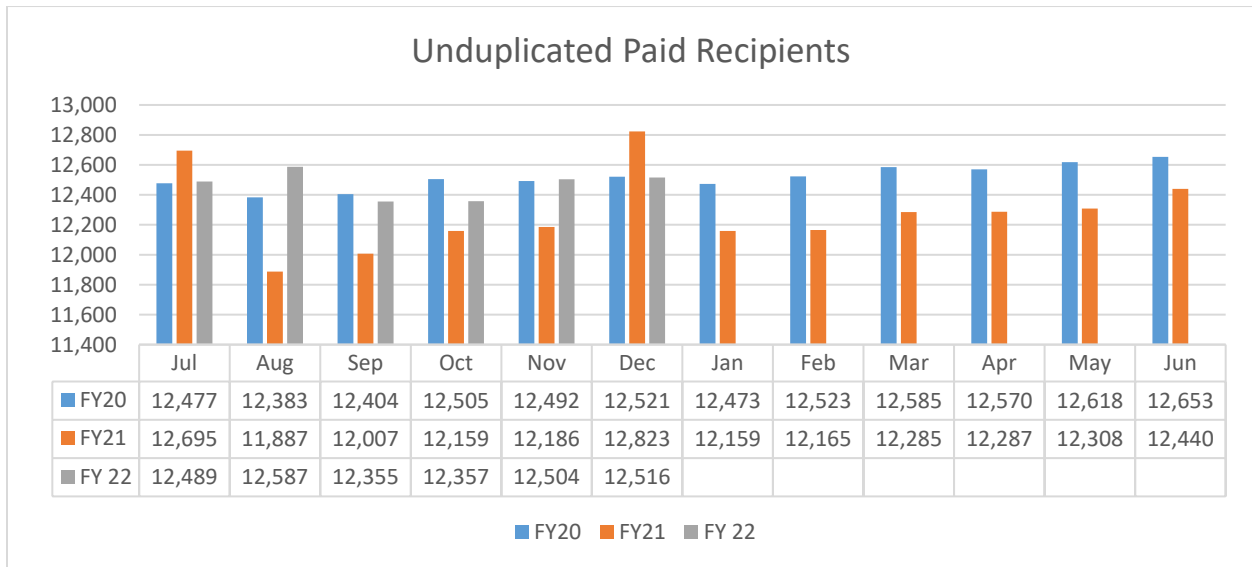


**DEVELOPMENTAL DISABILITIES COUNCIL QUARTERLY
 REPORT FOR THE 4TH QUARTER OF 2021**

January 11, 2022

SERVICES DATA

Waiver Participant Data



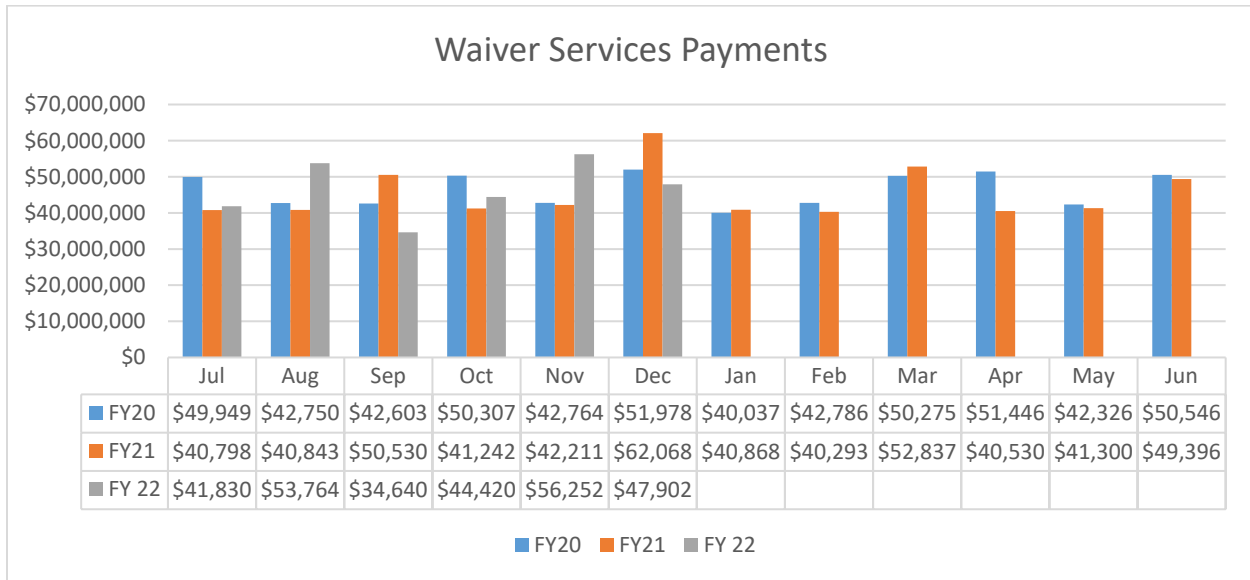
*Unduplicated Paid Recipients – monthly total of people who received a paid waiver service (by date of payment).

Annual number of waiver individuals receiving paid services

SFY20 – 13,268

SFY21 – 13,154

SFY22 – 12,972



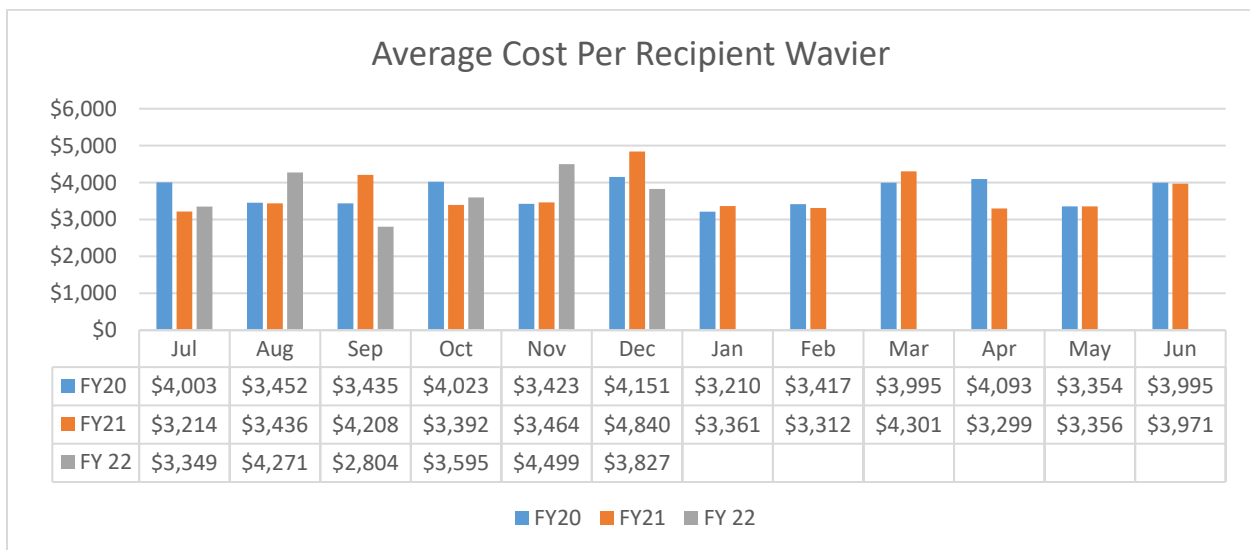
***Waiver Services Payments – the amount paid for all waiver services for each month (by date of payment).**

Annual Totals for Waiver Services Payments

SFY20 - \$557,773,523

SFY21 - \$542,922,366

SFY22 - \$278,810,707



Annual Average Cost of Waiver per Recipient

SFY20 - \$44,552

SFY21 - \$44,154

SFY22 - \$44,691

OCDD Participant Data

Screening for Urgency of Need (SUN)

The Office for Citizens with Developmental Disabilities (OCDD) uses the Screening for Urgency of Need (SUN) to identify if an individual with a Statement of Approval has unmet needs for support that can be met through Home and Community Based Waiver services and to connect individuals and families with services for which they may qualify. If an individual has urgent or emergent unmet needs, then they receive an offer for a Home and Community Based Waiver. An initial SUN screening is completed with all individuals who are eligible for OCDD services and who request waiver services unless the individual/guardian does not respond or declines to participate. In addition, follow-up SUN screenings / re-screenings are completed for two reasons:

- Systematic follow-up for individuals with previous SUN scores of 0, 1, or 2; and
- The individual has requested a re-screen due to a change in status.

In the past, OCDD asked for a certain number of “waiver slots” per year. Now that we have shifted to the tiered (most appropriate) waiver process OCDD now offers waiver services based on the identified budget. At this time, OCDD continues to be able to offer waiver slots to all individuals who are identified as having urgent or emergent unmet waiver needs. OCDD closely monitors the budgeted dollar amount and expenses to ensure that we are able to continue to offer waiver slots to these identified individuals.

Current Quarter Data, October 1, 2021, to December 31, 2021

Total screenings completed

607

Number of screenings by SUN score	Total
Score of 4, unmet needs at the Emergent level	57
Score of 3, unmet needs at the Urgent level	149
Score of 2, unmet needs at the Critical level	182
Score of 1, unmet needs at the Planning level	51
Score of 0, no identified unmet needs	168
Total	607

The table below indicates the totals for initial screenings and re-screenings.

Reason for Screening	Total
Initials	371
Re-Screens	236
Total	607

EarlySteps Data

- December 1, 2021 Child Count: 5,039

OCDD QUARTERLY ACTIVITIES

Waiver-Related Activities

Employment

- *Supports*
 - OCDD has submitted a Supports Waiver (SW) amendment in response to the Public Health Emergency (PHE) (please see below for a full description of Post-PHE waiver changes). Once approved by Centers for Medicare and Medicaid Services (CMS) the following additions will be included in the SW:
 - Allow virtual delivery of day habilitation, prevocational and supported employment follow along services;
 - Support Coordinators (SCs) will be allowed to make 2 virtual visits a year; and
 - Dental services will be included in the waiver.
 - The waiver application was posted for public comment on 11/24/2021 and ended on 12/24/2021. The waiver application was submitted to CMS on 12/29/2021.
 - The Supports Waiver rule changes are in process at this time. The rule has not yet been posted for public comment. The details of these waiver changes will be outlined in the policy and procedures manual for providers, and OCDD will provide training for providers and SCs.
- *Home and Community Based Settings rule*
 - Louisiana is working with CMS to receive final approval of the Statewide Transition Plan. OCDD must complete onsite visits with the provider owned/controlled residences; due to COVID-19, we have been unable to make the necessary site visits. Once we are able to make visits to all of these residences, we will add updates on the visits into the addendum and the state will be able to resubmit for final approval.
 - OCDD is currently working to finalize the process of ensuring ongoing compliance of providers once they are in compliance. We are also working on an annual individual survey to ensure that individuals are receiving the services that they want.
 - OCDD will continue to work with providers in providing ongoing technical assistance and will be providing additional trainings around the settings rule.

Waiver Updates

- *Summary of any activities within Children's Choice (CC), Residential Options Waiver (ROW), or New Opportunities Waiver (NOW).*
 - NOW: During the 3rd Quarter OCDD submitted the NOW renewal (5 year renewal) to CMS. CMS asked questions about the renewal to be sure they understood our services. The five-year approval period for the NOW was scheduled to end in January, 2022; however, CMS extended the approval for the NOW until March 31, 2022 to allow them time to review our responses. While CMS is reviewing the waiver renewal, we cannot add anything new to the waiver. However, once CMS approves the renewal,

we will submit amendments for the following (please see below for a full description of post-PHE waiver changes):

- Adult dental services to be added to the NOW list of services,
- Post-PHE waiver changes (see below for a full description of the post-PHE waiver changes)
- ROW and CC: During the 4th Quarter, OCDD submitted waiver amendments for the ROW and CC waivers. Once approved by CMS, dental services will be added for adults in the ROW and post-PHE waiver changes will be added to both waivers (see below for a full description of the post-PHE waiver changes)
- *Post-Public Health Emergency (PHE) Changes*
 - OCDD held three sets of focus groups and a general stakeholder forum to solicit feedback and recommendations related to the waiver services flexibilities implemented in response to the COVID-19 Public Health Emergency (PHE). These flexibilities allow for changes to our normal waiver processes during a period that a public health emergency is in place. Those changes that are in our waiver application are known as Appendix K changes, and they have been approved to remain in place until 6 months after the end of the declaration of the PHE. Those changes that are in our state plan are known as 1135 changes, and they will end at the end of the quarter in which the public health emergency ends. Stakeholders asked that OCDD continue to allow for certain flexibilities beyond the end of the declaration of the PHE, including the following:
 - The use of legally responsible relatives and family members living in the same home as the participant to be paid caregivers,
 - The suspension of the 16-hour rule (prohibiting caregivers from working more than 16 hours in a 24 hour time period), and
 - The use of virtual visits for some services.
 - After consideration and collaboration with stakeholders on how we can best move forward in a manner that complies with federal and state regulations, the following decisions were made regarding the three flexibilities mentioned above. The information below was included in waiver amendments submitted to CMS for approval. If timely approved, we anticipate these flexibilities becoming permanent July 1, 2022; however, the flexibilities will remain in place as long as the PHE is in place.
 - **The use of legally responsible relatives and family members living in the same home as the participant to be paid caregivers**
 - ❖ Family members not living in the home will have no restrictions.
 - ❖ Family members living in the home will be able to provide paid services up to a maximum of 40 hours per week (for each family member)
 - ❖ The number of hours provided will continue to be based on person-centered planning and resource allocation.
 - ❖ Paid family members must meet the same qualifications as other direct support workers, including training and background checks.
 - ❖ Paid family members must follow the same documentation requirements and work expectations as other direct support workers (critical incident reporting, use of EVV, progress notes)



- ❖ Paid family members will be subject to the same monitoring by provider agency or employer as other direct support workers
- ❖ Documentation must be included in the plan of care that family as paid caregiver has been discussed and in best interest of the individual
- ❖ Legally Responsible Individuals will be able to provide services with the same limitations and requirements as family living in the home, however, additional discussion and documentation in the plan of care will be required to establish the need for extraordinary care
- ❖ Self-Direction: For individuals using the self-direction model, the person who is named as the “employer” or “authorized representative” with the Fiscal Agent is not able to also be the “employee” due to a conflict of interest.
- **The suspension of the 16-hour rule (prohibiting caregivers from working more than 16 hours in a 24 hour time period), and**
 - ❖ Remove language from the New Opportunities Waiver Rule regarding the prohibition of a staff working over 16 hours.
 - ❖ Update the NOW Waiver Manual to include the following: No direct support worker should be pre-scheduled more than 16 hours in one day. Staff should only work over 16 hours in a 24-hour period for unplanned situations when a paid staff or natural support is not available and the person cannot be left unsupported. No prior approval is required when a staff works over 16 hours in a 24-hour period, however, a review will be required after these instances occur to identify and address potential barriers and review any health and safety concerns.
 - ❖ Each instance this occurs will be reviewed by the provider/employer. If 5 times in one quarter, SC facilitates team discussion/develops plan of action. If 5 times in next consecutive quarter, review by the LGE, who will recommend additional actions, if indicated. If 5 times in the following consecutive quarter, review by OCDD Central Office, who will recommend additional actions, if indicated.
 - ❖ No blocked payments will be made as a result of working more than 16 hours in one day
- **The use of virtual visits for some services.**
 - ❖ Requirement for face-to-face initial certification visits from the LGE will return at the end of the PHE.
 - ❖ Requirement for a minimum of monthly face-to-face contact for persons receiving SIL services will return at the end of the PHE.
 - ❖ NOW manual will be updated to include an exception process, which must include justification for why exception is needed and demonstration how the required service will be provided virtually.
 - ❖ There is no current prohibition of the initial certification visits or monthly SIL visits being conducted face-to-face at this time; the option for virtual remains available during the PHE and should be considered based on parish positivity and current mandates.
 - ❖ All initial planning meetings and annual meetings will be conducted in-person as prior to the PHE. A minimum of one quarterly meeting will be

conducted in-person to assure that at least two in-person visits occur annually.

- ❖ Additional meetings held by the SC that were previously required to occur in-person may be conducted virtually if specific conditions are met and the use of virtual visits is documented in the CPOC. These requirements are:
 - The individual/family is in agreement that a virtual visit is in the best interest of the individual, and
 - The SC is in agreement that a virtual visit is in the best interest of the individual, and
 - The applicable provider agencies are in agreement that a virtual visit is in the best interest of the individual, and
 - The legally responsible individuals or family member(s) living in the home is not a paid caregiver, and
 - There are no instances of the following in the past two years of:
 - Discovery by SC or reported by provider of an accident, incident, injury that meets Critical Incident Review Criteria
 - Lack of desired personal outcomes: such as education, employment, and community engagement
 - Unsafe living conditions, lack of sanitation, lack of food and supplies
 - Change in involvement of natural supports
 - Medication issues
 - Changes in behavior, medical status or appearance (weight gain/loss), and
 - Technology is available to complete the visit with direct observation of the recipient and the home, and
 - There is evidence that the requirements for the quarterly visit can be completed virtually.
 - OCDD (and LGE) are able to require in-person visits if it is determined virtual visits are not in the best interest of the individual.
- **Waiver Exceptions That Will Continue Post-PHE**
 - Allow electronic verification for meetings/documentation
 - Allow sharing across any two waivers, billed at shared rate in each waiver
 - Continue to offer Monitored In-Home Caregiving as a service in the ROW and NOW
 - Virtual day habilitation as a service
 - Small group activities as a service
- **Waiver Exceptions that will be Discontinued Post-PHE**
 - Addition of 20 hours weekly to the capped Children’s Choice Waiver
 - Conversion of day habilitation and vocational hours to in-home care
 - Suspension of background checks for immediate family members
 - Minimum age of direct support worker to 16 years of age
 - Statement of Approval to suffice for Level of Care
 - 90-L to remain in effect until resolution of pandemic
 - Relaxation of training requirements for DSWs

- Hazard payments for working with COVID positive individuals
- Retainer payments to ADC facilities due to mandated closure
- *American Rescue Plan Act of 2021 (ARPA)*
 - The American Rescue Plan Act (ARPA) allows for a 10% enhanced match rate on Home and Community Based Services (HCBS)—the enhanced rate is for applicable HCBS services provided from 4/1/2021-3/30/2022; the state then has until 3/30/2024 to spend those additional funds on activities that enhance and supplement home and community based services (and does not supplant services)
 - The state submitted an initial spending plan in July, and must submit quarterly updates to CMS, at which time we must report on expenditures made and we can submit modifications to our activities.
 - In October, OCDD and the Office of Aging and Adult Services (OAAS) met with key stakeholders to describe our draft plan and solicit feedback on our current proposed activities. OCDD submitted that feedback to LDH Senior Management for consideration prior to submitting the quarterly update to CMS.
 - At this time, LDH is still awaiting approval of the spending plan. The only activity that has received approval for spending is implementation of TEFRA.
 - The following activities were submitted and are under consideration by CMS:
 - START (systemic, therapeutic, assessment, resources, and treatment) model assessment and pilot.
 - Infrastructure Standup for Technology First Initiative (remote supports).
 - Implementation of Value Based Payment (VBP) Model
 - Community Practitioners Training
 - One time rate increase for Support Coordination
 - Direct support workforce and support coordination recruitment and retention
 - LDH is committed to continuing to work with stakeholders to communicate status of activities and solicit ongoing feedback about recommended priorities.

MyPlace/Money Follows the Person

- 2021 marked a year of growth in the OCDD Money Follows the Person (MFP) program. CMS approved the program to continue receiving funding through at least 2024. CMS has additionally offered a substantial amount of money for Capacity Building. OCDD MFP has started planning to implement several initiatives that will assist individuals with Intellectual or Developmental Disabilities (I/DD) transition from institutional settings into the community. CMS has made a nationwide policy change, which allows individuals who have been in an institution for 60 days to gain access to the MFP program. As of January of 2022, the MFP demonstration is fully staffed and eager to assist transitioning participants with Intellectual or Developmental Disabilities back into a community setting.
- MFP is also participating in a Capacity Building Grant from CMS. This grant aims at improving the current infrastructure. MFP Programs intend to enhance existing technology capabilities, train direct care workers, and assist with compliance to the HCBS Home Settings Rule.

Early Steps

- Ongoing Response to COVID-19:
 - EarlySteps regularly updates its procedures as changes in COVID-19 occurred since March 2020. Each week, staff review the percentage of positive cases in each parish. In parishes with $\geq 10\%$ positivity rate the number of home visits by any provider is limited to 4 per day, other visits that day are virtual. EarlySteps will continue to work with the Office of Public Health and update procedures as necessary. The priority for making face-to-face visits remains: if a family meets the telephone screening requirements for a home visit and they express a preference for a home visit.
 - During the months since the pandemic, there has been a decrease in the number of referrals to EarlySteps and count of eligible children. To improve these, EarlySteps is working with the Office of Public Health (OPH) on an LDH Business Plan Initiative. The focus is to increase the number of screenings of child development in a physician well-child visit. With increased screening, we anticipate increased referrals. EarlySteps is reviewing referral data by referral source and will address its outreach activities to physician’s office based on the data. Referral rates and the child count have gradually increased since July 2021.
- Annual Performance Report (APR)
 - Staff finished performance monitoring for the APR and are finalizing results. The results will be presented to the State Interagency Coordinating Council at its January 13, 2022 meeting at 1:30 prior to submitting the report to the Office of Special Education Programs on February 1, 2022. The report will be posted to the EarlySteps website at <http://www.earlysteps.ldh.louisiana.gov>.

Public Intermediate Care Facilities for Individuals with I/DD (ICF/IIDs)

Pinecrest Supports and Services Center

Current Census	2021 Admissions	2021 Discharges
418	30	39

Access to Behavioral and Medical Intervention in the Community

OCDD Resource Center Activities

The mission of the OCDD Resource Center is to collaborate with private providers/clinicians to assist with identification of support needs, as well as develop activities/interventions/products that improve their abilities to achieve positive outcomes for persons who experience Intellectual or Developmental Disabilities (IDD). The Resource Center services are designed to assist individuals who experience IDD to have greater access to needed medical and behavioral health services so that they are able to remain living, working and involved in their community.

- The OCDD Resource Center clinicians provide consultations to private providers and clinicians to enhance their ability to support and/or provide treatment to individuals who experience IDD. When necessary, the Resource Center clinicians may provide direct

services to individuals as a service of last resort. Through the first quarter of FY 21-22 (**July 1, 2021 – Sept 30, 2021**), OCDD Resource Center Clinicians provided consultation and/or direct services that affected **1018** individuals who experience IDD. Over **98%** of all individuals receiving consultative or direct services from the Resource Center were able to remain living, working and involved in their community, and over **98%** report satisfaction with services provided. These consultations and services were across nursing, therapy, and behavioral health clinicians.

- The OCDD Resource Center Nursing staff provide needed outreach and education to all HCBS provider nurse consultants. In the first quarter of FY 21-22 (**July 1, 2021 – Sept 30, 2021**), the nurses conducted **1,131** outreach and education contacts/activities.
- The OCDD Resource Center dental coordinator and RN Manager, along with OCDD’s Clinical Director also participate in the State Dental Taskforce and are working collaboratively with the taskforce to address the educational components of the efforts to expand access to needed dental services for individuals who experience IDD.

OCDD Clinical Training and Education Activities

OCDD’s Clinical Services division including the Resource Center clinicians provide training and other educational resources to individuals who experience IDD and their families, clinicians across disciplines and IDD providers. The following activities occurred in the first quarter of FY 21-22 (**July 1, 2021 – Sept 30, 2021**):

- 87 training events with clinicians
- University level training for undergraduate and graduate level students at 4 Louisiana University programs
- OCDD’s nursing staff continue to collaborate with LSU Medical School for Operation House Call, which is focused on training medical residents to better support individuals who experience IDD.
- OCDD’s Clinical division developed 7 core white papers on adaptations to mental health treatment approaches for individuals who experience IDD. These white papers have been provided to all 5 Managed Care Organizations (MCOs) in Louisiana and have been shared with colleagues in other states per requests. OCDD’s Clinical division along with other OCDD leadership staff began quarterly meetings with the MCO behavioral health medical directors to enhance collaboration, education and training.

Urgent Triage and Diversion Activities

OCDD continues to receive and triage urgent referrals affecting an individual’s ability to remain living in their home/community. Trends associated with placement requests to OCDD Central Office for the **2021** calendar year (covering the period of **July 1, 2021 – Sept 30, 2021**).

- Between **July 1, 2021 – Sept 30, 2021** there were **18** urgent referrals, and **2 (11%)** of these individuals required admission to Pinecrest Supports and Services Center (PSSC).
- **4** out of **18** cases (**22%**) received a consultation from the Resource Center, with the ability to divert **100%** of these individuals from long-term institutionalization. While the Resource Center is available to the Local Governing Entities to offer clinical guidance to assure that

no diversion efforts are missed, there are several factors which can impact the ability to engage in an urgent consultation:

- Time frame once person is referred for consultation: if the referral is not received until a person's ability to remain in the current living option is exhausted, and there are no viable community living alternatives, the ability to divert with clinical consultation would be unlikely;
 - Time frame and status for persons referred from psychiatric hospital settings does not routinely allow for diversion consultation (i.e., clinical activity related to this more often involves a commitment evaluation);
 - The individual/family declines to receive consultation, and/or;
 - Lack of an existing clinical provider to receive consultation.
- Given these factors, it is important to focus on the diversion percentage instead of the number of persons receiving a crisis consultation, as this is a more accurate indicator of persons for whom there was some ability to receive and potentially benefit from diversion efforts.
 - Since 2011, there have been more persons referred from more intensive and institutional-type settings as opposed to the community. This trend continued for the current reporting period, with **68%** of referrals coming from institutional/acute care settings. Further breakdown within these settings revealed that **34%** of these referrals were from psychiatric hospital settings, **14%** were for persons who were incarcerated, **15%** were supported in ICF/DD settings, **3%** were in an acute care setting, **2%** of persons were in a psychiatric residential treatment facility, and **0%** were in a nursing facility at the point of referral.

The Resource Center also continues to work to ensure that individuals with a history and/or current challenges related to non-consensual sexual behavior (NSB) continue to have access to needed supports. The Local Oversight Team (LOT) is following 213 individuals. This quarter there were no reported subsequent incidents of NSB.