



Participant/Family Information Sessions:

Introduction to the LA PLUS Assessment and Resource Allocation

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LA PLUS : Assessment/Resource Allocation



What is the LA PLUS?

- Brief assessment - identifies and documents useful information for planning supports and services

How was it used?

- Used in all adults waivers to assist in support planning
- Used to *supplement* info from SIS = Resource Allocation/Planning in New Opportunities Waiver (child & adult)

How will it be used now?

- Continue to be used in all adults waivers for support planning
- Will now *replace* SIS & serve as basis for Resource Allocation levels in New Opportunities Waiver for children/adults (until eISP begins)
 - LA Plus w/ *Routine Supports Checklist* (Medical/Physical/Behavioral Health support needs)

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Why are we making this change with the SIS & LA PLUS?

- Costs, resources to continue using SIS not sustainable
- OCDD moving to eISP (electronic plan + expanded LA PLUS)
 - Full RA reevaluation will be needed to move toward consolidated waiver
 - Aligns with future plans, makes assessment/planning more efficient
 - Because LA PLUS is already done for all adults in waivers, this simplifies assessment process
- The current Tiered Waiver Process already accounts for consideration of the previous "SIS/LA PLUS" lower levels (Levels 1A/1B)
 - Supports and ROW waivers provide similar services to Level 1 in the NOW

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What does this change mean? What stays the same:

- Support planning is still done using a person-centered planning process
- Tiered Waiver Process: Can still move up to next waiver if, during planning, unmet needs identified that can be met by higher tier waiver
- Core LA PLUS assessment: done for new adult participants, with Supports Waiver offer, as part of planning process;
- Levels 2-6 in the NOW: needs profiles, support recommendations, etc.
- Amount of hours per level in NOW (recommendations of hours per level should meet needs of most)
- Additional hours can still be requested in NOW beyond the max recomm. hours for level

What does this change mean? What is different:

- Only one assessment (LA PLUS) now used in planning process
- Original SIS Levels 1A & 1B are now combined
- Addition to LA PLUS to identify specialized support needs routinely provided: *Routine Supports for Medical/Physical and Behavioral Health Needs Checklist* – similar to SIS section for specialized needs, but specific to La service system

Using the new approach: Existing vs. initial/new participants

Existing NOW Participants

- Continue using current amount of hours (if meets needs)
- Continue with current assigned level (old SIS level)
- Request reassessment w/ LA PLUS if needs change (swap over to "LA PLUS level" – same as SIS levels)

All Initial/New Participants

- LA PLUS done for new adults when get Supports Waiver offer (part of planning)
- If Exception Request for NOW is made, level is determined upon approval
 - If extra hours needed (beyond level), goes through "GPSORC" process with LGE



NOW Resource Allocation System - Based on LA PLUS Algorithm

<p>LA PLUS Levels 1-3 (core)</p> <ul style="list-style-type: none"> • Determined by scores on 6 items in LA PLUS + <u>absence</u> of scores in <i>Routine Supports Checklist</i> 	<p>LA PLUS Levels 4-6 (specialty)</p> <ul style="list-style-type: none"> • Determined by scores on 2 items in LA PLUS + scores in <i>Routine Supports Checklist</i>
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LA PLUS: The Highlights

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LA PLUS Administration: Things to Know!

- Takes about 1.5 hours: *It's all part of planning!*
- For best results: participant and people that know their needs and routines the best should participate
 - At least 2 people needed (participant + 1 other) = gives better picture of needs
 - Good examples: teachers, job coach, foster parent, family member,
 - No new staff, no 'hospital' or 'nursing home' staff, etc.
- It's ok to ask questions if you don't understand something! Assessors will also be asking questions to make sure they understand *You*

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LA PLUS Administration: Things to Know!

- Diagnoses section: current, active diagnoses (assessors will check with doctors) & focus on specific symptoms
- Items to skip:
 - Demographic info (SSN, address)
 - Section 3, Part A: Diagnoses - ICD-9 Code
 - Section 3, Part B: Medications & Dosages - if have current medication list *attached*
- You give info to assessor, *they* will determine most appropriate score/rating
- Only “survey” item is the Personal Satisfaction item in Section 4
 - Rating is from person’s unique perspective based on own personal beliefs

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Part D: Support for Communicating Needs

- Assessor will rate with person’s communication technology/equipment in place (Part A). Person not considered to need “partial” or “full” assistance if tech allows them to communicate without help
- ❖ Planning expectations: If scored as needing “partial” or “full” assistance -
 - Make sure person has access to communication tech/equipment; Get SLP eval/referral if not
 - Communication Log should be completed (*Everyone* communicates, it just might not be with words)

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Part E: Positive Behavior Supports

- Not just support/treatment needs for challenging behavior, but also:
 - formal/ informal support to encourage learning safety skills, self-advocacy, awareness of surroundings
 - learning/following rules of activities or events, learning social etiquette
 - support for mental health/behavioral health treatment

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Parts F & G: Physician/Professional Supports

- Psychiatrist (M.D.) prescribes meds vs. Psychologist (Ph.D., Psy.D.) conducts therapy vs. Medical Psychologist (MP) prescribes meds & conducts therapy
- Not in LA PLUS list: Applied Behavior Analysis, Home Health services (PT, OT, SLT, Nursing), Respiratory therapy, Hospice (Nursing, social work, counseling), Other behavioral health services in health plan
- ❖ Planning expectations: Make sure all services (waiver & non-waiver) are in Plan. IFS/CLS/PCA service does not meet every need!

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Part I: Protective Supervision - #1: Unsupervised Time

- Unsupervised time outside of school/work – total amount of unsupported time in a day person can safely have w/reasonable risk mitigation strategies
- ❖ Planning expectations: Document **when & why** person needs physically present person for support/supervision/risk mitigation. Also document **allowable times for unsupp. time** and risk mitigation strategies.
 - Can person send staff home early w/out great risk? Document. Consent is still priority. People get to choose **when, where, how** they receive the services they need, and when they **don't** want them!

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Part I: Protective Supervision - #4: Level of Monitoring (Awake)

- Level of monitoring during awake hours– how close, how often, and type of supervision while person is awake
- ❖ Planning expectations: Document **when & why** person needs physically present person for support/supervision/risk mitigation. Must also document **allowable times for unsupp. time** and risk mitigation strategies.
 - Does person at times need more intensive or closer level of supervision? Document in Plan

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Part J: Summoning Help

- level of assistance to handle unfamiliar/unexpected situations (not just about life-threatening/emergency sit.) & ability to call for help
- Involves judgment, safety skills, and communication

❖ Planning expectations: For those who will have unsupported time, risk mitigation strategies must be documented. The Plan and/or attachments must note **how they will call** and **who they will call** for help when they need it. Must also note any learning strategies/skills-building goals to improve independence and further ensure safety while alone.

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Part K: Sharing Supports

- Identifies risks/support needs which impact shared supports at *home*
 - **Not** identifying/asking: *Do you want to share supports? or Will you share?*
 - Difference between when could share supports or use other services vs. when absolutely NEED 1:1 service
 - Other service options: Companion Care, Host Home, MIHC, Community Integration, Daytime supports (SE, Pre-Voc, Day Hab)

❖ Planning expectations: People must know and understand advantages/options with shared supports and other services. Sharing is still a choice (when, how, who with). Documentation requirements w/ casual and roommate sharing

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Part L: Community Safety

- Those who engage in extreme challenging or criminal-like behavior which is a significant risk to community, need specially controlled environment and 24-hour supervision at home and away from home
 - Applies to 3 categories : extreme physical aggression, extreme/extensive property destruction, sexually aggressive behavior
- If found competent to stand trial and/or face charges, and no orders for supervision, a person will not be identified as “community safety risk”, & does not require 24-hour supervision related to this risk

❖ Planning expectations: Need/accuracy for CSV endorsement to be reviewed annually, along with appropriate risk mitigation, least restrictive methods. Person must still agree to suggested limitations/rights restrictions put in place

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Part C: Sleep "Assessment"

- Identifies potential sleep challenges, unusual sleep habits, changes in sleep patterns - *Why important?*
 - o 1) Sleep is an essential function for the human mind/body & essential for *Wellness*
 - o 2) Sleep habits/changes in sleep patterns can be clue to other, bigger issues
- 3 items:
 - o Do they have trouble sleeping at night? could be: physical, mental/emotional, or could be side-effect of medication/drug
 - o Do they sleep more than 9 hours per night? Based on age, could be quite normal or not
 - o In a 24-hour period, how many hours does the person sleep?

❖ **Planning expectations:** May need to document (sleep log, activities during "sleeping hours", etc.); Recent med changes; Request prof. support as needed

- **Remember:** Sleep affects health, mental health, & life expectancy – *this is a big deal!*

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LA PLUS Routine Supports Checklist

- *Routine Supports for Medical/Physical Needs and Beh. Health Needs Checklist*
 - Medical/Physical/Nutritional support needs
 - Behavioral Health support needs
- Similar to SIS section for health/behavioral health items, but specific to Louisiana
 - LA PLUS specialty levels (4,5,6) are same as previous SIS levels (4,5,6)

o Support needs are current and necessary and will continue to be so (i.e., not historical)

o Supports needs typically more complex vs. daily living tasks

o Cutoff scores determine membership in Resource Allocation Specialty Levels (4, 5, 6)

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LA PLUS Routine Supports Checklist: The Questions

o Assessors will start general, then get specific:

- **Example:** *Do you routinely (almost every day) provide support to maintain any needed medical health treatment, or to help prevent or treat medical conditions, or provide physical or nutritional support?* If "YES", you will go through entire *Medical/Physical Checklist*

o Assessor will explain each item and provide definition and examples if needed: You can answer "Yes" or "No"

o If you do provide support for that item, Assessor will ask you to describe what the support looks like so they can determine most appropriate score

❖ **Planning expectations:** Details from the *Checklist* should be in the Plan, especially details about support strategies that family/staff use

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Thank you!

Questions?

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