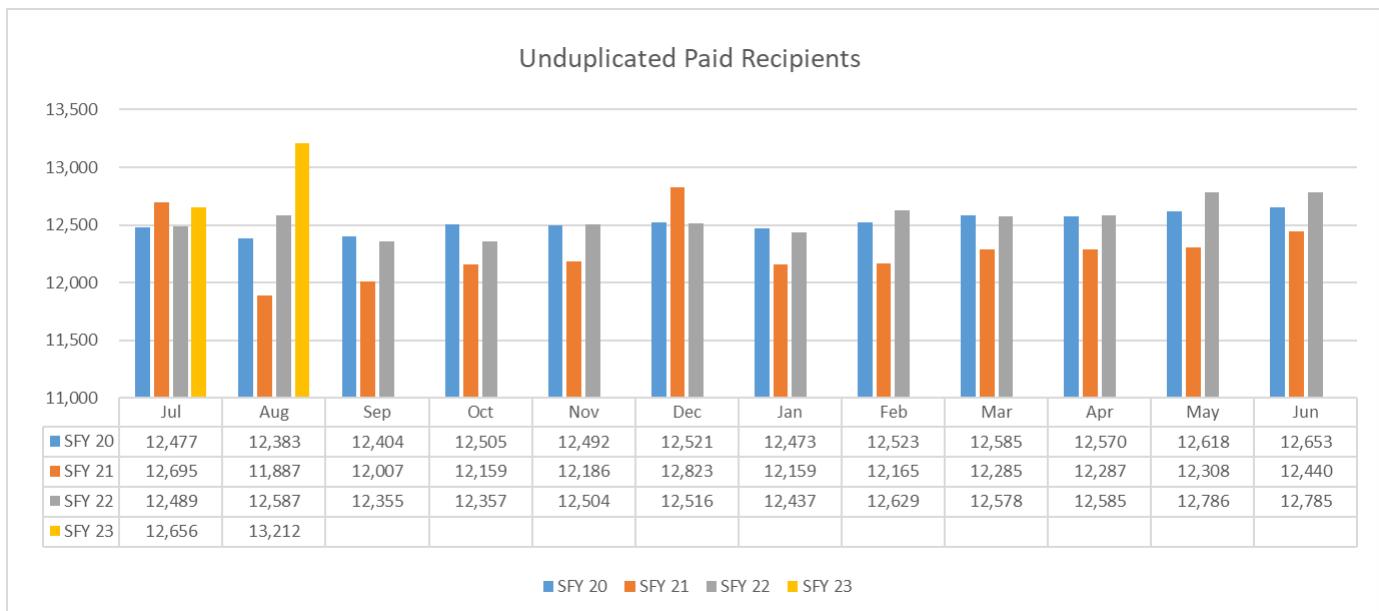


**DEVELOPMENTAL DISABILITIES COUNCIL QUARTERLY  
 REPORT FOR THE 3<sup>rd</sup> QUARTER OF 2022**

**October 6, 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**

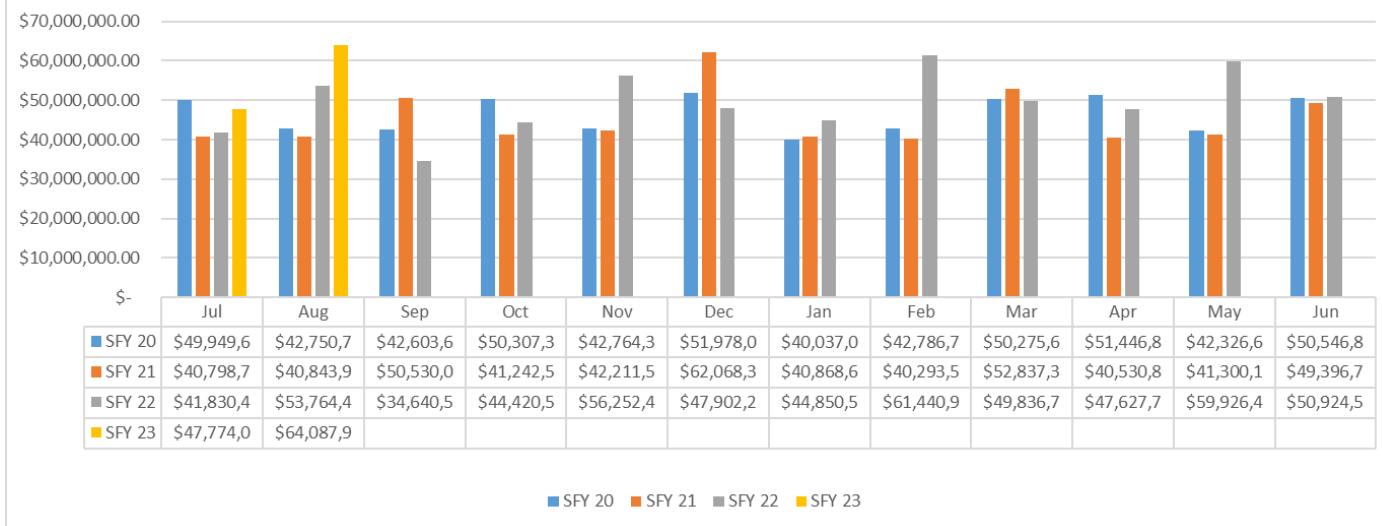
**SFY20 – 13,268**

**SFY21 – 13,154**

**SFY22 – 13,323**

**SFY23 – 13,344**

### Waiver Service Payments



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

### Annual Totals for Waiver Services Payments

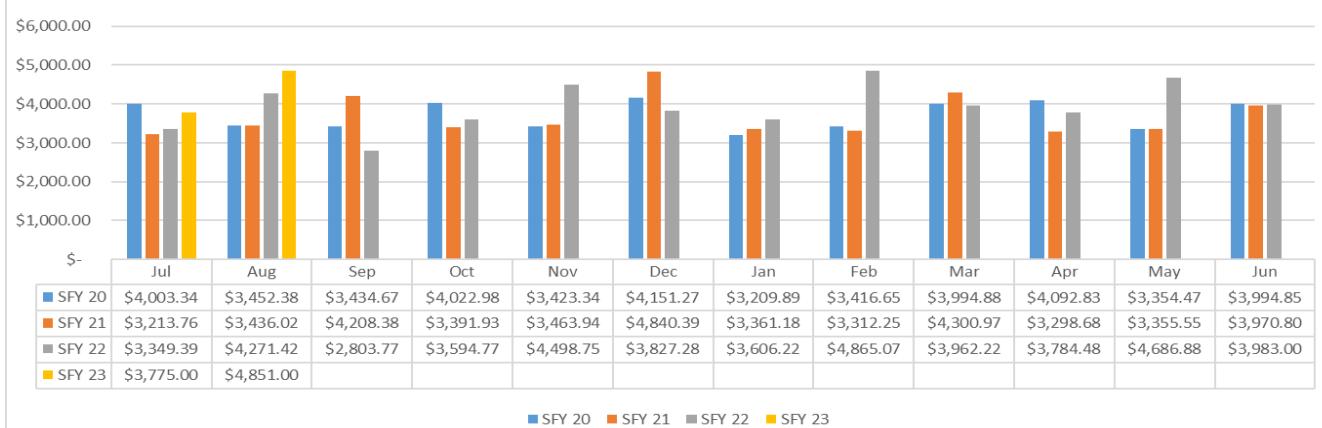
**SFY20 - \$557,773,523**

**SFY21 - \$542,922,366**

**SFY22 - \$542,493,226**

**SFY23 - \$111,861,967**

### Average Cost Per Waiver Recipient



### Annual Average Cost of Waiver per Recipient

**SFY20 - \$44,552**

**SFY21 - \$44,154**

**SFY22 - \$47,182**

**SFY23 - \$44,245**

## 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, July 1, 2022, to September 30, 2022

Total screenings completed	1120
----------------------------	------

Number of screenings by SUN score	Total
Score of 4, unmet needs at the Emergent level	136
Score of 3, unmet needs at the Urgent level	423
Score of 2, unmet needs at the Critical level	177
Score of 1, unmet needs at the Planning level	78
Score of 0, no identified unmet needs	306
Total	1120

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

Reason for Screening	Total
Initials	551
Re-Screens	569
Total	1120

### EarlySteps Data

- September 1, 2021 Child Count: 5631

## OCDD QUARTERLY ACTIVITIES

### Waiver-Related Activities

#### Employment

- *Supports Waiver*
  - We are in the process of amending the Supports Waiver; we anticipate we will submit the application to the Center for Medicare and Medicaid Services (CMS) by January 2023.
  - The following will be included in the SW:
    - Transportation as a separate billable service for onsite day habilitation, community life engagement, onsite prevocational, community career planning and individual and group supported employment services
    - Addition of Community Life Engagement Development
    - Amending service definition for individual supported employment and including 5 separate services
    - Removing the 5 hour cap for onsite day habilitation, community life engagement, community career planning, onsite prevocational services and individual supported employment services
    - Changing the billing requirements for Group Employment from a daily rate to 15 minute increments
  - The Supports Waiver rule changes will begin in January 2023.
  - We will outline the details of these waiver changes in the policy and procedures manual for providers, and a training will occur to providers and support coordinators (SCs).
- *Home and Community Based Settings rule*
  - We have received final approval from CMS on the Louisiana Statewide Transition Plan.
  - Final validation visits for the day and employment providers are in process at this time.
  - We will complete all validation visits by 10/31/2022, and we will determine if any additional steps are needed upon completion of this validation.
  - OCDD continues to provide ongoing technical guidance and assistance and offer trainings in regards to the Home and Community Based Services (HCBS) Settings Rule.
  - The final date of compliance for all states with CMS is 3/17/2023.
- *Employment Update*
  - OCDD continues to participate with the State Employment Leadership Network (SELN) in monthly group webinars and monthly one on one technical assistance (TA) regarding employment and community engagement.

- SELN Employment Training, Supporting a Vision for Employment sessions were offered to Support Coordination Agencies. The training emphasized the critical role SCs play in ensuring opportunities to experience competitive integrated employment is possible for this individuals we support. Employment for individuals with disabilities will continue to be a top priority for our agency.

## **Waiver Updates**

- *Summary of any activities within Children's Choice (CC), Residential Options Waiver (ROW), or New Opportunities Waiver (NOW).*
  - The ROW is due for a 5-year renewal. OCDD is currently working on rewriting the waiver application, once we are finished we will submit the application to CMS.
  - OCDD has added the ROW Mobility process to the Tiered Waiver. This allows ROW participants to exceed their individual budget to prevent institutionalization on a case-by-case basis.
  - The waivers are currently updating their applications to reflect changes to the waiver in response to the Public Health Emergency (PHE). When CMS approves the changes, OCDD will make the required changes to our rules and manuals.
- *American Rescue Plan Act of 2021 (ARPA)* The following activities have been approved by CMS, and we must spend the funds on these activities by March of 2025:
  - START (Systemic therapeutic assessment resources and treatment) model assessment and pilot. This activity will allow Louisiana to bring in a team of experts to do an assessment to identify gaps in services for people with co-occurring behavioral health needs and intellectual / developmental disabilities. Once this assessment is completed, we will do set up a pilot program based on the feedback we receive to support individuals in crisis.
  - Infrastructure Standup for Technology First Initiative. The funding in this activity will help us purchase the equipment that is needed to begin using technology supports in our waiver. We will be meeting with stakeholders to help inform what these supports look like before we spend any of the money in this activity.
  - Implementation of Value Based Payment (VBP) Model. VBP is a way that states can pay providers who are able to provide quality supports to people. We will be developing a set of measures or indicators, and providers who meet specific targets will be eligible to receive a payment that is a reward for the quality services they provide. We will be meeting with stakeholders to get feedback on what measures we should consider for this model and payment to providers.
  - Community Practitioners Training. We will use this funding to support training opportunities for dental practitioners to better know how to support people with I/DD in their dental practices.
  - Temporary rate increase for Support Coordination. While funding is available, we will use this to give a 30% rate increase to our current support coordination rate.

- Direct support workforce and support coordination recruitment and retention bonus. This funding will be used to give bonus payments to direct support workers.

### MyPlace/Money Follows the Person

- OCDD Money Follows the Person (MFP) program has continued to grow through 2022. 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 to assist individuals with Intellectual or Developmental Disabilities (I/DD) in transition from institutional settings into the community. CMS has made a nationwide policy change, allowing individuals who have been in an institution for 60 days to access the MFP program.
- As of June of 2022, the MFP demonstration is fully staffed, and we are eager to assist in transitioning participants with Intellectual or Developmental Disabilities back into a community setting.
- MFP assists participants who move from qualified institutions into a family home or community-based living setting, such as a house or an apartment.
- MFP participants range from children born with complex needs to teens and adults diagnosed with intellectual or developmental disabilities.
- By 2023, MFP will provide training on My Place on enrolling in our demonstration, an overview of potential participants, and the benefits of My Place participation.

### Early Steps

- *Ongoing Response to COVID-19*
  - EarlySteps regularly updates its procedures as changes in COVID-19 have occurred since March 2020. Staff are still checking and sending out reminders about limiting home visits in parishes with >10% positivity rates. Because most children under the age of five are not vaccinated, masking and social distancing are still required.
  - Due to the low vaccination rates in the under-five category, EarlySteps worked with the Office of Public Health (OPH) to send out flyers in the September Explanation of Benefits statements mailed to families. The flyer highlights the OPH program to give vaccinations through a home visit for children and others who need a home visit for any reason.
  - For EarlySteps services, the priority for making face-to-face visits continues when a family meets the telephone screening requirements for a home visit and they express a preference for a home visit, the provider should provide services face-to-face.
- *EarlySteps Budget*
  - Rate Increase—The 30% rate increase for EarlySteps services and raising the reimbursement for support coordination to a \$169 per month is fully in effect

for Medicaid-paid services as of September for services provided as of July 1, 2022. The increases for non-Medicaid-paid services or for those children who are not Medicaid eligible will be fully installed by the end of October, including a claims recycle retroactive to July 1. The process for flat-rate billing for support coordination will take more time to install.

- EarlySteps remains focused on the Louisiana Department of Health (LDH) Business Plan initiative, in collaboration with the Office of Public Health, to increase referrals to the program following the decreases that occurred during COVID. So far, these activities resulted in a 7% increase in referrals in 2021-2022 compared to the 2019-2020 fiscal year. The point-in-time child count of 5,631 children is the same as the 2019 months preceding COVID-19.
- The State Interagency Coordinating Council (SICC), the advisory council to EarlySteps, will meet on October 13, 2022 at 1:00. The meeting will most likely be face-to-face at the Claiborne Building with an option to participate by Zoom. You can get more information on the meeting details from Alishia Vallien, the SICC chair, at [alishia.vallien@la.gov](mailto:alishia.vallien@la.gov).

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

### **Pinecrest Supports and Services Center**

Current Census	2022 Admissions	2022 Discharges
421	10	4

## **Access to Behavioral and Medical Intervention in the Community**

### **Community Capacity Building to Serve Individuals with Complex Medical and Behavioral Health Needs**

#### **OCDD Resource Center Activities**

The OCDD Resource Center's mission is to collaborate with private providers/clinicians to assist them with identifying support needs, as well as to develop activities/interventions/products that improve their abilities to achieve positive outcomes for persons who experience 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 fourth quarter of FY 21-22 (**April 1, 2022 – June 30, 2022**), OCDD Resource Center Clinicians provided consultation and/or direct services that impacted **1697** individuals who experience IDD. Over **95%** 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 fourth quarter of FY 21-22 (**April 1, 2022 – June 30, 2022**), the nurses conducted **1,418** 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 fourth quarter of FY 21-22 (**April 1, 2022 – June 30, 2021**):

- 263 training events with clinicians.
- University level training for undergraduate and graduate level students at 4 Louisiana University programs.
- OCDD's nursing staff continue to partner with the Louisiana State University (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 is currently working with colleagues in Missouri and the National State Directors of Developmental Disability Services to build brief training modules and videos for use nationally in clinician training.
- OCDD's Clinical division along with other OCDD leadership staff began quarterly meetings with the managed care organizations (MCO) behavioral health medical directors to enhance collaboration, education and training.
- OCDD's Clinical division continued collaborative training and education events with developmental disability service agencies in Washington, DC. The primary goal is to share learning and educational resources across states to improve understanding of and access to appropriate mental health services and supports and improved wellness.
- OCDD's Clinical division continued providing formal CE offerings during the last quarter.
- OCDD worked collaboratively as part of a grant the Arc of Louisiana secured focusing on dual diagnosis. Initial project focused on developing a clinician Guide to Accessible Behavioral Health (BH) services for Individuals with IDD. This Guide has been completed and is being readied for dissemination. The collaborative project also includes membership from Office of Behavioral Health (OBH), community clinicians, and Coordinated System of Care (CSoC).

### **Urgent Triage and Diversion Activities**

OCDD continues to receive and triage urgent referrals impacting an individual's ability to remain living in their home/community. Trends associated with placement requests to OCDD Central Office for the **2022** calendar year (covering the period of **April 1, 2022 – June 30, 2022**).

- Between **April 1, 2022 – June 30, 2022** there were **50** urgent referrals, and **10 (20%)** of these individuals required admission to Pinecrest Supports and Services Center (PSSC).
- **24** out of 50 cases (**48%**) 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 Human Services Districts/Authorities 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:
  - timeframe 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);
  - timeframe 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 **64%** of referrals coming from institutional/acute care settings. Further breakdown within these settings revealed that **20%** of these referrals were from psychiatric hospital settings, **8%** were for persons who were incarcerated, **16%** were supported in ICF/DD settings, **20%** were in an acute care setting, **0%** 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 Teams (LOT) are following 224 individuals. This quarter there were no reported subsequent incidents of NSB.