

Office for Citizens with Developmental Disabilities (OCDD)  
**QUARTERLY DEVELOPMENTAL DISABILITIES (DD) COUNCIL REPORT**  
 (Submitted for 1<sup>st</sup> Quarter 2019)

March 28, 2019

**SERVICES**

**Developmental Disability Waiver Activities**

The following figures reflect **waiver activities thus far in state fiscal year 2018-2019 (July 1, 2018 – March 17, 2019)**:

WAIVER	Offers # *	Linkages #***	Certifications
NOW	6	39	49
Children's Choice	501	406	338
Supports	540	319	172
ROW**	80	291	266

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

\*\* This includes offers and linkages made under OAAS to ROW transitions.

\*\*\* An individual who is made a CC or Supports offer may request an exception and be linked to the ROW or NOW.

The following figures reflect **total waiver numbers as of March 18, 2019**:

	Total # Slots Allocated	Total Participants linked, but not certified	Total # Certifications	Total # Vacant Slots
Mixed I/DD Waivers	13,327	619	12,577	131

**Request for Services Registry (RFSR) as of February 28, 2019:**

- Developmental Disability (DD) RFSR = 13,425
  - Individuals with urgent/emergent unmet needs (SUN score 3/4) = 0 (offers made to all as screened and identified 3 or 4)
  - Individuals with current needs met (SUN score 0/1/2) = 7,278
  - Individuals with no identified unmet needs = 4,469
  - Individuals in process of scheduling / receiving screening = 1,678

**Residential Options Waiver (ROW)**

- **ROW/OAAS Transition** - The implementation phase of the Center for Medicare & Medicaid Services (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 continues. This transition affects approximately 250 people.
  - Two hundred-twenty (220) people have completed the transition and are receiving ROW services.

- Fifty-six (25) participants are currently linked to the ROW and are in the planning/approval process at this time.
- Five (5) cases have been closed for the following reasons: 1 - death; 2 - entered nursing facilities; 1 - entered an ICF/DD; and 1 - family refused OAAS and OCDD services.
- **ROW Amendment 2019** - The amendment and rulemaking drafts have been completed. OCDD has been advised that the public notice is being prepared for internal circulation and submission to the Louisiana Press Association by noon on Friday April 5, 2019 to be published on or before Wednesday, April 10, 2019. The following are the proposed changes to provide greater access to services/supports for ROW participants:
  - Adding Monitored In-Home Care (MIHC) as a new service;
  - Changing Day Habilitation, Pre-Vocational and group employment rate methodologies from a 2.5-hour unit rate to a 15-minute unit rate;
  - Adding language: To prevent institutionalization, participants may be approved to exceed assigned ROW acuity/budget levels-based Inventory of Client and Agency Planning (ICAP) and additional accessed support needs;
  - Adding clarification: One-time transitional services (TEPA) are to assist individuals in making the transition from an institution to their own home or apartment in the community of their choice; and
  - Removing exclusion of parents of adult children as paid staff as long as they are not the legally responsible person or authorized representative for waiver. (Note: Rulemaking cleanup will restore language to original birth to end of life as well.)
- **ROW Pilot revisited** - OCDD met with members of the Advocacy Center's Community Living Ombudsman Program (CLOP) and has begun planning to revisit the pilot.

### **New Opportunities Waiver (NOW)**

The NOW amendment for the complex care reimbursement has been sent to CMS. Due to substantive changes made, CMS is requiring that the amendment be reposted for Public Comment. OCDD has been advised that the public notice is being prepared for internal circulation and submission to the Louisiana Press Association by noon on Friday April 5, 2019 to be published on or before Wednesday, April 10, 2019.

### **Supports Waiver and Children's Choice Waiver**

The Supports Waiver and Children's Choice renewal applications were submitted to CMS for approval, and both will have an effective date of July 1, 2019.

### **Pinecrest Supports and Services Center (PSSC) - Transition Status**

The following figures reflect transition activities from January 1, 2019 thru March 15, 2019:

- The census of Pinecrest Supports and Services Center to date is 401.

- In 2018, PSSC admitted 32 individuals and discharged 39. So far this year, 11 people have been admitted and 9 people have been discharged.
- Fourteen participants are currently planning for a transition from the center.
  - Three people are anticipated to transition within the next 30 days.
  - Five people are anticipated to transition within the next quarter.

### **EarlySteps**

- As of March 1, 2019, the EarlySteps program was providing services to 5,604 children and their families, an increase of 47 children since December 2018. This is the highest number of children ever served in the program on a single day count.
- The EarlySteps advisory council, the State Interagency Coordinating Council (SICC), will have its next meeting on April 11, 2019. The State Systemic Improvement Plan (SSIP) improvement area workgroups: Family Assessment, Services Supporting Family Priorities and Team-Based Practice Supports, will meet on the morning of the SICC meeting. There are currently two openings on the SICC for the early intervention provider positions. Interested applicants can contact Melanie Washington, SICC Executive Director at the following link: [melanie.washington@la.gov](mailto:melanie.washington@la.gov).
- State Systemic Improvement Plan (SSIP) Workgroup Activities which are underway:
  - The SSIP workgroups approved the three fidelity measures developed to measure practice fidelity by all early interventionists according to the Division of Early Childhood Recommended Practices in the three improvement areas (Family Assessment, Services Supporting Family Priorities and Team-Based Practice Supports).
  - The thirteen agencies which piloted the Family Assessment and Team-Based tools will move into full implementation of the practices immediately.
  - The “roll out” process for the remaining agencies and providers and the Services Supporting Family Practices area is moving forward with additional professional development activities required for participation.
- Toni Ledet, the coordinator for the *Inclusive Child Care Capacity Building Project*, with the fiscal agent, Center for Development and Learning, sent out invitations in January for participation by early interventionists for this project. In addition, some early care and education centers have reached out to her for participation in the project. Dr. Ledet is matching the center requests to participant requests to establish teams for participation in this project.
- EarlySteps Application for Federal IDEA-Part C funds is posted to the EarlySteps website for public comment at: <http://www.earlysteps.dhh.louisiana.gov>. The proposed allocation is \$7,015,177, an increase of \$22,274 from last year. There are no program changes proposed in the application. Public comments are being accepted until May 3, 2019.

## INITIATIVES

### **Employment**

- Through a collaboration with the Governor's Office of Disability Affairs (GODA), Louisiana was able to receive the Employment First State Leadership Mentoring Program (EFSLMP) Core grant from the Office of Disability Employment Policy (ODEP). Through this grant, two OCDD vocational providers in two regions (Regions 3 and 4) are receiving technical assistance and guidance regarding Provider Transformation. Those regions will also receive assistance with Capacity Building in their area. This grant will end in August 2019.
- With the financial assistance from the DD Council, OCDD will be facilitating an online Employment training program to train OCDD State Office, LGE Offices, Support Coordinators, and vocational providers. This will allow everyone to have a true understanding of employment and what it means for the individuals that OCDD supports.
- OCDD and the LGEs will continue to work with vocational providers during this year to assist them with coming into compliance with the HCBS Settings Rule by March 17, 2020. OCDD will be providing various trainings based on topics that are requested/recommended by providers and employment roundtable discussions in each area. Additionally, onsite technical support and various other technical guidance needed to assist providers with meeting the deadline will be available.
- OCDD continues to be an active participant in the of the Employment First team as well as the State as a Model Employer Team, which are being directed from the Governor's Office of Disability Affairs.

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

Louisiana Department of Health (LDH) has not yet received final approval on the Statewide Transition Plan (STP) which was submitted to CMS regarding the state's plan to come into compliance with the HCBS Settings Rule. Prior to submitting the STP for final approval, LDH will incorporate stakeholder responses into the plan and complete statewide systemic assessment and validation activities. Upon completion, the plan will be posted for public comment prior to being submitting to CMS.

OCDD is on target to complete the following activities:

- Complete comprehensive site-specific assessments of all HCBS settings, implement necessary strategies for validating the assessment results, and include the outcomes of these activities within the STP;
- Draft remediation strategies and corresponding timelines which will resolve issues that the site-specific settings assessment process and subsequent validation strategies identified by the end of the HCBS 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 participants that are currently receiving services in settings that the state has determined cannot or will not come into compliance with the HCBS 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.

OCDD is planning to post responses related to the above areas for public comment in April 2019 with plans to submit information to CMS in early May 2019 seeking Final Approval on the Statewide Transition Plan.

### **Request for Services Registry Screening**

A total of 11, 017 Screening of Urgency of Need (SUN) tools have been completed.

- OCDD continues to screen everyone on the RFSR who can be located and who is willing to participate in the screening, including people who newly move onto the Registry and people who have a change in status. Additionally, routine re-screenings for people with previous SUN scores of 2/1/0 are being conducted.
- With movement to prioritization of waiver offers based on need, changes were needed to streamline adding people to the request for services registry. Prior to automating this process, in order to add a person to the registry the local office would have to submit demographic information via fax/email to Statistical Resources Inc.(SRI). Once received by SRI, a staff person would verify that all necessary information was present and then manually input data to add the person to the registry. This process could take 2-3 weeks to get a person on the registry. As part of system improvements and movement of the RFSR data from the Louisiana Registry and Recipient Information System (LWRRIS) to the Louisiana Service Reporting System (LaSRS), OCDD worked with SRI to establish a system to automate this process. Now the LGEs are able to directly enter a request into LaSRS to add persons to the RFSR; OCDD programmatic staff then verify that the data entry is correct (address, Medicaid number, etc.) and approve/reject the request. Approved requests are processed nightly by SRI. Rejected requests are returned to the LGE via the system to correct any issues. Automation of the addition/removal of people from the RFSR also includes programming to track/assign to OCDD staff to complete the screening for urgency of need (SUN) for both initial screenings and re-screening requests. Automation not only streamlines these processes, but also provides accountability measures for all entities involved and allows OCDD to be responsive to individuals that are in emergent/urgent need of services.

### **Tiered Waiver System**

Since the implementation of the tiered waiver system, 1,523 individuals have accepted an offer and have been linked to Support Coordination; 1,005 people have been certified into waiver. Currently, all persons that had a SUN score of 3 or 4 on the RFSR have received offers.

### **Money Follows the Person (MFP) Rebalancing Demonstration (My Place Louisiana) as of March 15, 2019 -- Cumulative Data**

All My Place OCDD transitions ended as of December 31, 2018 per Center for Medicare & Medicaid Services (CMS) Money Follows the Person Demonstration Program rules. My Place assistance is continuing for the 46 individuals who have transitioned and are in their first 365 days of waiver services.

- MFP activities provided:
  - Pre- and post-transition assistance requests total 540 with 268 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:
  - 110 referrals were made for HRAP.
  - 32 families or individuals have moved into housing located by the contractors.
  - Another 70 people received lists of appropriate housing options for their review.
- Total of 477 people have transitioned to the community with My Place supports:
  - New Opportunities Waiver (NOW): 376 individuals
  - Children's Choice (CC) Waiver: 79 children
  - Residential Options Waiver (ROW - My Place): 9 children
  - Residential Options Waiver Pilot (ROW Pilot): 13 individuals

A bill has been passed by both the House and the Senate and signed by the President to provide some funding and additional time to continue the MFP grant. OCDD, OAAS and Medicaid are working on the possibility of extending the My Place program.

### **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 2018 calendar year (covering the period of January 1, 2018 - December 31, 2018). Additionally, it provides a current update on the Resource Center and Local Governing Entity collaboration on the Non-Consensual Sexual Behavior (NSB) process as of March 14, 2019.

- Calendar year 2018 revealed a continued decrease in the number of referrals when compared to prior recent years (e.g., 2018 = 78; 2017 = 90; 2016 = 111; and 2015 = 171). The Pinecrest Supports and Services Center (PSCC) admission rate for 2018 was 44% and the diversion rate was at 56%. While this year demonstrated an increase in admission rate and decrease in diversion rate when compared to 2017, this year's data more closely approximates the 2016 rates (e.g., 41%

admission rate and 59% diversion rate). Additionally, the absolute number of admissions was lower due to the decrease in overall referral numbers. The decrease in referrals indicates additional work in earlier phases of an individual's situation such that fewer individuals are getting to a point of crisis that necessitates looking outside their current living arrangement. The result, however, is that those who do get referred are less likely to have continued opportunities for diversion as these have either already been attempted for some or the situation is so critical that diversion to lower level of support would not meet the current presenting needs.

- Fifty-nine of seventy-eight cases (76%) received a crisis consultation from the Resource Center, with the ability to divert 61% of these individuals from long-term institutionalization. The Resource Center clinicians continue to be a main source of diversion and coordination with the LGEs. For situations in which a diversion consultation was not provided, the information available would have indicated an absence of diversion options at the time of referral.
- The last four year's trend relative to persons being referred from other more intensive and institutional-type settings continued for the 2018 calendar year, with 65% of referrals coming from institutional/acute care settings. Further breakdown within these settings revealed that 36% of these referrals were from psychiatric hospital settings, 5% were for persons who were incarcerated, 18% were supported in ICF/DD settings, 1% were in an acute care setting, 1% of persons were in a psychiatric residential treatment facility, and 4% 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 218 persons are receiving follow up by the local oversight team. During this quarter's reporting, one individual had a subsequent incident of NSB (this incident did not involve direct contact) and the individual was 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. Technical assistance and consultation sessions were completed for all behavioral health clinic sites for the participating Local Governing Entity (LGE), and this provider received the second incentive and Basic Training and Education Designation and is on schedule to receive the third incentive for increasing capacity in accepting and serving youth with IDD and mental health needs. The didactic training series for the selected Psychiatric Residential Treatment Facility (PRTF) provider was also completed, and the intensive technical assistance and consultation phase remains in progress. An additional Local

Governing Entity (LGE) has begun the didactic training phase. A third LGE is arranging resources so that the didactic training phase can begin.

As noted in the last report, the initiative between OCDD and the DD Council to develop training and consultation to build provider capacity to support persons with complex needs was concluded at the end of 2018. Significant positive outcomes were achieved across all providers. Common improvements occurred in the following areas across providers when identified as an area of focus (some differences are expected given differences in individuals supported by each provider):

- Decreased Emergency Room (ER) visits/hospitalizations
- Decreased Critical Incidents
- Decreased falls
- Increased independence
- Increased community involvement
- Increased movement toward competitive employment
- Improved relationships

The project has informed the development of the newly proposed waiver complex care service. Additionally, the project has assisted in identifying areas within the system(s) accessed by individuals with IDD that may need further attention and improvement. A full final project report was submitted to the DD Council.