

## 2/7/18 Provider Call Notes

### Program Updates – Mark Thomas

#### Budget Update:

The legislative process for determining the budget is fluid. This is an activity the department goes through annually.

The proposed reductions in HB1 for FY18/19 being considered due to the unresolved fiscal cliff are as follows:

- A change in the financial eligibility requirement for Medicaid Long Term Care Services, changing the income limit to \$750.00 per month (would impact 57% of persons receiving HCBS and ICF/DD services).
- Elimination of the Supports Waiver (would impact approximately 1,700 individuals and 230 providers)
- Elimination of Children's Choice (would impact approximately 1,100 individuals)
- Elimination of Supported Independent Living (SIL) in the NOW (impacting 1,500-2,000 individuals)
- 15% cut to the monthly Support Coordination rate for the NOW

The change in financial eligibility would also impact individuals in nursing homes receiving 24 hour supports. Elimination of Long Term Personal Care Services has also been proposed.

The cuts total approximately \$625 million in State General Funds and approximately \$1.5 Billion total funds. If cuts are realized, they would take effect on July 1, 2018 (SFY 19'). Participants and providers will be notified of any changes.

Please carry this message to the decision makers. This is the first time every part of the OCDD service delivery system has been impacted by proposed cuts, including Support Coordination, HCBS providers, ICF/DD's, and programmatic staff. Thousands could lose services and jobs.

#### Request for Services Registry (RFSR) Project:

Almost 10,000 individuals on the RFSR have been screened. The purpose of this screening is to determine if individuals' needs are met or unmet and identify individuals on the RFSR that have emergent and urgent needs. As individuals are added to the registry, they are screened, and screeners are also identifying individuals who have moved or who are using other supports and services to meet their needs.

#### Tiered Waiver:

With the Tiered Waiver, future waiver opportunities will be made based on prioritization of needs and registry date. Individuals will participate in a needs based assessment and person-centered planning to determine the most appropriate waiver to meet his/her needs once an offer is made.

OCDD is awaiting final approval for the Tiered Waiver. CMS has provided positive feedback, and OCDD has responded to CMS's IRAI's (Informal Request for Information). We are hopeful that OCDD will receive approval at the end of this week or the beginning of next week.

**Waiver Slots:**

OCDD currently has 627 mixed waiver slots to be filled. Currently, 1,100 individuals have been classified as emergent or urgent based on screening. Upon CMS approval of the Tiered Waiver, these slots will be filled based on the urgency of need and protected registry dates.

We are hopeful that we will not have a waiting list in the near future. The waiting list will be composed of those with emergent and urgent needs. Those whose needs are currently being met will remain on a registry and will be re-screened as needed to determine if their needs have changed.

We hope to begin making offers in the next one and a half weeks. There will be a meeting with each individual to determine which waiver will most appropriately meet their needs.

**ROW Transition – Paul Rhorer**

OCDD is currently transitioning those individuals receiving OAAS CCW or ADHC waivers who have OCDD Statements of Approval to the ROW. There are approximately 250 individuals transitioning to the ROW from OAAS. These transitions are occurring based on end dates for OAAS Plans of Care.

There are still a few areas that are still being worked out with the ROW transition. If you have any questions regarding the ROW, you may contact Jeannathan Anderson, ROW Program Manager, at [Jeannathan.Anderson2@la.gov](mailto:Jeannathan.Anderson2@la.gov).

There will increasingly be more individuals receiving the ROW. If you would like to become a ROW provider, please contact Melissa Bayham at [Melissa.Bayham2@la.gov](mailto:Melissa.Bayham2@la.gov). You will have to complete a ROW Provider Request form to add the ROW sub-specialty, and then, you can be added to the Freedom of Choice.

**SIMS Update – Delores Sarna**

SIMS is the Statewide Information Management System, and it will be replacing OTIS for critical incident reporting. Once this system goes live, critical incidents will be reported in this system. The roll out will be done in segments, and in mid-February, a few providers will test out the system. These providers are not yet chosen.

The process for SIMS will be as follows: An invitation will be sent to providers. Applications will be submitted, and it will be determined what role the users are approved for and will be credentialed to access the system based on that role. Each provider should select two staff to have access. These two individuals should be office staff and not DSW’s. These individuals will be trained to use the system. DSW’s will give the hand written forms to one of these approved users to enter the incidents into the system. Providers will begin to receive e-mails in mid-March to begin the process of credentialing, and completing this process should be a priority. Training webinars will be scheduled for the end of March.

The roll out of the system will occur as follows:

- Region 3                      April 23<sup>rd</sup>
- Regions 5 and 6              Mid-May
- Regions 8 and 9              Beginning of June
- Regions 1, 2, and 10        Beginning of July
- Regions 4 and 7              End of July

Please watch out for important emails.

### **EVV/LaSRS – Daniel Buco**

The last two regions are going live for EVV for providers this month.

There are now PA Review and Alerts. As new PA's come in, they will be held in PA Review folder until you view them, and you will no longer have to go through all of your PA's to find new PA's.

Potential Exclusion Matches have also been added in LaSRS. This includes the Louisiana State Adverse Actions List (Program Integrity), OIG exclusions list, and DSW Registry (Health Standards). It will tell you why and how it was matched and the certainty level. This does not replace your requirement for checking these lists. It compliments your requirement but doesn't replace it. This will be updated on a weekly basis. If you discover that you input incorrect information, such as an incorrect social security number or date of birth, please contact us to change this. It does not reflect well if you change the date yourself. Disabling the record also does not work to resolve the problem, and services are blocked if there is an exact match of a Social Security number on one of these lists.

Mapping in LaSRS: There have been many questions regarding mapping. The red bubble indicates that the actual location could be within a large area of the coordinate. It does not mean that the DSW is not where they are supposed to be at that time. A green bubble indicates that the coordinate is accurate by a couple hundred feet.

There was also a question posed as to whether or not the DSW can go out into the community. The answer is yes. SRI will only investigate habitual services not being provided where they are supposed to be provided. For example, if there were multiple check-ins in a different city, this would be a record that would be reviewed. If a participant is being picked up at a different place than as stated in the POC, this should be documented in the progress note, and the coordinates should match the location specified in the note.

LaSRS trainings are held every Thursday. Please contact SRI to schedule.

Customizable fields cannot be added to LaSRS. The extra data would slow down the system.

If you have any questions, you can email [LaSRS@statres.com](mailto:LaSRS@statres.com)

### **CPOC's – Janae Burr**

Vision Statement: All participants should have a vision statement. In the NOW, Supports Waiver, and the ROW, there is a specific place for a Vision Statement. In the Children's Choice, the vision statement should be placed in the Attainment section. Beginning February 1, 2018, all Children's Choice planning meetings will discuss vision for participants and add to the Attainment section. We are asking LGE's to not hold up any current plans and allowing no hold ups until a time after March 1, 2018.

POC Signature Page: The POC signature page for all OCDD waivers should have the signatures of all individuals that were in attendance of the annual POC meeting. Any person that was not in attendance of the POC meeting should not sign. The purpose of this section is to document those present for the POC development. This section is not to document that you agree with the POC.

SC Signature on Provider Documents: Every document that is developed for a participant should be done with person-centered planning. The Provider Plan of Care, Emergency Evacuation plan, and Staff Back-Up plan should be discussed at the time of the annual POC development. This allows all team members to be present for the discussion of these documents.

All those that are present for the development of these documents should sign the provider documents.

**90-L – Teresa Frank**

If you have any difficulties getting a physician to complete the 90-L within the mandatory timelines, you should first contact the Support Coordinator to assist you. If the SC is unable to assist, you should then contact the LGE for assistance in contacting the physician. If this issue is not resolved at the SC or LGE level, then, Teresa Frank, Janae Burr, or Paul Rhorer should be contacted to work with Medicaid to resolve the issue.

**Wrap-Up**

**The next live broadcast is April 5, 2018 at 9:00.**

**Agenda items for the April broadcast should be submitted to [OCDD-HCBS@la.gov](mailto:OCDD-HCBS@la.gov) by March 22, 2018.**