

Proposed 1115 Prioritization of Need

I. 1115 Eligibility

Two kinds of eligibility must be met to be in the 1115

1. Medicaid financial eligibility
 - a. There are multiple ways to access Medicaid, whether through meeting federal poverty level requirements or participating in a disability-specific program. Detailed information is available both online at <http://dhh.louisiana.gov/index.cfm/page/220/n/20> or by calling the Medicaid hotline at 1.888.342.6207.
 - i. There is no limit to the number of persons with this type of eligibility who can be served in the 1115.
 - b. For persons who do not qualify under the financial eligibility processes listed in 1.a., institutional deeming processes allow expansion of Medicaid eligibility to persons using facility services or entering HCBS waivers, through 1115 demonstrations.
 - i. This expands Medicaid financial eligibility to 300% of federal poverty level and permits the state not to count parental income towards children's eligibility.
 - ii. There will be a slot count in the 1115 for persons using this type of eligibility. This is exactly the same process as in our current waivers, inclusive of working with a slot count.
2. Functional eligibility
 - a. This eligibility is specific to certifying medical necessity or disability status. It does not have anything to do with income.
 - b. Persons use the OCDD SPOE to acquire a Statement of Approval (SOA). Redetermination is generally required.
 - c. Persons use the EarlySteps SPOE and redetermination process to maintain eligibility per EarlySteps guidelines.

All persons who use EarlySteps will be served in the 1115 for EarlySteps administrative and program-specific services.

II. Process:

1. Identification of whether the person is entering the 1115 directly or is waiting outside of the 1115.
2. For persons waiting outside of the 1115
 - a. All individuals with an OCDD SOA who are waiting outside of the 1115 for an expansion slot will have SUN completed in the discovery process by ---- (TBD). The instrument will be completed as part of a person centered planning discussion aimed at assisting the recipient and family at accessing any available support options outside the 1115.
 - b. The Screening for Urgency of Need (SUN) is completed as a component of discovery upon entry into system and at redetermination.
 - c. Persons will receive scheduled contacts throughout the year. Questions presented to persons/families in these contacts would trigger SUN update.
 - d. If at any time a person/family believes their circumstances have changed, they may request a new/updated SUN.

3. For persons in the 1115:

- a. All 1115 recipients will have SUN completed upon entry to MLTSS as a component of discovery by their assigned Managed Care Organization (MCO) support coordinator. The MCO support coordinator will facilitate development of a comprehensive and integrated plan of supports. The Screening for Urgency of Need (SUN) is completed as a component of discovery and is one piece of important information gathering in assuring the plan of supports best meets the individual's needs.
 - i. The SUN is completed upon entry to the MCO
 1. Persons who enter MLTSS with a 1915(c) waiver NOW, Supports, Children's Choice, or ROW will be grandfathered into the LTSS structure of the comprehensive waiver and will not be subject to ranking and wait, including for specialized LTSS services. They will be placed in the appropriate LTSS package of the comprehensive waiver from the start of MLTSS.
 2. Persons who enter MLTSS without a 1915(c) waiver in place will receive the foundational package and will move to the appropriate package of the comprehensive waiver based upon the prioritization system.
 3. All persons in the 1115 who have emergent needs will have access to the Crisis Services package, which is a 90 day intervention package, in order to address and/or de-escalate needs if possible. For individuals whose crisis situation is linked to a temporary challenge, the crisis package may be all that is needed to address a short term shift in needs. For those for whom the increase in support needs is related to a change in support situation (either increased need for the recipient or decrease in available support system) that is expected to be longer term, the SUN would identify the correct option in the emergent category and the crisis services may assist while LTSS supports are put into place.
 - ii. The SUN is reviewed annually in the plan of supports meeting format
 - iii. The SUN is completed following any trigger that indicates a change in status. This trigger may be initiated by a data trend or utilization change (e.g., evidence of repeat ER visits or hospitalization) or may be initiated after a phone/in-person contact with the person/ family.
 - iv. If at any time a person/family believes their circumstances have changed, they may request a new/updated SUN.

4. The SUN determines individual categorization as follows:

- a. Order on the prioritization waiting list is determined by person's identified level of priority
- b. Persons with the same ranking score are further ranked by date/time of request from their original RFSR date
- c. Ranking using the SUN will occur as follows

Within 1115	Waiting Outside 1115	Within 1115 or Pending Enrollment due to facility stay/referral: Reserved Capacity #1 (no SUN required) – PSSC/CEA/ICFs/qualified psychiatric facilities, hospitals or nursing homes	Within 1115: Reserved Capacity #2 (no SUN required) – CEAs/ICFs in conversion or closure
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4 = emergent need 3 = urgent need 2 = critical need 1 = planning need 0 = no identified need	4 = emergent need 3 = urgent need 2 = critical need 1 = planning need 0 = no identified need	Individual can move via money follows the person (MFP) with no additional cost or savings OR Individual is referred for institutional placement but can remain living in community with diversionary services implemented with no additional cost or savings compared to alternate placement option	Provider plan for conversion to HCBS or closure For persons who choose ICF services rather than HCBS in a closing/ converting ICF, they will not retain reserved capacity rights to HCBS for future moves from this category. Reserved capacity #1 will then apply.
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- d. The screening will be updated at least annually during the discovery and planning process, but may be updated at any time per reason for completion list on the SUN.
 - e. The OCDD proposal to CMS will be to target individuals in the following order:
 - i. 4 – in 1115
 - ii. 4 – waiting outside 1115
 - iii. 3 – in 1115
 - iv. 3 – waiting outside 1115
 - v. 2 – in 1115
 - vi. 2 – waiting outside 1115
 - vii. 1 – in 1115
 - viii. 1 – waiting outside 1115
5. SUN information and rankings are kept in a uniform database and used anytime “offer” can be made. Offers are made based upon (1) funding availability and (2) for persons waiting outside of the 1115, the available slot count*.
- a. **It is OCDD’s intention to request slots to cover all persons on the RFSR who would otherwise qualify under the 300% FFP and parental income removal. We intend to build the 1115 to serve everyone. It may take a number of years to make these slots available, as cost savings are required to fund them fully. CMS must approve our offering of these slots to non-Medicaid eligible persons as a form of Medicaid expansion. With fewer than 20% of our RFSR not eligible for Medicaid through traditional financial means, this “ask” seems reasonable to us.*
 - b. Reserved Capacity groups #1 and #2 impact the funding availability in regards to offers that can be made.
6. Reserved capacity for transition from institutional situations will be maintained with focus on maximizing use of Money Follows the Person options for this group of individuals (see table above)
- a. Those who can move consistent with MFP approach will have their move prioritized and implemented as soon as needs can be addressed and supports are in place. These moves will be cost neutral or produce cost efficiencies.
 - b. ICF conversion or closure will be prioritized in Reserved Capacity Group #2 when provider initiated. This indicates an imminent change/loss of placement for persons otherwise served in an ICF setting. These moves may be cost neutral, produce efficiencies, or may increase cost. The situation is highly variable dependent upon individuals impacted.
 - c. Those who wish to move from a facility but whose support needs would exceed a true MFP swap of funding, would receive a SUN and be moved in priority order along with others waiting for LTSS services in the first group, “Within 1115.”

- i. This method would allow persons served in all facility types, including nursing facilities, to achieve priority rankings within all SUN categories.
- d. New HCBS options are in discussion/development that will allow for most individuals to move to HCBS consistent with MFP options.

7. Validation will occur as follows:

- a. For persons served within the 1115, validation of all demographic and contact information will occur at annual planning along with completion of updated SUN through person-centered processes.
- b. For persons waiting outside of the 1115, validation will occur annually by ---- (TBD). Validation will involve
 - i. Initial mailing to notify the person to anticipate a phone contact
 - ii. Phone call to validate demographic and contact information and to inquire about any changes in support situation. Referral to Medicaid financial eligibility number/web site made in event persons wish to reapply
 - iii. Follow up mailings if phone contact is not successful
 - iv. If change in support situation occurs, recipient/family will have another planning discussion scheduled to update the SUN and evaluate existing and needed support options.

8. A manual for completion of the SUN will be developed and will outline the following:

- a. Definitions for all SUN items along with examples and non-examples of endorsements
- b. Linkage to person centered planning expectations contained in updated Guidelines for Support Planning
- c. Process for review and signing of agreement with SUN along with process for disputing SUN in instances in which family/recipient does not agree

**INITIAL SCREENING
SCREENING FOR URGENCY OF NEED (SUN)**

Person Requesting Supports: _____

DOB: _____

Gender: _____

Informant: _____ Support Coordinator: _____

Contact Date: _____ Contact Time: _____

RFSR Date: _____

Reason for Completion:

- ☐ New Applicant
- ☐ Significant Change in Support Situation
- ☐ Recipient/family requests reassessment
- ☐ Annual Update
- ☐ Moving across regional areas

Questions were adapted from the Priority of Urgency of Need for Services (PUNS) which was developed by Temple University for the state of Pennsylvania. The PUNS is a public record document.

INITIAL SCREENING
SCREENING FOR URGENCY OF NEED (SUN)

4	EMERGENCY NEEDS CATEGORY (Person needs services immediately)	Y/N
	1. Caregiver is no longer able to provide support and this places the individual's health and/or safety at risk	
	2. Death of a caregiver with no other support available	
	3. Person has been placed in custody or is at risk of incarceration without supports	
	4. Intolerable temporary placement exists with immediate need for new placement. This is not a long-term living situation and the current placement is problematic because it is mentally or physically stressful or dangerous (i.e., abusive situations, negative caregivers, poor health conditions, exacerbates medical or behavioral condition, etc.).	
	5. Additional supports are needed to ensure health and safety and/or to keep the individual from being placed in an institutional situation.	
	6. Family needs immediate assistance to provide support and keep the individual at home	
	7. Individual needs immediate supports to stay in their own home	
	8. Individual needs immediate supports to maintain employment situation integral to continuing their current living situation	
	9. Individual's Medicaid financial eligibility status has changed with loss imminent	

3	URGENT NEEDS CATEGORY (Person needs services within next 3-12 months; temporary supports may be in place but are not sustainable)	Y/N
	1. Caregiver is no longer able to provide support and this will place the individual's health and/or safety at risk	
	2. Death of a caregiver with no other support available	
	3. Person has been placed in custody or is at risk of incarceration without supports	
	4. Intolerable temporary placement exists with urgent need for new placement. This is not a long-term living situation and the current placement is problematic because it has risk for mental or physical stress (i.e., excessively crowded conditions, negative caregivers, potential to exacerbate behavioral/medical symptoms, etc.).	
	5. Additional supports are needed to ensure health and safety and/or to keep the individual from being placed in an institutional situation.	
	6. Family needs urgent assistance to provide support and keep the individual at home	
	7. Individual needs supports to stay in their own home within next 3-12 months	
	8. Individual needs supports to maintain employment situation, obtain needed supported employment follow along or achieve post-school employment outcome within next 3-12 months	
	9. Individual's financial Medicaid status is projected to change during annual eligibility redetermination	

2	CRITICAL NEEDS CATEGORY (Person needs supports within 1-2 years)	Y/N
	1. Individual's caregiver is age 60+ and individual will need support within two years	
	2. Individual has an ill caregiver who will be unable to continue providing care within the next two years	
	3. Person presents with behavioral health needs that will warrant additional LTSS supports within	

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INITIAL SCREENING
SCREENING FOR URGENCY OF NEED (SUN)

the next two years	
4. Individual personal or physical care needs will not be able to be met within two years or individual's health has deteriorated and supports will be needed in two years	
5. There has been a family crisis (death, illness, divorce) that will require additional supports within the next two years	
6. Individual's caregiver will be unable to work if supports are not provided	
7. Individual or caregiver will need an alternate living situation within the next two years	
8. Individual has graduated or left school within the last five years	
9. Individual is graduating from high school within the next two years and will need additional supports or an alternate living situation	
10. Individual is living in an inappropriate arrangement (i.e., foster home past age 18; etc) and will need supports in next two years	
11. Individual is receiving day supports that are inappropriate to meet needs	
12. Individual moved from another state where they were receiving supports	
13. Individual will be aging out of DCFS service options within next two years	
14. Individual is losing EPSDT eligibility within next two years (and is receiving PCS or Skilled Nursing)	
15. Individual is scheduled to move from an approved private school within next two years	
16. Individual will need support to remain in own/family home within next two years	
17. Individual's financial Medicaid status is projected to change within 1-2 years due to changing family circumstances (i.e., family size will change due to older sibling age)	

1	PLANNING NEEDS CATEGORY (Person's need for support is more than two years away but within five years)	Y/N
	1. Caregiver will be 60+ years of age and will need support within next 2-5 years	
	2. Known need for supports more than 2 years away	
	3. Individual or caregiver will need increased supports in the next 2-5 years	
	4. Individual will be aging out of DCFS service options within next 2-5 years	
	5. Individual is losing EPSDT eligibility within next 2-5 years (and is receiving PCS or Skilled Nursing)	
	6. Individual is scheduled to move from an approved private school within next 2-5 years	
	7. Individual will be graduating from high school in next 2-5 years	
	8. Individual's financial Medicaid status is projected to change within 2-5 years due to changing family circumstances (i.e., family size will change due to older sibling age)	

0	None of the Above	Y/N
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