



## Participant/Family Information Sessions:

### Introduction to the LA PLUS Assessment and Resource Allocation

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LA PLUS : Assessment/Resource Allocation

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## 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

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**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

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**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

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## NOW Resource Allocation System - Based on LA PLUS Algorithm

<p><b>LA PLUS Levels 1-3 (core)</b></p> <ul style="list-style-type: none"> <li>• Determined by scores on 6 items in LA PLUS + <u>absence</u> of scores in <i>Routine Supports Checklist</i></li> </ul>	<p><b>LA PLUS Levels 4-6 (specialty)</b></p> <ul style="list-style-type: none"> <li>• Determined by scores on 2 items in LA PLUS + scores in <i>Routine Supports Checklist</i></li> </ul>
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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?*
  - 1) Sleep is an essential function for the human mind/body & essential for *Wellness*
  - 2) Sleep habits/changes in sleep patterns can be clue to other, bigger issues
- 3 items:
  - Do they have trouble sleeping at night? could be: physical, mental/emotional, or could be side-effect of medication/drug
  - Do they sleep more than 9 hours per night? Based on age, could be quite normal or not
  - 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)

○ Support needs are current and necessary and will continue to be so (i.e., not historical)  
 ○ Supports needs typically more complex vs. daily living tasks  
 ○ Cutoff scores determine membership in Resource Allocation Specialty Levels (4, 5, 6)

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### LA PLUS Routine Supports Checklist: The Questions

○ 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

○ Assessor will explain each item and provide definition and examples if needed: You can answer “Yes” or “No”

○ 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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