Louisiana’s OCDD Support Planning & Resource Allocation

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SUPPORT PLANNING & RESOURCE ALLOCATION

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LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
Why Louisiana Sought Change?

- Overuse of institutions (1st 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

- 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

- 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

- 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

- 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
NEW OPPORTUNITIES WAIVER
IMPROVEMENTS & OUTCOMES
**Enhanced Use of Alternate Supports**

- 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

Avg Daily Hours

<table>
<thead>
<tr>
<th>Year</th>
<th>Avg Daily Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>05-06</td>
<td>11.0</td>
</tr>
<tr>
<td>06-07</td>
<td>11.5</td>
</tr>
<tr>
<td>07-08</td>
<td>11.5</td>
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<tr>
<td>08-09</td>
<td>11.0</td>
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<tr>
<td>09-10</td>
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<td>10-11</td>
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<td>13-14</td>
<td>10.0</td>
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<tr>
<td>14-15</td>
<td>10.0</td>
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</tbody>
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Cost Avoidance and Savings

• 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

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

- 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

- 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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<thead>
<tr>
<th>Barriers</th>
<th>Proposed Actions</th>
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<tbody>
<tr>
<td>Family as paid staff</td>
<td>Developed guidelines and expectations for family as paid staff</td>
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<tr>
<td>Limited work/vocational options</td>
<td>Employment First Initiatives</td>
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<tr>
<td>Over Reliance on Individual and Family Support hours</td>
<td>Exploration of increased use of companion care option; increase flexibility in use of hours; assessment of broadening shared options</td>
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<tr>
<td>Fragmented Waiver System</td>
<td>Louisiana Waiver Consolidation in Development (Stakeholder involvement)</td>
</tr>
<tr>
<td>Support Coordination Turnover (Planning and Assessment Drift)</td>
<td>Guidelines Enhancements; Training Plan; Modifications to SIS Training and Oversight</td>
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<tr>
<td>Barriers</td>
<td>Proposed Actions</td>
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<td>------------------------------------------------------------------------</td>
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<tr>
<td>Retirement age and options</td>
<td>Further Defined Outlier Categories; Evaluating options for innovative services in waiver consolidation</td>
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<tr>
<td>Family limitations in providing natural supports for those living with family</td>
<td>Further Defined Outlier Categories; Evaluating options for innovative services in waiver consolidation</td>
</tr>
<tr>
<td>Unique challenges of supporting individuals with physical but no cognitive limitations</td>
<td>Further Defined Outlier Categories; Evaluating options for innovative services in waiver consolidation</td>
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<tr>
<td>Lack of adequate behavioral and mental health services thus relying on greater staff support</td>
<td>Physical &amp; Behavioral Health MC initiative; evaluating specialized services for waiver consolidation</td>
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<tr>
<td>Lack of coordination and oversight of acute health care needs</td>
<td>Physical &amp; Behavioral Health MC initiative</td>
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<tr>
<td>Sharing and one bedroom apartments</td>
<td>More “shared support&quot; options</td>
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Helpful Links

- [http://dhh.louisiana.gov/index.cfm/page/1731](http://dhh.louisiana.gov/index.cfm/page/1731)