

Family as Paid Caregiver/Caregiver and Participant in the Same Home

- Most stakeholders expressed a desire for legally responsible relatives (or a participant’s relative who is living in the same household) to continue as paid caregiver post-COVID-19. While various reasons were given, several participants said:
 - They have medically fragile children and bringing in outside help puts their child in danger.
 - They are unable to hire quality workers.
 - The participant has responded very well to having a family member as paid caregiver.
 - Allowing paid family caregivers allows them to have flexibility if a DSW is not able to be there on short notice.
 - Allowing family as paid caregivers gives the family access to a person who is already familiar with the participant, their particular needs
 - The exception would allow families to use elder-siblings who are on break from school.
- Provider associations, including Caregiver Homes of Louisiana, also voiced support for allowing family members to live in the home with a caregiver, and allowing legally responsible relatives to work as paid DSWs.
 - **Caregiver Homes** suggested expanding Monitored in-home Caregiving (MIHC) to the Children’s Choice Waiver to allow for workers/participants to live in the same home, and to let legally responsible relatives get paid as a DSW.
 - Provider associations overwhelmingly said that family as paid caregivers was the most helpful exception for families—and state that there have not been any corresponding difficulties.
 - While provider agencies would like this exception to continue, they caution that in allowing families to be paid caregivers there needs to be additional training for families so they understand rules and monitoring requirements.

Special Needs and Parent Support Services of LA (SNAPPS of LA) has pointed out that there could be undue influence on some adult participants to keep a family member as a DSW when they don’t want that, and cautions that there should be protections in place for that situation.

20 Additional Hours in Children’s Choice Waiver

- Families in the Children’s Choice Waiver believed that allowing the additional 20 hours would allow for flexibilities for home-schooling those who are medically fragile.

Background Checks

- Most stakeholders did not agree with the suspension of background checks for family members.
 - Stakeholders believed this would have a negative impact, and could lead to increased abuse.
 - SNAPPS of LA stated that the elimination of background checks would put health and safety of participants at risk.
- Only one stakeholder believed that suspended background checks would be fine for immediate family members.

Reducing the Minimum age of DSWs to 16 years of age/Removing the high school diploma requirement

- Several families believed that reducing the minimum age of care workers, and suspending the high school diploma requirement, would open up a new stream of direct support workers.
 - Siblings under the age of 18 could continue to help participants.
 - Siblings frequently have a better understanding of the participants' needs.
 - Siblings are more familiar to the participants making it a better experience for the participant.
 - Those who are participating in trainings through technical high schools (i.e. CNAs, etc) could work as a DSW, allowing them a chance to get paid for hands-on work, and giving a larger pool of qualified workers.
- Family members cited the use of under 18 workers, and how well it had worked through the pandemic.
- Most families and provider groups believe that the use of under 18 workers should be done on a case-by-case basis.

Verbal Approval of Plan of Care (POC), Electronic Signatures

- Families want the acceptance of verbal approval, or of electronic signatures, to remain in place, they stated that it would help speed up the process if they could be done virtually.

Virtual Visits

- Families believed that the use of virtual visits has been a success, and would like it to continue, however acknowledging that some in person visits would be necessary.
 - Many families acknowledged that there should still be some in-person visits (at least quarterly) once COVID has resolved.
 - Families stated that they do not have to leave work (and lose pay) to do smaller visits that come up between required meetings.
 - Families suggested additional checks during the virtual visits (proof of food, proof of heat/AC, etc).
- **Caregiver Homes** also believes that this exception should continue, citing the success of the current MIHC care teams that have been successful in engaging caregivers through electronic means throughout the pandemic.
 - They additionally cite tech-enabled visits in many other states, such as Georgia.
 - They believe Louisiana's laws are too stringent and point to other states (such as Indiana) who require 2 face to face visits per quarter—but determine the level of need based on the level of risk and the preference of the family.
 - Support coordinators encouraged allowing support coordinators to make virtual visits for support coordinator safety, stating that they are often sent to very rough neighborhoods and they do not feel safe or comfortable making in-person visits.
- **SNAPPS** pointed out that there would be a significant cost saving (both in time and travel) for support coordination agencies if virtual visits continue.

Allow Conversion of Day Habilitation and vocational service program hours to individual and family supports (IFS)

- Participant families stated that the conversion of day habilitation hours to IFS supports should be extended for several reasons:
 - It allows for an easier transition for the participants as the pandemic ends.

<ul style="list-style-type: none"> ○ Since many day habilitation providers were closed at the height of the pandemic, allowing the conversion of those hours allows for providers to continue opening up on a limited occupancy basis.
Allow 90-L to remain in Effect until the resolution of the pandemic, not to exceed additional 12 months
<ul style="list-style-type: none"> ● Providers believe the 90-L is not the best representation of the level of care. ● SNAPPS points to difficulty in getting 90-L appointments, particularly for those who rely on Medicaid transportation, or outside transportation.
Allow sharing across the ROW/NOW/Supports Waiver
<ul style="list-style-type: none"> ● Several participants stressed that sharing across waivers had allowed them greater access to DSWs during a difficult time. ● Additionally Caregiver Homes believed that sharing up to three individuals, and believes that the bar on sharing is unnecessarily burdensome. <ul style="list-style-type: none"> ○ Caregiver Homes points to other states that have eliminated the restriction successfully. ○ They point to a recent collaboration with Louisiana Medicaid for two situation in which the caregivers provided care and support to two individuals each. ● SNAPPS encourages LDH to consider sharing across not just waivers, but agencies (i.e. OAAS and OCDD members in the home).
Allow DSW staff to work more than 16 hours per day
<ul style="list-style-type: none"> ● Participants felt that the end of the 16-hour rule would allow more flexibility for unforeseen circumstances, like a relief worker who does not show up or calls in sick. ● SNAPPS stressed that this should only be done on an as-needed, emergency basis for the health and safety of participants (i.e. to avoid burn-out).
Allow DSWs to begin work with reduced training
<ul style="list-style-type: none"> ● Families did not want reduced training for family members who work as paid caregivers.

ADDITIONAL RECOMMENDATIONS

Allow all participants in the CCW/NOW/ROW to participate in Adult Day Services
<ul style="list-style-type: none"> ● Caregiver Homes suggested allowing all waivers to access day programs, giving caregivers a much-needed respite and allowing for additional opportunities to have an increased level of community integration. <ul style="list-style-type: none"> ○ To achieve cost-neutrality Caregiver Homes suggests allowing MIHC and day services both when the individual remains within their budget allowance based on their assessment score that aligns with level of need with resources. ● Families additionally asked for ways to “find other families” or find similarly situated children/adults for their family member to socialize with (i.e. “play date” meet ups).

<p>Allow MIHC Providers to continue to bill during periods of hospitalization</p> <ul style="list-style-type: none"> • Caregiver homes suggests allowing DSWs to continue to bill during periods of hospitalization. They argue that caregivers have a key role in ensuring individual’s health and safety, and ensuring their safe return home after hospitalizations—reducing the need for re-hospitalizations. • Caregiver homes cites Indiana allowing caregivers to continue to receive pay up to 60 days per episode of hospitalizations.
<p>Sunset programs similar to MIHC that are not utilized</p> <ul style="list-style-type: none"> • Eliminating things like Substitute Family Care, and Host Homes, which are not greatly used in favor of MIHC-like services specifically for live-in family caregivers.
<p>Emergency Relief for Disability Service Organizations</p> <ul style="list-style-type: none"> • Community Provider Association has recommended quarterly payments to direct service providers (DSPs) and support coordinators (SCs) to respond to current workforce needs. <ul style="list-style-type: none"> ○ Agencies could use the additional funds to recruit, train, and pay higher wages (plus hazard pay, overtime, and bonuses). • Additional retainer payments for those programs that have lost revenue and are struggling to remain open.
<p>HCBS System Capacity Building</p> <ul style="list-style-type: none"> • The state should look at developing and implementing a long-term strategy to strengthen the DSP workforce with recruitment initiatives, training programs, and career development opportunities. • Invest in technology and training for providers and support coordinators to expand capacity for virtual services and supports. • Offer direct assistance to organizations working to comply with the Settings Rule. • Offer benefits, pay raises, and sick time/personal time to DSWs.
<p>Vaccinations</p> <ul style="list-style-type: none"> • Families expressed a desire for all participants to get vaccines, including children. • Families additionally expressed a desire to see workers vaccinated, and asked if they could require vaccines, or proof of vaccines, when considering workers.
<p>Advertising</p> <ul style="list-style-type: none"> • Families raised the issue of difficulty with commercial advertising for help
<p>Higher Pay</p> <ul style="list-style-type: none"> • Families universally believe that a rate increase would help in the recruitment and retention of direct support workers.