

Transition Plan for OAAS waiver recipients into OCDD's Residential Options Waiver

Criteria and Reasoning behind the Transition

Louisiana is submitting an amendment to the Residential Options Waiver (ROW) that will create a reserved capacity group for individuals who currently receive services via the Community Choices Waiver (CCW) or Adult Day Health Care waiver (ADHC). The CCW and ADHC waiver programs are operated by the Office of Aging and Adult Services (OAAS), but the ROW waiver program is operated by the Office of Citizens with Developmental Disabilities (OCDD). In order for an OAAS waiver recipient to make this transition, they must have an I/DD diagnosis, a Statement of Approval (SOA) by OCDD, and currently be receiving CCW or ADHC services. This transition will improve access to I/DD services for these individuals and contribute to more efficient operation of the State's home and community-based services delivery system. This change will result in the transition of approximately 235 individuals who will have greater access to services specifically designed to support their needs as persons with ID/DD.

This plan to transition the aforementioned individuals was initially introduced to stakeholders in February 2015. In an effort to promote transparency and stakeholder buy-in and input, the plan was also shared during public forums held across the state on February 11th and February 20th of 2015. During these forums, the idea was received positively by stakeholder groups. The transition plan being proposed in this waiver amendment will be posted for public comment prior to submission to CMS.

Benefits of Transition

The ROW will afford recipients access to services which are not available through either the ADHC or CCW, including Supported Employment, Host Home Services, Psychology Services, Registered Dietician Services, and Social Worker Services. In addition, OCDD is requesting through this amendment the addition of Adult Day Healthcare as a service in the ROW to ensure continuity for those individuals who choose to continue to receive that service. Another benefit is the consumer directed option is now available to those individuals transitioning from the ADHC waiver where it was not an option before. Finally, the ROW offers the opportunity to secure more services with a higher expenditure cap, than has been available in either the ADHC or CCW waivers.

Crosswalk Comparisons of the Waivers

The following charts provide an abbreviated comparison of the 3 waivers:

Maximum Expenditure Limit Comparison

ADHC	CCW	ROW
\$26,640	\$39,445	\$61,753 (Based on ICAP level)

	(Based on MDS assessment RUG score)	
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Average Cost Per Recipient

ADHC	CCW	ROW
\$11,698	\$22,408	\$26,913

Service Comparisons

The chart below lists and compares services available under the ADHC and CCW with ROW services. None of the services currently available in the ADHC or CCW will be eliminated, however some services may be provided under a different and more comprehensive service in the ROW. The comprehensive services are denoted in the footnotes of this chart.

Waiver Service Comparison Chart

ADHC / CCW Service	ADHC	CCW	ROW	Cross- Walked ROW Service
Adult Day Health Care	X	X	X	Adult Day Health Care
Case Management	X	X	X	Support Coordination
Transition Supports	X	X	X	Transition Supports
Environmental Accessibility Adaption	-	X	X	Environmental Accessibility Adaptation
Home Delivered Meals	-	X	X ¹	Community Living Support
Monitored In-Home Caregiving	-	X	X ²	Companion Care
Nursing	-	X	X	Nursing
Personal Assistance Services- 1:1	-	X	X ³	Community Living Support
Personal Assistance Services- Shared	-	X	X ⁴	Community Living Support
Personal Emergency Response System	-	X	X	Personal Emergency Response System
Permanent Supportive Housing	-	X	X	Permanent Supportive Housing
Respite	-	X	X	Respite
Self-Directed Option	-	X	X	Self-Directed Option
Specialized Medical Equipment/Supplies	-	X	X	Specialized Medical Equipment / Supplies
Occupational Therapy	-	X	X	
Physical Therapy	-	X	X	
Speech, Language Therapy	-	X	X	

¹ Service for Home Delivered Meals is not necessary in the ROW. If an individual requires assistance with meal preparation, this is provided through Community Living Support in the ROW.

² Monitored In-Home Caregiving service in CCW is a similar service to Companion Care in the ROW.

³ Personal Assistance Services 1:1 in CCW is a similar service to Community Living Support in ROW.

⁴ Personal Assistance Services –Shared in CCW is a similar service to Community Living Support in ROW.

Community Living Supports (CLS) as defined in the ROW manual are a residential option for recipients and includes self-help skills (which includes ADLs and IADLs), socialization skills, cognitive and communication tasks, and acquisition of appropriate positive behavior supports. These supports can be provided as individual supports or as shared supports. These supports focus on Active Treatment to build skills and independence for persons with Intellectual/Developmental disabilities. Personal Assistance Services (PAS) as defined in the CCW manual include assistance and/or supervision necessary for recipients with functional impairments including supervision and/or assistance with ADLs and IADLS, protective supervision, supervision while outside of the home, and extension of therapy services. These supports can be provided as individual supports or as shared supports. Additionally, Companion Care is defined as a residential option for people who do not typically require 24 hour support and is provided by a companion who lives in residence with recipient to provide supports as outlined in CLS above. Monitored In-Home Caregiving is defined in CCW as service provided to recipient living in private home with principal caregiver who is responsible for services as outlined in PAS above. Based on these definitions, individuals will be able to continue to receive assistance for tasks as outlined in their plans of care.

The services provided in the amended waiver (ROW) will not be available in a lesser amount than is currently available in the CCW. Therefore, there will not be a negative impact on the health and welfare of recipients transitioning into ROW. In fact, as previously stated, to ensure continuity of service and to minimize disruption to those individuals with OCDD statements of approvals and who are making the transition from CCW or ADHC, the Adult Day Health Care service is being added to the ROW. Furthermore, the ROW affords people a wider scope of services (listed earlier in this document) which are not available in either the ADHC or CCW waivers.

Service Delivery Methods

ADHC	CCW	ROW
Provider Managed	Provider Managed	Provider Managed

Transition Plan Details and Timetable

In preparation for this transition, all recipients, families, case managers, local governing entities, and providers who will be impacted by this transition will receive a written communication from DHH. Each of these groups of stakeholders will receive a different letter which will specifically address impact to their situation and provide guidance on next steps in this process, and a phone contact will be provided to address additional questions. This communication will occur at the same time public notice of this transition is given. Throughout the process, stakeholders will have an opportunity to provide feedback on the proposal, and all feedback will be taken into consideration.

Additionally, beginning 90 days prior to targeted implementation date, training will be provided to OAAS Support Coordinators regarding available ROW services so that discussion and planning for transition with recipients and family members can begin prior to implementation. In addition, OAAS Support Coordinators will begin to build a file of all relevant documents, including but not

limited to current Plan of Care, relevant assessments, and medical / behavioral / therapy documentation that will transfer with the individual to assist in ensuring a smooth transition. Technical assistance will be available throughout the process to the Support Coordinators through OCDD and OAAS. In addition, fact sheets, comparison charts, and frequently asked questions will be made available to individuals and families. Licensed OAAS providers will be able to add the ROW subspecialty so that there can be a continuation of services. The communication that is sent to providers who currently offer services to recipients of ADHC and CCW waiver will provide instructions on this process. DHH will streamline this process as much as possible to ensure continuity of services. In addition, Prior Authorizations that are in place for OAAS services will remain effective until the ROW plan of care is developed and services authorized to ensure no loss in services during the transition.

Individuals will transition from CCW or ADHC Waiver to ROW in a phase-in approach during each individual's annual CPOC meeting. OCDD and OAAS Support Coordinators will work together to ensure person-centered planning occurs related to the transition with a focus on maintaining independence and continuing to live safely in the community. OCDD Support Coordinators will take the lead in development of Comprehensive Plan of Care for individuals who are transitioning. Local Governing Entities will complete ICAP assessments for individuals transitioning 30 – 60 days prior to the transition. The goal is to phase in all of the identified individuals over the course of the first year following implementation. Fair Hearing rights will be provided to each person during person-centered planning meetings as ROW plans of care are developed.

During this phase-in period, individuals with OCDD Statements of Approvals and who would have been eligible to begin receiving CCW or ADHC services or are currently on either the CCW or ADHC waiting list, will be placed on the ROW Request for Services Registry, maintaining their current protected date. At the current time, there are no individuals on the ROW Registry; however, the ROW does allow for a registry to be enacted. Therefore, it is not anticipated that there will be a significant delay in initiation of ROW services. The waiting lists for both CCW and ADHC are substantially longer than the waiting list for ROW will be, so it is certain that individuals will receive services sooner through the ROW waiting list.

DHH is confident in this action as part of its overall plan to improve the identified individuals' access to I/DD services and create greater efficiencies within the State's home and community-based services delivery system.