

# Office of Aging and Adult Services: A High-Level Waiver and Services Overview

**Gearry Williams**  
*OAAS Assistant Secretary*

# Agenda

- A Participant's Story
- Waiver Services
- State Plan Services
- Transition Support
- Adult Protective Services
- Requests on Behalf of Your Constituents

# Jake Jones – PACE Participant

If you want to see a picture of determination, look no further than Mr. Jones. He is a participant of PACE Greater New Orleans who truly benefits from the special care that PACE provides to its participants and families.



Mr. Jones had an unfortunate fall, resulting in a hip fracture. After surgery, he went to rehab, where he was reported as one of the most motivated patients they had worked with. Although his motivation was top tier, he struggled to physically regain his abilities to do daily tasks like walking, dressing, and helping to care for his wife, also a PACE participant).

She heavily depended on his assistance at home, and after a short stay in a nursing facility, Mr. Jones decided that he really wanted to get back to their life at home. With the help of his family, Mr. Jones returned home. He attended PACE five days a week, where he worked with our therapy team consistently. He soon regained his ability to stand, his balance improved, he practiced warming food to feed his wife and himself, and he reclaimed his abilities once again.

Without the resources of PACE, including the day center and the dedicated team of PACE therapists, he would have been unable to leave the nursing home. Today, he and his wife continue to attend the PACE center five days a week. Mr. Jones' determination and PACE's support truly turned he and his wife's lives around.

# Waiver Services

# Adult Day Healthcare Waiver (ADHC)

- ADHC provides services for medical, nursing, social, and personal care needs to adults who have physical, mental, or functional impairments
- The program offers structured activities and socialization opportunities in a center-based setting.
- Participants attend the center for a portion of the day; transportation is available.
- **Qualification requirements:**
  - Meet long-term care (LTC) Medicaid eligibility; **and**
  - Be 22 years old or older; **and**
  - Meet Nursing Facility Level of Care (NFLOC).
- Geographical restrictions are based on the availability of an ADHC center in the participant's area.
- There is no waiting list for services in areas with an available center.
- ADHC can be combined with the Long-Term Personal Care Services (LT-PCS) state plan services for additional coverage.

# Community Choices Waiver (CCW)

- CCW is the most comprehensive waiver program managed by OAAS.
- CCW offers a wide array of services, including, but not limited to:
  - Support coordination
  - Nursing and skilled therapy assessments and services
  - Home modifications and assistive technologies
  - Home-delivered meals
  - Caregiver respite
  - Personal assistance services
- **Qualification requirements:**
  - Meet long-term care (LTC) Medicaid eligibility, **and**
  - Be 21 years old or older, **and**
  - Meet Nursing Facility Level of Care.
- **Challenges:**
  - CCW currently has a registry for services. As of Sept. 1, 2025, 11,274 people are awaiting a CCW offer. Of those, 6,160 are not receiving any services.
  - While the Legislature has granted additional CCW slots over the past several years, the service infrastructure continues to struggle to keep up.

# Waiver Enrollment

## Adult Day Healthcare

- There are 22 ADHC centers located across the state, except in Regions 6 and 8.
- As of Oct. 1, 2025, there are 296 participants utilizing ADHC waivers.
- **Average monthly cost per participant: \$1,729**
- **FY 26 budget: \$8.5 million**

## Community Choices Waiver

- CCW participants reside in all regions.
- As of Oct. 1, 2025, there are 8,053 funded slots.
  - 6,832 participants are certified to a CCW slot.
  - 1,132 individuals are in the linkage process.
  - **Average monthly cost per participant: \$3,529**
  - **FY 26 budget: \$267.3 million**

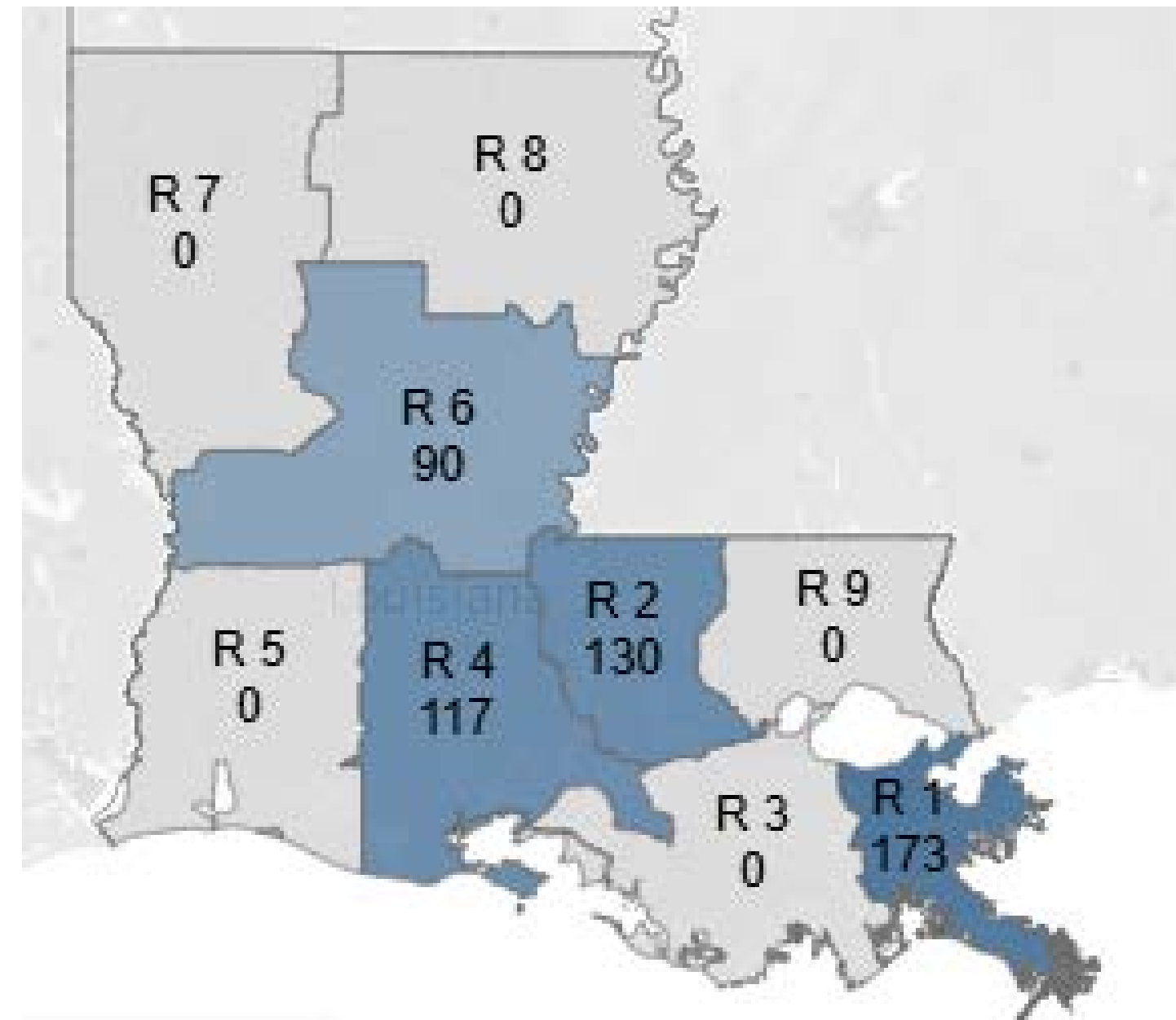
# State Plan Services

# Long-Term Personal Care Services (LT-PCS)

- The program provides help with activities of daily living and instrumental activities of daily living, such as:
  - Eating
  - Bathing/grooming
  - Dressing
  - Toileting
  - Light housekeeping
  - Meal preparation and storage
  - Accompaniment to medical appointments
- Participants are allotted up to 32 hours of services each week. Average use is 25 hours.
- Services **do not** include:
  - Nursing care/medication administration
  - Physical, occupational, or speech therapy
  - Housekeeping or meal preparation for anyone other than the participant
  - Companionship/sitter services
- **Qualification requirements:**
  - Receive Medicaid benefits; **and**
  - Are 21 years of age or older; **and**
  - Qualify for nursing home care; **and**
  - Require at least limited assistance with one activity of daily living; **and**
  - Are able to direct their care independently or through a responsible representative
- **There is no waiting list for services.**

# Program of All Inclusive Care for the Elderly (PACE)

- PACE provides all physical, emotional, social and medical supports needed for people to live at home and have a strong quality of life.
- Services are based on the participant's assessment.
- Participants must reside within the designated area for the PACE center. There are four locations in Louisiana, in Regions 1, 2, 4, and 6.



# Program of All Inclusive Care for the Elderly (PACE)

- **Qualification requirements:**
  - Be 55 years of age or older; **and**
  - Meet Nursing Facility Level of Care; **and**
  - Be able to live safely in the community at the time of PACE enrollment.
- **There is no waiting list for services.**



*Secretary Greenstein and OAAS Assistant Secretary Garry Williams visiting a PACE center*

# State Plan Services Enrollment

## Long-Term Personal Care Services

- LT-PCS participants reside in all regions.
- As of Oct. 1, 2025, there are 10,943 LT-PCS participants.
- **Average monthly cost per participant: \$2,032**
- **FY 26 budget: \$198.1 million**

## Program of All-Inclusive Care for the Elderly

- PACE centers are located in New Orleans, Baton Rouge, Lafayette, and Alexandria.
- As of Oct. 1, 2025, PACE serves 508 participants.
- **Average monthly cost per participant: \$3,778**
- **FY 26 budget: \$24.9 million**

# Transition Support

# Permanent Supportive Housing (PSH)

- The program links affordable rental housing with voluntary, flexible, and individualized services to people with severe and complex disabilities.
- **Qualification requirements:**
  - A person who has significant, long-term disability that currently receives either mental health rehabilitation services, an eligible OAAS or OCDD waiver, Ryan White services, or Medicaid institutional services such as a nursing home or ICF/IID; **and**
  - Needs housing supports; **and**
  - Meets low-income requirements (dependent on the voucher, but either at 30% or 50% of the area median income).
- PSH is not an emergency housing program.
- There are approximately 2,600 PSH households across the state. PSH continues to be the gold standard for using Medicaid authorities to fund tenancy supports nationally.
- The biggest barrier for the program is the availability of **affordable and accessible housing**.

# Community Transitions from Nursing Facilities

## Money Follows the Person –

### My Place Louisiana

- Helps to safely transition elderly individuals and adults with physical disabilities out of qualified institutions into the community
- **Qualification requirements:**
  - Qualify for Medicaid; **and**
  - Qualify for an OAAS waiver; **and**
  - Currently reside in a nursing facility for at least 60 consecutive days, **and**
  - Be transitioning into the community

## My Choice Louisiana

- Provides transition planning and support, as well as screening and evaluations to all Medicaid eligible individuals with serious mental illness who are currently in a nursing facility
- Cross-Department program between OAAS and OBH
- Result of 2016 Department of Justice review and agreement

# Nursing Facility Admissions (NFA)

**Step 1:** Complete the Level of Care Eligibility Tool (LOCET).

- Takes 15-20 minutes to complete
- Should be completed by someone familiar with how much and the type of assistance the resident received in the specified lookback period
- Valid for 30 days

**Step 2:** Submit the Level I PASRR\*.

- Takes 7-10 minutes to complete
- Should be completed by a qualified professional who must submit electronically via Maximus

**Step 3:** A decision or Level II referral is made.

- If Nursing Facility Level of Care is met on the Level I PASRR and:
  - There is **no** indication of SMI/ID/DD/RC, OAAS NFA issues the Medicaid Notice of Medical Certification (BHSF Form 142); **or**
  - There **is** an indication of SMI/ID/DD/RC, OAAS NFA refers to the appropriate Level II authority for a final decision.
- If Nursing Facility Level of Care is **not** met, the applicant and referral source are notified and may appeal.

*\*Preadmission Screening and Resident Review*

# Office of Behavioral Health PASRR Level II

- Level II is the responsibility of the Office of Behavioral Health (OBH) (mental illness) or OCDD (intellectual and/or developmental disabilities) which uses evaluations of physical status, mental status, and functional needs to:
  - Verify existence of Level II condition;
  - Make service recommendations; and
  - Issue placement determinations.
- For individuals with mental illness, the evaluation must be performed by a person or entity other than the state mental health authority (OBH) that has no nursing facility affiliation.
- In Louisiana, this occurs through the state's six managed care organizations and a Level II evaluation entity.

# Office of Behavioral Health PASRR Level II

- PASRR Level II is comprehensive, and per Federal Code of Regulation [483.112 (c)(1)], must be completed within a working day turnaround time (TAT) of seven to nine days.
- OBH PASRR Level II exceeds this standard through implementation of programmatic efficiencies while evaluating quality:
  - **CY 2025 (as of Oct. 1, 2025):** OBH issued 9,186 determinations with an average TAT of five working days.
  - **CY 2024:** OBH issued 11,310 determinations with an average TAT of 5 working days.
  - **CY 2023:** OBH issued 10,212 determinations with an average TAT of 6 working days.

# NFA Timeline



## LOCET LOC Determination

Contact LTC Access Contractor to complete the Level of Care Eligibility Tool (15 - 20 minutes)



## PASRR Level I Determination

Submit the Level I PASRR via Assessment Pro. Decisions are normally processed same day, but may take up to 2 days.



## PASRR Level II Determination

Submit the Level II PASRR. Determinations normally take 4-5 days, but may take up to 9 days.



## Nursing Facility Admission

Typically must occur on a regular business day due to staffing availability

Day 1

Days 2 - 3

Days 4 - 13

Days 14-15

*\*All individuals applying for admission to a Medicaid-certified nursing facility must be screened via the federally mandated PASRR process.*

# Continued Stay Requests (CSR)

- If a nursing resident will continue to need services beyond the expiration date on Form 142, a Continued Stay Request (CSR) is needed, which requires:
  - A CSR form; **and**
  - Supporting documentation.
- A CSR must be submitted no earlier than 30 days before the Form 142 expires and at least 15 days before its expiration.
- OAAS will review and issue a new Form 142 for continued nursing facility stay for residents who meet criteria.

# Transition Support Across Louisiana

## Money Follows the Person – My Place Louisiana

- 184 transitions have been completed in 2025 (as of Oct. 1).
- Of the above, 45 transitioned into PSH housing.

## My Choice Louisiana

- 108 transitions have been completed in 2025 (as of Oct. 1).
- Of the above, 80 transitioned into PSH housing.

# Transition Support Across Louisiana

## Nursing Facility Admissions

- OAAS nursing facility admissions staff complete an average of over 52,000 Level I PASRRs and CSRs annually.
- A snapshot of August 2025 shows:
  - 3,761 Level I requests
    - 2,937 (71%) were approved for admission
    - 725 (17%) were referred for Level II assessment
  - 398 status change requests

# Adult Protective Services

# Adult Protective Services (APS)

- APS is responsible for investigating reports of allegations of maltreatment and arranging for services to protect vulnerable adults and emancipated minors who are at risk of abuse, neglect, exploitation, or extortion.
- APS serves adults ages 18 to 59 and emancipated minors.
- On average, APS receives approximately:
  - **2,200 community reports** annually, with over 80% assigned to an investigator; and
  - **300 facility-based reports** annually, with over 80% assigned to an investigator.

# Adult Protective Services (APS)

- Contact the APS Hotline at 800-898-4910.
- **For adults 60 and older**, contact Elderly Protective Services at 833-577-6532.
- **For children ages 17 and under**, contact Child Protective Services at 855-452-5437.

# How Can OAAS Best Help You and Your Constituents with Requests?

# Requests on Behalf of Your Constituents

- OAAS handles approximately 75 to 100 legislative and/or constituent requests a year, second only in volume to Medicaid.
- Top areas of request are:
  - Request for in-home services/HCBS;
  - Nursing facility admission questions/requests; and
  - Community resource inquiries.
- Non-complex requests are closed on average in six days. Complex cases usually take longer but are closed on average in a month and a half.
- OAAS anticipates an increase in questions and requests to both our office and yours related to the Louisiana Housing Corporation's shortfall in housing choice vouchers.

# THANK YOU

**Gearry Williams**  
*OAAS Assistant Secretary*

# Office for Citizens with Developmental Disabilities (OCDD)

**Bernard Brown**  
*Deputy Assistant Secretary*

# Agenda

- Team Overview: Structure and Makeup
- X's and O's: What's in the Playbook?  
What Do We Offer?
- Gameplan: How Do We Execute?

# What We Do



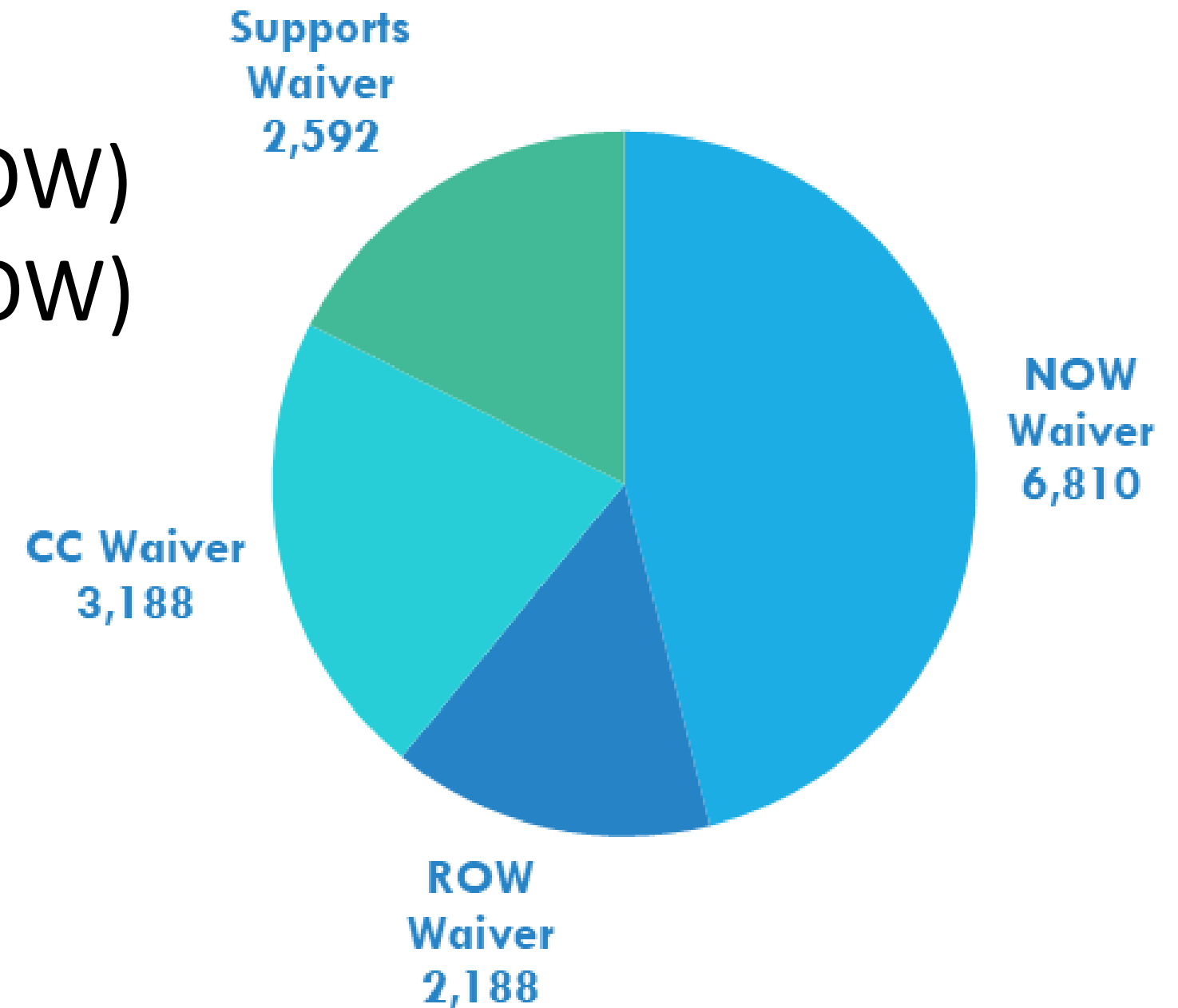
*OCDD staff at the Advancing States HCBS Conference*

- **Determine developmental disability:** Serve as a single point of entry (SPOE) into the developmental disabilities services system and set policy for services for people with developmental disabilities (individuals diagnosed before the age of 22).
- **Programmatic oversight:** Oversee supports and services throughout the state to support the dignity, quality of life, and security in the everyday lives of people with developmental disabilities and their families.
- **Manage developmental disability waivers:** Develop and monitor programs that help people with developmental disabilities live where they want to live, with the help they need to lead meaningful, independent, safe, and healthy lives.



# OCDD Programs/Activities

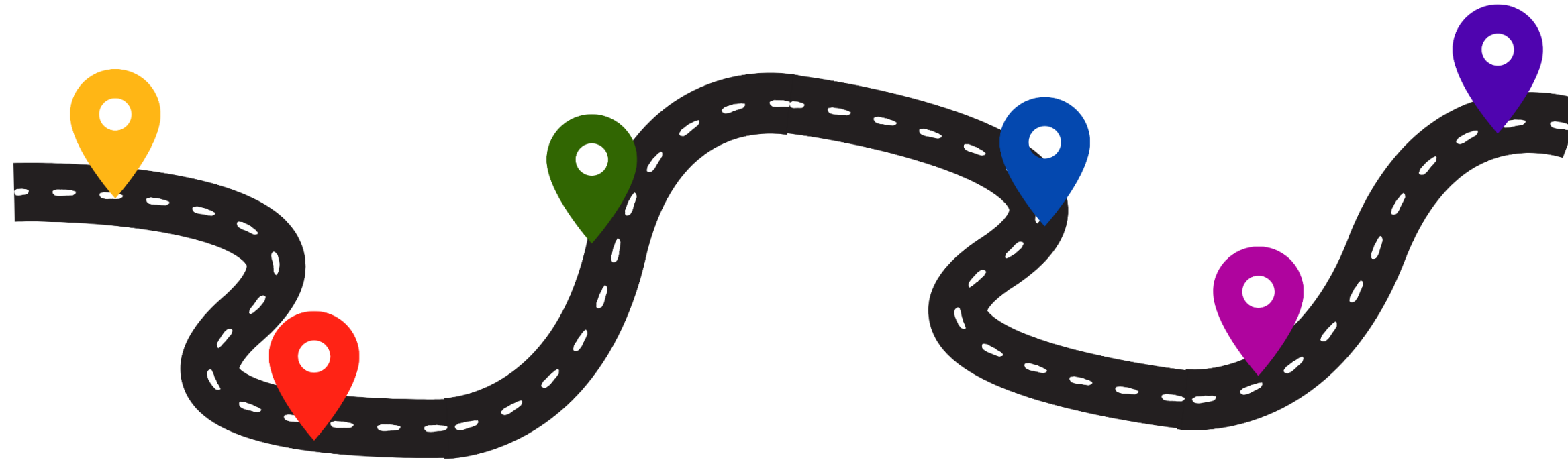
- OCDD operates the four I/DD 1915c Medicaid Waivers:
  - New Opportunities Waiver (NOW)
  - Residential Options Waiver (ROW)
  - Supports Waiver
  - Children’s Choice Waiver
- EarlySteps
- Act 421/TEFRA\*
- Resource Center



# What is a Waiver?

- The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized under Section 1915(c) of the Social Security Act.
- Waivers enable individuals who would otherwise require long-term care in an institution to receive services in their homes and communities.

# WAIVER SERVICES ROAD MAP



1

## REQUEST SERVICES

Contact your local governing entity to start the eligibility process.

2

## DD ELIGIBILITY

LGE will determine if you are eligible to receive DD services--if you are eligible you will get a statement of approval, if not you will get a statement of denial.

3

## SCREENING FOR URGENCY OF NEED

If you are eligible for DD Services OCDD will complete a screening for urgency of need to determine if you have urgent or emergent unmet needs (a score of 3 or 4) that can be met by waiver.

4

## WAIVER OFFER

If you have received a score of 3 or 4 you will be given a waiver offer to the most appropriate waiver to meet your needs.

5

## SUPPORT COORDINATION

Once you have returned your waiver offer you will choose a support coordination agency. You will meet with the support coordinator who will help you decide what services will meet your needs (your plan of care).

6

## BEGIN SERVICES

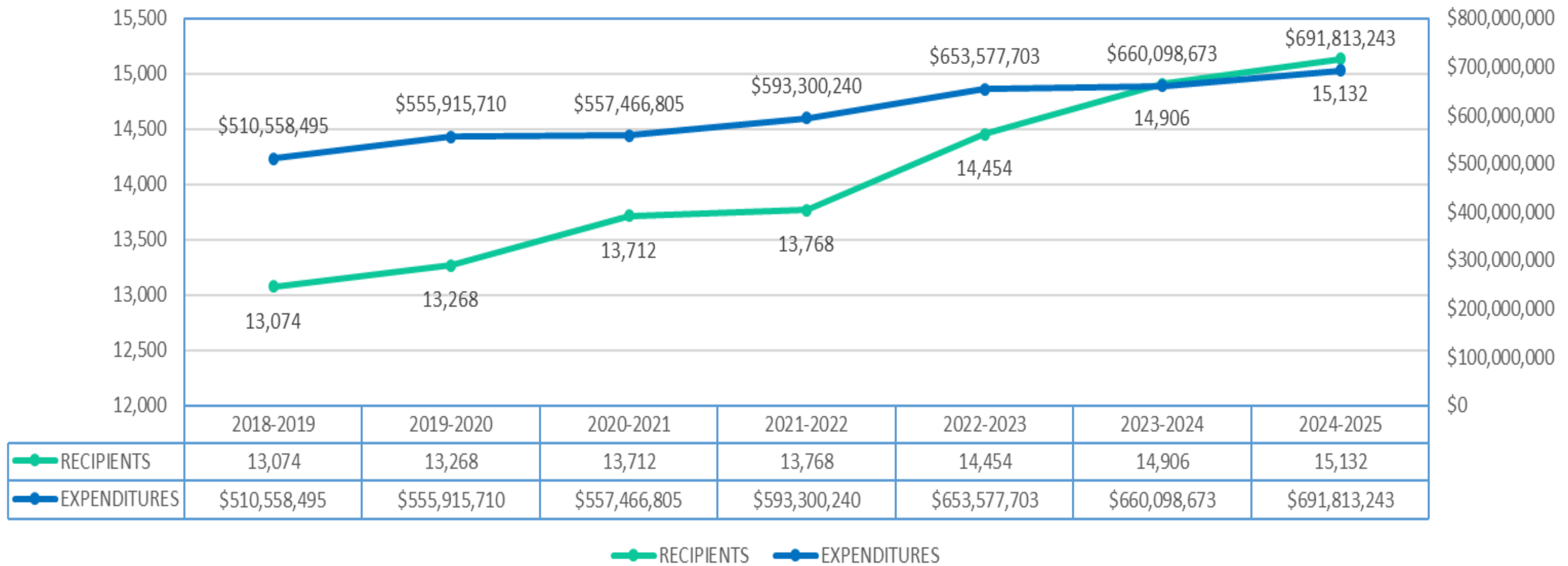
When your plan of care is approved and financial eligibility is done you will begin receiving services.

# Intermediate Care Facilities

- Intermediate care facilities (ICFs) include group or community homes. Pinecrest Supports and Services Center is an ICF.
- ICFs are operated according to Title 19 of the Social Security Act.
- Currently, OCDD does not operate waiver homes.

# HCBS Waiver Information

Waiver Recipients and Expenditures



## Annual Average Cost of Waiver per Recipient

SFY 19: \$41,780 | SFY 25: \$49,135

# Game Day

- Workforce – build direct service worker capacity
- Lean into tech
- Stakeholders – trust the process
- Manage the scoreboard — address rate adequacy

# HCBS Rate Study

- External contractor (Milliman) completed a comprehensive rate review of all HCBS rates
  - Involved extensive stakeholder engagement
  - Reviewed historical rate changes, and at rate assumptions based on state and national data, as well as provider cost reports
  - Assumes a minimum wage for direct care staff of **\$11.48**

## Illustration of Payment Rate Components on an Hourly Basis NOW Individual and Family Support – Day (S5125 U1, billed per 15 min)

Rate Component		Per Hour Cost
Direct Care Staffing Cost	<b>Direct Care Staff</b> <ul style="list-style-type: none"> <li>▪ Frontline worker wage assumption of \$11.48 illustrated in Appendix B</li> <li>▪ Direct care staff costs for one hour of billed time accounts for additional time associated with indirect time (not face-to-face), service-related travel time, paid time off and training, and overtime.</li> </ul>	\$14.33
	<b>Supervisor of Direct Care Staff</b> <ul style="list-style-type: none"> <li>▪ Reflects a frontline worker supervisor wage assumption of \$16.98 illustrated in Appendix B</li> <li>▪ Assumes a supervisor to direct care staff ratio of 1 supervisor per 30 employees</li> </ul>	\$0.71
	<b>Employee Related Expenses</b> <ul style="list-style-type: none"> <li>▪ Includes payroll-related taxes and fees and employee benefits such as health, dental, vision, life and disability insurance, and retirement benefits</li> </ul>	\$3.80
	<b>Subtotal</b>	<b>\$18.84</b>
Other Service-Related Costs	<b>Transportation Expenses</b> <ul style="list-style-type: none"> <li>▪ Includes mileage paid to employees for use of own vehicle for service-related transportation</li> </ul>	\$0.24
	<b>Administration, Program Support, Overhead</b> <ul style="list-style-type: none"> <li>▪ Includes program operating expenses, including accounting, legal, information technology, etc., and excludes room and board costs, per Medicaid regulation.</li> </ul>	\$2.12
	<b>Subtotal</b>	<b>\$2.36</b>
<b>Total Draft Modeled Payment Rate</b>		<b>\$21.20</b>

Milliman recommended some rate increases, and some rate decreases for an overall cost of \$164,630,104. (OCDD: \$101,921,113; \$32,553,605 in State General Fund, \$69,367,508 in federal funds)

# Implementing the HCBS Rate Study

- **Making rate setting more objective:** The rate study gives us a framework for determining rates and provides a transparent look at the cost of providing services.
- **Focus on people we serve:** We want to balance higher rate of pay for workers while understanding the cost to provide the services that fall on the provider.
- We're committed to working with legislators to ensuring a high rate of care for our participants, a living wage for our direct support providers, and providers have the ability to remain open.

# ICF/IID Rate Review

**Kim Sullivan**

*Senior Advisor on Medicaid*

# Methodology

Component	Current Methodology	Modeled Methodology
Peer Groups	A: 1-8 beds B: 9-15 beds C: 16-32 beds D: 33+ beds	A: 1-14 beds B: 15+ beds
Direct Care	Inflated Median by Peer group x1.05, billings are multiplied by a set value based on ICAP Score.	Inflated Day-Weighed Normalized (cost divided by cost report period acuity) Median by peer group x1.124. An imputed rate is calculated based on average billing period ICAP score.
Care Related	Inflated Median for all facilities x1.05.	Inflated Day-Weighed Median by peer group x1.124
A&O	Inflated Median for all facilities x1.03	Inflated Day-Weighed Median for all facilities x1.05
Capital	Median by Peer group x1.03	Fair Rental Value System, modeled after nursing facility system with estimated capital values based on surveys collected from facilities
95% Limitation	Each peer group component rate is limited to 95% of the previous (smaller bed size) peer group component rate	Removed
Complex Care and Pervasive	Complex Care and Pervasive Plus residents are billed separately and receive facility specific rates	Removed

# Impact

- The overall impact on total program expenditures is expected to be cost-neutral.
- The modeled rate structure reflects both empirical cost data and policy adjustments to align provider reimbursement with service delivery costs.
- The analysis modeled peer group A (1–14 beds) and peer group B (15+ beds) facilities, calculating Medicaid day-weighted average rates across each cost component.

	Current Average Per Diem Rate	Modeled Rate	Projected Gain	Total UPL Impact
Peer Group A	\$236.85	\$249.63	\$12.78 per day	\$17 million (federal and state combined)
Peer Group B	\$241.67	\$249.11	\$7.44 per day	\$5.3 million (federal and state combined)

# THANK YOU

**Bernard Brown**  
*OCDD Deputy Assistant Secretary*