

OCDD Stakeholder Meeting

What Happens When the COVID PHE Ends?





Presentation Overview

- OCDD HCBS Waiver Requirements Before, During, and After COVID Public Health Emergency
- Medicaid Eligibility PHE Unwind
- Update on HCBS Settings Rule
- Introduction to Technology Supports with Remote Features
- NCI Survey Information
- LDH Business Plan Update

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OCDD Waiver Requirements Before, During, and After COVID-19 PHE

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OCDD Waiver Services

- OCDD has 4 Home and Community Based Waivers, (New Opportunities Waiver or NOW, Residential Options Waiver or ROW, Supports Waiver, and Children's Choice Waiver)
- States complete a "waiver application" with all rules and regulations, that must meet CMS requirements.
 - Any changes to this require a "waiver amendment"
- Some waiver activities are also regulated by licensing and certification and through Medicaid State Plan services.

Background on Exceptions

- Appendix K Exceptions: may be used by states during an emergency situation to request changes to the waivers as part of an emergency response to keep people safe
- Section 1135 of the Social Security Act: may be used during emergency situations to temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements

Current Status of Exceptions

- Federal Public Health Emergency (PHE) declaration for COVID will end on May 11, 2023.
 - Exceptions approved through Appendix K will end **“6 months after the end of the PHE”**
 - Exceptions approved through 1135 must end **at the time the PHE ends.**
- OCDD has made some changes to waiver services from lessons learned during COVID based on feedback from focus groups.
- The following slides will discuss the approved changes and describe before, during, & after COVID.

Waiver participant and direct support workers living in the same home

Timing	What's in the Waiver?
Before COVID PHE	Not able to live in the same home.
During COVID PHE	Were able to live in the same home.
6 Months After COVID PHE	If paid worker is family member living in the same home, refer to “Family as Paid Caregiver” slide. If paid worker is not a family member, not able to live in the same home.

Family as Paid Direct Support Worker

Timing	What's in the Waiver?
Before COVID PHE	Family members living in the same home not able to be paid direct support worker (DSW). No restriction for family members not living in the same home.
During COVID PHE	Family members, including legally responsible individuals (LRIs), able to serve as paid DSW with no restrictions.
6 Months After COVID PHE	Family members, including LRIs, able to continue to be paid DSWs, with additional safeguards / guidelines (refer to next slide).

Family as Paid Direct Support Worker Guidelines

- If not living in the same home, no restrictions.
- If living in the same home, paid services can be provided up to a maximum of 40 hours per week per family member, based on approved hours.
- Must meet same qualifications and expectations as non-family member direct support workers.
- All family members serving as paid DSWs will be required to review a training and sign an attestation. Training will consider cultural differences in families.



Family as Paid Direct Support Worker Guidelines

- Must be in the “best interest of the individual” and individual receiving services must agree.
- For LRIs, must meet “extraordinary care” criteria for paid services.
- All must be documented in the Plan of Care.
- Self-Direction: may not be the authorized representative/employer and be a paid direct support worker.

Use of Virtual Visits for Support Coordination Services

Timing	What's in the Waiver?
Before COVID PHE	Support coordination (SC) services required to be in-person with no allowance for virtual visits
During COVID PHE	Virtual visits allowed for all SC services
After COVID PHE	ROW, SW, CC: SC guidelines start 6 months after PHE NOW: SC guidelines start at end of PHE

SC Virtual Visit Guidelines

- The individual/family; the SC; and the applicable provider agencies are in agreement that a virtual visit is in the best interest of the individual, and
- Legally responsible individual(s) or family member(s) living in the home are not paid DSW(s), and
- No instances of significant incidents, changes, or concerns in the past two years
- At least 2 in-person visits must occur annually.

Signature on Annual Plan of Care

Timing	What's in the Waiver?
Before COVID PHE	“Hard signature” required on the Plan of Care (POC) document, as well as other documents completed during the annual meeting.
During COVID PHE	Verbal approval allowed for all documents
6 Months After COVID PHE	“Hard signature” required for POC documents completed during annual meeting. Allowance for electronic signature on other documents, although will not be required.

16 Hour Rule

Timing	What's in the Waiver?
Before COVID PHE	DSWs not allowed to work over 16 hours in a 24 hour period, without approval of an emergency situation.
During COVID PHE	DSWs have been allowed to work over 16 hours in a 24 hour period.
6 Months After COVID PHE	The guidelines for working over 16 hours in a 24 hour period have been modified (refer to next slide).

16 Hour Rule Guidelines

- No DSW should be regularly or routinely scheduled more than 16 hours in one day.
- DSW should only work over 16 hours in a 24 hour period for unplanned situations when a paid staff or natural support is not available and the person cannot be left unsupported.
- No prior approval is needed and no payments will be blocked; however, there will be review after the fact

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Sharing of Direct Support Workers Across Waivers

Timing	What's in the Waiver?
Before COVID PHE	Individuals receiving a different waiver (ROW, NOW, or CC Waiver) were not able to “share” DSWs across the different waivers.
During COVID PHE	Individuals receiving a different waiver were able to share DSWs across waivers.
6 Months After COVID PHE	Individuals will be able to share direct support services across two waivers in the NOW, ROW, and Children's Choice Waiver.

Monitored In-Home Caregiving Service

Timing	What's in the Waiver?
Before COVID PHE	This service, also called MIHC, was not available as a service.
During COVID PHE	Added as a service in the NOW and ROW.
After COVID PHE	Will continue as a service in the NOW and ROW.

New Vocational/Day Habilitation Services

Timing	What's in the Waiver?
Before COVID PHE	Vocational / day habilitation services primarily conducted in a facility-based setting with large groups.
During COVID PHE	New services added: Virtual day habilitation, prevocational and individual supported employment follow along services; Community Life Engagement; and Community Career Planning
After COVID PHE	These new services will continue.

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Additional 20 hours a week of in-home service in Children's Choice Waiver

Timing	What's in the Waiver?
Before COVID PHE	Hard "cap" on the total budget a person can use in the Children's Choice Waiver.
During COVID PHE	"Cap" was increased to allow for an additional 20 hours per week of in-home services, due to school closures.
6 Months After COVID PHE	Increased "cap" allowing the additional 20 hours per week will end.

Conversion of Vocational / Day Habilitation Service Hours to In-Home Supports

Timing	What's in the Waiver?
Before COVID PHE	Individual's plan of care included "approved" hours for services in the home and for vocational / day habilitation.
During COVID PHE	Hours approved for vocational / day habilitation were converted to services that could be provided in the home due to closure of facilities and health concerns.
6 Months After COVID PHE	Conversion of hours will end.

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Age Requirements for Direct Support Workers

Timing	What's in the Waiver?
Before COVID PHE	DSWs were required to be 18 years of age.
During COVID PHE	The minimum age for DSWs was reduced to a minimum age of 16 years old.
6 Months After COVID PHE	The age limit will return to 18 years of age due to statutory requirements.

Requirement For Service in 30 days

Timing	What's in the Waiver?
Before COVID PHE	Requirement to receive a minimum of one service every 30 days to continue to be eligible for waiver in the NOW and ROW.
During COVID PHE	No requirement to receive a minimum number of services to continue to be eligible for waiver.
6 Months After COVID PHE	Return to requirements of a minimum of one service every 30 days to maintain waiver eligibility in the NOW and ROW.

Flexibilities that Ended During COVID

- Use of virtual visits for Supported Independent Living Service, 10 day initial home visit, waiver certification visit.
- Extension of the 90-L “level of care” form for an additional year.
- Temporary suspension of background check for immediate family hired as DSWs.
- Allow immediate family members to begin working with reduced training requirements.
- Retainer payments to providers who were under a mandatory closure.

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Medicaid Eligibility “Unwind”

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Help Us Ensure No One Loses Medicaid Coverage Who Qualifies

- During COVID PHE, states received extra federal dollars to help ensure the health and safety of their residents, but we were unable to remove anyone from Medicaid eligibility.
- In December 2022, federal government advised beginning April 2023, Medicaid agencies must re-start reviewing eligibility for members and close anyone who is not eligible.
- Over 2 million Louisiana residents on Medicaid currently.
- LDH wants to ensure everyone who is eligible maintain their coverage.
- It is VITAL that Medicaid members make certain Medicaid has their current mailing address, cell phone numbers, and e-mail addresses.

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How Can Residents Make Sure the Contact Information is Up to Date

- There are several ways members can make changes or verify their contact information.
 - Log on to [MyMedicaid.la.gov](https://www.MyMedicaid.la.gov)
 - E-mail MyMedicaid.la.gov
 - Call your health plan (phone number can be found on your health plan's ID card)
 - Call Medicaid's Customer Service hotline at 1-888-342-6207. Hotline assistance is available Monday – Friday from 8 am – 4:30 pm
 - In-person help is available at any of the regional Medicaid offices. To find an office closest to you, visit www.ldh.la.gov/medicaidoffices.

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What's Next?

- The first batch of renewal letters will be mailed out at the end of April and beginning of May. Members who are not eligible will lose coverage at the end of June 2023.
- Mailing renewal letters will be staggered across 12 months, and it will take 14 months to complete the redetermination process for all Medicaid members.
- Members should watch their mail for letters from Louisiana Department of Health, Louisiana Medicaid, or their health plan and respond to renewals and requests for more information.
- Members who do not respond to renewal letters or requests for information risk losing their coverage, even if they are eligible.

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Update on HCBS Settings Rule

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HCBS Settings Rule

- New requirement for states that was published in 2014
- Ensures that individuals receiving services and supports through HCBS programs have choices in how they spend their day, full access to the benefits of community living, including employment and are able to receive services in the most integrated setting.
- The deadline to be in compliance is March 17, 2023.
- Louisiana has received approval of our “State-wide Transition Plan” that shows how we will come into compliance.

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HCBS Settings Rule

- Due to ongoing concerns with direct support workforce crisis, we have asked for a corrective action plan which allows for us to bring all into compliance.
- With end of PHE declaration, there is increased pressure for compliance.
- CMS will visit all states, including provider agencies, to assess compliance.

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Introduction to Technology Supports With Remote Features

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Examples of Technology with Remote Features:

- Smart home technology
- GPS location devices to help find someone during an emergency
- Smart phones/ tablets/ computers & technology applications to help communicate, use transportation, read, receive appointment /calendar reminders
- Telehealth
- Remote door locks
- Electronic medication dispenser that tells you when to take medication
- Emergency & medical response support
- Remote support caregiving
- Etc. - many other potential options

Why Might Someone Use These Types of Support?

Potential Benefit to the Person

- Technology is everywhere
- Build independence
- Enhance safety and security
- Improve quality of life
- Life like yours & mine – technology is for everyone
- Individual differences – if/when & type of technology may vary

Potential Benefit to the System

- DSP shortage & remote support may free up capacity for those who need it the most
- Secondary benefit = Sustainability of service system



Planned New Services/Remote Features

- Mobile Emergency Response System- an on the go mobile medical alert system, used in and outside the home. This system will use cellular/GPS technology, two-way speakers and no base station required.
- Medication Reminder System- an electronic device programmed to remind an individual to take medications by a ring, automated recording or other alarm. The electronic device may dispense controlled dosages of medication and may include a message back to the center if a medication has not been removed from the dispenser. Medications must be set up by an RN.

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Planned New Services/Remote Features

- Other equipment used to support someone remotely may include: electronic motion door sensor devices, door alarms, web-cams, telephones with modifications (large buttons, flashing lights), devices affixed to wheelchair or walker to send alert when fall occurs, text-to-speech software, intercom systems, tablets with features to promote communication or smart device speakers.
- Remote Technology Service Delivery: covers monthly response center/remote support monitoring fee and tech upkeep (no internet cost coverage)
- Remote Technology Consultation: evaluation of tech support needs for an individual, including functional evaluation of technology available to address the person's access needs and support person to achieve outcomes identified in the POC.



National Core Indicator Survey

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National Core Indicators Survey

- National Core Indicators Survey (NCI) is a national collaboration that helps to measure and improve the performance of state I/DD agencies.
- OCDD participates, along with 47 other states by conducting surveys on a variety of relevant topics. Surveys include:
 - Adult Family Survey
 - Family / Guardian Survey
 - Child Family Survey
 - Workforce Survey

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NCI Workforce Survey – 2021 Report

- Average Wage Comparison:
 - ❖ LA: \$9.97/hour NCI Average: \$14.64/hour
- Staff Turn-over Comparison:
 - ❖ LA: 41.4% NCI Average: 43.3%
- Benefits: Paid Vacation
 - ❖ LA: 76.3% NCI Average: 75.5%
- Benefits: Paid Personal Time
 - ❖ LA: 50% NCI Average: 41.5%
- Benefits: Health Insurance
 - ❖ LA: 45.6% NCI Average: 59.9%
- Recruitment Strategy – Paid Incentive
 - ❖ LA: 32.8% NCI Average: 53.1%
- Retention Strategies
 - ❖ LA: 65% NCI Average: 68%

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LDH Business Plan Update

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FY 2022 LDH Business Plan | **Together:** Building a Stronger LDH and a Healthier Louisiana

OUR COMMITMENTS:

- 1) Improve the Health and Well-Being of Louisianans with an Emphasis on Prevention
- 2) Reshape #TeamLDH Culture
- 3) Enhance Customer Service, Partnerships, and Community Relationships
- 4) Promote Transparency, Accountability, and Compliance

OUR OUTCOMES:

Through strong partnerships, purposeful work, and innovative strategies, LDH completed 95% of our 258 deliverables* and 88% of our 42 goals.


258

FY22 deliverables


246

deliverables
completed (95%)


42

Business Plan goals


37

goals completed
(88%)

FY 2023 LDH Business Plan | Invest: Teaming up for a Stronger LDH and a Healthier Louisiana

OUR COMMITMENTS:

- 1) Improve Health and Well-Being across the Life Span of Louisianans
- 2) Support Vulnerable and Underserved Populations
- 3) Invest in and Empower #TeamLDH
- 4) Improve Performance, Accountability, and Compliance
- 5) Strengthen Customer Service, Partnerships, and Community Relations

THESE COMMITMENTS ENCOMPASS:

- 18 initiatives
- 45 goals
- 253 deliverables



Click [HERE](#) to view full
FY23 Business Plan



Send any questions to OCDDInfo@la.gov.

Thank you for your participation!

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