

Office for Citizens with Developmental Disabilities (OCDD)
QUARTERLY DD COUNCIL REPORT
 (Submitted for 3rd Quarter 2016)
 September 28, 2016

SERVICES

Developmental Disability Waiver Activities

The following figures reflect **waiver activities thus far in state fiscal year 2016-2017 (July 1, 2016 – September 20, 2016)**:

| WAIVER | Offers** # | Linkages # | Certifications |
|--------------------------|------------|------------|----------------|
| NOW | 15 | 8 | 52 |
| Children's Choice/CC-425 | 0 | 0 | 5 |
| Supports | 7 | 3 | 6 |
| ROW | 0 | 0 | 0 |

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

The following figures reflect **total waiver numbers as of September 20, 2016**:

| WAIVER | Total # Slots Allocated | Total Participants linked, but not certified | Total # Certifications | Total # Vacant Slots |
|--------------------------|-------------------------|--|------------------------|----------------------|
| NOW | 9,032 | 74 | 8,682 | 276 |
| Children's Choice/CC-425 | 1,475 | 15 | 1,194 | 266 |
| Supports | 2,050 | 39 | 1,839 | 172 |
| ROW | 210 | 1 | 23 | 186 |

Request for Services Registry (RFSR) as of August 31, 2016

- New Opportunities Waiver (NOW): 14,459
- Supports Waiver: 1,660

Residential Options Waiver (ROW)

- ROW Pilot – OCDD plans to transition fifty individuals from Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD) who are on the Request for Services Registry for the Residential Options Waiver (ROW) utilizing Money Follows the Person (MFP) approach. The following are examples of action steps which are in various stages as the pilot moves forward:
 - Review/Waiver Application/Rule(s) to determine if changes are needed (100% completed) - No changes are needed.
 - Review/Update operational procedures as needed related to pilot.

- Identify all individuals currently living in ICFs/DD who are on the New Opportunities Waiver (NOW) RFSR by protected date.
- Develop/send communication for families/individuals and stakeholders explaining the pilot process and expected outcomes.
- Develop training for Support Coordination (SC) Agencies/ROW providers/Local Governing Entities (LGE) waiver staff related to the pilot and expected outcomes.
- ROW Provider enrollment has increased and the Freedom of Choice (FOC) listing is being updated to reflect the increased number of enrolled Community Living Supports (CLS) and Companion Care Service providers.
- ROW Amendment (ROW transition) Status Update - The ROW Waiver Amendment (LA.0472.R01.02) was posted for public comment through July 15, 2016: <http://new.dhh.louisiana.gov/index.cfm/page/2313>

Children's Choice (CC) Waiver

Public Notice was posted on August 3, 2016 requesting comments for thirty days regarding updating the Children's Choice Waiver application. Changes included in this amendment are: updating all references from Department of Health and Hospitals (DHH) to Louisiana Department of Health (LDH), adding the Statewide Transition Plan regarding the new HCBS settings rule, and updating the provider requirement for music therapy allowing Music Therapists to enroll as their own provider type rather than as a subspecialty under a Physical Therapist. This amendment will be submitted to Centers for Medicare & Medicaid Services (CMS) for approval.

Self-Direction Option

Transition activities have begun as the contract with Acumen as the fiscal intermediary agent for all Self-Direction participants will expire on September 30, 2016. The new fiscal agent, Palco, will begin its contract with Louisiana Department of Health on October 1, 2016. The transition activities include a welcome packet from Palco (which was mailed on August 26, 2016) to all Self-Direction participants in the state of Louisiana.

New Opportunities Waiver (NOW)

- Centers for Medicare & Medicaid Services (CMS) granted the NOW extension request through December 27, 2016. OCDD is planning to submit the NOW renewal to CMS on September 30, 2016.
- OCDD received a response to the CMS request for additional information regarding the NOW evidentiary report submitted last year. The response was accepted, and OCDD received a "the state demonstrates assurance" across all assurances. Comments were provided by CMS.
- On August 3, 2016, the NOW renewal application was posted for public comment. The public comment period was scheduled to close on September 2, 2016. However, OCDD received a request from the Advocacy Center to extend the comment period. An additional ten days were added to the comment period, which closed on September 12, 2016. Stakeholder feedback has been reviewed and responses are being prepared. Stakeholder feedback was received from the

Advocacy Center, Community Providers Association, the Louisiana Support Coordination Association, and two independent providers.

- A revision to the NOW manual has been posted on the Louisiana Medicaid website on August 26, 2016.

Supports Waiver

No updates this quarter.

Pinecrest Supports and Services Center (PSSC) - Transition Status

The following figures reflect transition activities from January 1, 2016 thru September 14, 2016:

- The census of Pinecrest Supports and Services Center to date is 432.
- In 2016, PSSC has admitted 35 individuals and discharged 22.
- Additionally, 46 participants are planning for a transition from the center.
- Five participants are projected to move to waiver supports or private intermediate care facility (ICF) supports within the next quarter.
- The overall satisfaction rate for individuals leaving PSSC assessed one-year post-discharge is 91 percent.
- OCDD and Pinecrest have initiated a transition workgroup to address identified barriers for people moving from PSSC to the community. This workgroup will inform changes to the Transition Manual and other policies / procedures where indicated.

EarlySteps

- As of September 1, 2016, the EarlySteps program is currently providing services to 4,779 children, an increase of 200 children from September 2015.
- Louisiana received its Annual Performance Report Determination in June. For the second year, EarlySteps achieved “needs assistance,” the second performance level (with “meets requirements” being the highest level). System improvement activities of our State System Improvement Plan will contribute to a higher determination by 2018. Specifically, this includes an improved measurement process for child outcome data collection.
- To meet the federal requirement to provide general supervision of the Individuals with Disabilities Education Act (IDEA) program to states, the US Department of Education, Office of Special Education Programs (OSEP) has developed a new “Results Driven Accountability” process. In the past, OSEP visited states for monitoring on a regular cycle using the same tool for every state. Under the new system, OSEP will use the state’s data and performance to make a “designation” following their review. The designation will determine how OSEP oversees each state, either at a “universal level” such as the typical types of technical assistance that any state could access, or with a more targeted approach such as an onsite visit. States will receive their designations sometime this fall. Brenda Sharp,

EarlySteps Program Manager, will present an overview of the process at the October 13, 2016 State Interagency Coordinating Council Meeting.

- To assist families who have been impacted by recent flooding, EarlySteps will allow for up to a 6-month suspension of family cost participation for families who have had a direct impact on a case-by-case basis. There are approximately 360 families with co-pay responsibility in the impacted regions.

INITIATIVES

Waiver Related Initiatives:

Employment First

OCDD is in the process of scheduling various provider trainings, which will focus on needed changes in provider programs to align with the CMS Settings Rule and the Workforce Innovation and Opportunities Act (WIOA). Training dates will be shared with everyone as they are scheduled.

Medication Administration

Regarding medication administration in the self-direction program, the pilot did not begin as scheduled on July 15, 2016. There is a new fiscal agent (Palco), and OCDD is working to establish current information and processes before implementation. New target date for self-direction program implementation is January 15, 2017.

Electronic Visit Verification (EVV)

Mandatory use of EVV for Supported Employment and Center-Based Respite Services became effective September 1, 2016. OCDD and Statistical Research, Inc. (SRI) continue to work with providers to address any identified issues or concerns.

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

To date, five states have received approval: Tennessee, Ohio, Kentucky, Delaware and Pennsylvania. Included in this narrative is information regarding activities that Louisiana has been working on for the last 3-6 months as well as some next steps.

Based on initial feedback from CMS, modifications were made to the format and information provided related to the systemic assessment. In addition to the individual feedback received, the State participated in a series of small state technical calls. During these calls CMS clarified expectations related to review, assessment, validation, remediation, and heightened scrutiny. As such, OCDD evaluated the initial proposals made regarding the assessment and validation processes. The Office then determined that the initial sample of provider visits to validate provider self-assessments for the vocational programs was not an adequate sample, so OCDD has opted to completed a second phase of validation. A site visit will be conducted on all facility-based day service programs. As indicated previously, OCDD is taking a multifaceted approach to the assessment process. In addition to the site visits, the

Office partnered with Support Coordination to complete individual experience survey's on a composite sample across all waivers. Again, it was found that the composite sample was not statistically significant for non-residential services, thus for Phase 2 of the validation process OCDD will have Support Coordination complete Individual Experience Surveys for all persons supported. It is planned that all assessment and validation activities will be completed by March 31, 2017.

The Statewide Transition Plan (STP) has been revised in an effort to address all comments and feedback received from CMS. OCDD has worked collaboratively across offices in an effort to assure that the revisions to the plan adequately cover all expectations that have been shared by CMS. The revised STP was posted on September 14, 2016 for public comment; the comment period will end on October 14, 2016. Due to the August flooding incident, the State requested an extension to submit the updated STP. Centers for Medicare & Medicaid granted approval of the extension, and OCDD is slated to submit the Plan by October 30, 2016.

As the timelines for assessment/validation have been adjusted, OCDD will also be extending the timeframe for service providers to submit their transition plans. The Office will be providing refresher training to service providers regarding expectations related to drafting their transition plans. This training is tentatively scheduled for October 2016. All providers that have either self-identified the need to complete a transition plan or providers identified as needing a transition plan through the site specific visit process during validation will be expected to submit their transition plans within thirty days following the refresher training. For agencies identified as moving forward, the LGE will assign a due date for the transition plan. It is OCDD's expectation that all validation activities will be completed by March 31, 2017, and all provider transition plans will be submitted and approved by the end of April 2017. Information from all assessment and validation activities will be compiled into a report for CMS. Information will be posted for public comment throughout the process prior to submitting to CMS.

Other Initiatives:

Money Follows the Person (MFP) Rebalancing Demonstration (My Place Louisiana) as of September 20, 2016

- MFP activities provided:
 - Pre- and post-transition assistance requests total 371 with 195 My Place participants receiving assistance (Note: Many participants have made multiple requests.)
 - Direct Service Worker (DSW) Specialization Training for 285 provider staff and family members
- Housing Relocation Assistance Program (HRAP) activities included:
 - 75 referrals for HRAP
 - 48 people receiving lists of appropriate housing options for their review
 - 27 families or individuals have moved into housing located by the contractors

- Total of 340 people have transitioned to the community with My Place supports:
 - New Opportunities Waiver (NOW): 288 individuals
 - Children’s Choice (CC) Waiver: 43 children
 - Residential Options Waiver (ROW): 9 children

Certified Medication Attendant (CMA) Program

- The CMA Rule was revised to make the changes outlined in the emergency rule permanent. A public hearing took place on July 27, 2016, and there were no comments. The primary changes to the rule include: an extension of the certification period from one year to two years (although annual competency checks must still be conducted); the creation of expiration dates that are two years from the last day of the month a CMA passes the state exam; and an update to the skills checklist. The revised rule was published in the September 20, 2016 edition of the *Louisiana Register*.
- The statewide CMA Committee is working to update the instructor training materials to ensure alignment with current best practices and new CMA rule.
- To date, there are 5,016 active CMAs in the CMA database. There are currently 502 CMAs whose certificates are expired. Providers are urged to check CMA expiration dates to ensure that they are in compliance with the rule. 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.
- OCDD conducted a CMA nurse instructor training in July 2016. The next training is scheduled for October 1, 2016 from 8:30am until 12:30pm in Bossier City at Evergreen Life Services, which is located at 4400 Viking Drive. Registrations are being accepted.
- CMA program staff continue to receive requests for certificate re-prints from CMAs whose employers are not giving them their certificates. Section 915 A of the CMA Course Guidelines states, "The central office coordinator will issue two certificates; one for the CMA, and one for the requesting provider agency." Therefore, providers are required to keep one original certificate on file, and must distribute the second certificate to the CMA. Agencies must adhere to these guidelines. Processing a third certificate for the CMA presents a strain on OCDD resources and increases our processing time for other requests. 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 thus far for the 2016 calendar year (covering the period of January 1, 2016 - September 19, 2016), 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 September 19, 2016.

- For the period noted above there were 80 crisis referrals, with 48% of these individuals requiring admission to Pinecrest Supports and Services Center (PSSC). (Note: Diversion efforts are still underway for 24% of persons referred, so these cases remain open at the current time and are not included in the admission analysis nor in the Resource center data analysis below.) Initial data for this year to date indicates an initial positive downward trend in referrals which it is believed may be attributable to the partnership between the Local Governing Entities (LGEs) and Resource Centers (RCs), and there is information to suggest that this partnership is working such that cases previously labeled as ‘placement issue’ are receiving diversion efforts from a Resource Center but the person’s ability to remain in his/her living situation is preserved based upon the LGE triggering RC involvement in advance of loss of placement.
- Fifty-five of the sixty-one cases (90%) referred for admission received a crisis consultation from the Resource Center, with the ability to divert 56% of these individuals from long-term institutionalization. True comparison of the diversion rate compared to prior years cannot be achieved until all cases are closed, given that some cases are still open with diversion efforts underway. There is a large number of referrals that include court orders for placement or a quick timeframe for hospital discharge for which an adequate placement alternative cannot be enacted in time to meet these deadlines. The Resource Center is engaged in these cases to assure no diversion actions are missed, as well as to inform the Pinecrest Supports and Services Center treatment team of any issues so that length of stay can be as brief as possible.
- The last two year’s trend relative to persons being referred from other more intensive and institutional-type settings has continued for the period noted above, with fifty-four of the eighty cases (68%) of referrals coming from institutional/acute care settings. Further breakdown within these settings reveals that 54% of these referrals were from psychiatric hospital settings, 20% were for persons who were incarcerated, 17% were supported in ICF/DD settings, 6% of persons were in a psychiatric residential treatment facility, and 3% were in an acute care setting at the point of referral.
- 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 197 persons are receiving follow-up by the local oversight team. Since the initiation of the NSB process, only 26 persons have had a subsequent incident of NSB, and all but three persons had waiver supports at the time of the incident (two individuals were residing in a community home and the other individual was living at home without waiver supports). For these persons, not all incidents involved direct contact. Three of the 26 incidents occurred during the reporting period (between June 17, 2016 - September 19, 2016). Two of the three incidents

involved direct contact (e.g., kiss & physical touch, respectively), and both individuals were able to maintain existing waiver services. It should be noted that on average, between 5% and 20% of known adult sex offenders will be re-arrested for a new sex crime within three to six years of follow up [Association for the Treatment of Sexual Abusers (ATSA), 2010]. Given that the NSB process encompasses a broader definition than just persons arrested for sex offenses (e.g., NSB includes sexual behavior that jeopardizes the safety of another, and/or places an individual at risk for contact with law enforcement, and/or includes persons whose needs require a level of oversight to reduce the risk to others), the 13% rate of a subsequent NSB event is still lower than the reported average re-arrest rate. Review of this quarter's NSB data revealed that involvement of the local oversight team has allowed for enhanced responsiveness in several situations as the individual's NSB-related support needs increased.

OCDD continues to collaborate with the Office of Behavioral Health and Medicaid relative to triaging and coordinating services for persons with complex support needs. 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. Trainings for the first pilot provider agency have almost completed. The recent flooding impacted the second pilot provider agency's ability to participate. Roll out with two new providers, one in central LA and one in the northern part of this state, has begun with the completion of the executive level staff training. Additional provider agencies state-wide submitted applications to the DD Council and were selected for inclusion in the initiative. Two additional providers, one in the Acadiana area and one in the South Central area, are slated to roll out in January 2017. As noted in the prior quarter's update, this initiative involves training, agency consultation and partnership, evaluation and monitoring of outcomes for the participating agencies and those supported by the agencies. The goal is to improve the skills and abilities of in-home support providers and their staff to support persons whose needs are complex while avoiding repeats and costly hospitalizations and institutionalization.

System Transformation

OCDD has continued working with stakeholders on the Request for Services Registry (RFSR) prioritization project, which will allow for screening of all registrants currently on the New Opportunities Waiver (NOW) RFSR, also known as the waiting list. The goal is to assess all applicable individuals by May 30, 2017. A letter will be sent to all registrants advising of the screening and the importance of participating in the face-to-face screening. This will take the place of the annual validation process.

OCDD continues to explore the concept of increased ICF/DD oversight for the purpose of improving quality, satisfaction, and overall health outcomes for persons served in these facilities. OCDD will utilize knowledge gained from oversight of monitoring of the Cooperative Endeavor Agreement (CEA) facilities to develop a reasonable approach to programmatic oversight, which incorporates fundamental principles but less intensive oversight based on available resources.