

OCDD
HCBS Settings Rule Transition Plan
Quarterly Implementation Progress Report
March 31, 2016

Action Step	Start	End	Status/Comments
Stakeholder Engagement			
Convene Interagency group to manage planning process	9/22/14	Ongoing	<ul style="list-style-type: none"> • Ongoing quarterly meetings with MPSW Section • OCDD updated partner agencies/stakeholders about transition plan on 3//27/15 (Work Pays meeting) • 9/23/15—Work Pays Meeting—updated partner agencies/stakeholder about transition plan and employment initiatives • Memorandum of Understanding meeting held with Louisiana Rehabilitation Services (LRS) on 4/20/15 and 5/28/15. <ul style="list-style-type: none"> ○ Meeting held on 7/16/15-working on draft MOU ○ 9/10/15-OCDD met with LRS, OBH and Medicaid to make final edits to draft MOU. Next steps related to MOU are to have each agencies legal department review the document. • DHH, with representation from OAAS, OCDD, OBH and Medicaid attended the Community Provider Association Legislative and Public Policy Conference on 7/8/15. Representatives from each program office sat on a panel for the HCBS Settings Rule, provided updates on their transition plans and participated in Q&A session with providers. • OCDD also meets and provides updates regarding STP to groups such as the DD Council, Provider quarterly meetings, SC/LGE quarterly meetings, SILC, and other identified groups as appropriate. <p>12/31/2015 Update:</p>

			<ul style="list-style-type: none"> • 10/13/2015—Presented information and answered questions regarding the HCBS rule changes to the Executives of the ARC quarterly meeting • 10/27/2015-State Use Council meeting discussing changes being made to the workshops and integration of rule from CMS and how it will affect the program • 11/30/2015-Finalizing draft MOU with LRS and OBH • 12/2/2015-LC Vocational Provider Meeting to answer questions along with LRS • The STP workgroup met on 11/13; 11/20; 12/1; 12/4; 12/7; 12/11; and 12/16 to discuss responses to CMS and revise the STP to meet CMS requirements. • 12/18-Updates regarding transition plan and status given to the Provider Association Group <p>3/31/2016 Update:</p> <ul style="list-style-type: none"> • 1/29-Louisiana Rehabilitation Council Meeting presentation. Mark Thomas presented initiatives, HCBS, and working with WIOA • 2/22-2/23-State Independent Living Council Quarterly Meeting • Based on input/feedback from providers – OCDD updated the HCBS website to better organize and facilitate ease of use for those persons accessing it. New website went live on 2/24/16. The following link goes to the new website: http://new.dhh.louisiana.gov/index.cfm/page/2313 • STP workgroup met on 2/4/16 and 3/1, and 3/7—meetings on 3/1 and 3/7 were to discuss response to CMS related to milestones • 3/4-Work Pays/APSE quarterly meeting • 3/21-Updates regarding transition plan and status given to the Provider Association Group.
Identify all potential stakeholders including participants, providers, family members, state associations, advocacy organizations, and self-advocates.	10/6/14	11/15/14	All stakeholders identified

Create portal on State Medicaid website. Provide transition information and plan. List end of comment period	2/11/15-posted	4/10/15-comments due	2/11/2015-posted 4/10/2015 comments due
Support ongoing stakeholder communications	11/2014	Ongoing	<p>Initial stakeholder engagement/communications noted on the initial plan. Since the submission of the State wide transition plan-OCDD has engaged in the following:</p> <ul style="list-style-type: none"> • Representative from OCDD conducted onsite meeting with Lafayette ARC on 3/11/2015 and continues to provide assistance as needed via email correspondence. • Onsite visit with Assumption ARC on 3/12/2015 to evaluate and provide assistance with meeting compliance with rule. On April 12, 2015-pilot/discussion on completing non-residential assessment. • OCDD updated partner agencies/stakeholders about transition plan on 3/27/2015 (Work Pays Meeting) • Memorandum of Understanding Meeting held with Louisiana Rehabilitation Services on 4/20/2015 and 5/28/2015. Next meeting scheduled for 7/16/2015 • Onsite visit with Rapides ARC on 5/18/2015 • Round table employment meeting in New Orleans with employment providers and LGE office to discuss strategies for compliance with settings rule/employment initiatives on 6/2/2015 • Technical assistance phone conference with St. Mary ARC on 6/10/2015 • Presentation at Provider Quarterly meeting related to employment initiatives and compliance with settings rule in Lafayette on 6/25/2015 • Technical assistance onsite and electronic correspondence with Evangeline ARC 2/2015-present • OCDD will be scheduling Round Table discussions with every LGE and employment provider in their area. This schedule should be available by 9/1/2015 <p>9/30/15 quarterly update included the following: OCDD has engaged in the following:</p>

			<ul style="list-style-type: none"> • Additional feedback internally received related to the transition plan process/documents. Modifications made to the documents based on this feedback. Final assessments posted online 8/10/15 • Notifications sent to service providers, support coordination agencies, and LGE offices clarifying the process as well as identifying where information can be found online (8/2015) • Roundtable meetings with vocational service providers, LRS and LGE offices held: Monroe (7/16/15), Florida Parishes (8/11/15), Shreveport (8/13/15), Lake Charles (8/26/15) and Baton Rouge (9/15/2015). Additional meetings are being scheduled • Met with LRS, Bossier Parish Community College and LGE office to discuss referral process and the program offered at the community college to prepare people for Supported Employment. Internal discussion/consideration being given to establishing a partnership with the programs at the community colleges and the prevocational programs to consider options for job readiness training. • Presented at employment summit hosted by LRS on 8/28/15 • Information/updates provided at the local AAIDD Conference held September 15-18th, 2015 related to the transition process • Multiple phone calls and email communications with various service providers across the state to answer questions about the provider self-assessment process and provision of technical assistance as needed. Additional information/updates related to public comment to be provided with this update <p>Update for 12/31/15 submission:</p> <ul style="list-style-type: none"> • 10/6/2015—Employment Roundtable in Lafayette • 10/7/2015—Employment Roundtable in Region 3
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Create method to track and respond to public comments	1/1/15	1/31/15	Created spreadsheet. Internal discussions needed potentially related to modifying tracking mechanism.
Collect all public comments. Synthesize comments and develop responses to comments (Will go into transition plan for CMS).	Begin 9/2014	Ongoing	<ul style="list-style-type: none"> • 5/12/2015, 5/21/2015, 6/1/2015-6/2/2015-internal meeting to review and respond to questions from advocates on non-residential/residential assessment (see attached questions/responses) • 6/24/2015-Met with MPSW representative to review IRAI received related to Supports Waiver amendment. OCDD was asked to develop a summary of comments/responses for the questions submitted with transition plan. Summary completed on 6/26/2015 (see attached) <p>6/30/15-submitted summary of public comments 9/30/15-submitted summary of comments with update 12/31/15-No comments received during this period 3/31/16-No comments received during this period</p>
Program Review and Assessment			

<p>Review licensure, certification, policy/procedure and provider qualifications</p>	<p>10/1/14- initial review</p> <p>In depth analysis- 2/2016</p>	<p>10/31/14- initial review</p> <p>In depth analysis- 3/20/2016</p>	<ul style="list-style-type: none"> • 10/2014—Determined changes to review documents not needed. • 12/9/15-per feedback from CMS a crosswalk is being developed to identify specific findings associated with this activity. Information will be submitted with STP response to CMS and will be incorporated in the overall statewide transition plan. • Based on guidance during CMS call on 12/9-OCDD will complete a more in depth analysis of all areas, update crosswalk, and develop remediation strategies based on findings. • 3/18/16 In-depth analysis completed-Attached with this submission
<p>Prepare list of settings subject to new rule. Classified as:</p> <ol style="list-style-type: none"> 1. Clearly meets HCBS settings rule 2. With modifications, will meet new settings rule 3. Meets CMS close scrutiny review 4. Unclear if new setting rule will be met 	<p>10/14</p>	<p>12/15</p>	<ul style="list-style-type: none"> • Completed the initial list in 10/2014 • 12/9/15-per feedback from CMS setting analysis is being updated to reflect settings not services. Information will be submitted with STP response to CMS and will be incorporated in the overall statewide transition plan.
<p>Draft a self-assessment tool that familiarizes providers with the new settings rule and allows opportunity to measure compliance with the new requirements. The assessment tool will identify areas for the new rule for which the provider is non-compliant and will allow providers to target compliance efforts. The tool will include questions that accurately assess provider compliance; and methods to quantify provider assessment results.</p>	<p>2/1/15</p>	<p>Completed</p>	<p>Completed for all 4 waivers</p>
<p>Post assessments on the website</p>	<p>3/18/15</p>	<p>4/30/15</p>	<p>Completed for all 4 waivers</p>

Circulate self-assessments to stakeholder groups	3/18/15	4/30/15 Extended public comment period through 5/2015	6/30/15 update—Met internally on 5/12/2015, 5/21/2015, 6/1/2015, and 6/2/2015 to review and develop responses to stakeholder’s questions/comments on provider self-assessment.
Modify self-assessment tool based on stakeholder comment	4/19/15	4/30/15 Actual completion 6/15	<p>6/30/15—Based on feedback from stakeholders, OCDD reviewed the assessments and incorporated changes where appropriate as well as clarifying questions/statements in the assessments.</p> <p>In addition to reviewing and incorporating stakeholder feedback, OCDD also evaluated existing processes/initiatives that would further move the State in the direction of complying with the overall settings rule.</p> <ul style="list-style-type: none"> • The Workforce Innovation and Opportunity Act (WIOA) initiatives are being included as part of the office’s strategies to comply with settings rule. • OCDD is incorporating provider self-assessment/transition planning (compliance plan) as well as initiation/ongoing compliance into existing Quality Enhancement structures. It is the office’s intent to build on the existing service provider QE structure to do this.
Provide training to providers	6/2015	<p>Big Picture Training 6/15/15</p> <p>Self-Assessment Training 7/13 and 7/20/15-Completed</p>	<p>Training:</p> <ul style="list-style-type: none"> • OCDD provided training for service providers specific to the self-assessment process on 7/15 and 7/20. LGE offices, support coordination and service providers all invited to attend. This training opportunity was available to attend in person or participate via web live broadcast. OCDD presented the assessment tool and developed a format to be used for service providers to develop a

			<p>transition plan for their agencies if out of compliance with any component of the CMS rule.</p> <ul style="list-style-type: none"> • Document has been drafted detailing expectations as it relates to completion of the self-assessment.
Distribute assessment to providers	7/2015	7/31/15	<p>Service Providers to begin conducting assessments after completion of training 7/13/2015-7/20/2015</p> <p>Provider self-assessments available on OCDD’s website. Developed provider transition plan format for providers to utilize if corrective action is needed.</p>
Provider assessments due to LGE offices	9/30/15	9/30/15 Adjusted timeframe- 2/5/2016	<p>12/9/2015—Based on feedback from the LGE offices not all providers have complied with submission of their assessments. OCDD will work partner with LGE offices to draft another communication to providers explaining the process and how to submit where and how to submit assessments. In addition to this a tracking mechanism has been developed to assure that each LGE office to identify all service providers in their area and the submission of their self-assessments.</p> <ul style="list-style-type: none"> • Follow up strategies will be developed to assure that all assessments are received <p>Update 3/31/2016</p> <ul style="list-style-type: none"> • 1/28/16-follow up letter sent to all providers regarding submission of provider self-assessments to the local office • The following process was developed to address compliance by Providers to submit self-assessments: <ul style="list-style-type: none"> -Send general letter out to all providers requesting submission of assessment if it has not been done (OCDD state office to send letter)-completed this on 1/28/16 -LGE offices to identify all providers in their area that needs to submit assessment. If the assessment has not been received by date noted in general letter, LGE offices to follow up with provider specific letter

			<p>(template provided to LGE offices to be put on their letterhead).</p> <p>-If the provider still does not comply with request from LGE office, LGE should submit names of those providers to OCDD</p> <p>-OCDD to follow up with those providers</p> <p>-If provider fails to comply OCDD will take appropriate action.</p>
Training for LGE visits regarding rule and method for conducting site visits/desk audits	10/2015	10/5/15	<p>OCDD provided training to all LGEs related to their role and the expectations for completing validation visits. A tool has been created to document these validation visits.</p> <p>2/17-refresher training provided</p>
OCDD to provide LGE offices with sample of service provider agencies for review	12/2015	2/2015 Completed	<p>Per CMS feedback, OCDD has drafted a document detailing the office's intent related to sampling methodology, site validation, data validation, etc. Document is attached for review and will be incorporated into CMS response as well as the STP.</p> <p>OCDD will pull a random sample for all agencies providing the following services:</p> <ul style="list-style-type: none"> • Residential <ol style="list-style-type: none"> 1. S5125-IFS type services (day, night, shared, family support, community living supports) 2. S5136-SIL 3. S5140-Host Home/Substitute family care • Non-Residential <ol style="list-style-type: none"> 1. T2014-Prevocational services/Employment Related Training 2. T2019-Habilitation Supported Employment 3. T2020-Day Habilitation 4. H2023-Supported Employment Individual Job 5. H2024-Individual Job Self-Employment or 6. H2025-Supported Employment Mobile Crew 7. H2026-Group Employment <p>OCDD intends to pull a 10% site visit sample for Residential providers and 10% desk audit sample for each area of the state.</p>

			<p>OCDD has 10 LGE offices and each area will be given the sample for their area.</p> <p>OCDD intends to pull a 10% site visit sample for Non-Residential providers and 10% desk audit sample for each area of the state. OCDD has 10 LGE offices and each area will be given the sample for their area.</p> <p>Discretion built into the process so that the LGE office may conduct additional sites should they deem it appropriate.</p>
Conduct site visits	1/1/16	5/31/16	Update 3/31/16-the LGE offices have started to complete site visits. State Office has participated when requested.
Monthly progress reported by LGE offices related to site visits/desk audits	1/1/16	5/31/16	<p>Beginning in January of 2016, it is OCDD's expectation that the LGE offices will provide status updates related to progress on site visits/desk audits. Mechanism for reporting will be provided to the LGE offices.</p> <p>OCDD is also planning to establish ongoing conference calls with the LGE offices to identify and address issues/concerns as we go through this process.</p>
Analysis of findings from site visits and assessments	6/1/16	6/30/16	
Identify any settings that require heightened scrutiny	1/1/16	6/30/16	Throughout the provider self-assessment and site validation visits – identify any settings that require this level of review. Submit updates and follow process for making this request throughout the process.
Draft participant survey for public review	1/1/16	4/15/2016	Develop participant survey to measure satisfaction and overall experience as it relate to CMS rule. Information to be used to validate information reported by provider agencies and site visits conducted. Identify self-advocates, family members, etc. to assist with development of this.
Post participant survey on the website and circulate to all stakeholders	4/20/16	5/20/16	Survey developed. Circulated internally for feedback. Awaiting approval to post online. Dates will be adjusted to assure appropriate timeframe for stakeholder input. (Attached is the draft participant experience survey).
Modify participant survey based on comments	4/20/16	5/25/16	Modifications made based on stakeholder input throughout the posting period

Provide training on participant survey	5/25/16	5/31/16	Conduct training with SC agencies to complete survey. Pull a 95% +/- confidence level sample of participants receiving waiver services
Distribute participant survey	6/1/16	6/1/16	
Participant survey due	6/1/16	7/15/16	
Analysis of participant survey findings	7/15/16	7/31/16	
Analysis of other available OCDD participant data (NCI results)	6/1/16	6/30/16	Review existing NCI data, SC monitoring data, etc. in order to evaluate whether reported experiences align with settings expectations. Crosswalk where appropriate information that can be utilized in the process. Identify areas that may be modified to better assess this area long term.
Completion of all preliminary assessment activities		6/30/16	
Analysis of findings from preliminary assessment process	6/1/16	7/31/16	
Draft report of findings	7/1/16	7/31/16	
Post report of findings on website and circulate for stakeholder feedback	8/1/16	8/30/16	
Respond/address stakeholder input	8/1/16	9/15/16	Respond to feedback as received throughout posting period
Submit final report to CMS related to preliminary assessment activities	7/1/16	9/30/16	Will work on final report throughout the analysis period and stakeholder feedback period.
Ensuring Providers are Compliant/Remediation			
Identify and send letters to providers who are not compliant with HCBS settings rule	1/1/16	5/16	<p>Standard letter format will be utilized to inform providers of the receipt of their assessment as well as the outcome of the review. Letter will be drafted and provided to LGE offices by 1/1/2016</p> <p>LGE offices will acknowledge receipt of the assessments and for those selected to have a site visit a letter will be sent to them to schedule visit, request information, etc. After the review is completed the LGE office will provide a letter detailing outcome and need for transition plan. This will occur throughout the timeframe that these reviews are being conducted.</p> <p>3/23/16-Letter template drafted-awaiting approval to send to LGE offices to use</p>

Providers who are not in compliance and wish to remain enrolled as waiver providers will submit a transition plan (corrective action plan). Non-compliance may not extend beyond March 17, 2019	1/1/16	9/30/16	<p>The expectation is that all providers during the self-assessment process that identify areas that need to be addressed within their organization will complete a transition plan and submit to the LGE office by 9/30/2016</p> <p>During site visits/desk audits, the LGE offices will request transition plans for the areas that need to come into compliance throughout the process with the expectation that all plans be submitted by the provider agency by 6/30/2016.</p>
Technical assistance will be available to providers to ensure that the interpretation of the HCB setting rule is the same and the provider is implementing necessary changes to meet compliance.	12/1/16 Reports will be due at least quarterly	Completion date will not extend beyond 3/17/19	<p>Provider agencies will be required to send updates related to transition plan process at least quarterly to the LGE office for review. LGE will make recommendations as appropriate to the plans based on updates. If the LGE determines updates are needed more frequently they will have the discretion to require updates more frequently. Reports will be submitted to OCDD related to progress in terms of achieving compliance. Technical assistance will be available as requested or if determined that it is needed.</p>
Process to address relocation of participants that providers do not meet compliance will be developed	1/1/17	6/1/17	<p>OCDD will draft a proposal identifying a process to address relocation of participants that providers do not meet compliance on. Once drafted, the proposal will be posted for public comment and stakeholder input. Within the draft proposal, timelines will be addressed to assure continuity of care.</p>
Implementation of a transition plan will be developed for those needing transfer to appropriate HCB settings Individuals will be given timely notice and a choice of alternative providers. Transition of individuals will be tracked to ensure successful placement and continuity of service.	3/1/18	2/2019	
Develop monitoring instrument to be utilized on an ongoing basis to ensure setting compliance. May include random unannounced site visits. (Look at SC monitoring tool and other quality processes as well)	7/1/16	8/31/16	<p>OCDD will work to establish a standard format for SCs to utilize on an ongoing basis to evaluate compliance on a regular basis</p>
Post monitoring instrument for stakeholder feedback	9/1/16	9/30/16	

Modify monitoring instrument as appropriate based on stakeholder feedback	10/1/16	10/15/16	
Finalize monitoring instrument and identify automation options	10/1/16	10/31/16	
Training on monitoring instrument	11/1/16	12/31/16	
Full Implementation	1/1/2017	Ongoing	“Ongoing” meaning that this process will be implemented to occur moving forward in order to monitor ongoing compliance with the HCBS rule
Ensuring a Quality System			
Based on crosswalk outcomes of all licensing, certification, policy/procedures, and provider qualifications address any areas of concern to strengthen language to align with CMS rule	1/1/16	12/31/16	OCDD believes that these areas are not in conflict with the settings rule; however, the office does acknowledge there may be areas that language could be strengthened to align with CMS expectations. We will initiate processes to update identified areas beginning in 2016 with the intent to complete this by the end of 2016 3/31/2016 Update: OCDD has initiated discussions internally to begin addressing these areas as part of our NOW application renewal. Service definitions and other areas will be updated to address HCBS rule.
Continuous scrutiny will be provided to licensing, certification policy/procedures, and provider qualifications to ensure all documents remain compliant with HCB setting rule.	12/2015		OCDD intends to evaluate through regular processes (i.e., waiver amendments, renewals, etc.) areas that could be enhanced. Moving forward as the State implements initiatives and updates existing processes these areas will be evaluated and updated as appropriate.
Evaluate current plan of care format/process, rights/responsibilities, other waiver forms and update as appropriate to align with the rule	3/14/16	5/31/16	3/7/2016-initiated discussions internally in preparation to begin work with stakeholder workgroup. Workgroup will begin meeting in April 2016. Anticipated completion of preliminary phase May 2016.
Specific quality assurance and improvement strategies are developed to ensure providers are evaluated against HCB Setting prior to enrollment	3/16	12/31/16	Evaluate provider enrollment processes and identify areas that may need to be enhanced to assure that they are evaluated against HCB setting prior to enrollment.
Practical performance measures are created to ensure providers continue to meet the HCB Settings rule	1/1/2016	12/31/16	Will begin to look at this as part of our renewal process for the NOW and amend other waivers as appropriate.

			3/31/16-Meetings initiated with Medicaid Program and Service related to establishing practical performance measures as part of the NOW renewal. Group met on 2/24/16, 3/1/16 and 3/15/16
A participant survey is administered at least annually to monitor the individual's experience with the HCBS Settings Rule	5/16	Annually	<p>6/30/2015 update—OCDD has developed a tool ‘Pathway to Employment’ that support coordinators will complete and submit on a quarterly basis. This tool is designed specifically to address employment discussion and progress in terms of goals. This is scheduled to be implemented during the 7/1/2015 quarter as a pilot. This tool is being programmed by our data contractor to be completed electronically beginning 10/1/2015 by SC agencies.</p> <p>9/30/2015—Electronic version will not be ready by 10/1/15- SCs will continue to complete paper version.</p> <p>12/31/15—Implementation of electronic version scheduled to begin 1/1/2016</p> <p>Beginning in 4/2016 will conduct initial participant surveys. OCDD will work on drafting ongoing process to evaluate this at least annually and incorporate into quality framework.</p>
Evaluation of existing quality framework and identify mechanisms to measure long term ongoing compliance	7/1/16	12/31/16	<p>This would include annual SC monitoring tool and provider quality framework. OCDD believes additional time outside of the preliminary assessment period will be needed to complete an in depth analysis of this area.</p> <p>3/31/16-Meetings initiated with Medicaid Program and Service related to modifications to monitoring processes via the SC monitoring tool. Group met on 2/24/16, 3/1/2016 and 3/15/2016</p>

Identify and propose enhancements to the above noted processes based on the above evaluation.	7/1/16	12/31/16	Allow time to for evaluation, propose changes, possible piloting of the process may take extended period of time before able to implement
Implementation of any enhanced processes in terms of quality framework	1/1/17	12/31/17	See note above.
Full compliance is achieved for all Louisiana HCBS waiver programs. Final Report to CMS	3/19	3/19	