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# Louisiana's OCDD Support Planning & Resource Allocation

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# SUPPORT PLANNING & RESOURCE ALLOCATION

# Why Louisiana Sought Change?

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- Overuse of institutions (1<sup>st</sup> in ICF/DD use)
- Inadequate waiver planning (1 in 4 recipients received 24 hour 1 on 1 supports)
  - High cost per person for services
  - Lack of fiscal responsibility in the waiver
- Inequitable planning (some have it all, many have nothing)
  - Lack of objective assessment for planning
  - More isolation for many people

# OCDD Resource Allocation

## Promoting Sustainability of Community-based Programs

- The Resources Allocation Model:
  - uses nationally recognized Supports Intensity Scale and the LA Plus to assess support needs
  - an individualized resource allocation level is established as derived from the SIS/LA Plus
    - LA's model is a 7 level system with a BASIC designation for any individual who falls below level 1A
  - allots number of individual and family support (IFS) hours based on needs assessment
    - Largest expenditure category (95% of all costs)

# OCDD's Guidelines for Support Planning

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- Focus on Person-driven planning and supports
- Details how planning is linked to Resource Allocation
- Provides guidance on necessary facilitated discussion areas
- Sets plan review and approval guidelines to ensure BOTH person-centered issues and resource allocation are addressed
  - General requirements
  - Specific Focus on Behavioral Support Needs/Challenges
- Intensive Training for Implementation
  - Local Office (Establishment of Regional Office Specialist – ROS)
  - Support Coordinators
  - Providers
  - Recipients/Families

# Planning Values

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- Each person defines his/her own outcomes.
- The planning process begins with the discovery of who the person is.
- The planning process builds on the important, meaningful life experiences of the person rather than with the limitation of services actually available.
- There is a partnership with the person and all the important people in his/her life.
- Individualized supports and services are provided to assist a person to achieve his/her vision and goals.

# Planning Assumptions

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- People will have a full life with an array of activities and interests
- People will have meaningful work, school or other appropriate daytime activities
- People will use a variety of supports (natural, community, educational, etc.)
- When people live independently and need significantly more supports than those recommended for their level, they will share supports unless contraindicated.
- Plans will foster greater independence for each person
- People living with family and those living independently have different needs and the needs of each will be addressed.

# Linking Guidelines and the RA System

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- Vision and Goals sets context for planning AND Resource Allocation
- Identification of Needs and Typically Schedule
- Flexible use of hours
  - Hour conversions offered
  - Modifications to typical schedule per recipient's request
- Exceptions Review Process
  - Any model has “outliers” or exceptions
  - Model sets guidelines with ability to request additional supports with justification



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NEW OPPORTUNITIES WAIVER  
IMPROVEMENTS & OUTCOMES

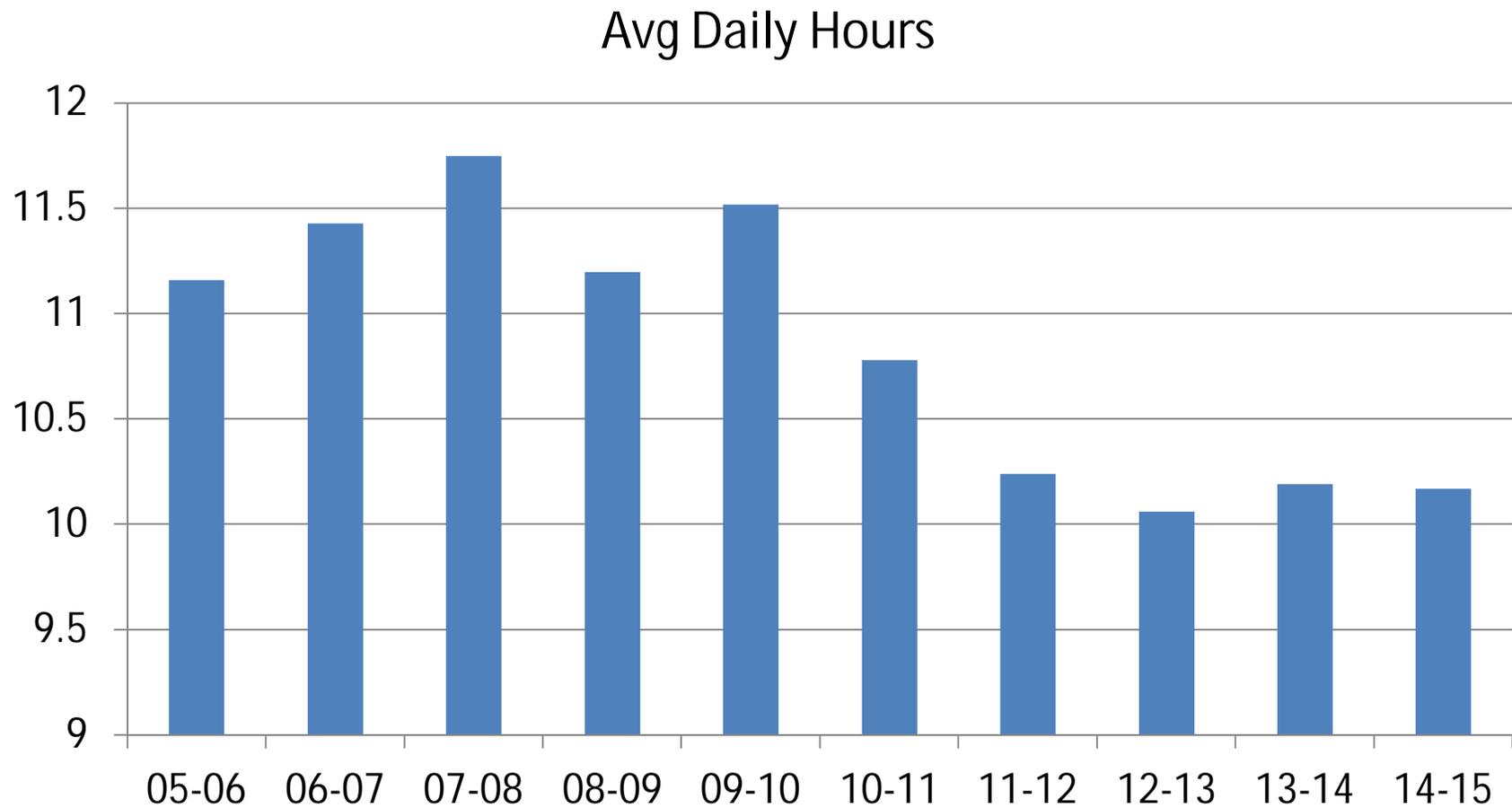
# Enhanced Use of Alternate Supports

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- Shared supports increased from 8% to 14% of NOW recipients
- Average daily use of IFS hours decreased from over 12 hours per day to 10.5 per day
  - More family support
  - More unsupported hours and independence

# Individual and Family Supports Hours Per Recipient Per Day

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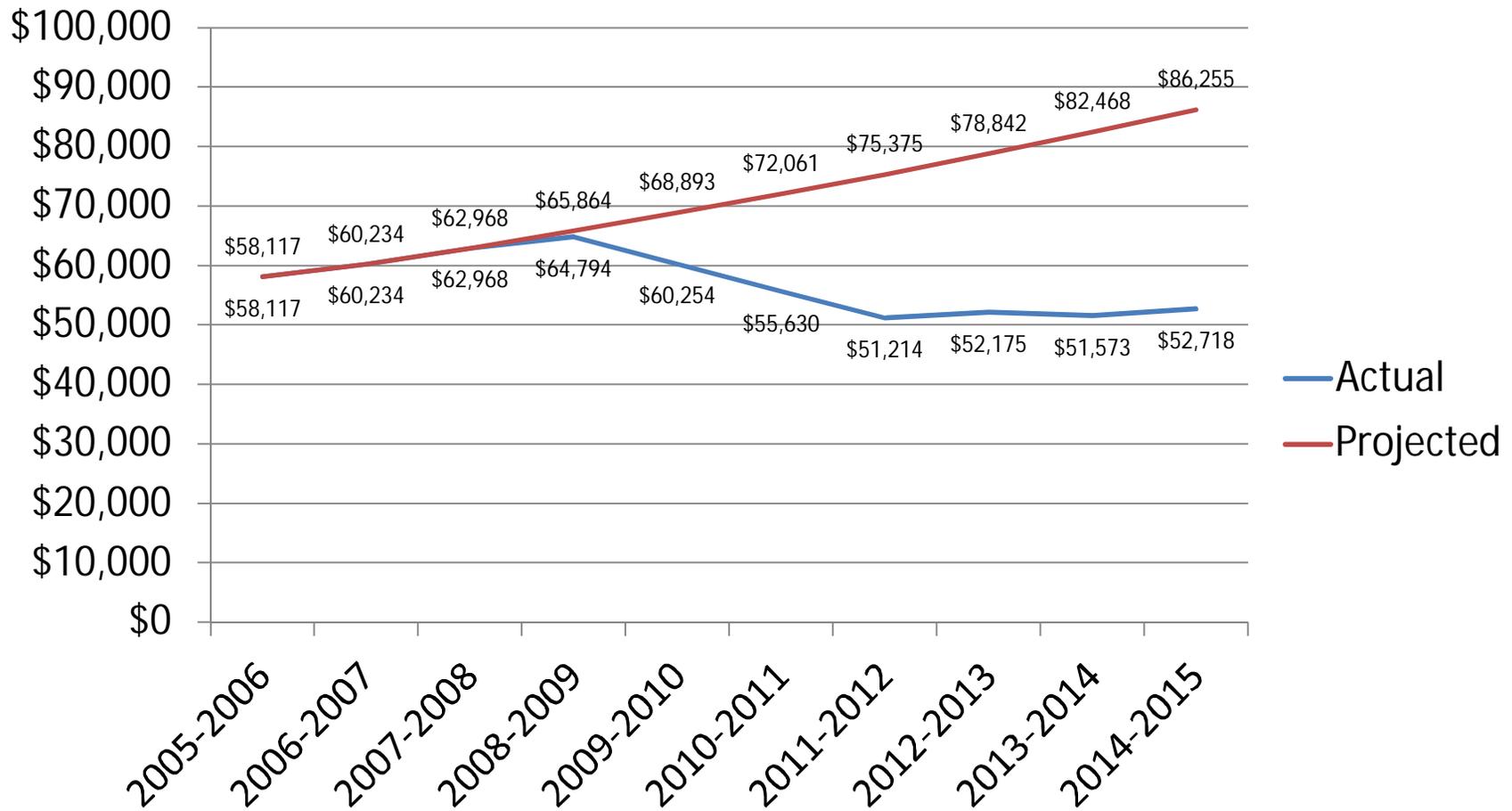


# Cost Avoidance and Savings

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- The NOW average annual cost per recipient increased from \$52,165 in state fiscal year 2004-2005 to a peak cost of \$67,836 in SFY 2007-2008.
  - The average change in the average annual cost per recipient in the NOW before the 2007 \$2 Wage Pass Thru Rate enhancement was 4.60%.
  - Without cost containment, the projected average annual cost per recipient for the NOW would have been \$75,375 in state fiscal year 2011-2012.
- Implemented in SFY 2009-2010, the average annual cost of NOW recipients has decreased by an average of 5.54% per year.
- Resource Allocation planning saved an estimated \$43 million dollars to the Medicaid program per year (cost savings).
- Since implementation, there has been an 8% increase in recipients served but only a .5% increase in overall cost of the NOW.

## PROJECTED AVG COST PER RECIPIENT BASED ON AVG PERCENTAGE CHANGE WITHOUT \$2 WAGE PASS THRU



# Improved Planning

Support Planning Area	Pre-Training	Post-Training
Overall Compliance	39%	60%
Supervisor Reliability	44%	65%
Focus on Independence	32%	71%
Planned supports for desired community Involvement	44%	84%
Planned supports to maintain connection to Family/friends	22%	54%
Respects individual choice	43%	86%
Uses Natural Supports	56%	80%
Uses Typical Community or Technological Supports	9%	52%

# Recipient Outcomes

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- Greater independence and decreased reliance on intensive 1:1 supports
- No increased institutionalization due to Resource Allocation
- No increase in Critical Incidents related to Resource Allocation



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CHALLENGES AND ONGOING  
IMPROVEMENTS

# Resource Allocation

## Implementation

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- 2005 – Needs Based Assessment Determination and Development of LA Plus
- 2006-2007 – Sample Assessment and RA Development
- 2008-2009 – Training and preparation for implementation
- 2009 – Initiated 3 year phase-in option [July for all initials; October for all recipients]
- 12/2010 - Expedited phase in [complicated by Advocacy Center involvement]
- 12/2011 - Implemented more stringent approval/denial and “outlier” determination criteria
- 2011-2012 – RAS evaluation and review
- 2012-2014 – OCDD Systems Transformation Initiated with Stakeholder Engagement
- 2015 - Louisiana Waiver Consolidation and Resource Allocation Changes in development

# Systemic Barriers & Next Steps

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Barriers	Proposed Actions
Family as paid staff	Developed guidelines and expectations for family as paid staff
Limited work/vocational options	Employment First Initiatives
Over Reliance on Individual and Family Support hours	Exploration of increased use of companion care option; increase flexibility in use of hours; assessment of broadening shared options
Fragmented Waiver System	Louisiana Waiver Consolidation in Development (Stakeholder involvement)
Support Coordination Turnover (Planning and Assessment Drift)	Guidelines Enhancements; Training Plan; Modifications to SIS Training and Oversight

# Situational Barriers

Barriers	Proposed Actions
Retirement age and options	Further Defined Outlier Categories; Evaluating options for innovative services in waiver consolidation
Family limitations in providing natural supports for those living with family	Further Defined Outlier Categories; Evaluating options for innovative services in waiver consolidation
Unique challenges of supporting individuals with physical but no cognitive limitations	Further Defined Outlier Categories; Evaluating options for innovative services in waiver consolidation
Lack of adequate behavioral and mental health services thus relying on greater staff support	Physical & Behavioral Health MC initiative; evaluating specialized services for waiver consolidation
Lack of coordination and oversight of acute health care needs	Physical & Behavioral Health MC initiative
Sharing and one bedroom apartments	More "shared support" options

# Helpful Links

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- [http://dhh.louisiana.gov/assets/docs/OCDD/waiver/NOW/Guidelines\\_Support\\_Planning.pdf](http://dhh.louisiana.gov/assets/docs/OCDD/waiver/NOW/Guidelines_Support_Planning.pdf)
- <http://dhh.louisiana.gov/index.cfm/page/173>  
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