Bobby Jindal GOVERNOR



State of Louisiana

Department of Health and Hospitals Office of the Secretary

July 1, 2011

The Honorable Joel T. Chaisson, II, President Louisiana State Senate P.O. Box 94183, Capitol Station Baton Rouge, LA 70804-9183

The Honorable Kay Katz, Chairwoman House Health and Welfare Committee Louisiana State House of Representatives P.O. Box 44486, Capitol Station Baton Rouge, LA 70804-4486 The Honorable Jim Tucker, Speaker Louisiana State House of Representatives P.O. Box 94062, Capitol Station Baton Rouge, LA 70804-9062

The Honorable Willie L. Mount, Chairwoman Senate Health and Welfare Committee Louisiana State Senate P.O. Box 94183, Capitol Station Baton Rouge, LA 70804-9183

Dear President Chaisson, Speaker Tucker, and Honorable Chairs:

In response to House Bill No. 1198 (HB 1198) of the 2010 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. HB 1198 provided for the transfer of Louisiana Rehabilitation Services (LRS) from the Department of Social Services (now the Department of Children and Family Services) to DHH and the Louisiana Workforce Commission (LWC). LRS works with persons with disabilities throughout the state of Louisiana in assisting them to obtain employment, obtain independent living services, and improve their quality of life. HB 1198 required DHH and the LWC to work together to produce a report that outlined the actual cost of transferring LRS from the Department of Social Services to DHH and the LWC and to submit the report to the House and Senate committees on health and welfare. R.S. 24:772 also requires that the report be submitted to the President of the Senate and the Speaker of the House.

The enclosed report describes the specific programs within LRS that transferred to DHH and the LWC, the cost of the transfer of the programs, and the results of the transfer. The actual cost of transferring LRS programs to these two state agencies was just over \$400,000. However, the efficiencies that have resulted from the transfer have been substantial. As LRS programs involve assisting individuals with disabilities as well as helping those individuals obtain employment, the administration of these programs is a better fit within DHH and LWC. Indeed, the transfer has resulted in the successful aligning of programs and services with the state agency – either DHH or the LWC – whose core competencies best suit those programs and services.

DHH has been successful in identifying and eliminating duplication in services, eliminating waiting lists, identifying individuals eligible for Medicaid and waiver services, and streamlining application and approval processes for the programs that have transferred from LRS. LWC has been successful in increasing employment opportunities for individuals with disabilities, including increasing business and career development opportunities for individuals who are blind, for the programs that have transferred from LRS.

Thank you for allowing us to present information to you regarding the transfer of Louisiana Rehabilitation Services to DHH and LWC. Kathy Kliebert, DHH's deputy secretary, is available to discuss this report with you should you have any questions or comments. Please feel free to contact her at (225) 342-7092 with any questions or comments that you may have.

Sincerely,

Bruce D. Greenstein

Secretary

Enclosures

Cc: The Honorable Members of the House Health and Welfare Committee The Honorable Members of the Senate Health and Welfare Committee David R. Poynter Legislative Research Library

TRANSFER OF LOUISIANA REHABILITATION SERVICES

REPORT PREPARED IN RESPONSE TO HB 1198 OF THE 2010 REGULAR SESSION

JULY 2011

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EXECUTIVE SUMMARY

House Bill No. 1198 (HB 1198) of the 2010 Regular Session provided for the transfer of functions of Louisiana Rehabilitation Services (LRS) from the Department of Social Services (DSS) to the Louisiana Workforce Commission (LWC) and the Department of Health and Hospitals (DHH). LRS works with persons with disabilities throughout the state of Louisiana in assisting them to obtain employment, obtain independent living services, and improve their quality of life. Since LRS programs involve assisting individuals with disabilities, the administration of these programs is better aligned within DHH, which already serves this population of individuals, and within LWC, which can assist in providing employment opportunities for this population of individuals.

HB 1198 requires DHH and LWC to report to the House and Senate health and welfare committees on the cost of transferring LRS programs from DSS to DHH and LWC. The cost of transferring the Louisiana Commission for the Deaf and the Traumatic Head and Spinal Cord Injury Trust Fund (TH/SCI) from DSS to DHH was just under \$7,000. The cost of transferring the Vocational Rehabilitation program, the Independent Living Part B program, the Independent Living for Older Blind program, and the Blind Services and Blind Vendors Trust Fund from DSS to LWC was about \$400,000.

Although there has been a cost to transfer LRS programs from DSS to DHH and LWC, the transition of these programs to their respective agencies has been smooth, has resulted in efficiencies and savings, and has resulted in the successful aligning of programs and services with the state agency – either DHH or LWC – whose core competencies best suit those programs and services.

TRANSFER OF LOUISIANA REHABILITATION SERVICES

INTRODUCTION

House Bill No. 1198 of the 2010 Regular Session provided for the transfer of functions of Louisiana Rehabilitation Services (LRS) from the Department of Social Services (DSS) to the Louisiana Workforce Commission (LWC) and the Department of Health and Hospitals (DHH). LRS works with persons with disabilities throughout the state of Louisiana in assisting them to obtain employment, obtain independent living services, and improve their quality of life.

Through DSS, LRS operated the programs listed below:

- Vocational Rehabilitation program
- Independent Living Part B program
- Independent Living for Older Blind program
- Blind Services
- Louisiana Commission for the Deaf
- Traumatic Head and Spinal Cord Injury Trust Fund program
- State personal assistance services program
- Community and Family Support program

Following the passage of HB 1198, and effective July 1, 2010, each of these programs transferred from LRS within DSS to either LWC or DHH.

The following programs were transferred from DSS to LWC:

- Vocational Rehabilitation program
- Independent Living Part B program
- Independent Living for Older Blind program
- Blind Services and Blind Vendors Trust Fund

The following programs were transferred from DSS to DHH:

- Louisiana Commission for the Deaf
- Traumatic Head and Spinal Cord Injury Trust Fund program
- State Personal Assistance Services program
- Community and Family Support program

The purpose of transferring these programs from DSS to LWC and DHH was to realign DSS' resources around children and families and move LRS programs to those state agencies whose core

¹ The Department of Social Services (DSS) is now known as the Department of Children and Family Services (DCFS), but since the department was known as DSS when HB 1198 was drafted and enacted by the legislature, it will be referred to as such throughout this report.

competencies best align with LRS functions and services. DHH already has experience with providing services to individuals with disabilities through its Office for Citizens with Developmental Disabilities and the Office of Aging and Adult Services. The mission of LWC is to assist the citizens of the state with obtaining employment, and assisting individuals with disabilities in finding employment fits within that mission. The transfer of LRS programs to DHH and LWC was geared to be more responsive to the needs of those served by these programs, expand the level of service provided under these programs, and increase the coordination and efficiency of these programs. Safeguards were taken to ensure a smooth transition of these programs, with input from stakeholders and minimal interruption of services to individuals, vendor payments, or contracts.

HB 1198 requires DHH and LWC to provide reports by July 1, 2011 and July 1, 2012, detailing the actual cost of implementing the provisions of the bill. The following report provides a brief explanation of the programs that were transferred from DSS, details the costs incurred in implementing the transfer of these programs from DSS to LWC and DHH, and describes the results of the transfer.

TRANSFER OF PROGRAMS FROM DSS TO DHH

Description of programs

HB 1198 provided for the transfer of four programs from Louisiana Rehabilitation Services within DSS to DHH: the Louisiana Commission for the Deaf, the Traumatic Head and Spinal Cord Injury Trust Fund program, the State Personal Assistance Services program, and the Community and Family Support program.

The Louisiana Commission for the Deaf is the agency in Louisiana responsible for promoting, coordinating, and facilitating accessibility of all public and private services to individuals who are deaf, deaf-blind, hard of hearing and/or have speech impairment. Services provided by the commission include: advocacy; American Sign Language interpreting; amplified/adaptive telecommunication equipment distribution and training; Support Service Provider services for persons who are deaf-blind; hearing aid services for seniors; and deaf-blind emergency preparedness and response services.

The Commission for the Deaf offices relocated from the Iberville Building (DSS headquarters) at 627 North Fourth Street in Baton Rouge to the Bienville Building (DHH headquarters) at 628 North Fourth Street in Baton Rouge. The commission is housed within the Office of the Secretary within DHH. Four staff moved from DSS to DHH with the transfer of the commission.

The Community and Family Support program (CFS) provides services to eligible individuals with severe disabilities. The program gives these individuals the ability to become independent in the community. Services provided through the program include but are not limited to respite care, recreation, homemaker services, transportation, personal assistance services, dental care, home health, nursing services, provision of medical equipment, and counseling services.

The Community and Family Support program offices relocated from the Iberville Building (DSS headquarters) to the Bienville Building (DHH headquarters). The program is housed within the Office of Aging and Adult Services within DHH. No staff moved from DSS to DHH with the transfer of this program. DHH staff absorbed responsibilities for this program.

The State Personal Assistance Services program (SPAS) provides personal assistance services to persons with significant disabilities to assist with activities of daily living. Services provided through the program include but are not limited to dressing, preparation and consumption of food, housecleaning and laundry, routine bathing, and ambulation.

The State Personal Assistance Services program offices relocated from the Iberville Building (DSS headquarters) to the Bienville Building (DHH headquarters). The program is housed within the Office of Aging and Adult Services within DHH. No staff moved from DSS to DHH with the transfer of this program. DHH staff absorbed responsibilities for this program.

The Traumatic Head and Spinal Cord Injury Trust Fund (TH/SCI) provides services in a flexible, individualized manner to Louisiana citizens who survive traumatic head or spinal cord injuries. The program enables individuals to return to a reasonable level of functioning and independent living in their communities. Services provided by the program include but are not limited to evaluations, post-acute medical care rehabilitation, therapies, medication, attendant care, and equipment necessary for activities of daily living.

The TH/SCI program also relocated from the Iberville Building (DSS headquarters) to the Bienville Building (DHH headquarters). The program is housed within the Office of Aging and Adult Services within DHH. Three staff moved from DSS to DHH with the transfer of this program.

Costs of the Transfer

Costs associated with the transfer of the Louisiana Commission for the Deaf from DSS to DHH included:

- \$1,944.00 paid from DHH's SFY 2011 budget to The Quality Group for moving office files
- \$2,280.72 paid from DHH's SFY 2011 budget to Office of State Buildings for electrical services to run a circuit for a dedicated work area (fax/scanner/printer)
- \$329.00 paid from DHH's SFY 2011 budget to the Office of Telecommunication Management to transfer and cross-connect dial tones (numbers) for four phones and a fax
- \$4,553.72 total cost of transfer

Costs associated with the transfer of the Traumatic Head and Spinal Cord Injury Trust Fund from DSS to DHH included:

• \$2,250.00 – paid from DHH's SFY 2011 budget to Atmosphere Movers, Inc. for moving office files, including three complete computer sets, telephones, rolling carts, miscellaneous supplies, files, small desk top organizers, a work table, and contents of four different work areas

There was no cost associated with transferring the Community and Family Support program and the State Personal Assistance Services program from DSS to DHH.

Results of the Transfer

The Office of Aging and Adult Services (OAAS) has improved the accountability and efficiency of the programs transferred from DSS – the Traumatic Head and Spinal Cord Injury Trust Fund (TH/SCI), the Community and Family Support Program (CFS), and the State Personal Assistance Services Program (SPAS) – by:

- Streamlining the application and approval process.
- Updating information about persons on the waiting lists for these services to ensure that applicants are still interested and eligible for the program.
- Consolidating regional waiting lists to ensure individuals are provided services on a first come, first serve basis, regardless of where in the state they reside.
- Identifying and eliminating duplication in services (e.g., persons who have case managers both through these programs and through other state programs, when only one is needed).
- Eliminating a nine month "back log" of approximately 300 requests for goods and services that existed at the time of the transfer for the TH/SCI program.
- Identifying participants/applicants who are eligible for Medicaid and assisting them with applying for Medicaid services.
- Revising case management contracts to clearly define contractor responsibilities.
- Working towards set-up of a Resource Center for individuals with traumatic head and spinal
 cord injuries, which will assist these individuals in identifying all available services and
 supports throughout the state of Louisiana.

These initiatives have enabled OAAS to maximize available funds and serve more individuals. Through the initiatives describe above, OAAS has maximized available funding by delivering the same amount of services to recipients in the CFS and SPAS programs at a lower cost. Additionally, three to four hundred individuals on the TH/SCI waiting list will begin receiving services on a phased-in basis, beginning on July 1, 2011. OAAS is continuing to explore ways to further improve these programs.

TRANSFER OF PROGRAMS FROM DSS TO LWC

Description of programs

HB 1198 provided for the transfer of Louisiana Rehabilitation Services (LRS) from DSS to LWC. With the transfer of LRS to LWC, four programs within LRS – the Vocational Rehabilitation program, the Independent Living Part B program, the Independent Living for Older Blind program, and the Blind Services and Blind Vendors Trust Fund – transferred to LWC.

The Vocational Rehabilitation program provides a wide variety of services for eligible persons with disabilities, such as vocational guidance and career counseling, employment services, including supported employment, training, and assistive technology services to assist these individuals in obtaining employment.

The Blind Services and Blind Vendors Trust Fund establishes vending locations for food services for eligible individuals with visual impairments. These are usually located in governmental facilities.

The Independent Living Part B program assists persons by providing services, such as assistive technology, in maintaining independence in an integrated setting in the community.

The Independent Living for Older Blind program assists eligible persons with a visual impairment disability in maintaining independence in the community by providing services such as assistive technology or training, including orientation and mobility training.

LRS' eight regional offices have remained in their current locations. Only LRS' state office moved from DSS to LWC, at 950 North 22nd Street in Baton Rouge. In all, approximately 333 LRS employees transferred from DSS to LWC, and of this number, approximately 41 state office employees physically moved. LRS hired no outside contractors or movers to conduct the physical move of the state office from the Iberville Building to LWC campus. All programs transferred to the Office of Workforce Development (OWD) within LWC.

Costs of the Transfer

Costs associated with the transfer of Louisiana Rehabilitation Services from DSS to LWC included:

- \$3,295 paid from LWC's SFY 2011 budget to state surplus for the purchase of furniture, including desks, file cabinets, tables and chairs, as all LRS furniture was owned by DSS.
- \$91,080 paid from LWC's SFY 2011 budget to J. Reed Contractors and Law Industries LLC for the installment of accessible restrooms, doors, and ramps to the building where LRS is housed to be in compliance with ADA regulations.
- \$94,980 paid from LWC's SFY 2011 budget to J. Reed Contractors and Law Industries LLC for the renovation of a building to house LRS State Office staff on LWC campus. This included painting, electrical and HVAC work, installation of cubicles and flooring.
- \$211,468 paid from LWC's SFY 2011 budget to LWC IT staff for time spent for moving and setting up all information technology services and equipment needed by all LRS personnel. This included the conversion of a system used to provide services that was housed on the DSS mainframe system to a web-based system supported by LWC. It also included setting up phone lines for business use and computers, setting up servers and routers compatible with LWC, and setting up LRS in LWC email system.
- \$400,823 total cost of transfer.

Results of the Transfer

LRS is currently saving funds that it previously used to pay rent for state office space. In SFY 2011, \$451,510.72 was projected as rent for LRS use of the Iberville Building for state office use. Since LWC owns the building where the LRS state offices are currently housed, LRS pays no rent and any

cost allocations (for such things as maintenance) appear to be equal to what was being paid by LRS at the Iberville Building.

In the future, LRS regional offices may merge with existing regional LWC offices, but projected savings of the mergers of these offices has not yet been determined.

The transfer of programs to LWC has provided increased employment opportunities for individuals with disabilities, including stronger business and career development opportunities for individuals who are blind.

CONCLUSION

The transfer of programs from Louisiana Rehabilitation Services, within DSS, to DHH and LWC has been largely successful. The transfer has allowed all of these agencies to leverage resources, reduce duplication of services, and streamline operations for LRS programs. Recipient outcomes have been closely monitored by each of the agencies involved, and have remained stable or improved since the implementation of the transfer. The transfer has resulted in successfully aligning LRS programs and services that assist individuals with disabilities with the state agencies – DHH and LWC – whose core competencies best fit with those programs and services.

While the cost of transferring LRS programs and functions from DSS to DHH totaled just under \$7,000, and the cost of transferring LRS programs and functions from DSS to LWC was about \$400,000, the transfer has resulted in efficiencies, and the administration of LRS programs is more suitably situated within DHH and LWC.

DHH and LWC will continue to closely monitor the implementation of programs to ensure that implementation costs remain minimal and that recipients receive uninterrupted, quality services.

Acknowledgments

Authors:

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