

LOUISIANA STATEWIDE TRANSITION PLAN: ADDENDUM

February 12, 2018

Public Engagement

The State will continue to meet with participants, family members, providers, support coordinators, stakeholders, and providers to provide updates on the progress of STP activities. Contact methods include provider quarterly meetings, support coordinator executive meetings, conferences, correspondence, website, newspaper announcements and general meetings.

OBH also engages in outreach and meetings with members, providers, stakeholders, etc., as issues arise, and provides updates on its website.

OCDD is beginning to schedule and will be visiting all 10 areas of the State beginning in April 2018 to meet with individuals and/or their family members. We have worked with the LGE offices to schedule locations and we have sent letters out to families inviting them to these sessions. It will be an opportunity to provide further education to people impacted by changes being made as providers modify their programs to come into compliance with the HCBS rule. It will also serve as an opportunity to listen to any issues/concerns that they may have.

Setting Categorization

- **Individual, Private Homes**

OAAS is presuming all individual, private homes to be fully compliant with HCBS characteristics. If there are any issues with a participant's housing or living situation, issues can be discussed and addressed through monthly support coordination contact. As an additional means of validation, OAAS staff interviewed a representative, statistically valid (95% CL) sample of all waiver participants (composite sample of ADHC and CCW populations) as part of its annual 1915(c) quality assurance monitoring. OAAS monitors visited participants in their homes and interviewed them about their experience with their services as it pertains to the HCBS Settings Rule. Utilizing a person centered interview approach, OAAS Regional Office staff gathered important information on choice of setting, service, and the degree or extent the participant is engaged in the community. OAAS will collect this information directly from participants annually to gauge ongoing compliance with the HCBS Settings Rule. The participant interview and home observation items may be viewed here:

<http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/HCBS/Participant-Survey-Items.pdf> .

For OBH, Wrap Around Agencies (WAAs) report on members' home settings on a monthly basis to the CSoc contractor. OBH is notified immediately regarding any exceptions.

For OCDD, in terms of monitoring compliance of individual, private homes, as part of the systemic assessment process, OCDD had Support Coordination complete Individual Experience Surveys for all

persons participating in waiver services. This group was included in that process. In addition to the Individual Experience Survey, we also sampled some of the residential service providers via the self-assessment and site visits. Between both of these activities, the State is confident that we have monitored this group.

In the future, the State will access Support Coordination during monthly, quarterly, and/or annual periods to evaluate ongoing compliance. As a validation process, OCDD will be able to utilize Support Coordination monitoring to assure that the practice is completed. If through this process areas of non-compliance are identified, the State would require a corrective action plan to address the areas of non-compliance.

- **Heightened Scrutiny**

OAAS will conduct heightened scrutiny reviews to determine if any ADHCs are located on the grounds of, or adjacent to, a public institution; located in a publically or privately-owned inpatient facility treatment.

OBH has determined that all sites are compliant and will not require the heightened scrutiny process.

For OCDD, the heightened scrutiny process will be much like the process utilized for the systemic assessment. After a provider has identified completion in terms of the implementation of the transition plan, OCDD will validate that the transition plan has been implemented and that the setting has achieved community status. Only after OCDD has verified this finding would the site be lifted to CMS for review. Information/Evidence would be submitted to describe how the setting was evaluated, information regarding implementation of transition plan, and overall results of a validation visit to confirm that it has achieved community status.

- **Group Settings**

OAAS assessed compliance of its Adult Day Health Care Centers using a multi-faceted approach of a provider self-assessment, site-specific assessment, and participant interviews. The site specific assessment component was completed using a provider self-assessment tool (<http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/HCBS/ADHC-Provider-Self-Assessment-Questions.pdf>). The tool was drafted using CMS' guidance for non-residential settings and incorporated stakeholder comment that was received after it was circulated and posted for review. Self-assessments were made available online following a training session with providers where OAAS provided an overview of the HCBS Settings Rule and instructions for completing the assessment. ADHC providers completed self-assessments in two phases (May-June 2015 and April 2016) with all providers submitting completed surveys by May 2016. A summary analysis of the self-assessment process and results was posted to the OAAS website and circulated for public review in May 2016. OAAS required each provider to assemble a workgroup to both assess the ADHC setting and complete the survey. Members included provider staff, participants and family members, other providers (e.g. support coordinators), advocates, and other community stakeholders.

Following completion of the site specific assessment (self-assessments), OAAS will conduct site visits on all ADHC centers (100%, 33 ADHC centers) as its primary method to validate the self-assessment data submitted by providers (see Appendix B.4; link: <http://dhh.louisiana.gov/index.cfm/page/2030>). OAAS regional office staff will be responsible for conducting site visits for each ADHC setting to both verify the accuracy of the self-assessment data and to provide technical assistance with completing any necessary remediation. Furthermore, OAAS will ensure that regional office staff is trained on the various aspects of the HCBS Settings Rule, particularly its requirements and assessing these requirements from the participant's experience, prior to conducting site visits.

OBH employs the same process used for individual, private homes. WAAs report on members' home settings on a monthly basis to the CSOC contractor. OBH is notified immediately regarding any exceptions.

The only group settings that OCDD has identified are the facility-based vocational/habilitation settings. For all settings the service providers were asked to complete a self-assessment and OCDD in partnership with the LGE offices have visited every vocational setting statewide to validate findings. In addition to this process, OCDD enlisted assistance from Support Coordination to complete Individual Experience Surveys with all persons accessing all waiver services, which would have included any person that may be in a group setting.

Site-Specific Setting Assessment & Validation Processes

- **OAAS Validation:**

Providers completed self-assessments of their service setting and self-reported their current level of compliance. OAAS staff subsequently verified these reports during an onsite assessment. Information from the self-assessment was returned by providers to the respective Program Office for a compliance review. Office staff determined whether: 1) the setting is in compliance; 2) the setting will be in compliance with additional modifications; or 3) the setting is out of compliance. OAAS utilized a multi-faceted approach including site visits, desk audits, participant interviews, or other evidence (e.g. photographs) to verify compliance following remediation activities. Corrective action plans were drafted and sent to providers when either the self-assessments or site visits identified any instance of noncompliance. OAAS staff provided technical assistance, recommendations for achieving compliance when necessary, and monitored the status of remediation activities. OAAS will also utilize an annual participant interview as part of its 1915(c) quality monitoring process to assess participants' experience with the HCBS Settings Rule both initially and going forward.

OAAS staff will interview a representative, statistically valid (95% CI) sample of all waiver participants (composite sample of ADHC and CCW) as part of its annual 1915(c) quality assurance monitoring. OAAS monitors will visit participants in their homes and interview them about their experience with their services as it pertains to the Settings Rule. Utilizing a person-centered interview approach will render important information on choice of setting, service, and the degree or extent the participant is engaged

in their community. OAAS will collect this information directly from participants annually to gauge ongoing compliance with the HCBS Settings Rule. OAAS matched participants to their respective ADHC setting. If there was a discrepancy found, OAAS staff followed up during its annual 1915 (c) quality assurance monitoring.

- **OBH Validation Strategy:**

a. Confirmed site visits are conducted on 100% of the providers every 3 years. The 2,200 settings presumed to be compliant was based on the total number of members enrolled in CSoC, less any members in group homes.

b. The CSoC contractor assesses compliance during initial and re-credential site visits and annual onsite audits to monitor ongoing compliance between credentialing reviews. Compliance in both audit types are monitored using the LDH/Medicaid approved assessment tool. Re-credentialing reviews are conducted every 3 years.

c. Plans of care are reviewed during every Child and Family Team (CFT) meeting, which is recommended to take place every 30-45 days according to best practice. Onsite visits and facilitator interviews are the same. Discrepancies would be elevated to an on-site audit within the next quarter.

d. Quarterly face-to-face interviews with participants are ongoing. Unlike other waivers, CSoC members do not stay enrolled for their lifetime. Members are transitioned or age out.

- **OCDD Provider Self-Assessments:**

a. Comments from stakeholders related to this document requested clarification, minor changes in terms of wording, and recommendations related to documentation to be submitted as evidence. Minor changes to the provider assessment tool to either provide clarification or re-word specific questions were completed. Even after modifications were made to the document the tool and questions were still reflective of all federal HCBS requirements.

b. Service providers were required to complete an assessment for every setting they are responsible for.

c. OCDD utilized multiple validation methods. For those providers that did not have a site visit, validation of findings occurred via the Individual Experience Survey.

d. For any provider that did not complete a self-assessment, Individual Experience Survey for that agency the State will also presume that compliance has not been achieved since information is missing and request a transition plan detailing the areas that may not be confirmed via the Individual Experience Survey. The service provider will be given an opportunity to provide evidence of compliance.

e. OCDD State office has worked closely with LGE offices to assist in reviewing transition plans if there were questions. Updates from the LGEs are requested on a consistent basis to evaluate overall performance. For areas where there are concerns regarding submission/progress State Office works with the LGE and the service provider agency.

- **OCDD Validation Activities:**

a. Additional site visits were not conducted with residential providers. Individual Experience Surveys were utilized as the other option to validate provider self-assessment.

b. OCDD requested that the Support Coordination Agencies complete the Individual Experience Survey with all individuals receiving waiver services through OCDD. While completing the analysis, OCDD will confirm that at least 80% of the total persons supported by a specific service provider participated in the IES.

Training & Technical Support of All Professionals Involved in HCBS Settings Assessment & Validation Activities

- **OAAS**

Beginning on 11/19/14, OAAS began stakeholder communications with a public forum, and will continue communications with providers through 2022. Stakeholders are informed of STP's progress through provider association meetings, OAAS quarterly provider meetings, and support coordination executive meetings. ADHC providers were sent letters describing the new rule on 3/13/15 Meeting with ADHC providers held 4/30/15 to review the rule, STP, and assessment process. Provider outreach continued through April 2016 for the self-assessment process and will continue through February 2017 to complete validation and remediation work.

Technical assistance was available to providers to ensure that the interpretation of the HCBS setting rule is the same and the provider is implementing necessary changes to meet compliance. A public training to providers on the non-residential self-assessment was held on 4/30/15.

Prior to scheduling the site visits, OAAS State Office staff provided training materials and interpretive guidelines for the site visit tool to Regional Office staff.

(<http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/HCBS/Site-Specific-Assessment-Validation-NonResidential.pdf>) These materials focused on the requirements of the Rule and assessing these requirements from the participant's experience or point of view. Technical assistance is provided to the Regional Office Managers and staff on a weekly and as needed basis. State office staff subsequently verified ADHC self-assessment reports, site-specific validation results, and annual 1915 (c) monitoring results.

- **OBH**

HCBS Rule information is included in both the Member and Provider Handbooks. **Magellan discusses members who are receiving Wraparound Facilitation through the 90-day transition period in monthly clinical WAA rounds to support compliance with rule.** Magellan also sends emails to Clinical WAA directors for members who are between 60 and 90 days of the transition period to ensure members are discharged from non-HCBS setting or from CSoc as applicable to the member need.

Member Handbook (page 4): http://www.magellanoflouisiana.com/media/1459/b-h1006rev4-csoc-member-handbook_508.pdf

Provider Handbook (page 13): http://www.magellanoflouisiana.com/media/1481/la-csoc_provider-handbook-supplement_final_032117.pdf

- **OCDD**

OCDD conducted webinars/in person trainings to discuss each entity’s role in the process. In addition to training opportunities, staff from State Office conducted site visits with the LGE offices. State Office sent representatives to complete a large portion of the Non-Residential visits to assure that all Vocational programs had a site visit. As analysis of the data occurs and as processes continue to be outlined, OCDD will continue to provide refresher training and/or new training as areas of need are identified. OCDD will also implement quality checks to assure that reviews remain consistent statewide.

Assessment & Validation Results

- **OAAS**

Initial numbers provided were based on participant/program counts at the time. The numbers included in the table below reflect waiver counts as of 2/7/2018.

Description of Settings	OAAS
Setting presumed to be fully compliant with HCBS Characteristics	5,125
Settings that could come into full compliance with modifications	0*
Settings that cannot comply with the HCBS requirements or are presumptively institutional in nature	1 – Adult Day Health Care Center located on the grounds of, or adjacent to a public institution

*All settings that were assessed and validated requiring remediation submitted corrective action plans that were subsequently verified by OAAS staff as meeting compliance with the HCBS Settings Rule.

- **OBH**

Description of Settings	OBH
Settings presumed to be fully compliant with HCBS Characteristics	2,200
Settings that could come into full compliance with modifications	None
Settings that cannot comply with the HCBS requirements or are presumptively institutional in nature	4

- **OCDD**

While OCDD had hoped to have all activities related to the validation activities completed by the end of 12/2017, the amount of data to be processed is quite large. OCDD is still in process of entering data to complete analysis and provide a clear delineation of compliance results across categories and settings. OCDD will make sure to develop a report that confirms number of settings in each of the categories noted and provide a report that will be easy for the public to review. The Milestone template will be updated to reflect the additional time needed to complete these tasks.

Non-Disability Specific Settings

- **OAAS**

Current OAAS rules and participant rights ensure participants are afforded choice in provider and service settings (Louisiana Administrative Code : [LAC 48:I.4239](#) and [Rights and Responsibilities for Applicants/Participants of HCB Waiver Services \(OAAS-RF-10-005, EFF. 9-2-14\), p.1.](#))

- **OBH**

State assures participant access to non-disability specific settings in residential and non-residential services and is addressed with several items in the provider assessment and validation.

- **OCDD**

Through a person centered planning process, the team is identifying individual preferences and discussing choices available, and working on an individual basis to assure that people have information to make an informed choice. Example, prevocational services is not the only option available to individuals receiving our waivers. They can choose to access and/or participate in community based employment. In addition to the above, we have worked with providers to explore options within their communities to link people with options that may exist in the community versus all activities having to occur in the vocational setting. Example, if someone is interested in working out, is there a way to partner with a local gym and have the individual attend that gym versus participating in an exercise regimen in the provider setting. Again, options would need to be provided so that individuals are able to make informed choices regarding their options.

Reverse Integration

- **OAAS**

Currently, the ADHC provider manual addresses the requirement to provide transportation to and from medical and social activities. To ensure full compliance with this requirement, the following language was added (on 12/1/17) to the ADHC provider manual Chapter 9, §9.3, pg. 9: *Each ADHC shall ensure*

that its setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including the option to seek employment in integrated settings if desired, engaging in community life, and to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. In addition, during the site-specific assessment process, each setting was assessed for ability to provide community resources, transportation resources, and staff to help facilitate events and resources outside of the ADHC. If an ADHC was assessed as deficient in any of the above, they submitted a corrective action plan, and OAAS staff validated changes were made to the setting.

- **OBH**

The requirements outlined in the HCBS settings rule: settings are integrated in and support access to the greater community; provide opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources; and ensure the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS are included in the member assessment.

- **OCDD**

Discussions/Training has occurred with all entities regarding expectations related to reverse integration. OCDD has clearly outlined that reverse integration cannot be the only strategy employed by the service provider to come into compliance with the regulation. Details regarding how providers are coming into compliance should be included in their transition plans. If during the review of the transition plans the LGE and/or State Office identify a service provider that is employing this as a primary strategy to come into compliance, they will be asked to evaluate and modify the approach as necessary.

Site-Specific Remedial Actions

- **OAAS**

OAAS conducted site-specific assessment activities (assessment due from providers, conduct site visits, analyze findings from site visits and assessments, participant survey due, and analyze findings of participant survey). OAAS submitted a final report to CMS on assessments and participant survey. All of these steps were completed on 1/31/2017.

OAAS identified and sent letters to providers who are not compliant with HCBS settings rule. Providers who are not in compliance and wish to remain enrolled as waiver providers will submit a corrective action plan. Providers who were not in compliance and wished to remain enrolled as waiver providers submitted a corrective action plan by 7/31/2017. OAAS regional office conducted site visits to any provider that submitted a corrective action plan and verified providers were compliant with the HCBS settings rule. This was completed by 11/30/2017.

A disenrollment process of non-compliant providers will be developed and consist of: 1) provider disenrollment; 2) transition plan for participants; and 3) appeal rights for participants and providers. This will be completed by 3/1/18.

Providers that self-identify that they are not going to remediate or come into compliance will complete appropriate documentation by 12/31/17. LDH will partner with its agencies to initiate person-centered planning process and assist individuals with locating a provider that will be able to meet their needs. This will begin 1/1/18 and continue until 3/1/2020.

OAAS has identified one ADHC that will be submitted for heightened scrutiny. This ADHC currently serves two clients. If the ADHC cannot overcome non-compliance, implementation of a transition plan will be developed and implemented for those needing to transfer to an appropriate HCBS Setting. 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. All affected participants will be transitioned to a compliant setting by 9/1/18.

OAAS will submit a STP with Heightened Scrutiny information to CMS for review by 3/31/18.

- **OBH**

For any non-compliant settings, a corrective action plan is due within 60 days of notice. The CAP must outline the specific steps and timeline for full compliance not to exceed 12 months.

One provider received notice of non-compliance, and a CAP was submitted within the 60 day timeframe. The CAP included provisions for transferring members to receive services from the provider's alternate locations. OBH worked with the provider and the CSoC contractor to ensure no disruption in services to members.

- **OCDD**

Information has been updated in the milestone template. For all agencies that either self-identified or after a site visit were found to be out of compliance, they received a letter indicating the need for a transition plan. For all service providers that have received a letter based on activities noted above, corrective action plans have been submitted.

- a. State has requested that each Service Provider complete a transition plan detailing the actions and/or changes they will be making to bring settings into compliance.
- b. A template was provided to the service providers and training was completed on how to complete the transition plan document. Results from the site visits identified specific areas that the service provider would need to address. During training it was explained that each provider should evaluate areas that need to come into compliance and begin planning for approach/actions to be taken specific to those areas. Representatives from both State office and LGE office have made themselves available to assist with this process. Adjusted timeline for submission to account for completion of the analysis of the Individual Experience Surveys.

- c. Service providers have been asked to submit updates minimally on a quarterly basis to the LGE office indicating the progress that has been made. OCDD is working with the LGEs to identify a frequency at which visits will occur to monitor progress.

If a Provider is not compliant:

- a. OCDD believes that all settings will be able to come into compliance.
- b. OCDD intends to implement a transition plan for those needing to transfer to a different setting. Individuals will be given timely notice and a choice of alternative providers.

Heightened Scrutiny

- **OAAS**

OAAS has identified one ADHC that will be submitted for heightened scrutiny. This ADHC currently serves two clients. If the ADHC cannot overcome non-compliance, implementation of a transition plan will be developed and implemented for those needing to transfer to an appropriate HCBS Setting. 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. All affected participants will be transitioned to a compliant setting by 9/1/18.

OAAS will submit a STP with Heightened Scrutiny information to CMS for review by 3/31/18.

- **OBH**

OBH has determined that all sites are compliant and will not require the heightened scrutiny process.

- **OCDD**

OCDD is currently collating all information to finalize a list of agencies that may require the heightened scrutiny process.

Monitoring of Settings for Ongoing Compliance

- **OAAS**

A participant survey will be administered annually to monitor the individual's experience and corresponding compliance with the HCBS Settings Rule. Participant survey data will also be analyzed annually to identify any instances requiring follow-up from the program office. If there were any discrepancies found between the participant interviews and provider self-assessments, OAAS staff will follow up during its annual 1915 (c) quality assurance monitoring.

Information from the self-assessment will be returned by providers to the respective Program Office for a compliance review. Office staff determine whether: 1) the setting is in compliance; 2) the setting will be in compliance with additional modifications; or 3) the setting is out of compliance. Each Office will utilize a multi-faceted approach including site visits, desk audits, participant interviews, or other evidence (e.g. photographs) to verify compliance following remediation activities. Once the determination of non-compliance is made, the provider will be notified in writing of the issue(s) and will have an opportunity to seek technical assistance from the State. Providers who are not in compliance will be required to submit and implement a State approved corrective action plan. If the corrective action is not received or is inadequate to address the compliance issue, the provider will be disenrolled and another appropriate setting for the participant will be located. The disenrollment process will consist of: 1) provider disenrollment as a Medicaid provider; 2) a Transition Plan for participants; and 3) an internal appeal mechanism for participants and providers. Individuals will be given timely notice and a choice of alternate providers. The transition of each individual will be tracked to ensure successful transition and continuity of services.

- **OBH**

To ensure ongoing monitoring, OBH will sustain the quarterly reporting requirements for provider and member review. All exceptions must be submitted to OBH staff upon discovery.

The provider assessment tool has been incorporated into the credentialing and re-credentialing site visits.

The monitoring plan process includes the ongoing monitoring of individual private homes, non-licensed settings, and any individualized day or supported employment setting for compliance with the HCB settings criteria and is accomplished through quarterly reporting.

- **OCDD**

The Monitoring process will mimic the process utilized for the STP. It is the intent of OCDD to have individuals at a specified frequency complete a provider self-assessment and that validation would occur via site visits/individual interviews. OCDD is considering a cycle where each residential provider would be reviewed every 5 years. OCDD is considering visiting the non-residential programs on an annual basis.