

Bi-Monthly Provider Call July 6, 2017

A provider call was held on July 6, 2017. Presenters on the call included Julie Foster-Hagan, OCDD Deputy Assistant Secretary; Janae Burr, Waiver Supports and Services; and Dolores Sarna, OCDD Quality Assurance.

Providers were reminded to submit questions two weeks before the bi-monthly provider call to OCDD-HCBS@LA.GOV. Provider calls are conducted every other month (January, March, May, July, September, and November) on the first Thursday of the month from 9:00am-11:00am. Questions not received two weeks in advance will be answered on the following provider call. Answers to provider questions, links to websites discussed, and other documents are posted at the link below by clicking on the word "here" in the Monthly Provider Calls and Upcoming Provider Events section of the webpage.

Provider Bi-Monthly Meetings Web link: <http://dhh.louisiana.gov/index.cfm/page/1921>

Recent SURS Findings – Paul Rhorer

Mr. Rhorer updated providers on recent findings by the Program Integrity SURS units to identify areas in which providers need to ensure compliance. Providers are reminded that you must have evidence (documentation) that the requirement was met.

- Quarterly Plan of Care visits were not documented. This is required by the HCBS licensing rule which requires a quarterly face to face visit in the home.
- Unannounced Supervisory Visits – Unannounced visits were not completed and/or documented. Unannounced visits for new hires are required within 60 days of hire, and annually on all other direct service workers.
- Checking Exclusion Lists for individuals prohibited from working in programs funded by Medicaid. New guidance was issued by Health Standards. See the OCDD weblinks page for the link to the new guidance.

A new PERM (Payment Error Rate Measurement) cycle is beginning and providers may receive a request from CMS or their contractor for documentation. Providers need to ensure all documentation is provided based on the request.

Electronic Visit Verification – Daniel Buco

LaSRS will round services per provider/participant/service/day utilizing the 7/8's rule allowed by CMS. Rounding is applied to all services that are electronically captured or manually entered in LaSRS. Services entered into LAST are not rounded. Providers do not have to enter services into LAST if they are using LaSRS. However, LAST is updated with all LaSRS service information within 24 hours so the process for using the LAST information for billing does not change for providers.

Benefits of using LaSRS includes:

- Reduced data entry for providers using EVV
- GPS data for where services are delivered is available.
- No requirement for Info File Transfer
- LaSRS can be accessed from any location and any device as long as the device can connect to an internet browser.

- Providers will have real time access to data services to see if someone has clocked in.
- Data entry has been streamlined. Use of EVV will automatically adjust for day/night hours and shared hours based on clock in data and schedules established in LaSRS.
- Providers will be able to see remaining units on a Prior Authorization.
- Ability for Supervisors to send messages via LaSRS to their staff and check the date and time those messages were read.
- Time and Attendance Report showing services worked by each DSW including total time for the period,
- Ability for individual users, including DSWs, to run time and attendance reports for themselves,
- Ability to collect non billable services (i.e. trainings, meetings, supervisor pop up visits),
- Report going back one year from provider's go live date that details mismatched payments including unpaid and underpaid claims that can be re-billed to Molina, and
- Ability for provider agencies to input CPR and training dates and receive alerts prior to expiration.

Support Coordination / LGE – Janae Burr

Ms. Burr provided an update and answered questions on Support Coordination and/or LGE areas of concern.

- A new 90-L was issued which allows a Nurse Practitioner or Physician Assistant, under the supervision of a practicing physician, to complete and sign the 90-L **for NOW participants only**. All other programs still require a physician's signature. The new form is available on the OCDD website under "OCDD Waiver Guidelines, Documents and Forms.
- OCDD put into practice the ability for Support Coordination supervisors to approve some plans of care, based on OCDD policy. Any plan prior to 8/31/17 will be approved by the LGE and plans after that day may be approved by SC Supervisor in accordance with OCDD policy. All initial plans and revisions still require LGE approval. Ms. Burr asked providers to ensure the back-up plan and emergency plan are submitted timely to the support coordination agency.
- There have been concerns recently regarding involuntary discharges from provider agencies. Providers must follow the HCBS licensing guidelines regarding amount of notice and information that must be included in the discharge letter. This includes:
 - Written notice 30 days prior to discharge which must be sent to the participant certified, return receipt required.
 - Must include the reason for discharge, effective date, the ability of participant to have a 3rd party present during discharge process, contact information for the Advocacy Center, and the contact information for the Division of Administrative Law, and a statement that they can remain with the provider if an appeal is timely filed. Please review HCBS licensing guidelines for a complete list of what is required.
- Extensions in Plans of Care – can a plan of care that is not within resource allocation be extended due to the additional time required for GPSORC? CMS guidelines require that the plan of care be reviewed annually, and the approved date of the CPOC is what is used to measure compliance with this requirement. If a POC is not approved within the 12 month requirement, it is considered a noncompliance which we must report to CMS and remediate.
- Binder information in the home – Progress notes for the current period are required to be in the home. If a support coordinator goes to the home, the progress notes/timesheets for the current period should be available for review. These are required to be prepared daily, and should NOT be kept in the DSW's possession due to HIPAA requirements. OCDD home binder requirements are different than OAAS home binder requirements.

Statewide Incident Management System (SIMS) – Dolores Sarna

The new incident management system that is replacing the current OTIS system has been named – SIMS. This system will be used by Office for Citizens with Developmental Disabilities (OCDD), Office of Aging and Adult Services (OAAS), Adult Protective Services (APS), Health Standards, Office of Behavioral Health (OBH), and all ICF/IDD, both public and private. Ms. Sarna shared the following:

- Departments/providers will be trained before on-line implementation. OCDD is currently developing the tutorials and training materials.
- Each provider will be given two subscriptions per regional office. These subscriptions will be attached to specific employees. An application must be completed.
 - Passwords cannot be shared with other individuals. If it is, it is considered a HIPAA violation.
 - The provider is required to notify OCDD immediately when an individual with access to SIMS leaves employment.
 - Individuals with a high level of employment stability should be selected. It is recommended that billing/payroll staff not be utilized unless the individual has a strong programmatic background.
- The new system will enable effective communication between LGE's, support coordination, and provider agencies. All will have the ability to run reports and aggregate data to examine trends.
- Direct any questions, concerns, or rumors to Dolores Sarna at 225-342-5714.

Program Office Update – Julie Foster Hagan

Ms. Hagan provided updates on several OCDD activities and initiatives including: legislative session update; CMS settings rule extension, tiered waiver and consolidated waiver; request for services registry screening; Workforce Commission collaboration.

Legislative Session Update

- Ms. Hagan reminded participants that all information regarding the recent legislative session, including bills and public testimony, is available on the legis.la.gov website. Individuals can access committee meetings and view testimony in the archives on the website.
- HB1 sets the budget for operations for the entire state. A special session was required to complete the budgeting process. The legislature asked the state to find \$60 million in the state budget to not spend in an effort to avoid mid-year cuts. This gives the state 12 months to recognize the reduction instead of 6 months.
- OCDD received a \$245,000 cut due to right sizing (money not spent this year so it was reduced for next year). Another \$1.1 million reduction to Early Steps occurred through a change in eligibility requirements. There was also a change in the cost participation rules.
- Funding was allocated to fill 627 mixed waiver slots. Law and resolutions passed that affect OCDD:
 - SB 58, Act 73 – Cleans up language on transfer of responsibility to LGEs. Added requirement that LGE's board of directors include individuals with developmental disabilities or their families. New assignments can occur through attrition of existing board members. Also made changes to the operation of the Human Services Interagency Council (HSIC).
 - Act 378 – LGEs must utilize a minimum of 9% of allocated State General Funds (SGF) towards Flexible Family Fund and Individual and Family Support services.
 - HR 205, HR 211, HR 245 are all house resolutions which urge and request LDH to review and consider. HR's (House Resolution) are not law and are not voted on by both the House and the Senate. House Concurrent Resolutions (HCRs) are voted on by both the House and the Senate, but are not law. Information is available at <http://www.legis.la.gov/legis/home.aspx>.
 - HB 152- Addressed Managed Long Term Supports and Services (managed care). Debated but not moved forward. Other states are moving to managed care for long term care services, primarily for individuals who are elderly and/or who have adult onset disabilities.
- CMS Settings Rule – A special call was held with providers to discuss the CMS extension of time allowed for implementation of the CMS settings rule. OCDD is giving providers one additional year to come into compliance with the settings rule. OCDD is planning to move to a consolidated waiver in 2020, and all settings must be in compliance to move to the consolidated waiver. OCDD has offered technical assistance to providers to meet compliance, and this continues to be available upon request.
- Consolidated Waiver – planned for 2020, which will move to one Developmental Disabilities waiver. OCDD is currently moving to a tiered waiver system, which will involve modifications to the current four Developmental Disabilities waivers. The Notice of Intents for all four waivers to implement the tiered waiver system should be published soon. The CMS waiver applications are also being updated.

Individuals currently receiving waiver services will not be affected. Changes only affect new entrants into each of the waivers.

- Children's Choice Waiver – The age limit for this waiver will increase to age 21, commensurate with EPSDT.
- Adults – The Screening of Urgency of Need (SUN) will determine the urgency of support need. Urgent/emergent categories with earliest registry date will receive offers first. Individual will receive an offer for an OCDD adult waiver. A person-centered planning and needs assessment process will be conducted, and the team will determine the most appropriate waiver.
- Request for Services Registry (RFSR) – OCDD has screened over 8000 individuals and attempted to contact all individuals on the RFSR to conduct the SUN. Those who cannot be found will not lose their registry date. The LGE, State, and Arc of Louisiana attempted to find those individuals that we could not locate. Remaining individuals on the registry should be screened by end of 2017. This project was critical in allowing us to move to the tiered waiver process.
- Workforce Commission – OCDD has been working with the Workforce Commission for over a year to address the critical staffing issues for providers. Services are free to providers and will help with onboarding and training costs, including posting ads for workers. The Workforce Summits gave providers very specific resources that will help in recruiting and retaining staff. Additional information on the Workforce Commission is available at the OCDD website for bi-Monthly provider calls.
- New Notice of Intent for the NOW rule will be in July 2017 Louisiana Register. It aligns services with the NOW renewal and also incorporates settings language.

NEXT CALL is September 7, 2017 at 9am.

NEED AGENDA ITEMS FOR September CALL BY August 25, 2017

Send agenda items to OCDD-HCBS@LA.GOV