

## OCDD STATE ADVISORY COMMITTEE TEAM MEETING MINUTES

### HELD ONLINE

January 12, 2022 from 12:30 pm – 3:00 pm

**Call to Order** – 12:34 pm by Kathy Dwyer, Chair

**Roll Call:** 7 out of 17 voting members present. No quorum

#### Voting Members

Region I – MHSD: Penny Curran, absent; Holly Bell, absent

Region II – CAHSD: Kay Lewis, absent; Michelle Wall, present

Region III – SCLHSA: April Young, present; Tiffany Brunet, absent

Region IV – AAHSD: Debra Fontenot, absent

Region V – IMCAL: Mylinda Elliott, absent; Dana Fullington, absent

Region VI – CLHSD: Kristen Reed, absent

Region VII – NLHSD: Karissa Jackson, absent

Region VIII – NEDHSA: Nicole Bilberry, present; Konstance Causey, present

Region XI – FPHSA: Suzanne Bourgeois, present; Kristen Essaied, absent

Region X – JPHSA: Kathy Dwyer (Chair), present; Jen Walle, present

#### Ad Hoc Members

Julie Foster Hagan

Tanya Murphy

Jacquelyne Cobb

#### Public

Steve Kauffman, Dr. Marilyn Thornton, Carmen O'Mara, Alishia Vallien, Andrea Albert, Carmen Cetnar, Chanel Jackson, Christina Kozik, Christina Martin, Jakeel Abdullah, Maurie Duhe, Nicole E. Williams, Rona Burkett, Sharon Delvisco, Stacey Guidry Fontenot, Stephen Kauffman, Tammy Schilling, Janise Monetta, Jordan Briscoe, Matthew Wallace, Rona Burkett, Kasey Hill, Karen Artus, Nicole Green

**Approval of/Amendments to the November 10, 2021 Meeting Minutes** – No quorum.  
Deferred to next meeting.

**Public Comment:** There were none.

#### **Reports from Regional Advisory Committee:**

Region I: No representative present

Region II: Michelle Wall reported – met December 14, 2021 – had a Quorum. Reviewed reports presented by the LGEs including AP and Quality Enhancement Monitoring Report. Reviewed the Family Support spending budget for fiscal year 2021 – 2022. LACAN provided an update of the Legislative Agenda for the upcoming session which included an update on ACT 21 – which were cameras in the Special Ed classrooms.

Region III: April Young reported – met November 27, 2021 to discuss a need to create a new membership roster. A meeting was scheduled to take action to those particular items, but it had to be postponed because of COVID. Hopefully a member of RAC will have reports for the next meeting outlining the most recent RAC activities.

Region IV: No report

Region V: No report

Region VI: No report

Region VII: No report

Region VIII: Nicole Bilberry reports – no RAC meeting – next meeting January 25, 2022. Reported in October 2021 meeting – will have a report the next SAC meeting.

Region IX: Suzanne Bourgois reported – RAC meeting December 14, 2021 – had a Quorum. Received reports and updates from Florida Parishes HSA. Entry still with redetermination during 3 contact attempts. Serving 1,853 waiver participants – 148 not yet certified – 196 Flexible Family slots filled – 65 ICF-IDD in the region – Crisis with 59 request – large amount of the budget is being attended – QA Report – employment up 5.57% – EarlySteps – Jennifer Johnson reported the SICC and RICC meetings were held – 819 children had active ISPs – State noticed increase in DCFS cases; Hurricane Ida may have effected 67% of the cases – St. Tammany had a large majority of EarlySteps cases – Northshore Families Helping Families had 742 contacts – Seven trainings were held in December - breakfast drive through with Santa – 193 children attended – ABLE Club has been active – LACAN did an update on some changes to the Camera Bill – ACT 456 – next RAC meeting February 8, 2022.

Region X: Kathy Dwyer reported there wasn't a RAC meeting since the last SAC meeting. New officers were elected: Chair, Tara Rozencrantsz; Vice Chair, Cecile Burr; Secretary, Jen Walle. Jefferson Parish Human Services Authority (JPHSA) posts their meeting information on their website on the DD Community Services page at the bottom.

#### **Dental Task Force:**

Meeting coming up this Friday. Last meeting discussed the upcoming Legislative Session and the need for HB 172, which is now ACT 450: Comprehensive Dental Services for Adults with Developmental Disabilities, to be amended to include residents of ICF/DDs. Kathy received a text from Representative Butler stating LDH confirmed it has included the funding for Act 450 in the budget. The budget starts July 1, 2022. Rep. Butler drafted a copy of the amendment to

Act 450 to include ICF/DD residents. Look for the amendment to support or advocate for the upcoming legislative session this spring. Next SAC meeting is March 9, 2022.

**OCDD REPORTS** – Tanya Murphy reported on ACT 421

Act 421: Children's Medicaid Option (TEFRA/Katie Beckett Waiver) - Act 421 of the 2019 Regular Legislative Session tasked the Louisiana Department of Health with starting a program that lets certain children with disabilities receive Medicaid coverage, even if their parents earn too much money to qualify for Medicaid.

Act 421 created what is known as a TEFRA option in Medicaid. TEFRA refers to the Tax Equity and Fiscal Responsibility Act of 1982, which is a United States federal law that can help families with children younger than 19 years old who have a disability receive care in their homes rather than an institution. TEFRA programs are sometimes referred to as the Katie Beckett program or the Katie Beckett waiver in other states. In Louisiana, the program is Act 421 Children's Medicaid Option (Act 421: CMO).

Louisiana Medicaid received approval from CMS to implement the program as a State Plan Amendment. The program became effective January 1, 2022.

To be eligible for the Act 421: CMO option, a child must meet all of the following eligibility criteria:

- Be a Louisiana resident.
- Be a United States citizen or qualified non-citizen.
- Under the age of 19 (not to exceed the age of 18).
- Has a disability that is recognized under the definition of disability utilized in the Supplemental Security Income program of the Social Security Administration, regardless of whether the child is eligible to receive benefits under that program.
- Has or has applied for a Social Security Number.
- Excluding the assets (resources) of parents, the child does not have total assets (resources) exceeding \$2,000 in value.
- Excluding the income of parents, the child's income is less than three (3) times the Federal Benefit Rate (FBR), referred to as the individual Special Income Limit (SIL).
- The child meets an institutional level of care provided in a hospital, skilled nursing facility, or intermediate care facility (ICF).
- Care provided safely at home for less than the cost of institutional care.

Steps to Enrolling in Act 421: Children's Medicaid Option (CMO)

There are four (4) general steps to enrolling in Act 421: CMO program. To begin the enrollment process, complete a Medicaid application and submit verification documents. Coverage for Act 421-CMO cannot begin prior to January 1, 2022, which is the date the program went into effect.

**Step 1. Completing a Medicaid Application**

There are four (4) ways to apply for Medicaid – online, by mail, in person or by phone. Choose the method that works best for you.

When applying for Medicaid, the disability question (as shown in question 10 below), needs to be answered ‘yes’ to be routed for Act 421: CMO processing:

9. Do you need health coverage?  
(Even if you have insurance, there might be a program with better coverage or lower costs.)  
 YES. If yes, answer all the questions below.  NO. If no, SKIP to the income questions on page 3.

10. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.)?  
 Yes  No If yes, you'll need to complete and include Appendix D.

11. Do you live in a medical facility or nursing home?  Yes  No If yes, you'll need to complete and include Appendix D.

12. Do you want help paying for medical bills (paid or unpaid) for medical care received in the past 3 months?  Yes  No

13. Do you live with at least one child under the age of 19, and are you the main person taking care of this child?  Yes  No

14. Were you in foster care at age 18 or older?  Yes  No  
a. If yes, in which state? \_\_\_\_\_ b. Were you on Medicaid?  Yes  No c. How old were you when you left foster care? \_\_\_\_\_

15. Did you have insurance through a job and lose it within the past 6 months?  Yes  No  
a. If yes, end date: \_\_\_\_\_ b. Reason the insurance ended: \_\_\_\_\_

16. Are you a full-time student?  Yes  No

Applicants determined ineligible for other Medicaid or CHIP programs that meets all other criteria for Act 421-CMO continues to Step 2 of the enrollment process.

## Step 2. Level of Care Assessment at your Local Governing Entity

Your [Local Governing Entity](#) (LGE) needs to complete an assessment to determine if the applicant meets the level of care requirement. You will receive a level of care packet, which contains documents to complete and return to LDH. **All forms must be filled out completely, supporting documentation provided (where indicated) and returned to LDH timely.** Families will receive a packet to complete and return to Medicaid. The forms that you receive are dependent on which level of care pathway is deemed appropriate for your child. Your packet may contain these documents:

- Act 421-CMO cover letter with instructions on how to complete forms.
- Authorization to Release or Obtain Health Information form (HIPAA);
- Child’s Medical and Social Information form (included for the MEDT disability determination);
- 90-L Request for Medical Eligibility Determination form (and an Instruction Sheet); or a
- Health Records Request Form.

The LGE completes the assessment by reviewing information and forms provided by the applicant, so **it is important to follow the instructions in the level of care packet when completing the forms.**

Submit the completed level of care packet to Medicaid to upload into the eligibility system via:

- Fax to: 1-225-389-8019
- Email to: [ltcprocessing@la.gov](mailto:ltcprocessing@la.gov)
- Mail to: Medicaid Application Office; 6069 1-49 Service Road, Suite B, Opelousas, LA 70570.

**Or**

- Upload the documents directly to your Medicaid account using the [self-service portal](#). The instructions on how to upload documents to your account is located [here](#).

Applicants that meet the level of care requirement continues to Step 3 of the enrollment process.

### **Step 3. Disability Determination**

Applicants must meet the definition of disability as set forth by the Social Security Administration. Medicaid will request a disability decision from the Medical Eligibility Determination Team (MEDT) for applicants that do not have a disability determination with the Social Security Administration Office. MEDT may need additional documentation in order to reach a decision on the disability determination.

If you would like assistance in gathering the necessary medical records, you can sign an [Authorization to Release or Obtain Health Information Form \(HIPAA 202L\)](#) to obtain these records directly from the providers (physicians, home health, social service, etc.) that is in the level of care packet. This form is used to assist you in obtaining medical records needed to determine if your child meets the level of care and disability requirement for the Act 421-CMO program.

Applicants that meet the disability requirement continues to Step 4.

### **Step 4. Enrollment/Service Coverage through a Healthy Louisiana plan**

Applicants meeting the medical and financial requirements will receive Medicaid coverage through a [Healthy Louisiana plan](#). When completing a Medicaid application, you can choose a Healthy Louisiana health and dental plan. If you have not selected a health plan, enrollment in a health plan is automatic upon enrollment in Medicaid. The family will have 90 days from date of enrollment to change plans when automatic enrollment occurs.

### **OCDD Report - Julie Foster Hagan**

- Budget Update
  - LDH Budget Request to DOA included the following in regards to services for people with I/DD:
    - Funding for Comprehensive Dental Services for adults in I/DD waivers
    - Continuation of \$2.50 / hour rate increase for I/DD waiver services provided by a DSW
    - Shifting of Resource Center, ICF/IID Programmatic Unit, Monitoring Unit, and closed facilities expenses from Pinecrest to Central Office budget
- Legislative Update
  - Session begins Monday, March 14<sup>th</sup> and runs through Monday, June 6<sup>th</sup>

- OCDD does not have any proposed legislation but will be watching and providing testimony on activities pertaining to I/DD services upon request.
- HCR 45 report on feasibility and desirability of tracking technology for individuals at risk of elopement completed.
  - Currently under review by LDH Leadership and will be submitted by the deadline for review in committee.
  - Thanks to those who participated in the survey that was sent out; the data was incorporated into the report and findings.
  - I will be happy to share a copy of the final report with SAC once final approval received and upon submission to legislature.
- COVID Update
  - We have seen an increase in COVID positive cases, but not to the extent that we have seen in the general public
  - We continue to push out information on vaccine locations for individuals, families, providers to ensure easy access to this for people who wish to be vaccinated
  - We continue to monitor the Supreme Court that is currently hearing testimony on two vaccine mandates that have the potential to affect our I/DD population
    - One is OSHA mandate that requires that any agency with over 100 staff require vaccination or weekly testing (this will affect many of our Waiver Provider Agencies)
    - The other is vaccine mandate for certain health care facilities that receive Medicaid funding, there is no “test out” option with this mandate (this will affect all ICF/DD facilities)
      - Providers reporting significant concern with ability to staff ICFs if this mandate is upheld
- Update of Appendix K Exceptions in Waiver Application
  - Summary document with all actions provided
  - Following focus group meetings, modifications to waiver application and rule made as discussed
    - All waivers posted for public comment – no public comment received
    - ROW, SW, and Children’s Choice amendments submitted to CMS
    - NOW amendment will be submitted as soon as renewal approved by CMS (cannot submit until approval received)
    - Rules will be published for public comment in the February edition of La. Federal Registry
  - There were follow-up discussions for items that will be included in the waiver manual for virtual visits and family as paid caregiver. These groups will be re-convening by the end of January to begin vetting the follow-up actions.
  - Still awaiting word of continuation of PHE that expires in January. HHS has publicly stated that they would give at least a 60-day notice prior to expiration.

- American Rescue Plan Act HCBS Funds
  - CMS has not granted approval of our spending plan at this time, although we are expecting approval any time now; only activity approved was implementation of TEFRA
  - The following activities were submitted for consideration – many will require waiver amendment to enact, but this can be done through an Appendix K request
    - Implement START model assessment and pilot of crisis therapeutic respite
    - Infrastructure standup for Technology First Initiative (remote supports)
    - Implementation of Value Based Payment Model
    - Training for community dental practitioners to support persons with I/DD
    - One-time bonus payments to direct support workers for every month worked from March 2020 – March 2024; total payment of \$125 with \$100 to worker and \$25 to provider (OAAS and OCDD waivers)
    - One time rate increase for Support Coordination of 30% from 1/2022 – 3/2024 (OAAS and OCDD waivers)
    - Survey of HCBS Gap Analysis
- Update Act 421: Children’s Medicaid Option Update
  - Act 421 launched Jan. 1 after CMS approval as state plan option
  - So far we’ve received 164 applications
  - Ongoing meetings weekly to make sure everything running as planned
  - Communications about how to enroll currently being undertaken
- Status of Early Steps Transition Statewide Data Reporting
  - Nothing new to report
- Status of Critical Incidence Reporting System
  - Contractor of incident reporting system is working to correct backlog and anticipates being up to date by March, which will address the majority of the reporting issues

A question was asked if all LGEs were on the same page as to what is a critical incident? Julie said the Federal Office of Inspector General reviewed all their data and wrote a corrective action plan. One of which is to review and refine policies on critical incident.

### **Old Business**

There are 3 open positions, i.e., Region 4, AAHSD; Region 6, CLHSD, and Region 7, NLHSD

**New Business** – None

**Public Comment** – None

**Announcements:** Next SAC meeting dates are March 9h, May 11<sup>th</sup>, July 13<sup>th</sup>, September 14<sup>th</sup>, and November 9<sup>th</sup>.

**Meeting was adjourned.**