports	2,050	51	1,779	220
ROW	350	97	57	196

Request for Services Registry (RFSR) as of February 28, 2018

- New Opportunities Waiver (NOW): 15,373
- Supports Waiver: 1,377

Tiered Waiver System

- Centers for Medicare & Medicaid Services (CMS) has approved waiver amendments to the four Developmental Disabilities Home and Community-Based Waivers (Children's Choice Waiver, Supports Waiver, Residential Options Waiver, and New Opportunities Waiver) to allow for a shift to a tiered waiver system.
 - The following major changes can be expected:
 - Waiver offers will no longer be made on a first-come, first-served basis as they have over the course of the last 20 years; waiver offers will now be made based on a person's urgency of need and registry date. This shift to a prioritization process will provide the assistance needed in a timelier manner to those at highest risk of institutionalization and promote the ability to continue living in

- the community. The system will also allow for a re-screening if a person's needs change over time.
- Additionally, the tiered waiver system will now have only one waiting list/registry, and when a person receives a waiver offer, he or she will participate in a needs-based assessment to determine the most appropriate waiver to meet his or her needs. This means that people will not automatically receive a New Opportunities Waiver (NOW) offer; they will receive a Developmental Disabilities Waiver offer, and the most appropriate waiver will be identified through assessment and person-centered planning.
 - The age limit for the Children's Choice waiver has increased to 21 years of age. This is commensurate with the age for Medicaid state plan Early and Periodic Screening, Diagnostics and Treatment (EPSDT) services, and there is a justification system in place if additional supported are needed in the Children's Choice Waiver.
 - Louisiana Department of Health (LDH) OCDD has a robust communication plan in place to ensure all stakeholders are advised of the changes made to the developmental disabilities services delivery system and have an opportunity to ask questions about these changes.
 - Letters were sent to all individuals currently on the Request for Services Registry (RFSR) and to all individuals/families currently receiving the Children's Choice waiver to advise how these changes directly affects them.
 - If individuals have questions or concerns, they may contact OCDD at 1-866-517-7687 or by e-mail at ocdd-hcbs@la.gov and an OCDD staff member will contact them to answer questions and/or discuss their concerns.
 - Senior management staff at OCDD will be holding regional stakeholder meetings in all ten LDH regions to discuss these changes and provide opportunities for questions.
 - All service providers and Local Governing Entities (LGEs) will receive in-depth training regarding these changes, including change in roles and expectations.

Residential Options Waiver (ROW)

- **ROW 5-Year Renewal application**
 - The draft renewal application for the Residential Options Waiver (ROW) has been posted for thirty (30) days for public comment at the following link: <http://dhh.louisiana.gov/index.cfm/page/2526>. Public comment period began March 16, 2018 and will end at 4:30 p.m. on April 14, 2018.
 - Per CMS, OCDD is required to make a hard copy of the posted renewal document available upon request to the public. Therefore, each LGE is assisting in that effort. LGEs may be called or visited by the public to request a hard copy of the draft waiver applications.

- Interested persons may submit written comments to: Office for Citizens with Developmental Disabilities, P. O. Box 3117 (Bin 21), Baton Rouge, Louisiana 70821-3117, Attention: Residential Options Waiver Manager, or by email to ocdd-hcbs@la.gov.

- **ROW Amendment (ROW/OAAS transition) - Status**

OCDD is currently engaged in the implementation phase of the CMS approved transition of Office of Aging and Adult Services (OAAS) Community Choices Waiver (CCW) and Adult Day Health Care (ADHC) participants who have an OCDD Statement of Approval (SOA) to the ROW. OAAS will no longer provide waiver services to participants who have an OCDD SOA; those individuals must access an OCDD waiver.

- This transition will affect approximately 260 people.
- Each affected person will be transitioning from CCW or ADHC to ROW during a year-long phase-in process, based upon his/her OAAS plan of care expiration date. Ninety days prior to an individual's plan of care coming up for renewal, he/she will be linked to the ROW.
- Transitions began with OAAS participants whose plan of care expired in February 2018 and will continue each month thereafter. Planning is occurring for February 2018 through June 2018 plans of care. Twenty-four (24) people have completed the transition to ROW thus far.
- Continuity of Service - Providers currently providing Personal Care Attendant (PCA) services to a transitioning participant will have the subspecialty type for ROW automatically. The Adult Day Health Care service is approved as a new service as well.
- **The Residential Options Waiver (ROW) pilot** involving the transition of individuals who reside in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) to Home and Community-Based Services (HCBS) Waiver options has continued. To date, more than 900 offers have been extended across the state.
 - The LGEs have hand-delivered offers to individuals/ families and helped them to understand what the ROW offers. In addition, local Community Living Ombudsmen continue to be available and attend meetings to provide additional information to the individual/family if they wish.
 - To date, thirteen (13) people have transitioned and been approved in the ROW.
 - Twenty-three (23) people are in the process of transition to waiver certification/approval.
 - In response to initial feedback received, efforts to recruit and build capacity with Shared Living (Non-Conversion) providers are underway. Feedback received from individuals/families suggest that more people may be able to transition from ICFs/IID utilizing that option and enjoy living in a smaller group setting.

OCDD will continue to work with stakeholders to identify and analyze all issues/concerns identified and to refine the process for making offers in order to ensure filling of 50 opportunities.

Electronic Visit Verification (EVV)

LDH fully implemented Electronic Visit Verification (EVV) for HCBS Waiver in-home services effective February 19, 2018, when the last region went live. Medicaid sent a reminder to all providers that the EVV is mandated, and providers who do not use the EVV system may be subject to payment holds. Medicaid gave providers until March 15, 2018 to ensure the clock in/out process is fully implemented for their agency. Statistical Resources, Inc. (SRI) and the program offices will begin reviewing manual entries/edits to determine if providers are in compliance.

Pinecrest Supports and Services Center (PSSC) - Transition Status

The following figures reflect transition activities from January 1, 2018 thru March 16, 2018:

- The census of Pinecrest Supports and Services Center to date is 399.
- In 2017, PSSC has admitted 18 individuals and discharged 43. So far this year, 3 people have been admitted and 10 people have been discharged.
- Additionally, 26 participants are planning for a transition from the center, with 1 person set to move within the next 30 days.
- Twenty-five participants are projected to move to waiver supports or private intermediate care facilities for individuals with developmental disabilities (ICFs/IID) within the next quarter.

EarlySteps

- As of March 1, 2018, the EarlySteps program was providing services to 5,201 children and their families, an increase of five children since December 2017.
- The EarlySteps advisory council, the State Interagency Coordinating Council (SICC), will have its next meeting on April 12, 2018. A new Executive Director was hired, Ms. Melanie Washington, who has a background in social work, to replace Juanita Washington who left in the fall. The State Systemic Improvement Plan (SSIP) workgroups: Family Assessment, Services Supporting Family Priorities (SSFP) and Team-Based Practice Supports (TBS), will meet on the morning of the April SICC meeting.
- SSIP Workgroup Activities underway:

EarlySteps completed its training on the Division for Early Childhood (DEC) Recommended Practices (RPs) for all agencies and providers. Approximately 800 early interventionists completed the training across twenty training dates around the state. The RPs are the evidence-based practices which EarlySteps has selected for its SSIP. Participants left the training with Continuous Quality

Improvement plans for which they each selected two areas that they are targeting to improve their practice using the RPs. Since improving family outcomes resulting from participation in early intervention is Louisiana’s measurable result for system improvement, it is gratifying to see that the early intervention providers selected the following as the top three areas in which to improve their practices:

- Family Capacity-Building Practices,
 - Families Are Full Team Members Practices, and
 - Family Engagement Practices
- The Family Assessment workgroup members completed their interviews with System Point of Entry Staff, Support Coordinators, and EarlySteps families regarding the Family Assessment process, which is part of the development of the service plan (Individualized Family Service Plan) for eligible children and families.
 - The SSFP and TBS workgroups combined their efforts to survey early interventionists representing all roles in EarlySteps to describe their current practices in the areas of services supporting family priorities and team-based practice supports. Over 400 providers, support coordinators, and intake coordinators completed the 45-item survey.

The results of the surveys and interviews will be used to define the practices in the workgroup areas and to identify inconsistent implementation and “Bright Spots” of high-quality implementation.

- The Annual Performance Report was submitted on February 1, 2018. The US Department of Education/Office for Special Education Programs (OSEP) will review the report and request clarification, if necessary, in the month of April 2018. The state will receive its performance “determination” in June 2018.
- The state’s Application for Federal funds is posted to the EarlySteps website for the public comment period. The budget forms for the application have been revised, but there are no changes to the budget priorities or policies since last year or to the allocation amount: \$6,821,875. The application can be reviewed at: <http://ldh.louisiana.gov/index.cfm/page/139/n/139>.

INITIATIVES

Waiver Related Initiatives:

Employment First

- OCDD continues to offer technical assistance to providers around the state in the transformation of their program to be in compliance with the HCBS Settings Rule.

- OCDD is currently hosting vocational provider meetings with open discussions and sharing of ideas among providers in the regions to help them with the transition process.

Home and Community-Based Services (HCBS) Settings Rule Activities

OCDD has scheduled meeting opportunities statewide during the months of April and May 2018 to share with individuals/families information regarding the HCBS settings rule. In addition to these meetings, OCDD has drafted responses to questions received from CMS at the time that initial approval was granted and posted for public comment for 30 days. Responses are scheduled to be submitted to CMS at the end of March 2018.

Working to come into full compliance with the HCBS Settings Rule, OCDD remains on target with the following activities identified in the Statewide Transition Plan (STP):

- Complete comprehensive site-specific assessments of all Home and Community-Based settings, implement necessary strategies for validating the assessment results, and include the outcomes of these activities within the STP;
- Draft remediation strategies and a corresponding timeline that will resolve issues that the site-specific settings assessment process and subsequent validation strategies identified by the end of the Home and Community-Based Settings rule transition period;
- Outline a detailed plan for identifying settings that are presumed to have institutional characteristics, including qualities that isolate HCBS beneficiaries, as well as the proposed process for evaluating these settings and preparing for submission to CMS for review under Heightened Scrutiny;
- Develop a process for communicating with beneficiaries that are currently receiving services in settings that the state has determined cannot or will not come into compliance with the Home and Community-Based Settings rule; and
- Establish ongoing monitoring and quality assurance processes that will ensure all settings providing HCBS continue to remain fully compliant with the rule in the future.

Request for Services Registry Screening

- A total of 9,400 Screening of Urgency of Need (SUN) tools have been completed; this includes individuals receiving Supports Waiver and those on the Request for Services Registry (RFSR) who are not receiving other waiver services.
- OCDD continues to screen everyone on the RFSR who can be located and is willing to participate in the screening.
 - Based on information available and reporting completed thus far:

- LGE offices and OCDD have contacted or made at least one attempt to contact 99% of the people on the RFSR;
 - 53% of the persons on the RFSR have had a screening completed;
 - 25% have been identified as not being able to be located;
 - 14% have been identified as persons that the LGE/OCDD are continuing to attempt contact and schedule screenings;
 - 6% have been identified as incarcerated, deceased, not eligible, refused redetermination, requested removal from the RFSR, or moved out of state;
 - 1% identified are currently admitted to a state facility; and
 - 1% have been identified as refusing to participate in the screening process.
- Of the 9,400 screenings completed thus far, the category of support needs are as follows:
 - No unmet needs - 43%
 - Planning needs (supports needed in 2 - 5 years) - 22%
 - Critical needs (supports needed in 1 - 2 years) - 20%
 - Urgent needs (supports needed within 12 months) - 8%
 - Emergent needs (supports needed within next 90 days) - 7%

Other Initiatives:

Money Follows the Person (MFP) Rebalancing Demonstration (My Place Louisiana) as of March 15, 2018

- MFP activities provided:
 - Pre- and post-transition assistance requests total 490 with 239 My Place participants receiving assistance (Note: Many participants have made multiple requests.)
 - Direct Service Worker (DSW) Specialization Training for 292 provider staff and family members
- Housing Relocation Assistance Program (HRAP) activities included:
 - 95 referrals for HRAP
 - 29 families or individuals have moved into housing located by the contractors
 - Another 61 people received lists of appropriate housing options for their review
- Total of 424 people have transitioned to the community with My Place supports:

- o New Opportunities Waiver (NOW): 348 individuals
- o Children's Choice (CC) Waiver: 60 children
- o Residential Options Waiver (ROW – My Place): 9 children
- o Residential Options Waiver Pilot (ROW Pilot): 7 individuals

ICF/IID Programmatic Unit

OCDD ICF/IID Programmatic Unit updates:

- Secured approval of Programmatic Unit Handbook and uploaded handbook onto the OCDD website for provider access. A link was created and disseminated to all providers to access:
<http://www.dhh.la.gov/index.cfm/page/2943>.
- Completed Satisfaction Surveys with a random sample of 400+ individuals residing in private ICF/IID facilities. Currently waiting on data from the most recent National Core Indicator Louisiana survey to analyze and compare with results from the ICF/IID Programmatic Unit's survey results.
- Developed training modules in these core areas: Positive Behavior Supports, Person-Centered Planning/Thinking, and Recognizing Signs & Symptoms of Illness. Core areas of Team Process and Meaningful Activities are in final stages of development.
- Continued scheduling of ICF/IID Programmatic Unit staff train-the-trainer trainings for core modules.
- Developed Provider Interest Survey and Letter to ICF/IID Providers for use in initiating a pilot of the unit's technical assistance approach with interested providers.
- Selected pilot providers; sent acceptance letters; and developed provider pre-self-assessment and sent to selected providers. Currently, in the process of receiving the self-assessment from providers.
- Continued to work with assigned OCDD staff on initiating the new critical incident system for ICF/IID providers.
- Undergoing revisions to draft internal administrative procedures for unit operation incorporating ICF/IID Programmatic Unit staff feedback.
- Held in-person meetings with ICF/IID provider agencies to introduce the programmatic unit and obtain feedback.
- Identified Unit Director.
- Identified unit staff with no new positions established.
- Completed meetings with the LGEs to update DD Directors of the progress of the unit development.

Certified Medication Attendant (CMA) Program

The statewide CMA Committee has completed revisions to the instructor training materials. The revisions align with current best practices and the new CMA rule. The new materials are available on the OCDD website via the following link: <http://dhh.louisiana.gov/index.cfm/newsroom/detail/1490>

- In addition, a new statewide exam has been developed to coincide with the new course content.
- With the revisions to the training content complete, CMA instructor training for new instructors has resumed. A course was taught on March 20, 2018, with 65 new instructors. Additional courses will be provided by OCDD Resource Center nurses in all regions of the state beginning in the summer of 2018 and will be announced once they are scheduled. The upcoming regional courses will allow CMA program administrators to meet the demand to train new CMA instructors statewide and will also serve as refresher training on the new materials for all current CMA instructors. It is mandatory that current instructors, as well as new instructors, attend one of these courses.
- Current CMA instructors should prepare to discontinue the use of the old CMA materials, which have been removed from the CMA website, by December 31, 2018. The December deadline will allow sufficient time for instructors to complete the mandatory refresher training and to complete any training events on the old materials that are currently in progress. In the meantime, instructors who are making requests for initial certifications must inform their regional coordinators who administer the statewide exam whether the old materials or the new materials were used in order to determine which exam should be administered to each group.
- To date, there are 4,316 active CMAs in the CMA database. There are currently 1,807 CMAs whose certificates are expired. 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. All providers are urged to check the CMA expiration dates on their certificates to ensure that they are in compliance with the rule.
- Agencies must adhere to Section 915 A of the CMA Course Guideline and keep one original certificate on file and distribute the second certificate to the CMA. If an agency hires a CMA who was trained by a previous employer, the agency that hires the CMA must request a CMA verification form rather than a re-printed certificate. CMAs who request a duplicate certificate for a prospective employer will be instructed to refer the prospective employer to CMA program staff in order to comply with our verification process.

Access to Behavioral and Medical Intervention in the Community

The following information outlines Resource Center activities inclusive of crisis referral and trends associated with placement requests to OCDD Central Office for the 2017

calendar year (covering the period of January 1, 2017 - December 31, 2017), as well as provides a current update on the Resource Center and Local Governing Entity collaboration on the Non-Consensual Sexual Behavior (NSB) process as of March 16, 2018.

- Calendar year 2017 revealed a continued decrease in the number of referrals when compared to prior recent years (e.g., 2017 = 90, 2016 = 111, and 2015 = 171). The Pinecrest Supports and Services Center (PSSC) admission rate for 2017 was 18% and the diversion rate was at 82%, which is a decrease in admissions and increase in diversion when compared to 2016 (41% admission rate and 59% diversion rate).
- The crisis service mobilization and diversion process continues to involve a partnership between the OCDD Resource Centers (RCs) and the LGEs so that an increased responsiveness to crisis issues could be maintained. Eighty-one cases (90%) referred for admission received a crisis consultation from the Resource Center, with the ability to divert 83% of these individuals from long-term institutionalization. The Resource Center clinicians continue to be a main source of diversion and coordination with the LGEs.
- The last three year's trend relative to persons being referred from other more intensive and institutional-type settings continued for the 2017 calendar year, with 77% of referrals coming from institutional/acute care settings. Further breakdown within these settings revealed that 40% of these referrals were from psychiatric hospital settings, 12% were for persons who were incarcerated, 17% were supported in ICF/IID settings, 4% were in an acute care setting, 2% of persons were in a psychiatric residential treatment facility, and 2% were in a nursing facility at the point of referral. Consistent with the system challenges noted in prior reports, individuals requiring admission to PSSC continue to present with a significant complexity of needs, and individuals are being increasingly referred from other more intensive and institutional-type settings.
- Efforts toward assuring that persons with a history and/or current challenges related to non-consensual sexual behavior (NSB) have access to the needed supports remain ongoing. This period's data revealed that 209 persons are receiving follow up by the local oversight team. During this quarter's reporting, three individuals had a subsequent incident of NSB but none of these incidents involved direct contact and all three individuals were able to maintain the existing living option.

OCDD continues to collaborate with the Office of Behavioral Health (OBH) and Medicaid relative to triaging and coordinating services for persons with complex support needs. As noted in prior updates, OCDD in partnership with OBH was awarded a Transformation Transfer Initiative (TTI) grant to provide cross-system training and education for clinicians, administrators, and direct-support professionals to develop expertise to support persons with co-occurring intellectual/developmental disabilities (IDD) and mental health needs. Current focus is on intensive technical

assistance and consultation for youth whose needs overlap the IDD and behavioral health systems.

Additionally, the initiative between OCDD and the DD Council to develop training and consultation to build provider capacity to support persons with complex needs continues to progress. The pilot provider, Monroe provider, and Lafayette provider have moved into the second year of participation and continue to achieve improvements and outcomes. OCDD and the DD Council attempted implementation of a pilot with use of core modular program to support base knowledge for Direct Support Professionals, evaluate for possible inclusion in routine 16-hour annual training, and extend participation in project to those in self-direction. While these training areas will continue to be evaluated for relevance in the 16-hour training requirements, the broader approach to community voluntary trainings was not an effective approach to attempting to reach other providers and staff. A new partnership has been started with a provider in Alexandria.