

April 2022

# **The Louisiana Statewide Transition Plan for Compliance with the CMS Home and Community-Based Services Settings Rule**

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## I. Overview

Effective March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued new regulations that require home and community-based waiver services to be provided in community-like settings. The new rules define settings that are not community-like and cannot be used to provide federally-funded home and community-based services. The purpose of these rules is to ensure that people who live in the community and who receive home and community-based waiver services have opportunities to receive services in the most integrated settings. This includes opportunities to seek employment and work in competitive settings, engage in community life, control personal resources and participate in the community just as people who live in the community and do not receive home and community-based services do. The new rules stress the importance of ensuring that people choose service settings from options and are able to exercise rights and optimize independence. Services must reflect individual needs and preferences as documented by a person-centered plan.

As part of the five-year transition period, states must submit Transition Plans to CMS that document their plan for compliance. This plan, referred to as the Statewide Transition Plan (STP), is in accordance with requirements set forth in the CMS Home and Community-Based Services (HCBS) Settings Rule released on January 16, 2014 (see 42 C.F.R. § 441.301(c)). This amended STP builds on the originally proposed STP submitted in March 2015. The amended plan contains updates on activities, information from

technical assistance provided by CMS providing further details about the systemic assessments and remediation strategies, and significant public response and input.

## II. Background of Louisiana Medicaid Aging and Disability Waivers

The Louisiana Department of Health (LDH) administers all eight Home and Community-Based Waivers. Under the auspice of LDH, three operating agencies provide the day-to-day oversight of the waivers.

- The **Office of Aging and Adult Services (OAAS)** administers home and community-based long-term care services (HCBS) through various waiver and state plan programs for individuals who are elderly or have adult onset disabilities, assisting them to remain in their homes and in the community. The intent of these HCBS programs is to provide services and supports that are not otherwise available and that assist an individual in remaining or returning to the community. These programs do not individually, or in combination, provide 24-hour-per-day supports.

The two waivers operated by OAAS include:

- **Community Choices Waiver:** The Community Choices Waiver (CCW) serves seniors and persons with adult onset disabilities as an alternative to nursing facility care. Basing its action on a standardized assessment, OAAS awards each participant a budget based on acuity to create an individual service package. The CCW contains a variety of services including: support coordination, nursing and skilled therapy assessments and regimens, in-home monitoring systems, home modifications and assistive technologies, personal care, home-delivered meals, and caregiver respite.
  - **Adult Day Health Care Waiver:** The Adult Day Health Care Waiver (ADHC) is a community-based service delivered in an adult day health center which provides supervised care to adults in a supportive and safe setting during part of a day. Services provided by staff at licensed ADHC centers include personal care assistance, health education, health screening, medication management, and others.
- The **Office for Citizens with Developmental Disabilities (OCDD)** operates Louisiana’s Medicaid Waiver Program for persons with developmental disabilities.

The four waivers operated by OCDD include:

- **New Opportunities Waiver:** It is the most comprehensive waiver and offers services to people ages 3 and older. Support options include: individual and family supports (day, night, and shared options); community integration/development; environmental accessibility adaptations; specialized medical equipment and supplies;

supported living, substitute family care; day habilitation with transportation options; supported employment with transportation options; employment related training; professional services; personal emergency response systems; skilled nursing services; center-based respite; permanent supportive housing transition and stabilization; and one-time transitional services. Support Coordination is provided for this waiver through Louisiana's State Plan.

- **Children's Choice Waiver:** It offers services and support options to children. Services and support options include family supports; center-based respite; environmental accessibility adaptations (includes vehicle modifications); permanent supportive housing transition and stabilization; Support Coordination; and family training. At the age of 19 Children receiving this waiver option are transitioned to an appropriate adult waiver.
- **Supports Waiver:** It offers services to people ages 18 and older. Support options include supported employment; day habilitation; prevocational services; respite; habilitation; permanent supportive housing transition and stabilization; Support Coordination; and personal emergency response systems.
- **Residential Options Waiver:** It offers services to people of all ages. Supports include individual and family supports options; permanent supportive housing transition and stabilization; employment/habilitation options; skilled nursing; Support Coordination; and professional, behavioral, and other specialize services.
- The **Office of Behavioral Health (OBH)** operates home and community services that provide a comprehensive system for behavioral health services to eligible children and youth. The intent is to keep Louisiana children/youth with severe emotional disturbances in their home with their families and out of institutional care.

The waiver operated by OBH is:

- **Coordinated System of Care (CSoc):** It offers services to children and youth who are at risk of out-of-home placement in an effort to preserve their placement in the community with their family under the authority of Section 1915(c) of Title XIX of the Social Security Act. The CSoc services include parent support and training, youth support and training, independent living/skills building, and short-term respite care.

### III. Transitioning to Managed Care

Over the past decade, LDH has engaged stakeholders in a comprehensive effort to reform long-term support and services (LTSS) by striking the appropriate balance between providing care in institutional and community settings, improving quality of care, expanding service options, and addressing financial sustainability. In December 2012, LDH issued a Request for Information seeking innovative strategies to move forward with its next phase of delivering coordinated care through the creation of a new managed long-term supports and services (MLTSS) program. On August 30, 2013, LDH published its initial concept paper to outline the

principles and foundation of the LTSS transformation and to provide a framework for ongoing stakeholder feedback and engagement. At this time, no further LTSS development has occurred in OAAS and OCDD programs.

OBH, through the creation of the Louisiana Behavioral Health Partnership, has operated in a managed care environment since March, 2012. Effective December 1, 2015 specialized behavioral health services were integrated into Healthy Louisiana with the goal of improving care and care coordination for individuals with physical and behavioral health needs. The CSoC program is currently carved out of Healthy Louisiana and managed by the CSoC Contractor, who operates as a Pre-Paid Inpatient Health Plan (PIHP).

During the infusion of managed care into the Louisiana system, the State provided written guidance on the HCBS Settings Rule for each Health Plan, making it a contractual obligation to ensure all OBH settings meet the new Rule.

#### IV. New CMS HCBS Rules Requirements

The final rule does not specifically define HCBS settings; rather it describes characteristics of HCBS vs. non-HCBS settings. The final rule requires that “community-like” settings be defined by the nature and quality of the experiences of the individual receiving services, the rule applies to both residential and day services settings.

The HCBS Settings Rule and the State’s plan will include certain qualifications. For all settings:

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- Facilitates individual choice regarding services and supports, and who provides them.

There are additional requirements for provider-owned or controlled HCBS residential settings. These requirements include:

- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
- Each individual has privacy in their unit:
  - a. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
  - b. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
  - c. Individuals sharing units have a choice of roommates in that setting.
- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- Individuals are able to have visitors of their choosing at any time.
- The setting is physically accessible to the individual.

Louisiana will be using the language in this section in remediation of regulations, policies, etc.

## V. Introduction to the Louisiana Work Plan

The following represents the ***Louisiana Work Plan***. The purpose of this plan is to guide the development and implementation of a Transition Plan to: 1) provide for a robust input and engagement process for consumers and stakeholders; 2) identify areas of non-compliance; 3) seek intervention strategies to comply with the new setting requirements; 4) implement strategies to maintain continuous compliance; and 5) ensure quality components are designed into each phase of the Transition Plan to ensure continued compliance. Our review strategies include: 1) a comprehensive provider self-assessment for residential settings; 2) a comprehensive provider self-assessment for non-residential settings; 3) a participant survey (individual experience survey) that asks questions about with whom the participant resides and their level of choice and opportunities for community inclusion; and/or 4) support coordination/wraparound monitoring to assess compliance and identify potential isolation issues. Revisions will be made to protocols, policy and procedures, and monitoring tools to ensure support coordinators and Wraparound Facilitators approach the



HCBS Settings Rule with consistency and thoroughness. Person-centered planning remains an essential component to assure that persons are living where they choose to live, they are participating in activities of their choosing, they have choice in terms of which service providers will support them, they understand their rights/responsibilities, and they have access to the greater community in the same way as persons not receiving Medicaid waiver services.

The following represents an outline of the Plan.

## 1. Public and Stakeholder Engagement

- Convene an interagency group to manage the planning process.
- Identify all potential stakeholders including consumers, providers, family-members, and state associations.
- Establish ongoing stakeholder communications.
- Reach out to providers and/or provider associations to increase understanding of regulations and to maintain open and continual lines of communication.
- Create a method to track and respond to public comments.
- Release a draft Transition Plan to the web portal for public comments. Post the plan and accept comments for at least 30 days.
- Collect, summarize, and respond to all public comments.

## 2. Systemic Assessment and Analysis

- Review licensure and certification rules and operations.
- Evaluate additional requirements to certification standards, processes and frequency of review in order to comply with the HCBS Settings Rule
- Complete remediation activities identified through the systemic assessment process to align state standards with the HCBS Settings Rule
- Prepare a list of services subject to the new rule. This list should be classified as :1) Settings presumed to be fully compliant with HCBS characteristics; 2) Settings may be compliant or with changes will comply with HCBS characteristics; 3) Settings are presumed non-HCBS but evidence may be presented to CMS for heightened scrutiny review; and 4) Settings do not comply with HCBS characteristics

## Site Specific Assessment and Validation

- Draft an assessment tool that familiarizes providers with the new settings rule and affords the opportunity to measure compliance with the new requirements. The assessment tool will identify areas of the new rule for which the provider is non-compliant and will allow providers to target compliance efforts. The tool will present criteria with which to assess provider compliance as well as methods to quantify provider assessment results.
- Determine the method of distribution and identify the parties responsible for conducting the assessment.
- Draft a participant survey to collect information about the members' experience.
- Modify the self-assessment tool and participant survey in accordance with stakeholder comments.
- Distribute self-assessment instructions to providers and participant surveys to consumers.
- Provide education to providers.
- Conduct site reviews to validate the self-assessment findings.
- Collect self-assessment information, aggregate and analyze. Include findings and analysis on the program website and begin preparing a report for CMS.
- Analyze the results of the on-site survey assessment to identify specific issues that will need to be addressed throughout the transition phase.
- Analyze the results of the participant survey. Include findings and analysis on the Website.
- Analyze and aggregate assessment and validation results of the site specific assessment process and prepare a final report to share with stakeholders and CMS.

### 3. Site Specific Remediation

- Identify, send letters, and issue/track corrective action plans to providers who are not compliant with the HCBS Settings Rule.
- Providers who are not in compliance and wish to remain enrolled as waiver providers will submit a corrective action plan. Non-compliance may not extend beyond March 2023.
- Technical assistance will be available to providers to ensure that the interpretation of the HCBS Settings Rule is the same and the provider is implementing necessary changes to meet compliance.
- Louisiana will conduct on-site reviews and other validation activities to evaluate validity of remediation compliance.
- A disenrollment process of non-compliant providers will be developed and consist of: 1) a mechanism for dis-enrolling providers; 2) a Transition Plan for participants; and 3) an appeal process for participants and providers.

- Implement Transition Plan 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.

#### 4. Ongoing Monitoring and Quality Assurance

- Applicable rules, policy and procedures, standards, and other documents will be revised to reflect the HCBS Settings Rule.
- Service definitions will be modified to reflect the qualities of the HCBS Settings Rule.
- The provider enrollment process will be reviewed to collect information on the proposed service setting to ensure it conforms to the HCBS Settings Rule.
- Specified quality assurance and improvement strategies will be developed to ensure providers are evaluated against the HCBS Settings Rule prior to enrollment as well as after attaining enrollment.
- Develop a monitoring instrument to ensure setting compliance.
- Performance measures will be created to ensure providers continue to meet the HCBS Settings Rule.
- A participant survey will be conducted at least annually to monitor the participant's experience with the HCBS Settings Rule.

## VI. Louisiana Transition Plan Narrative

In preparation for development of the Statewide Transition Plan, Louisiana has worked across agencies, with individuals receiving services, and with stakeholders and providers in order to assess the current status of the HCBS Settings compliance.

### 1. Public and Stakeholder Engagement

#### Development and Implementation:

At the direction of the LDH, an interagency group was created to develop and manage the Statewide HCBS Settings Transition Plan. This team is responsible for ensuring the State's compliance with the new Settings Rule by evaluating current settings and developing a plan to demonstrate how Louisiana will comply and continue complying with the Settings Rule. Staff from OAAS, OBH, and OCDD began meeting on September 22, 2014. The group has continued monthly meetings to oversee the development of the Statewide Plan and to work in concert with each other and other associated State Agencies to complete the plan.

To meet the Transition Plan requirements, Louisiana must provide, at a minimum, a 30-day public notice and comment period. At least two forms of public notice must be provided (including electronic methods and non-electronic methods), along with at least two

ways for the public to provide input. Louisiana considers comments it receives and, as appropriate, will modify the Transition Plan to account for public comment.

The LDH strives to make this ongoing Transition Plan process transparent to the public, including members served through HCBS. Information related to the Transition Plan process is included on the website, the hub for information on the Settings Rule and associated Transition Plan. Other approaches to ensure consumers, family-members and providers are notified and are offered the ability to have meaningful input include listening sessions, newspaper notices, fact sheets, community forums, and provider and stakeholder meetings. Consumers, family-members, providers and other stakeholders are encouraged to offer comments via e-mail, open forum discussions, telephone conversations, and mail.

The LDH provided a minimum of 30 days for its comment period. Comments have been analyzed and summaries of comments are attached to this plan. See Master Work Plan (Appendix A) for detailed action steps and information related to public stakeholder engagement activities.

#### [Update on Stakeholder Engagement:](#)

After the CMS review in the late summer, Louisiana amended the STP to include robust information about the systemic assessment review of state statutes, waivers, policy and procedures and other documentation. Minor adjustments were made in the areas of work plans and other activities. Due to a weather disaster, CMS granted the state an additional 30 days for public comments. The revised STP was made available to the public on September 14, 2016 in both an electronic version posted on the LDH program offices websites (OAAS - [OAAS HCBS Settings Transition Plan](#); OCDD - [OCDD HCBS Settings Transition Plan](#); OBH - [OBH HCBS Settings Transition Plan](#)) and by hardcopy which was provided upon request. Comments were due October 14, 2016. No comments were received. A full 30-day comment period was provided.

#### [September 2016 Public Notice:](#)

The State published the public notice in the eight major daily newspapers of the State with the largest circulation. Notices were published in the following cities: Lafayette, Baton Rouge, New Orleans, Alexandria, Shreveport, Monroe, Lake Charles, and Houma. The public notice ran in the hard copies of the Legal Ad Section and published electronically on the Louisiana Press Association website. The public notice included detailed information on how to access a hard copy of the STP and where to submit comments. Additional information included addresses for OAAS, OBH, and OCDD.

On September 13, 2016, OBH sent notice of the revised STP to the following stakeholder groups via email: CSoc Governance Board, Magellan distribution list (that includes CSoc providers and members who requested to receive emails from Magellan), and the Louisiana Behavioral Health Advisory Council. In addition, four hard copies were mailed to constituents as requested.

OAAS notified its stakeholder group via e-mail informing them that the plan was posted for public review and included methods for submitting comments and the deadline for OAAS to receive them.

OCDD notified the following stakeholders via email informing them that the plan was posted for public review: Support Coordination, Local Governing Entities (LGE) offices, and the Developmental Disability Council (DD Council). Included in the notifications were information on where the information could be accessed and deadline for submitting comments.

The Louisiana Department of Health (LDH) submitted this STP Addendum for public comment on February 23, 2018. The STP Addendum Public Notice (*PUBLIC NOTICE: Louisiana Department of Health: Home and Community-Based Services Settings Rule Statewide Transition Plan*) was published in eight (8) Louisiana newspapers detailing how to gain access to the Addendum and/or receive a hard copy. Comments could be submitted electronically or via mail. The deadline for submitting public comments to LDH was March 25, 2018. OAAS, OBH, and OCDD received no public comments.

#### August 2019 Public Notice:

The Addendum was further revised in 2019 to address additional comments and questions received from CMS. The public notice period for the revised Addendum began August 9, 2019 and ended September 8, 2019. The notice was published in eight (8) Louisiana newspapers detailing how to gain access to the Addendum and/or receive a hard copy document for review. Additionally, notices and the Addendum document were posted on OAAS', OBH's, and OCDD's public-facing websites. Comments could be submitted electronically via e-mail or in writing via standard mail. No comments were received by OAAS, OBH, or OCDD. The State has incorporated information into the State Transition Plan using track-changes and is recirculating the State Transition Plan for Public Comment. Public Comment will occur after validation and incorporation of findings into the State Transition Plan for the Therapeutic Foster Care settings.

#### February 2020 Public Notice:

The Louisiana State Transition Plan was revised along with the Addendum in response to comments and questions from CMS. The Louisiana Department of Health (LDH) submitted this STP Addendum for public comment. The notice was published in eight (8) Louisiana newspapers detailing how to gain access to the State Transition Plan and Addendum and/or receive a hard copy document for review. Additionally, notices and the Addendum document were posted on OAAS', OBH's, and OCDD's public-facing websites. The public notice period for the revised State Transition Plan and Addendum was to end March 16, 2020, but due to the current status related to COVID-19, the public comment period end date was extended to March 30, 2020. Comments could be submitted electronically via e-mail or in writing via standard mail. No comments were received by OAAS, OBH, or OCDD.

## 2. Systemic Assessment

An initial State-level assessment of statutes, standards, rules, regulations, and other requirements to determine if they are consistent with the federal requirements has been accomplished. Louisiana staff conducted an initial review of licensure and certification rules and operational procedures and protocols. Staff reviewed such documents from October 1, 2014 through November 30, 2014. Each program office later developed a detailed crosswalk linking requirements of the HCBS Settings Rule to applicable state standards. During this review, processes were carefully examined and it was determined that modifications to licensure and certification rules and program operations were needed to ensure full compliance with the Rule. A thorough review of all waiver services to determine service setting status was conducted from October 1, 2014 through November 30, 2014.

The following charts depict the findings of the initial setting analysis and include service definitions. Each Program Office is described separately for analysis and reported activity. Detailed charting is illustrated in the Appendix Section by Program Office.

### OAAS HCBS Settings Analysis

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.)

OAAS will continue to build capacity across Louisiana in an effort to assure non-disability specific options by providing initial and ongoing annual training and technical assistance on person centered planning to providers and stakeholders. OAAS also will host an annual resource fair in each of the nine regions of the state. The resource fair will offer an introduction to community resources and information to provider agencies and stakeholders.

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.

#### Residential (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: [Support Coordination Monitoring: Participant Interview Interpretive Guidelines](#) .

OAAS does not allow participants to receive services while living in an unrelated paid caregiver’s home. “Recipients are not permitted to receive PAS while living in a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed provider of long-term care services and providers are prohibited from providing and billing for services under these circumstances. Recipients may not live in the home of a direct support worker unless the direct support worker is related by blood or marriage to the recipient (see link for “Who Can Be a Direct Support Worker (DSW flowchart) for PAS and LT-PCS?” in Appendix B of this manual chapter). These provisions may be waived with prior written approval by OAAS or its designee on a case by-case basis.” [Community Choices Waiver Provider Manual](#). No settings received a waiver to exist as a provider owned/operated setting.

One additional method OAAS will utilize to build capacity across non-disability specific settings is the Louisiana Permanent Supportive Housing (PSH) program combines permanent, subsidized rental housing with flexible, individualized housing supports to people with disabilities. PSH offers rental assistance for a variety of integrated housing units so that individuals with disabilities are able to remain in or reenter the community, and live amongst people in various levels of socioeconomic statuses and non-disabled persons.

Non-Residential Services included in the review are as follows:

- **Adult Day Health Care:** Adult Day Health Care (ADHC) is a community-based service available in both the Adult Day Health Care and Community Choices Waivers. ADHC is delivered in an adult day health center which provides supervised care to adults in a supportive and safe setting during part of a day. Services provided by staff at licensed ADHC centers include personal care assistance, health education, health screening, medication management, and others.

<b>OAAS HCBS SETTINGS ANALYSIS</b>
<b>SETTINGS PRESUMED TO BE FULLY COMPLIANT WITH HCBS CHARACTERISTICS</b>
Participant owns housing or leases housing which is not provider owned or operated
Participant resides in housing which is owned or leased by a family member
<b>SETTINGS MAY BE COMPLIANT, OR WITH CHANGES WILL COMPLY WITH HCBS CHARACTERISTICS</b>

<b>OAAS HCBS SETTINGS ANALYSIS</b>
<b>SETTINGS PRESUMED TO BE FULLY COMPLIANT WITH HCBS CHARACTERISTICS</b>
Adult Day Health Care Centers
<b>SETTINGS ARE PRESUMED NON-HCBS BUT EVIDENCE MAY BE PRESENTED TO CMS FOR HEIGHTENED SCRUTINY REVIEW</b>
Adult Day Health Care centers located on the grounds of, or adjacent to, a public institution
Adult Day Health Care centers located in a publicly or privately-owned inpatient facility treatment
<b>SETTINGS DO NOT COMPLY WITH HCBS CHARACTERISTICS</b>
N/A

Since the total number of ADHCs (33) was last reported, 10 providers have since closed unrelated to the HCBS Settings Rule. None of the 4,127 (number updated to 4,191 as of 11/01/2019) were allowed to exist as a provider owned/operated setting. These settings were assessed and validated through OAAS’s ongoing monitoring processes. OAAS had previously identified one ADHC that would have been submitted for heightened scrutiny. This ADHC had served two clients. However, the identified ADHC is no longer serving HCBS ADHC participants as of 07/30/2018. They independently dis-enrolled from the Medicaid HCBS waiver. OAAS currently does not have any settings to submit for heightened scrutiny, however, if any are identified in the future through our on-going monitoring, we will follow the heightened scrutiny process outlined above.

The number of CCW setting (# of CCW participants) changes as waiver spots are filled.

When determining whether to move a setting forward to CMS for heightened scrutiny review, OAAS will consider information or comments received from participants, families, case management staff, or LDH staff. OAAS also considers information or comments received from external partners such as the disability rights organizations, stakeholders or other advocacy groups. OAAS conducts a site visit at the setting and interview staff and administrators to determine if the setting’s design, policies and practices are in compliance. In addition, OAAS will review to see if they are designed to meet all participants needs within the setting, restricts or poses barriers to accessing the local community or if they do not support participant access to the local community. This includes interviewing participants to determine if their experience in the setting is isolating and if so whether that isolation is caused by systemic conditions inherent in the setting’s design, policies or practices.

OAAS will move a setting forward to CMS for heightened scrutiny review when the state determines the setting is located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment. The setting will be



moved forward if it is located in a building on the grounds of, or immediately adjacent to a public institution. Another decision to move a setting forward is if the setting's design, policies or practices systemically isolate participants from their greater community.

When the state submits a setting to CMS for heightened scrutiny review, the evidentiary package will include the following:

- The name and location of the facility;
- The characteristics of the setting or other reason the setting was identified for heightened scrutiny;
- How the setting was assessed for having the effect of isolating participants from the broader community;
- How the state performed the heightened scrutiny review;
- What information was collected in addition to onsite reviews and interviews;
- The results of the participant, staff and administrator interviews, provider self-assessment, and provider site visit;
- The results of observations made during the onsite review will include how the setting is integrated in and considered a part of the local community. In addition, it will include how individuals participate in typical community activities and engage in community life. In the case of a setting located in a building providing inpatient institutional treatment or in a building on the grounds of or immediately adjacent to a public institution, the state will also provide the following information:
  - When applicable, a copy of the setting's corrective action plan, and include issues and characteristics that are not fully in alignment with the HCBS Settings Rule, the actions the setting will take to address identified issues, the state's approval of the corrective action plan, milestones, and the proposed date of completion, and the state's plan to monitor. Monitoring will include the setting's achievement of the milestones outlined in the corrective action plan; and participant experience post implementation of the setting's corrective action plan.

OAAS will continue to 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. Although OAAS does not currently have any settings to submit for heightened scrutiny, if any are identified in the future through on-going monitoring, OAAS will follow the heightened scrutiny process outlined.

### OCDD HCBS Settings Analysis

Current OCDD rules and participant rights ensure participants are afforded choice in provider and service settings.

OCDD will continue to build capacity across Louisiana in an effort to assure non-disability specific options are discussed by providing initial and ongoing annual training and technical assistance on person centered planning to support coordinators, providers and stakeholders.

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.

The state continues to provide training opportunities and technical assistance surrounding best practices related to person centered thinking/planning practices, decision making as well as assisting people to make informed choices.

In 2017, the Governor established an Employment First Workgroup. A report was created and presented to the governor in 2018 outlining the plans for our state. Our state is moving towards becoming an Employment First State and we have drafted a report to reflect where our state plans are to go. In 2018, Louisiana participated in the Office of Disability Employment Policy's EFSLMP grant and worked on provider transformation and regional capacity building. As the second part of that grant, Louisiana received technical assistance to establish the State as a Model Employer initiative that coincided with the already established Employment First Workgroup. This continues and has been expanded to include the creation of a State ADA Coordinator in legislation. The state continues to work to establish Louisiana as an Employment First State. In 2019, OCDD joined the State Employment Leadership Network (SELN) to assist our state in moving forward in increasing the individual employment opportunities and community engagement for individuals with IDD. OCDD is in the process of revamping all of our service definitions, rates and ratios to reflect small group community participation, small group community prevocational services and to establish updated criteria for group employment to better align and reflect the HCBS Settings Rule. OCDD will be shutting down sheltered workshops in Louisiana and is on track to ensure that individuals who work will be paid at least a minimum wage. OCDD is collaborating with our vocational rehabilitation program to ensure that services to individuals with IDD are provided and that follow along services are available in the waiver to support those who are working in individual integrated employment. In 2019, OCDD partnered with our DD Council to provide training on Community Employment through an online training program to our providers, Support Coordinators and Local Governing Entity staff (OCDD regional office). Our agency is moving forward with more community participation and involvement and increasing individual, community employment for the individuals that are served in our waivers.

Residential (Owns or leases housing that is not provider owned or operated/owned or leased by a family member)

OCDD is presuming all individual homes, whether owned or rented by the individual or by the family, to be fully compliant with HCBS characteristics. At least monthly support coordination contact and quarterly face-to-face visits occur with each participant in the waiver to ensure that the individual is receiving the supports and services they desire. During the quarterly face-to-face visits, the support coordinator specifically discusses the individual's choices of day and employment supports and services using the Path to Employment Tool to ensure that the individual is receiving services and supports that they are interested in receiving. This information is captured in the LaSRS system and has been occurring since 2017. Annually, the Support Coordination agencies are monitored by the Local Governing Entity and as a part of that, individuals who are part of the random sample are visited in their homes.

**Residential Provider Owned/Controlled Settings:**

OCDD will conduct an onsite visit and an individual survey with each individual who resides in a provider owned/controlled setting to ensure that the individuals have choices and are meeting the HCBS requirements.

One additional method OCDD will utilize to build capacity across non-disability specific settings is the Louisiana Permanent Supportive Housing (PSH) program combines permanent, subsidized rental housing with flexible, individualized housing supports to people with disabilities. PSH offers rental assistance for a variety of integrated housing units so that individuals with disabilities are able to remain in or reenter the community, and live amongst people in various levels of socioeconomic statuses and non-disabled persons. PSH is a waiver service in the OCDD waivers.

**Non-Residential Services:**

Each nonresidential provider shall ensure that the 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.

During the site-specific assessment process, each setting was assessed in all of the required areas noted in the HCBS Settings Rule.

OCDD is presuming that individuals who receive individual supported employment services are in settings that are in compliance with the HCBS Settings Rule. Individual Supported Employment services are only delivered in settings that are part of the community and integrated competitive settings where individuals are receiving at least minimum wage or wages that are commensurate with the going wage.

OCDD will assess for Heightened Scrutiny and will proceed with submitting to CMS for heightened scrutiny review when the state determines the setting is either located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment, located in a building on the grounds of, or immediately adjacent to a public institution. Or assesses that the setting's design, policies or practices systemically isolate participants from their greater community.

When the state submits a setting to CMS for heightened scrutiny review, the evidentiary package will include the following:

- The name and location of the facility;
- The characteristics of the setting or other reason the setting was identified for heightened scrutiny;
- How the setting was assessed for having the effect of isolating participants from the broader community;
- How the state performed the heightened scrutiny review;
- What information was collected in addition to onsite reviews and interviews;
- The results of the participant, staff and administrator interviews, provider self-assessment, and provider site visit;
- The results of observations made during the onsite review will include how the setting is integrated in and considered a part of the local community. In addition, it will include how individuals participate in typical community activities and engage in community life. In the case of a setting located in a building providing inpatient institutional treatment or in a building on the grounds of or immediately adjacent to a public institution, the state will also provide the following information:
- When applicable, a copy of the setting's corrective action plan, and include issues and characteristics that are not fully in alignment with the HCBS Settings Rule, the actions the setting will take to address identified issues, the state's approval of the corrective action plan, milestones, and the proposed date of completion, and the state's plan to monitor. Monitoring will include the setting's achievement of the milestones outlined in the corrective action plan; and participant experience post implementation of the setting's corrective action plan.

In 2016, OCDD determined that one setting may be submitted for heightened scrutiny review.

**Non-Residential Services included in the review are as follows:**

- **New Opportunities Waiver (NOW) Services:**
  - Group Supported Employment - Is competitive work, for individuals age 18 or older, in an integrated work setting, or employment in an integrated work setting in which the individuals are working toward competitive work that is consistent with the strengths, resources, priorities, interests, and informed choice of individuals for whom competitive employment has not traditionally occurred. This service consists of intensive, ongoing supports that enable individuals for whom competitive employment at or above minimum wage is unlike absent the provision of supports, and who because of their disabilities need supports to perform in a regular work setting.

- Employment Related Training (Prevocational Services) - Consists of paid employment for individuals age 18 or older, for whom competitive employment at or above minimum wage is unlikely, and who need intensive ongoing support to perform in a work setting because of their disability. Services include teaching such concepts as compliance, task completion, problem solving, and safety to address underlying generalized habilitation goals that are associated with performing compensated work.
- Day Habilitation - Services provide individuals 18 years of age or older, with assistance in developing social and adaptive skills necessary to enable them to participate as independently as possible in the community. This service allows for peer interaction, meaningful and age-appropriate activities, community and social integration, which provide enrichment and promote wellness. This service includes the assistance and/or training in the performance of tasks related to acquiring, maintaining, or improving skills including but not limited to: personal grooming, housekeeping, laundry, cooking, shopping, and money management. Service is to be provided outside of the individual's residence.
- Residential Options Waiver (ROW) Services:
  - Group Supported Employment - This is intensive, ongoing supports and services necessary for an individual to achieve desired outcome of employment in a community setting where the majority of the persons employed do not have disabilities. Individuals utilizing Supported Employment services may need long-term supports for the life of their employment due to the nature of their disability and where natural supports would not meet their needs.
  - Prevocational Services - These services are designed to prepare an individual for paid or unpaid employment in the community and include teaching concepts such as compliance, attendance, task completion, problem solving, and safety that associated with performing compensated work. These services are not job task oriented but instead are aimed at a generalized result and are directed to habilitation rather than explicit employment objectives. These services are provided to persons not expected to join the general work force within one year of service initiation. Services are provided outside of the individual's private residence.
  - Day Habilitation - Services that provide individuals with assistance in developing social and adaptive skills necessary to enable them to participate as independently as possible in the community. This service allows for peer interaction, meaningful and age-appropriate activities, community and social integration, which provide enrichment and promote wellness. This service includes the assistance and/or training in the performance of tasks related to acquiring, maintaining, or improving skills including but not limited to: personal grooming, housekeeping, laundry, cooking, shopping, and money management. Service is to be provided outside of the individual's residence. Activities and environments are structured and designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice which will increase the individual's self-sufficiency and maximize his/her use of the community. Community inclusion activities occur in any community setting alongside peers without disabilities and may be educational and/or recreational in nature and cover

a wide range of opportunities to allow the individual to be a part of the community and allow the individual to contribute to his or her community.

- **Supports Waiver Services:**

- Group Supported Employment - This is intensive, ongoing supports and services necessary for an individual to achieve desired outcome of employment in a community setting where the majority of the persons employed do not have disabilities. Individuals utilizing Supported Employment services may need long-term supports for the life of their employment due to the nature of their disability and where natural supports would not meet their needs.
- Prevocational Services - These services are designed to prepare an individual for paid or unpaid employment in the community and include teaching concepts such as compliance, attendance, task completion, problem solving, and safety that associated with performing compensated work. These services are not job task oriented but instead are aimed at a generalized result and are directed to habilitation rather than explicit employment objectives. These services are provided to persons not expected to join the general work force within one year of service initiation. Services are provided outside of the individual’s private residence.
- Day Habilitation - Services that provide individuals with assistance in developing social and adaptive skills necessary to enable them to participate as independently as possible in the community. This service allows for peer interaction, meaningful and age-appropriate activities, community and social integration, which provide enrichment and promote wellness. This service includes the assistance and/or training in the performance of tasks related to acquiring, maintaining, or improving skills including but not limited to: personal grooming, housekeeping, laundry, cooking, shopping, and money management. Service is to be provided outside of the individual’s residence. Activities and environments are structured and designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice which will increase the individual’s self-sufficiency and maximize his/her use of the community. Community inclusion activities occur in any community setting alongside peers without disabilities and may be educational and/or recreational in nature and cover a wide range of opportunities to allow the individual to be a part of the community and allow the individual to contribute to his or her community.

<b>OCDD HCBS SETTINGS ANALYSIS</b>
<b>SETTINGS PRESUMED TO BE FULLY COMPLIANT WITH HCBS CHARACTERISTICS</b>
Participant owns housing or leases housing which is not provider owned or operated
Participant resides in housing which is owned or leased by a family member
Individual Competitive Employment

<b>OCDD HCBS SETTINGS ANALYSIS</b>
<b>SETTINGS MAY BE COMPLIANT, OR WITH CHANGES WILL COMPLY WITH HCBS CHARACTERISTICS</b>
Residential Provider Owned or Controlled settings
Prevocational Settings
Day Habilitation Settings
Group Supported Employment
<b>SETTINGS ARE PRESUMED NON-HCBS BUT EVIDENCE MAY BE PRESENTED TO CMS FOR HEIGHTENED SCRUTINY REVIEW</b>
Nonresidential Setting that provides day habilitation and prevocational services.
<b>SETTINGS DO NOT COMPLY WITH HCBS CHARACTERISTICS</b>
None Identified

In 2022, it was determined that 107 individuals resided in provider owned/controlled settings. Information regarding clarification for all settings both residential and vocational is included on page 40 of this document.

### OBH HCBS Settings Analysis

Using the HCBS Settings Rule as a guide, OBH developed the provider and member assessment survey forms, which are conducted on an established frequency to identify any settings that may be non-compliant. The managed care entity conducts the provider survey for all providers as part of initial credentialing and re-credentialing (every three years) for CSoC waiver service providers to determine if the setting is considered home and community-based in accordance with the HCBS Settings Rule. The managed care entity also monitors compliance annually as part of onsite audits. Further, OBH’s policy (which precedes the HCBS Settings Rule) requires waiver services to be delivered in the community, such as the member’s home, library, schools, restaurants, etc.

The approved assessment tool (OBH Provider Survey included in Appendix C.3 of the STP) is used to ensure provider facilities meet the HCBS requirements.

The 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.

Provider facilities are flagged as non-compliant if the setting does not meet following requirements: (1) integrated within the community of the members served, (2) not located in a building that also provides inpatient institutional treatment, and (3) not

located in a building on the grounds of or immediately adjacent to a public institution such as a nursing facility/home, IMD, ICF/IID, or hospital. OBH will not have any settings submitted for Heightened Scrutiny.

Non-Residential services included in this review are as follows:

- **Coordinated System of Care (CSoC)**
  - Parent Support and Training - This service is designed to provide the training and support necessary to support and to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.
  - Youth Support and Training - This service is designed to be child/youth centered and provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Youth Support and Training services have a recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills.
  - Independent Living/Skills Building - This service is designed to assist children who are or will be transitioning to adulthood with support in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to be successful in the domains of employment, housing, education, and community life and to reside successfully in home and community settings. Independent Living/Skills Building activities are provided in partnership with young children to help the child/youth arrange for the services they need to become employed, access transportation, housing, and continuing education. Services are individualized according to each youth's strengths, interests, skills, and goals.
  - Short-Term Respite - Provides temporary direct care and supervision for the child/youth in the child's home or a community setting that is not facility-based (i.e., not provided overnight in a provider-based facility). The primary purpose is relief to families/caregivers of a child with a serious emotional disturbance or relief of the child. The service is designed to help meet the needs of the primary caregiver as well as the identified child. Respite services help to de-escalate stressful situations and provide a therapeutic outlet for the child.

Residential services included in this review are as follows:

- **Coordinated System of Care (CSoC)**
  - Wrap-Around Agencies (WAAs) report on members' home settings on a monthly basis to the CSOC contractor. OBH is notified immediately regarding any exceptions.



<b>OBH HCBS SETTINGS ANALYSIS</b>
<b>SETTINGS PRESUMED TO BE FULLY COMPLIANT WITH HCBS CHARACTERISTICS</b>
Member owns the housing or leases housing, which is not provider owned or controlled
Member resides in housing, which is owned or leased by a family member
Therapeutic Foster Care
CSoC Services including Parent Support and Training, Youth Support and Training, Independent Living/Skills Building, and Short-Term Respite Care services
<b>SETTINGS MAY BE COMPLIANT, OR WITH CHANGES WILL COMPLY WITH HCBS CHARACTERISTICS</b>
None Identified
<b>SETTINGS ARE PRESUMED NON-HCBS BUT EVIDENCE MAY BE PRESENTED TO CMS FOR HEIGHTENED SCRUTINY REVIEW</b>
None Identified
<b>SETTINGS DO NOT COMPLY WITH HCBS CHARACTERISTICS</b>
N/A

Because the CSoC waiver is a newer program that was developed in 2012, initial policies made clear that services are provided in a community setting. The program oversees waiver services for a maximum of 2500 children and youth at a given point in time, and enrollment is not on a long-term basis. The CSoC contractor also provides annual trainings for providers on the requirements of the HCBS Settings Rule. Based on these factors, OBH made the determination to not submit any provider settings for Heightened Scrutiny. If a setting is determined to be institutional, then the CSoC contractor does not contract with the provider.

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

Site-Specific Remedial Actions:

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.

The list of affected members was provided to the WAA with instructions to update the member’s Plan of Care with the new provider location during the next scheduled Child and Family Team meeting. Members were notified that the change in provider location would not impact receiving or accessing services. Independent Living/Skills Building (ILSB) was the only waiver service provided from the non-compliant location, and all ILSB services are provided in the member’s home and community and not at the physical facility location.

Regarding choice of providers, before the child/youth is enrolled in CSoC, the WAA must ensure that the parent/legal guardian understands that they have the option of accepting services through CSoC in their home and community or accepting behavioral health services provided in an institution/hospital setting. If the family agrees to services through CSoC, they sign the CSoC Freedom of Choice (FOC) form indicating CSoC is their choice.

At the time of the initial estimates for members residing in noncompliant settings, four (4) members were residing in group homes. No remedial actions were taken due to natural attrition, with the expectation that these 4 members would transition to a compliant setting, age out, or discharge out of CSoC.

Group homes are characterized as non-compliant with the HCBS rule. If a child/youth is referred to CSoC while residing in a group home or other non-HCBS setting, the WAA is responsible for collaborating with the facility treatment team, the member, and family to assist in comprehensive discharge and treatment planning to reduce disruption and to improve stabilization upon the member’s reentry to a home and community environment. No CSoC services are provided to members residing in group homes. If the member is not transitioned to a compliant HCBS setting within 90 days, the CSoC Contractor Care Manager will warm transfer the member/family back to the appropriate MCO for referral and connection to behavioral health services and resources that may be available within their plan.

### Initial Estimates of the Number of Settings by Category for Each Program Office

This chart represents Program Office setting estimates as of 2016:

<b>Description of Settings</b>	<b>OAAS</b>	<b>OCDD</b>	<b>OBH</b>
Setting presumed to be fully compliant with HCBS Characteristics	4191	442	2,200

<b>Description of Settings</b>	<b>OAAS</b>	<b>OCDD</b>	<b>OBH</b>
Settings may be compliant, or with changes will comply with HCBS Characteristics	0	79 Non-Residential Sites	0
Settings are presumed non-HCBS but may be presented to CMS for heightened scrutiny review	0	1 Vocational Program	0
Do not comply with the new rule	0	0	4

### Crosswalk of Regulation and Associated Documents

From October 1, 2014 to September 1, 2016, the three Program Offices conducted an internal, detailed examination of state statues, rules, regulations, policies, protocols, practices and contracts. These in-depth reviews compared state systems, residential settings, and non-residential settings to current practices to the requirements set forth with the CMS regulation. Current service definitions and provider qualifications across Louisiana’s HCBS system were reviewed also to determine level of compliance with the HCBS regulation. To provide additional information on the State’s review of State statues, regulations, certifications, policy and procedures and other associated documents, we offer detailed action steps in Appendices (B), (C), and (D). The results of each Office’s review can be found in Appendix B for OAAS, Appendix C for OBH, and Appendix D for OCDD. This crosswalk provides updated information from the original submission in December 2015.

#### 3. Site Specific Assessment and Validation

After completing the service setting analysis, each Program Office within LDH established specific processes to address site specific assessments and validation strategies. Below are detailed descriptions identifying the approach taken by each Program Office. Additional detail related to specific actions steps taken by each Office can be found in the Master Work Plan (Appendix A).

## OAAS

- **OAAS Self-Assessment Process**

The site specific assessment component was completed using a provider self-assessment tool ([HCBS Settings Rule Provider Self-Assessment](#)). 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 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.

- **OAAS Validation Process**

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: [OAAS HCBS Settings Transition Plan](#)). 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.

Additionally, 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 gather 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.

An analysis of the findings was completed by 1/31/17 and posted to the website.

- **OAAS Assessment and Validation Results**

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.

Initial numbers provided were based on participant/program counts at the time. The numbers included in the table below reflect waiver counts as of 3/25/2019.

Description of Settings	OAAS
Setting presumed to be fully compliant	4191
Settings that could come into full compliance	0*
Settings that cannot comply with the HCBS requirements or are presumptively	0 – Adult Day Health Care Center located on the grounds of, or adjacent to a public institution

Waiver	Setting Type	# of Sites	# of participants receiving waiver services
ADHC	Community	23	514
CCW	Community	4191	4191
Total		4214	4,705

\*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.

The number of people served for each type of service based on information pulled from waiver counts. Description of setting data –provider’s level of compliance based on validation results.

Since the total number of ADHCs (33) was last reported, 10 providers have since closed unrelated to the HCBS Settings Rule. None of the 4,127 (number updated to 4,191 as of 11/01/2019) were allowed to exist as a provider owned/operated setting. These settings were assessed and validated through OAAS’s ongoing monitoring processes. The ADHC that was identified to undergo heightened scrutiny review closed in 2017, and its participants transitioned to other ADHC locations or services. The number of CCW setting (# of CCW participants) changes as waiver spots are filled.

#### OBH

- **OBH Provider Assessment**

OBH will be determining provider compliance with the HCBS Settings Rule utilizing the existing credentialing/re-credentialing process and this will occur on an ongoing basis beginning 3/1/16 forward. Initial provider applicants will be expected to be fully compliant with the HCBS Settings Rule prior to rendering waiver services. Current providers who are not fully in compliance will be required to submit a corrective action plan.

In addition, the CSoC Contractor will conduct quarterly site visits to at least 5% of CSoC providers beginning 3/1/16 to assess compliance with the HCBS Settings Rule.

- **OBH Validation Process**

OBH developed a survey tool, largely based on the exploratory questions provided by CMS, to be completed by the Wraparound Facilitators on a 100% of participants during their quarterly face-to-face visits. The survey was developed to evaluate the individual’s living environment to assure that it aligns with the HCBS Settings Rule. Wraparound Facilitators were educated by the CSoC Contractor on the process for assessing the living environment and have been instructed to document findings. Any violations are to be immediately reported to the CSoC Contractor. The CSoC Contractor will review a representative, statistically valid sample (95% confidence level, +/- 5% margin of error) of Wraparound Facilitator documentation.

- **OBH Assessment and Validation Results**

Initial numbers provided were based on participant counts at the time. The numbers included in the table below reflect waiver counts as of 6/30/2016.

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

CSoC services are delivered in the home or in a community-based setting, determined by each member’s individual Plan of Care. Examples of the community settings include but are not limited to schools, libraries, and community centers.

The numbers included in the table below reflect waiver counts of CSoC members and providers as of 6/30/2019.

Settings presumed to be fully compliant with HCBS Characteristics (As of 6/30/2019)	Providers	Members
Members’ Home Settings, including residence is owned or leased by the member or a family member (and is not provider owned or controlled) or Therapeutic Foster Care		2201
CSoC Services including Parent Support and Training, Youth Support and Training, Independent Living/Skills Building, and Short-Term Respite Care services	142	
Settings that cannot comply with HCBS requirements or are presumptively institutional in nature	0	0

- 2296 total enrolled – 95 in the 90-day transition period
- 142 – unduplicated (providers rendering both STR and ILSB counted once) and the FSO is counted once.

The number of people served for each type of service based on information pulled from waiver counts. Description of setting data –provider’s level of compliance based on validation results. Due to member turnover, results are based off a point-in-time waiver count and confirmed through the validation process.

For Therapeutic Foster Care (TFC)/Foster Care (FC), the member setting may be considered compliant if the member is living with a foster family in a home that is not owned by the provider (DCFS or the entity who pays/oversees the family). TFC parents do not provide HCBS or CSoC services for members in their care, and these settings are assessed for members’ home setting. The State has assessed all settings. Specifically, wraparound facilitators conduct direct monitoring on an established, routine basis (typically monthly) to ensure member health and welfare in the community, ensure member needs are being met, progress towards goals, and to ensure the member is residing in a home and community-based setting using a standardized form. Through this process, the wraparound facilitator escalates to the managed care entity any situations in which the HCBS criteria is deemed not met (based on form instructions and training); the managed care entity submits these findings directly to the State for review/decision. To ensure data integrity, the managed care entity validates wraparound facilitator reporting on a quarterly basis and the State validates managed care entity reporting on a routine basis through the external quality review organization. Through this comprehensive monitoring process, all members have been determined to be residing and receiving services in home and community based settings.

Further, the requirements under provider-owned and controlled settings are largely not applicable to children (e.g., the individual must have a lease or other legally enforceable agreement, must control his/her own schedule, and can have visitors at any time); however, the State has developed assessment forms, which are used by wraparound facilitators for all CSoC members through the process described above to identify any setting, whether the member is residing with an unrelated caregiver or with relatives, that do not have the spirit of a home and community-based setting (e.g., number of unrelated individuals live in the home, participation in community events to the extent of other children not in the waiver, any setting that has isolating effects).

Group homes are characterized as non-compliant with the HCBS rule, as these settings are considered institutional in nature or have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS). If a child/youth is referred to CSoC while residing in a group home, the WAA is responsible for collaborating with the facility treatment team, the member, and family to assist in comprehensive discharge and treatment planning to reduce disruption and to improve stabilization upon the member’s reentry to a



home and community environment. No CSoC services are provided to members residing in group homes. If the member is not transitioned to a compliant HCBS setting within 90 days, the CSoC Contractor Care Manager will warm transfer the member/family back to the appropriate MCO for referral and connection to behavioral health services and resources that may be available within their plan. OBH will not have any settings submitted for Heightened Scrutiny.

## OCDD

- **OCDD Self-Assessment Process**

In addition to the review of current rules/regulations, policies and procedures, service definitions and provider qualifications, OCDD developed a provider self-assessment tool to be completed by all Residential and Non-Residential Service Providers ([OCDD HCBS Settings Transition Plan Provider Tools](#)). The tool developed to assess compliance with HCBS Settings Rule criteria were based largely upon the exploratory questions provided by CMS. The self-assessment was posted online for public comment and feedback. Feedback was received and is summarized in the public comment section of this plan. OCDD responded to all feedback and where appropriate made modifications to the provider self-assessment tool and process. The tool was distributed to all service providers with instructions for how it should be completed and training was provided related to completion of the tool. In addition to training, OCDD with assistance from the Local Governing Entities has provided technical assistance where requested to assist service providers with completion of the tool. Below is a detailed description of the approach taken for Residential and Non-Residential providers to complete this process.

- **Residential**

- For agencies providing in home services to persons that live with their families, own or lease their own residences independent of providers, the service provider will be presumed to be in compliance. Agencies providing this type of service were asked to evaluate their agency using the tool and complete the demographic page detailing the service types they provide. After evaluating the various areas, service providers were asked to select the appropriate option at the end of the tool indicating level of compliance. They were further instructed that if they believed they were in compliance that they should select that option, sign the document and submit to the local office.
- For agencies providing in home services for all waiver types where the service provider owns, leases or operates the living setting (this includes Substitute Family Care and Host Home service options), the service provider was asked to complete the tool in its entirety, select appropriate response indicating level of compliance and submit appropriate documentation to the local office.

- At least 1 self-assessment per provider per region for each location in the region was to be completed. While a separate tool was not required for each service type, OCDD encouraged providers to consider completion of a separate tool for each service type (i.e., IFS, Host Home, Substitute Family Care, etc.).
- If a provider self-identified that they were not in compliance, they must complete a Transition Plan, using the OCDD approved template providing detailed action steps for how they will bring all settings into compliance. The Transition Plan is to be submitted to the Local Governing Entity (LGE) office for review/approval. The service provider must submit updates to the LGE office on a quarterly basis detailing progress made in terms of the implementation of their Transition Plan. Updates may be requested more frequently by the LGE office.
- **Non-Residential**
  - For all agencies providing services to individuals that are working in individualized/integrated community based settings, the service provider will be presumed in compliance. Agencies providing this type of service were asked to evaluate their agency using the tool and complete the demographic page detailing the service types they provide. After evaluating the various areas, service providers were asked to select the appropriate option at the end of the tool indicating level of compliance. They were further instructed that if they believed they were in compliance that they should select that option, sign the document and submit to the local office.
  - For agencies providing center-based and/or group types of employment including prevocational activities, supported employment mobile crews, and day habilitation, the service provider was asked to complete the tool in its entirety, select appropriate response indicating level of compliance and submit appropriate documentation to the local office.
    - At least 1 self-assessment per provider per region for each location in the region was to be completed. While a separate tool was not required for each service type, OCDD encouraged providers to consider completion of a separate tool for each service type.
    - For agencies that operate multiple locations an assessment must be completed for each location.
  - If a provider self-identified that they were not in compliance, they must complete a Transition Plan, using the OCDD approved template providing detailed action steps for how they plan to bring the settings into compliance. The Transition Plan is to be submitted to the LGE office for review/approval. The service provider must submit updates to the LGE office on a quarterly basis detailing progress made in terms of the implementation of their Transition Plan. Updates may be requested more frequently by the LGE office.

## OCDD Preliminary Results based on Provider Self-Assessments

- **Residential Settings:**

- Settings Presumed to be fully Compliant with HCBS Characteristics.

OCDD partnered with the LGE offices to evaluate the self-assessments submitted by service providers. Certain settings, including those in which the individual resides alone or with family, or in circumstances where an individual has chosen to share supports with 1 to 2 people and the provider does not own or lease the home/apartment were presumed to be in compliance with the regulation. All providers were asked to evaluate themselves to ensure that they were delivering services in a manner that was in compliance with the HCBS Settings Rule and to submit an attestation indicating their compliance.

Based on this criterion, the estimated target number of service providers included is approximately 494 active residential service providers. A total of 470 or 95% of residential providers submitted responses. 421 of residential providers or 85% reported compliance with the regulation. 24 residential providers or 5% did not submit their assessments.

- Settings May be Compliant or with Changes will Comply with HCBS Characteristics.

OCDD identified 18 providers who owned/controlled residential settings. 107 individuals were found to be residing in these settings. An individual survey will be completed with each person residing in this type of setting.

- Settings are Presumed Non-HCBS but Evidence may be presented to CMS for Heightened Scrutiny Review.  
No settings were presumed to not be compliant.

- **Non-Residential Settings:**

- Settings Presumed to be fully Compliant with HCBS Characteristics.

OCDD collaborated with the LGE offices to evaluate the self-assessments submitted by service providers. Certain settings, including those in which the individual is competitively employed in the community were presumed to be in compliance with the regulation. Many of the service providers in Louisiana provide an array of vocational services including facility-based options that also includes time spent in the community, but there is no way to separate the amount of time spent in each. All nonresidential providers regardless of the presumption were expected to submit an attestation indicating their compliance.

Based on this criterion, the estimated target number of service providers included in the survey was 86 active service providers statewide. Eighty-six (86) non-residential settings submitted self-assessments.

Validation activities will be conducted to confirm results and where non-compliance is identified service providers will be asked to complete Transition Plans to come into compliance with the HCBS Settings Rules. OCDD has also developed

a process to address compliance with submission of the provider self-assessment. This information will be detailed in the remediation section of this plan.

- Settings May be Compliant or with Changes will Comply with HCBS Characteristics.

Based on this criterion, the estimated target number of service providers included in the survey was 86 active service providers statewide. A total of 86 non-residential providers submitted responses. 23 of non-residential providers or 26 % self-reported the need to make improvements.

Those providers that have self-identified areas of non-compliance will be required to submit a Transition Plan to come into compliance with the regulation. Validation activities will be conducted to confirm results and assure that all areas in terms of the regulation are identified and addressed in each individual Transition Plan. OCDD has also developed a process to address compliance with submission of the provider self-assessment. This information will be detailed in the remediation section of this plan.

## OCDD Validation Process

OCDD has opted to take a multifaceted approach to validating the self-assessments submitted by service providers. The first component of this approach is to conduct site visits on both residential and non-residential service providers and the second component involves completion of onsite visits and participant experience surveys for residential provider owned/controlled settings.

In order to accomplish the task of completing validation, OCDD has partnered with two contracted entities, the first being the Local Governing Entities (LGE offices). The LGE offices are an extension of the OCDD State Office. They serve as the operating arm of State Office in that they manage the day-to-day operations of waiver services. We have 10 regional areas and 10 LGE offices that operate and oversee waiver functions in their respective areas.

In addition to the LGE offices, OCDD also partnered with existing contracted Support Coordination agencies to assist in the validation process. Each individual that is receiving waiver services has a Support Coordinator that is responsible for facilitating plan of care development, locating resources, and monitoring implementation of individualized plan of care. Each individual receives at a minimum a monthly phone call and a quarterly face-to-face visit from his or her Support Coordinator (SC). At the quarterly face-to-face contact, the SC discusses the individual's day and employment activities using the Path to Employment tool. This information is entered into a data system so it can be tracked. This tool allows SCs to track the conversation with each person to ensure that the person is receiving the supports and services that they desire and ensure each person is on track with their goals and interests.

### 1. Site Specific Review

#### Phase 1 sampling methodology (Residential)

1. All service providers for all identified service types were included in the sample pool
2. A sample size of 20% was selected for Residential Services
  - a. 10% received a desk audit
  - b. 10% received a site visit
  - c. A validation tool was developed by State Office to utilize during visits that aligned with elements identified on the provider self-assessment (Appendix D.4)
  - d. Samples were forwarded to the LGE offices identifying agencies selected for site visit or desk audit
  - e. LGE offices scheduled site visits and/or requested supporting documentation to demonstrate compliance as noted on the provider self-assessment
  - f. State Office left it at the discretion of the LGE office to conduct additional visits with service providers not included in the sample

- g. A tracking mechanism was developed to be used by the LGE office to identify all active providers in their respective areas, receipt of assessment, and results of their review
- h. Letters were drafted to be used to forward results to service provider agencies (Appendix D.5)
- i. For all providers identified as being out of compliance with the regulation, the LGE office requested a Transition Plan with specific strategies detailing how the provider will come into compliance with the regulation as well as a timeline to complete actions ([OCDD HCBS Settings Transition Plan Provider Tools](#))
- j. Training was initially conducted related to completion of the Transition Plan; however, OCDD will be providing refresher training and technical assistance to support this process.
- k. The LGE offices are responsible for review/approval of all Transition Plans
- l. The LGE offices will monitor implementation of Transition Plan. Updates will be required by the provider agency to the LGE office on a quarterly basis. (More frequently as identified by the LGE office)
- m. LGE offices will provide State Office with updates in terms of progress by service providers coming into compliance with regulation and identify any areas/agencies they have concerns about as well as recommendations.
- n. Any agency identified as possible heightened scrutiny situation will be forwarded to State Office
- o. OCDD will review information submitted and conduct site visits as appropriate

#### Phase I sampling methodology (Non-Residential)

1. All service providers for all identified service types were included in the sample pool
2. A sample size of 20% was selected for Residential Services
  - a. 10% received a desk audit
  - b. 10% received a site visit
  - c. A validation tool was developed by State Office to utilize during visits that aligned with elements identified on the provider self-assessment (Appendix D.4)
  - d. Samples were forwarded to the LGE offices identifying agencies selected for site visit or desk audit
  - e. LGE offices scheduled site visits and/or requested supporting documentation to demonstrate compliance as noted on the provider self-assessment
  - f. State Office left it at the discretion of the LGE office to conduct additional visits with service providers not included in the sample
  - g. A tracking mechanism was developed to be used by the LGE office to identify all active providers in their respective areas, receipt of assessment, and results of their review
  - h. Letters were drafted to be used to forward results to service provider agencies (Appendix D.5)

- i. For all providers identified as being out of compliance with the regulation, the LGE office requested a Transition Plan with specific strategies detailing how the provider will come into compliance with the regulation as well as a timeline to complete actions ([OCDD HCBS Settings Transition Plan Provider Tools](#))
  - i. Training was initially conducted related to completion of the Transition Plan; however, OCDD will be providing refresher training and technical assistance to support this process.
- j. The LGE offices are responsible for review/approval of all Transition Plans
- k. The LGE offices will monitor implementation of Transition Plan. Updates will be required by the provider agency to the LGE office on a quarterly basis. (More frequently as identified by the LGE office)
- l. LGE offices will provide State Office with updates in terms of progress by service providers coming into compliance with regulation and identify any areas/agencies they have concerns about as well as recommendations.
- m. Any agency identified as possible heightened scrutiny situation will be forwarded to State Office
  - i. OCDD will review information submitted and conduct site visits as appropriate

#### **Phase II sampling methodology**

1. Based on feedback from CMS during Technical Assistance calls/webinars, OCDD realized that the phase I sampling methodology did not result in a statistically significant sample for the non-residential services. As such, OCDD has opted to conduct site visits on all 86 active non-residential providers statewide. This will be accomplished by collaborating with the LGE offices and utilizing resources within OCDD to conduct site visits.
2. Individual Experience Survey
 

OCDD opted to conduct Individual Experience Surveys and complete onsite visits with all 107 individuals who reside in provider owned/controlled settings. The Survey was developed based off of CMS guidance for residential settings. OCDD will utilize the programmatic unit to complete these surveys and onsite visits.

  - a. Phase I sampling methodology
    1. An individual Experience Survey was developed for Residential/Non-Residential types of services and posted for public comment. Public input received and Survey modified to address public comments ([OCDD HCBS Settings Transition Plan Documents](#))
    2. Crosswalk of survey questions to provider self-assessment was developed ([OCDD HCBS Settings Transition Plan Documents](#))

Service	Setting Type	# of licensed providers (Providers serve multiple services)	# of people receiving services
<b>In home services for residential provider owned/controlled setting</b>	Community	18	107
• <b>Supported Employment (group)</b>	Community	65	1517
• <b>Pre-Vocational Services</b>	Facility Based/Community	70	135
• <b>Day Habilitation</b>	Facility Based/Community	86	2556
Description of Setting	Residential	Non-Residential	
<b>Fully compliant</b>	0	*6 – these 6 settings provided day habilitation, prevocational services and individual and group supported employment services and supports	
<b>Settings that could come into full compliance with modifications</b>	**107	**80 – this includes agencies that provide both day habilitation, prevocational and individual and group supported employment services	
<b>Settings that cannot comply with the HCBS requirements</b>	0	0	



Description of Setting	Residential	Non-Residential
Presumed institutional in nature	0	***1-heightened scrutiny (on the grounds of an institution and is a day habilitation and prevocational provider

**OCDD Notes for above chart:**

**\*These providers did not require a transition plan as they were deemed compliant**

**\*\* Indicates Residential providers that own or control housing. With modifications, such as insuring appropriate lease is in place, these providers will be able to come into compliance.**

**\*\*With guidance, these non-residential providers will be able to come into compliance as they already provide services in the community, but will need to make some adjustments to the amount of time, the ratio and doing more individualized activities. OCDD will work to establish separate methods to track this.**

**\*\*\*The non-residential agency that may be lifted up for heightened scrutiny is on the grounds of an institution. They service approximately 11 waiver participants between day habilitation and prevocational services. If at the final look at for compliance, if the agency has not overcome the qualities of an institution, the state will not lift them for heightened scrutiny and the individuals will be offered Freedom of Choice of providers who are in compliance and transition will begin six (6) months prior to the deadline for compliance.**

**Please note that some of the same providers provide multiple services and in different settings. OCDD has experienced the loss of seven (7) agencies that provided Day Habilitation, Prevocational Services and/or Group Supported Employment, either through closure or choosing not to serve waiver participants. The waiver participants who were served by those providers were offered a Freedom of Choice and made a smooth transition to their chosen agency and service and supports by the assistance of their Support Coordinator. OCDD has added two additional providers who provide Day Habilitation. An onsite visit was conducted and those two providers were deemed to be in compliance.**

The number of people served for each type of service based on information pulled from waiver counts, however, this number may fluctuate. Description of setting data –provider’s level of compliance based on validation results.

There is one non-residential setting that will potentially require Heightened Scrutiny. This provider is a day habilitation and prevocational services provider. The reason for heightened scrutiny is that the provider is on the grounds of an institution. This process has begun but will be finalized by 7/31/2022.

In 3/2022, OCDD completed 103 onsite visits with the individuals who reside in provider owned or controlled settings. However, four surveys and visits were unable to be completed as three individuals were in a respite center and one person was in the hospital. Those surveys and onsite visits will be conducted later if still applicable. Of those 103 onsite visits and surveys conducted, 99 were found to be in compliance with the HCBS Settings Rule and four were found to need assistance. Team meetings have been scheduled and follow up will occur with those four individuals.

#### 4. Site Specific Remediation

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 dis-enrolled 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. Information in the Master Work Plan includes details related to remediation milestones for each office (Appendix A). Detailed action steps related to this area can be found in the Master Work Plan (Appendix A).

#### ***OCDD Remediation Activities (Appendix D.1 includes detailed Work Plan with timelines)***

##### A. Systemic Assessment

1. OCDD has already started the process of aligning day and employment service definitions across the adult waiver programs for continuity of services. In addition to aligning the definitions, OCDD intends to separate community engagement from facility based in order to identify the amount of time spent in each. OCDD intends to strengthen the language in application, rule, policy, operational instructions where appropriate to align with regulations. Process has started with the renewal of the NOW application.

2. OCDD has completed the amendments to the three adult waivers to include updated services to align with the HCBS Settings Rule. The amendments take effect 7/1/2022. A new Community Life Engagement service and a new Community Career Planning service has been added. Both community services are for smaller groups of 2-4 individuals. OCDD has included the service of a Community Life Engagement Development in the largest adult waiver. OCDD intends to expand this to the other two adult waivers. This service will expand the provider's ability to create community connections and activities for the individuals. After 3/17/2023, no sheltered workshops or subminimum wage will be allowed. If individuals are working, they will be working in two service options, either group employment or individual employment, both of which are in the community. Individuals will be paid at least a minimum wage and those receiving Group Employment support will have the expectation of moving into individual employment. Group employment services have specific requirements outlined to ensure that individual employment is at the forefront. Rate Increases have occurred but OCDD will continue to work on rate structure and expand upon services.
- B. Site Specific Assessments/Participant Experience Survey
1. Follow up process for those providers that have not submitted their self-assessment
    - a. LGE Offices to identify all providers in their area that needs to submit self-assessment.
    - b. LGE Offices to follow up with those providers requesting in writing the self-assessment with a deadline for submission
    - c. If provider still does not submit requested information, the LGE will submit information to OCDD for follow up
    - d. OCDD will follow up with each individual service provider agency
    - e. If the provider fails to comply appropriate action will be taken
      1. Action to be followed removal from freedom of choice
      2. If determined to be out of compliance with regulation, the individuals supported will be offered freedom of choice to select a new provider.
      3. All providers submitted a provider self-assessment
  2. Validation Activities
    - a. OCDD will begin phase II of validation activities to be completed by 12/31/2022
      1. Includes both site visits to all non-residential providers
      2. All 86 non-residential settings received an onsite visit during the 2016-2017 year
      3. Providers were then provided a copy of the onsite validation visit and asked to complete a transition plan to ensure that compliance with the HCBS Settings Rule would occur  
Providers received a template and training on how to complete the transition plan
      4. Consolidation of results to identify providers that may be out of compliance
        - a. 80 settings were found to require a transition plan
        - b. 6 settings were found to be in compliance with the HCBS Settings Rule

5. Transition Plans to be completed by all providers out of compliance  
Providers were asked to submit a transition plan for each of the 80 settings found to be out of compliance
  6. Transition Plans to be approved/monitored by the LGE Offices-regular updates to be submitted.
    - a. The expectation was to receive updates from the provider as progress was made. This expectation turned to quarterly updates and amendments to the plans for those who were not reporting.
    - b. Onsite visits occurred for those who were not responding to the transition plans.
    - c. During the pandemic, transition plans were not required as the nonresidential providers experienced a shutdown by order of the State Health Officer. The individuals were allowed to convert their day services into in home services. Because the state is still allowing this to occur due to the Appendix K, some individuals are still choosing to receive services in their homes and have not returned to the day and employment services.
    - d. Parts of Louisiana also experienced significant damage during 2020 due to Hurricane Laura and in 2021 during Hurricane Ida. In Region 5, four providers experienced and are still experiencing issues with recovery and loss of their buildings and damages. In Region 3, two providers experienced loss of building and damages and are still working to recover. The communities in these areas are still experiencing out of ordinary circumstances.
  7. Additional visits and/or monitoring to be conducted to assure that Transition Plans are being implemented.
    - a. Over the course of the last seven years, providers received training and technical assistance during state provider meetings, quarterly provider meetings in each of their regions, small group technical assistance sessions, onsite visits for additional discussions and one on one meetings as requested.
    - b. The LGEs had begun the final validation visits for nonresidential providers in later part of 2019 and early 2020 when the shutdown due to the pandemic occurred. Providers had made great strides at that time.
    - c. The LGEs are again beginning this final validation visit to ensure providers are on track and have met compliance with the areas of which were identified on their transition plans.
    - d. OCDD does not expect any settings to not meet compliance.
  8. Training/Technical Assistance/Educational Opportunities to be offered to assist all families/providers regarding the regulation and to develop processes/actions to comply with regulation
3. Heightened Scrutiny
    - a. Confirm that all possible Heightened Scrutiny settings/services have been identified  
Only one setting was identified
    - b. Training/Technical Assistance/Education provided related defining Heightened Scrutiny  
This setting has received ongoing technical assistance and onsite visits

c. For those settings identified as Heightened Scrutiny settings-OCDD to partner with LGE and the service provider to determine if the presumption of institutional qualities can be overcome

It was determined that this setting, even though it's located on the grounds of an institution, can overcome this

d. If the presumption can in fact be overcome, OCDD will submit appropriate evidence/action plan to CMS for approval

e. All activities related to this area to be completed no later than 7/31/2022.

OCDD has begun the process and will finalize the information to post for the 30 days prior to submitting to CMS for approval.

f. If the presumption cannot be overcome then OCDD will initiate process to relocate persons to other settings/service providers.

## 5. Ongoing Monitoring and Quality Assurance

Monitoring for ongoing compliance will employ a variety of quality assurance and monitoring practices and will build on the current quality system. Louisiana will ensure compliance with the HCBS Settings Rule by March 2023 through the use of systemic Quality Assurance and Improvement strategies. Public input will provide feedback to guide Louisiana's remediation and quality steps. The following strategies have been implemented:

- A. Ongoing scrutiny of all new and amended certification and licensing standards, rules, policies and procedures, and other documents will continue to ensure compliance with the HCBS Settings Rule. Action steps detailing the timeframe to both complete systemic assessment and remediation strategies along with continued review of new or amended policies to ensure ongoing compliance are identified in the Louisiana Work Plan Master (located in the "Systemic Assessment & Remediation" and "Ongoing Monitoring and Quality Assurance" sections).
- B. A participant survey will be administered annually to monitor the individual's experience with the HCBS Settings Rule to not only those who reside in a residential provider owned/controlled setting but to all individuals who receive waiver services. This survey will be completed annually at the time of the plan of care meeting and will be facilitated by the Support Coordinator. Participant survey data will also be analyzed annually to identify any instances requiring follow-up from the program office.
- C. At a minimum, onsite visits will occur at least annually with all nonresidential settings to ensure ongoing compliance. Those settings will attest to continued compliance with the settings rule annually as well as part of their continued status as an OCDD waiver provider.
  - a. If at any point a setting is found to have fallen out of compliance, the setting will be notified and will be asked for a plan of how compliance will be achieved again. A time frame will be provided based upon the issue and the OCDD will work with the provider to achieve compliance again.
  - b. If a provider chooses to not meet compliance, the individuals who are receiving services at this setting will begin a transition process to receive services from a compliant provider. The OCDD will ensure this process is completed in a timely and

sufficient manner to ensure the individual is receiving the services they choose.

- D. As a new setting is identified by Health Standards as licensed Adult Day Care and the desire to provide services to OCDD waiver participants, OCDD will provide training and an onsite visit prior to adding the provider to the OCDD Freedom of Choice list in order to ensure compliance with the HCBS Settings Rule.
- E. Support Coordinators and Wraparound Facilitators will play a critical role in ensuring the State is compliant with the HCBS Settings Rule following the initial assessment and validation phase. Staff will be trained on the HCBS Settings Rule and modifications will be made to the person-centered planning process to include discussion about a participant's experience with his or her environment as it relates to the HCBS Settings Rule and information to assure the setting has HCBS Characteristics. Support coordinators/wraparound facilitators' will assess compliance of the HCBS Settings Rule during their in-home contacts with participants. If support coordinators/wraparound facilitators identify non-compliance, they will report the possible non-compliance to the Program Office and assist with remediation and/or transition of the participant to alternate setting, if necessary. Each Office will work with the Bureau of Health Services Financing to resolve the settings issue. These strategies are addressed in the remediation plan of the STP. New policies and procedures specific to the role of the support coordinators and wraparound facilitators will be developed to ensure staff is knowledgeable about the HCBS Settings Rule and how to monitor various settings through a person-centered planning process. Program Offices will also conduct training on the new protocols and expectations.
- F. A complete analysis of self-assessment and validation data will be completed by each Program Office. The analysis will be presented to the Bureau of Health Services Financing and settings will be identified by: 1) Setting presumed to be compliant with HCBS Characteristics; 2) Settings will be compliant with changes to the HCBS Characteristics; 3) Settings are presumed non-HCBS but evidence may be presented to CMS for heightened scrutiny review; and 4) Settings do not comply with HCBS Characteristics. A specific plan to achieve compliance including review of any settings to be submitted for heightened scrutiny review, will be submitted to the Bureau of Health Services Financing through quarterly reports submitted by each Office.
- G. All appropriate staff associated with HCBS Settings Rule will be trained on the regulations and the Louisiana Statewide Transition Plan. Changes to enhance support of the HCBS Settings Rule will continue to be considered and adopted. Louisiana will assess ongoing provider compliance through participant interviews, on-site visits, support coordinator/wraparound facilitators contacts, and /or monitoring that will gather information from providers and individuals receiving services.
- H. The Statewide Transition Plan's milestones and timelines will continuously monitor and each Program Office will issue a quarterly report on its progress. Each quarterly report will be posted online for review to facilitate public input and keep stakeholders informed of Louisiana's progress. Stakeholder engagement and sharing public information will continue through the completion of the plan. Each Office will issue a final report to CMS in March 2023.
- I. The original workgroup from each Program Office and the Bureau of Health Services Financing will continue to meet

regularly through 2023 to track milestone progress, share strategies, review quarterly Program Office reports, and troubleshoot any barriers/problems that may affect the completion of milestones and timelines.

- J. Interagency Executive Management Committee meets monthly and has a standing agenda item to provide oversight and administrative support to the workgroup to ensure compliance.
- K. The monitoring plan for the STP will be overseen by the Medicaid Agency Bureau of Health Services Financing, LDH. This Office will ensure each Program Office meets their timelines as specified in the Louisiana Work Plan Master through the submission of quarterly reports, routine internal meetings, and Interagency Executive Management Committee monthly meeting. The Department developed a new waiver performance measure to further advance the HCBS Settings Rule and the associated Transition Plan and will incorporate this measure into all upcoming 1915(c) waiver amendments.

## VII Appendices

### Appendix A: Louisiana Master Work Plan (Includes all Programs) – Updated 9/6/16

#### A.1 Current Louisiana Work Plan Master – Public and Stakeholder Engagement

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children’s Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Convene Interagency group to manage planning process	Began 9/22/14 and continuing through 3/2019	9/22/14 and continuing	9/22/14 and continuing	9/22/14 and continuing	9/22/14 and continuing	9/22/14 and continuing	2015 Q4 OCDD Update II.A 2015 Q4 OAAS Update I.A 2015 Q4 OBH Update III.A - 2016 Q2 OAAS Update I. A 2016 Q2 OCDD Update II.A 2016 Q2 OBH Update III.A

Action Step	OAAS Both Waivers	OBH CSoc	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Identify all potential stakeholders including consumers, providers, family-members, state associations; advocacy organizations, and self-advocates.	Began 10/1/14 Completed 10/15/14.	All stakeholders identified on 10/31/14.	All stakeholders identified on 10/6/14 to 11/15/14	All stakeholders identified on 10/6/14 to 11/15/14	All stakeholders identified on 10/6/14 to 11/15/14	All stakeholders identified on 10/6/14 to 11/15/14	
Create portal on State Medicaid website. Provide transition information and plan. List end of comment period. OAAS website: <a href="#">OAAS HCBS Settings Transition Plan</a> OBH website: <a href="#">OBH HCBS Settings Transition Plan</a> OCDD website: <a href="#">OCDD HCBS Settings Transition Plan</a>	Website created and transition plan posted on 10/29/14. Comments due 3/13/15.	Website created on 9/30/14. Issued white paper and transition plan. Public notice appeared in major newspapers on 10/10/14. Comments due 11/10/14. Appeared in major newspapers on 10/19/14.	Website created on 10/6/14 with transition postings. Comments due 12/17/14.	Website created on 10/6/14 with transition postings. Comments due 12/17/14.	SW Plan was posted on 11/21/14 and comments are accepted until through 2/28/15	Website created on 2/11/15 with transition postings. Comments due 4/10/15	
Support ongoing stakeholder communications.	Held public forum (including OAAS stakeholders) on 11/19/14 and continuing as needed through 3/2019. Stakeholders are informed of STP's progress	Held public forum on 11/17/14. Presented information about the new HCB setting at the following: 1) 9/29/14 Statewide	Held public forum on 11/17/14 in Baton Rouge. Using the LA System's Transformation/MLTSS to continue discussion. Update	Held public forum on 11/17/14. Using the LA System's Transformation/MLTSS to continue discussion. Update	Held public forum on 11/17/14 in Baton Rouge. Using the LA System's Transformation/MLTSS to continue discussion. Update	Held public forum on 11/17/14 in Baton Rouge. Using the LA System's Transformation/MLTSS to continue discussion.	2015 Q4 OCDD Update II. A 2016 Q2 OAAS Update IA 2016 Q2 OCDD Update II.A



Action Step	OAAS Both Waivers	OBH CSoc	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
	through provider association meetings, OAAS quarterly provider meetings, and support coordination executive meetings	Coordinating Council; 2) 10/22/14 CSoc Governance Board meeting; 3) 10/23/14 Affinity call with CSoc Wraparound Facilitators, & 4) 11/3/14 Louisiana Behavioral Health Advisory Committee. Updating website as needed.	website as needed.  Held listening session on 10/28/14. Additionally, 2 public forums were held on 2/11/15 in Shreveport and 2/20/15 in Houma.  All notices will appear in newspapers with details on how to access non-electronic format via the LGE offices	website as needed.  Held listening session on 10/28/14. Additionally, 2 public forums were held on 2/11/15 in Shreveport and 2/20/15 in Houma.  All notices will appear in newspapers with details on how to access non-electronic format via the LGE offices	website as needed.  Held listening session on 10/28/14. Additionally, 2 public forums were held on 2/11/15 in Shreveport and 2/20/15 in Houma.  All notices will appear in newspapers with details on how to access non-electronic format via the LGE offices	Update website as needed.  Held listening session on 10/28/14. Additionally, 2 public forums were held on 2/11/15 in Shreveport and 2/20/15 in Houma.  All notices will appear in newspapers with details on how to access non-electronic format via the LGE offices	
Reach-out to providers and provider associations to increase understanding of rule and maintain open lines of communication.	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	Distribute letters to providers describing the transition, criteria for HCB setting, deadlines for compliance and availability of	Held 5 provider meetings with OCDD providers, stakeholders and Support Coordinators on 10/20/14 in Lafayette, 11/6/14 in	Held 5 provider meetings with OCDD providers, stakeholders and Support Coordinators on 10/20/14 in Lafayette, 11/6/14 in	Held 5 provider meetings with OCDD providers, stakeholders and Support Coordinators on 10/20/14 in Lafayette, 11/6/14 in	Held 5 provider meetings with OCDD providers, stakeholders and Support Coordinators on 10/20/14 in Lafayette, 11/6/14 in Houma, 1/13/15	

Action Step	OAAS Both Waivers	OBH CSoc	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
	<p>assessment process.</p> <p>Provider outreach continued through April 2016 for the self-assessment process and will continue through February 2017 to complete validation and remediation work.</p>	<p>TA. Begin 4/1/15 and ends 5/1/15.</p> <p>Completed 4/1/15</p>	<p>Houma, 1/13/15 in Baton Rouge and 1/14/15 in Alexandria and 2/12/15 in Covington.</p> <p>Providers were notified of the meetings through the Local Governing Entities.</p> <p>Sent e-mail blasts to all providers and associations of upcoming remaining public forums on 2/3/15. Otherwise notices listed on the website.</p>	<p>Houma, 1/13/15 in Baton Rouge and 1/14/15 in Alexandria and 2/12/15 in Covington.</p> <p>Providers were notified of the meetings through the Local Governing Entities.</p> <p>Sent e-mail blasts to all providers and associations of upcoming remaining public forums on 2/3/15. Otherwise notices were listed on the website.</p>	<p>Houma, 1/13/15 in Baton Rouge and 1/14/15 in Alexandria and 2/12/15 in Covington.</p> <p>Providers were notified of the meetings through the Local Governing Entities.</p> <p>Sent e-mail blasts to all providers and associations of upcoming remaining public forums on 2/3/15. Otherwise notices were listed on the website.</p>	<p>in Baton Rouge and 1/14/15 in Alexandria and 2/12/15 in Covington.</p> <p>Providers were notified of the meetings through the Local Governing Entities.</p> <p>Sent e-mail blasts to all providers and associations of upcoming remaining public forums on 2/3/15. Otherwise notices were listed on the website.</p>	
<p>Collect all public comments. Synthesize comments and develop responses to comments.</p> <p>See Appendix B for Comments received by OAAS</p>	<p>Began 11/13/14 and completed 3/13/15.</p> <p>Comments and responses are included in the Statewide transition plan.</p>	<p>Completed 11/12/14 and included in the Statewide Transition Plan.</p> <p>Second round of public</p>	<p>Began 11/15/14 and completed on 3/13/15.</p> <p>Comments and responses are included in the Statewide</p>	<p>Completed on 3/13/15.</p> <p>Comments and responses are included in the Statewide Transition Plan.</p>	<p>Completed on 3/13/15.</p> <p>Comments and responses are included in the Statewide</p>	<p>Comments are due 4/10/15.</p> <p>Comments and responses will be forwarded to CMS once they are finalized.</p>	<p>2016 Q2 OCDD Update II.A</p>

Action Step	OAAS Both Waivers	OBH CSoc	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
<p>See Appendix C for Comments received by OBH See Appendix D for Comments received by OCDD</p>	<p>Second round of public notice: 9/14/16-10/14/16. Responses to comments and incorporation into STP will be completed by 10/30/16. Note: No comments were received during 9/14/16-10/14/16 comment period.</p>	<p>notice: 9/14/16-10/14/16. Responses to comments and incorporation into STP will be completed by 10/30/16. Note: No comments were received during 9/14/16-10/14/16 comment period.</p>	<p>Transition Plan. Second round of public notice: 9/14/16-10/14/16. Responses to comments and incorporation into STP will be completed by 10/30/16. Note: No comments were received during 9/14/16-10/14/16 comment period.</p>	<p>Second round of public notice: 9/14/16-10/14/16. Responses to comments and incorporation into STP will be completed by 10/30/16. Note: No comments were received during 9/14/16-10/14/16 comment period.</p>	<p>Transition Plan. Second round of public notice: 9/14/16-10/14/16. Responses to comments and incorporation into STP will be completed by 10/30/16. Note: No comments were received during 9/14/16-10/14/16 comment period.</p>	<p>Second round of public notice: 9/14/16-10/14/16. Responses to comments and incorporation into STP will be completed by 10/30/16. Note: No comments were received during 9/14/16-10/14/16 comment period.</p>	
<p>Continued Community Outreach</p>	<p>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</p>		<p>Continue to meet with participants, family members, providers, support coordinators, stakeholders, and providers to provide updates on the progress of STP activities.</p>	<p>Continue to meet with participants, family members, providers, support coordinators, stakeholders, and providers to provide updates on the progress of STP activities.</p>	<p>Continue to meet with participants, family members, providers, support coordinators, stakeholders, and providers to provide updates on the progress of STP</p>	<p>Continue to meet with participants, family members, providers, support coordinators, stakeholders, and providers to provide updates on the progress of STP activities.</p>	

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
	meetings, support coordinator executive meetings, conferences, correspondence, website, newspaper announcements and general meetings		Contact methods include provider quarterly meetings, support coordinator executive meetings, conferences, correspondence, website, newspaper announcements and general meetings (See Appendix D for additional detail and activities held with stakeholders)	Contact methods include provider quarterly meetings, support coordinator executive meetings, conferences, correspondence, website, newspaper announcements and general meetings (See Appendix D for additional detail and activities held with stakeholders)	activities. Contact methods include provider quarterly meetings, support coordinator executive meetings, conferences, correspondence, website, newspaper announcements and general meetings (See Appendix D for additional detail and activities held with stakeholders)	Contact methods include provider quarterly meetings, support coordinator executive meetings, conferences, correspondence, website, newspaper announcements and general meetings (See Appendix D for additional detail and activities held with stakeholders)	

A.2 Current Louisiana Work Plan Master – Systemic Assessment and Remediation

Action Step	OAAS Both Waivers	OBH CSoc	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Review licensure, certification, policy and procedures, and provider qualifications	10/17/14 – 11/30/14 Crosswalk created 11/16/15 – 12/11/15 Crosswalk revised 7/22/16 and 9/1/16 incorporating guidance from CMS (See Appendix B for systemic review)	10/17/14-11/30/14 Determined changes to review documents not needed. Crosswalk revised 12/11/15 (See appendix C for systemic review)	10/17/14 – 11/30/14 Crosswalk created 11/16/15 – 12/11/15 Crosswalk revised 7/22/16 and 9/1/16 incorporating guidance from CMS (See Appendix D for systemic review)	10/17/14 – 11/30/14 Crosswalk created 11/16/15 – 12/11/15 Crosswalk revised 7/22/16 and 9/1/16 incorporating guidance from CMS (See Appendix D for systemic review)	10/17/14 – 11/30/14 Crosswalk created 11/16/15 – 12/11/15 Crosswalk revised 7/22/16 and 9/1/16 incorporating guidance from CMS (See Appendix D for systemic review)	10/17/14 – 11/30/14 Crosswalk created 11/16/15 – 12/11/15 Crosswalk revised 7/22/16 and 9/1/16 incorporating guidance from CMS (See Appendix D for systemic review)	- 2015 Q4 OCDD Update II.A - 2015 Q4 OAAS Update I.A - 2015 Q4 OBH Update III.A - 2016 Q2 OAAS Update I. A
Prepare list of services subject to new rule. Classified as: 1) clearly meets HCBS Setting Rule; 2) with modifications, will meet new settings rule; 3) meets CMS close scrutiny review; 4) unclear if new setting rule will be met; and 5) services meet the definition of an institution.	Completed 10/17/14. Only waiver service impacted is ADHC	Completed 10/17/14 Crosswalk revised 12/2015	Completed 10/6/14 12/2015	Completed 10/6/14 12/2015	Completed 10/6/14 12/2015	Completed 10/6/14 12/2015	
Complete remediation identified through	Completed by 12/30/17	Completed by 12/30/17	Completed by 12/30/17	Completed by 12/30/17	Completed by 12/30/17	Completed by 12/30/17	

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
systemic assessment process							

### A.3 Current Louisiana Work Plan master – Site Specific Assessment and Validation

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Draft a self-assessment tool that familiarizes providers with the new settings rule and allows an 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.	Develop a draft self-assessment tool that assesses non-residential settings – 3/13/15	Develop a draft self-assessment tool that assesses non-residential settings and non-residential settings 3/25/15 – 3/31/15  Completed 3/31/15  Assessment tool revised 12/22/15	Develop a draft self-assessment tool that assesses non-residential settings – 3/13/15  Completed 2/1/15	Develop a draft self-assessment tool that assesses non-residential settings – 3/13/15  Completed 2/1/15	Develop a draft self-assessment tool that assesses residential settings and non-residential settings 3/25/15 – 3/31/15  Completed 2/1/15	Develop a draft self-assessment tool that assesses non-residential settings – 3/13/15  Completed 2/1/15  .	2015 Q4 OBH Update III.A  OCDD in process of amending waivers to include updated definitions and rates for employment and community engagement. OCDD completion date: 6/30/22
Post assessments on the website.	Completed 3/16/15	Completed 4/1/15 Revised assessment	3/18/15 Completed 3/18/15	3/18/15 Completed 3/18/15	3/18/15 Completed 3/18/15	3/18/15 Completed 3/18/15	2015 Q4 OBH Update III.A

Action Step	OAAS Both Waivers	OBH CSoc	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
		posted 1/12/16					
Circulate self-assessments to stakeholder groups	3/16/15 – 4/15/15 Completed	4/1/15 – 5/1/15 Completed 5/1/15  Revised assessment circulated 1/12/16	3/18/15- 5/2015	3/18/15- 5/2015	3/18/15- 5/2015	3/18/15-5/2015	-2015 Q2 OCDD Update II. A
Modify self-assessment tool and participant survey based on stakeholder comments.	4/15/15 –Self-Assessment Completed 4/22/15; Participant Survey Completed 2/1/16	Assessment modified 2/2016	4/19/15 - 4/30/15 Completed	4/19/15 - 4/30/15 Completed	4/19/15 - 4/30/15 Completed	4/19/15 - 4/30/15 Completed	-2015 Q2 OAAS Update I. A -2015 Q2 OCDD Update II. A - 2016 Q1 OAAS Update I. A
Provide Training to Providers	Completed 4/30/15	Completed 2/23/16	Big Picture Training 6/30/15  Self-Assessment Training 7/13 and 7/20/15 Completed	Big Picture Training 6/30/15  Self-Assessment Training 7/13 and 7/20/15 Completed	Big Picture Training 6/30/15  Self-Assessment Training 7/13 and 7/20/15 Completed	Big Picture Training 6/30/15  Self-Assessment Training 7/13 and 7/20/15 Completed	
Distribute assessment to providers	Completed  Round One: 5/4/15 to 6/12/15 Round Two: 3/14/16 to 4/1/16	Begin 3/1/16 forward	7-13-15 & 7-20-15 Service providers to begin conducting assessments	7-13-15 & 7-20-15 Service providers to begin conducting assessments	7-13-15 & 7-20-15 Service providers to begin conducting assessments	7-13-15 & 7-20-15 Service providers to begin conducting assessments	--2015 Q2 OBH Update III. A -2015 Q2 OCDD Update II. A

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
			after completion of trainings.	after completion of trainings.	after completion of trainings.	after completion of trainings.	- 2016 Q1 OAAS Update I. A - 2016 Q2 OAAS Update I. A
Assessment due from providers	4/1/16	3/1/16 forward	2/5/16	2/5/16	2/5/16	2/5/16	-2015 Q2 OCDD Update II. A 2015 Q4 OCDD Update II. A - 2016 Q2 OAAS Update I. A 2016 Q2 OCDD Update II.A
Conduct site visits	10/1/16 to 1/13/17	Begin 3/1/16 forward	1/1/16 – 3/31/17	1/1/16 – 3/31/17	1/1/16 – 3/31/17	1/1/16 – 3/31/17	2015 Q2 OCDD Update II. A - 2015 Q4 OAAS Update I.A - 2016 Q1 OAAS Update I.A - 2016 Q2 OAAS Update I. A 2016 Q2 OCDD Update II.A 2016 Q2 OBH Update III.A



Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
							OCDD: 100% non-residential completed. Residential: 107 individuals completed by 3/31/22
Analyze findings from site visits and assessments	Self-Assessment 4/1/16 – 5/1/16 Site Visits 1/31/17	3/1/16- 4/30/17	6/1/16-4/30/17	6/1/16-4/30/17	6/1/16- 4/30/17	6/1/16-4/30/17	2016 Q2 OAAS Update I.A 2016 Q2 OCDD Update II.A OCDD has completed all 100% of the initial onsite validation visits for nonresidential settings. 6 settings were initially found compliant and did not require a transition plan. The other 80 sites required a plan. Final visits have begun with those providers to

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
							ensure that compliance is reached by 10/31/2022. OCDD Residential provider owned controlled settings completed 103 assessments. 4 could not be completed due to individuals in respite center and hospital
Post Findings on Website	Self-Assessments 5/2/16 Site Visits 1/31/17	5/1/17 – 5/30/17	5/1/17-5/30/17	5/1/17-5/30/17	5/1/17- 5/30/17	5/1/17-5/30/17	2016 Q2 OAAS Update I.A Posted 4/13/22
Submit report to CMS	1/31/17	6/30/17	6/30/17	6/30/17	6/30/17	6/30/17	Pending completion of OCDD activities (Residential site visits/analysis)  Submission goal May 2022 after public comment period

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Draft participant survey for public review	ADHC specific survey: Completed 8/1/15  Survey for all waiver participants: Completed 1/11/16	Completed 4/30/15  Revised survey drafted 12/22/15	1/1/16-4/15/16	1/1/16-4/15/16	1/1/16-4/15/16	1/1/16-4/15/16	-2015 Q2 OAAS Update I. A -2015 Q2 OCDD Update II. A 2015 Q4 OCDD Update II.A 2015 Q4 OBH Update III.A 2016 Q2 OCDD Update II.A
Post participant survey on the website and circulate to all stakeholders	ADHC specific: 8/6/15-9/9/15  All waiver participants: 1/12/16-2/11/16 Completed	1/12/2016	4/20/16-5/20/16	4/20/16-5/20/16	4/20/16-5/20/16	4/20/16-5/20/16	--2015 Q3 OAAS Update I. A -2015 Q2 OCDD Update II. A 2015 Q4 OBH Update III.A 2016 Q2 OCDD Update II.A
Modify participant survey based on comments	N/A - no comments received for both surveys	2/2016	4/20/16-5/20/16	4/20/16-5/20/16	4/20/16-5/20/16	4/20/16-5/20/16	-2015 Q2 OCDD Update II. A 2016 Q2 OCDD Update II.A
Provide training on participant survey	1/14/16 – 2/29/16  Completed	2/23/16	5/25/16-5/31/16	5/25/16-5/31/16	5/25/16-5/31/16	5/25/16-5/31/16	-2015 Q2 OCDD Update II. A

Action Step	OAAS Both Waivers	OBH CSoc	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
							2015 Q4 OCDD Update II.A 2015 Q4 OAAS Update I.A 2016 Q1 OAAS Update I.A
Distribute participant survey	Completed 3/1/16-6/30/16  Will occur annually beginning in 2016 during our 1915c QA monitoring period (Jan-Jun)	3/1/16 forward	N/A	3/2022	3/2022	3/2022	Completed
Participant Survey Due	6/30/16 Survey will be due June 30 <sup>th</sup> every year	3/1/16 forward	3/2022	3/2022	3/2022	3/2022	The participant survey was completed with 107 individuals who reside in provide owned or controlled settings
Analyze findings of participant survey	7/1/16-7/29/16	3/1/16-4/30/17	4/2022	4/2022	4/2022	4/2022	OCDD Completed 4/08/2022
Post Findings on the website	1/31/17 (will be posted in report concurrently)	5/1/17 – 5/30/17	April 2022	April 2022	April 2022	April 2022	Posting April 2022-May 2022 period

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
	with site visit results)						
Submit final report to CMS on assessments and participant surveys	1/31/17	6/30/17	May 2022	May 2022	May 2022	May 2022	Posting April 2022, Final report to CMS May 2022

#### A.4 Current Louisiana Work Plan Master – Site Specific Remediation

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Identify and send letters to providers who are not compliant with HCBS Settings Rule	6/1/15-11/13/17 Identified through self-assessments and site visits	3/1/16 – 3/31/17	2/5/16-3/31/17	2/5/16-3/31/17	2/5/16-3/31/17	2/5/16-3/31/17	2016 Q2 OAAS Update I.A
Providers who are not in compliance and wish to remain enrolled as waiver providers will submit a corrective action plan. Non-compliance may not extend beyond March 2023.	3/1/16 – 3/31/17	3/1/16 – 5/31/17	2/5/16-5/31/17	2/5/16-5/31/17	2/5/16-5/31/17	2/5/16-5/31/17	2016 Q1 OAAS Update I.A
Technical assistance will be available to providers to ensure that the interpretation of the HCBS Settings Rule is the same and the provider is implementing	5/1/15 – 3/2019	3/1/16 – 3/2019	N/A	10/31/2022	10/31/2022	10/31/2022	2015 Q4 OCDD Update II.A  OCDD continued ongoing

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
necessary changes to meet compliance.							technical assistance through statewide meetings, regional meetings and one-to-one technical assistance and onsite visits
Louisiana will complete validation of remediation activities.	By 6/30/17	7/1/16 – 5/31/17	N/A	10/31/2022	10/31/2022	10/31/2022	LGEs have begun the process.
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.	Developed: 10/1/15 – 12/1/15 Implemented by 3/1/18	1/1/17 – 5/31/17	N/A	1/1/17-5/31/17	1/1/17-5/31/17	1/1/17-5/31/17	2016 Q1 OAAS Update IA  Final Process was developed and in place
Implementation of a transition plan will be developed 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	11/1/17-11/30/17	3/1/18 – 3/1/19	N/A	3/1/18 – 3/1/19	3/1/18 – 3/1/19	3/1/18 – 3/1/19	OCDD: Does not anticipate any settings will be considered institutional and all providers on track to be in compliance with changes.

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
successful placement and continuity of service.							Final compliance date: 12/31/2022

A.5 Current Louisiana Work Plan Master – Ongoing Monitoring and Quality Assurance

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Continuous scrutiny will be provided to licensing, certification, policy and procedures, to ensure all document are compliant with the HCBS Settings Rule.	Completed 9/1/16  Scrutiny of new rules and regulations will continue to ensure compliance	Completed 10/31/14  Scrutiny of new rules and regulations will continue to ensure compliance	12/15 – ongoing  Scrutiny of new rules and regulations will continue to ensure compliance	12/15 – ongoing  Scrutiny of new rules and regulations will continue to ensure compliance	12/15 – ongoing  Scrutiny of new rules and regulations will continue to ensure compliance	12/15 – ongoing  Scrutiny of new rules and regulations will continue to ensure compliance	-2015 Q4 OCDD Update II.A -2016 Q2 OAAS Update I.A
Specific quality assurance and improvement strategies are developed to ensure providers are evaluated against the HCBS Setting Rule prior to enrollment.	Completed 1/23/15	Completed 10/31/15	Completed 2017	Completed 2017	Completed 2017	Completed 2017	
Practical performance measures are created to ensure providers continue to meet the HCBS Settings Rule.	Completed 1/23/15	Completed 12/1/15 Measures have been included in	Completed 7/01/2019	Completed 7/01/2017	Completed 7/01/2014	Completed 7/01/2013	2016 Q2 OCDD Update II.A

Action Step	OAAS Both Waivers	OBH CSoc	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
		the CSoc 1915(c) waiver document					
Develop monitoring instrument to ensure ongoing setting compliance.	Implemented 11/30/16.	Completed 2/16	Completed January 2020	Completed January 2020	Completed January 2020	Completed January 2020	-2015 Q3 OAAS Update I.A -2015 Q4 OAAS Update I.A -2016 Q2 OAAS Update I.A
A participant survey is developed to be administered at least annually to monitor the individual's experience with the HCBS Settings Rule.	Implemented 1/01/2016	Implemented	Completed 4/15/2016	Completed 4/15/2016	Completed 4/15/2016	Completed 4/15/2016	-2015 Q2 OCDD Update II. A
Full compliance is achieved for all Louisiana HCBS Wavier Programs. Final Report to CMS.	March 2023	March 2023	March 2023	March 2023	March 2023	March 2023	

## Appendix B: Office of Aging and Adult Services

### B.1 – Stakeholder Feedback/Input and OAAS Response

OAAS Public Comments Received at time of original submission of STP - [OAAS Response to Comments Received for HCBS Settings Rule Transition Plan](#)

OAAS Public Comments Received 3/18/15-6/30/15 (Quarter 2 2015 Update Section B. and C. page 3)

OAAS Public Comments Received 7/1/15-9/30/15 – (Quarter 3 2015 Update—No Comments Received)



OAAS Public Comments Received 10/1/15-12/31/15 (Quarter 4 2015 Update-No Comments Received)

OAAS Public Comments Received 1/1/16-3/31/16 (Quarter 1 2016 Update-No Comments Received)

OAAS Public Comments Received 4/1/16-6/30/16 (Quarter 2 2016 Update-No Comments Received)

## B.2—Systemic Review and Remediation

**Description of Service/Setting:** Non-Residential (Adult Day Health Care centers)

Staff from the Office of Aging and Adult Services (OAAS) conducted a thorough review of HCBS regulations/statutes, policy and procedure documents, provider manuals, and its waiver applications. A complete list of items assessed in this review is included below the following crosswalk. This systemic review was drafted in November 2015. An email was sent out to OAAS' stakeholder group inviting them to review the assessment on our website. While no comments were received for the initial posting, the final draft of the systemic assessment (along with the entire transition plan) will be posted again on 9/14/16 to allow participants, stakeholders, and the public to access both electronically and non-electronically for review prior to the plan's submission to CMS on 10/30/16. OAAS notified its stakeholder group via e-mail informing them that the plan was posted for public review and included methods for submitting comments and the deadline for OAAS to receive them.

Our review indicated that some changes were needed to bring current rules and documents into compliance with the HCBS Settings Rule. Rules, provider manuals, and OAAS' participant rights and responsibilities document will be amended to address non-compliant language or strengthen existing language that is partially compliant or silent. In its upcoming 1915(c) waiver application amendments, OAAS will edit its service definitions to align with the HCBS Settings Rule. Additionally, a request for proposals has been drafted to transition OAAS' long term care services (including 1915(c) waiver services) into a managed care system. Language was included in the RFP to require each managed care organization to work with OAAS to ensure that all providers/service settings are compliant as part of their credentialing process and prior to contracting. OAAS's Policy staff participated in the drafting of this assessment and will review all applicable new rules, amendments to existing rules, or changes to policy or procedures to ensure they are compliant moving forward.

**Systemic Assessment:**

#	HCBS Settings Requirement	Regulation/Statute	Other Document	Outcome	Remediation	Timeline
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	N/A	<a href="#">Adult Day Health Care Waiver (ADHC) Provider Manual. Section 9.1.</a>	Compliant  Previously, the ADHC provider manual addressed the requirement to provide transportation to and from medical and social activities. To ensure full compliance with this requirement, additional language (see remediation column) was added to the provider manual to reflect this requirement.	The following language will be added to the ADHC provider manual Chapter 9, §9.3, pg. 9: <i>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.</i>	Milestones: 1.Draft to Medicaid –July 1, 2017 2.Draft routed for comment – September 1, 2017 – September 30, 2017 3.Incorporation of comments – November 1, 2017 4.Issuance of manual – December 31, 2017
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified	Louisiana Administrative Code: – <a href="#">LAC 48:1.4239</a>	<a href="#">Rights and Responsibilities for Applicants/Participants of HCB Waiver Services (OAAS-RF-10-005, EFF. 9-2-14), p.1.</a>	Compliant  Current rules and participant rights ensure participants are afforded choice in provider and service settings.	N/A	N/A

	and documented in the person-centered service plan and are based on the individual's needs, and preferences.					
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	<p>Louisiana Administrative Code:</p> <ul style="list-style-type: none"> <li>- <a href="#">LAC 48:I.4237</a></li> <li>- <a href="#">LAC 48:I.4239</a></li> <li>- <a href="#">LAC 48:I.4261</a></li> <li>- <a href="#">LAC 48:I.5029</a></li> <li>- <a href="#">LAC 48:I.5049</a></li> </ul>	<p><a href="#">1915(c) HCBS Waiver: LA.0866.R01.00 – Community Choices (CC) Waiver – Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions Rights and Responsibilities of HCBSW (OAAS-RF-10-005, EFF. 9-2-14), p. 1.</a></p>	<p>Compliant</p> <p>Current rule language (§4237, 4239) ensures participant rights of dignity, respect, and privacy while at the ADHC. Additionally, the right to privacy was added to the participant rights and responsibilities document which already lists both dignity and respect. Rules and the participant rights and responsibilities document was amended to prohibit all forms of restraint use and coercion. The title of the restraint training topic (§5049.C.19) was amended to clarify the intent of the training – that participants remain free from restraints.</p>	<p>1) The following rules will be amended:</p> <ul style="list-style-type: none"> <li>- §4239.C.6 (Statement of Rights) - strike language and replace with “the right to be free from coercion and restraints”</li> <li>- §4261.B.8 (Orientation &amp; Training) – Clarify training module title to “Ensuring participants remain restraint free”</li> <li>- §5049.C.19</li> </ul> <p>2) The OAAS participant rights and responsibilities document will be amended</p> <ul style="list-style-type: none"> <li>- Change 1<sup>st</sup> bullet to “Ensure rights of dignity,</li> </ul>	<p>Milestones:</p> <ol style="list-style-type: none"> <li>1. Draft to Medicaid –July 1, 2017</li> <li>2. Draft routed for comment – September 1, 2017 – September 30, 2017</li> <li>3. Incorporation of comments – November 1, 2017</li> <li>4. Issuance of final rule and Rights and Responsibilities – December 31, 2017</li> </ol>

					<p>privacy, and respect”</p> <ul style="list-style-type: none"> <li>– Change 8<sup>th</sup> bullet to “To be free from restraints”</li> </ul>	
4	<p>Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>Louisiana Administrative Code:</p> <ul style="list-style-type: none"> <li>– <a href="#">LAC 48:I.4239</a></li> <li>– <a href="#">LAC 48:I.5039</a></li> </ul>	<p><a href="#">Rights and Responsibilities of HCBSW (OAAS-RF-10-005, EFF. 9-2-14), p.1.</a></p> <p><a href="#">Adult Day Health Care Waiver (ADHC) Provider Manual, Section 9.1: Covered Services, p.8.</a></p>	<p>Compliant</p> <p>The setting’s support for participants’ autonomy and independence in making choices is referenced throughout §4239 (C.1, D.2, D.3, D.9, and F). Additionally, per §4239.A, participants are both informed of their rights and must acknowledge receipt of these rights as part of the care planning process. Language was modified in the ADHC provider manual to better support the participants’ ability to exercise choice/preference in their dining options. Language was added to the participants’ rights and responsibilities document to ensure that participants’</p>	<p>ADHC provider manual revised language by 12/30/16.</p> <p>The OAAS participant rights and responsibilities document will be amended to reflect this requirement.</p>	<p>Milestones (Right and Responsibilities)</p> <ol style="list-style-type: none"> <li>1. Draft to Medicaid –July 1, 2017</li> <li>2. Draft routed for comment – September 1, 2017 – September 30, 2017</li> <li>3. Incorporation of comments – November 1, 2017</li> <li>4. Issuance of Rights and Responsibilities – December 31, 2017</li> </ol>

				autonomy and independence are supported and not infringed upon.		
5	Facilitates individual choice regarding services and supports, and who provides them.	Louisiana Administrative Code: <ul style="list-style-type: none"> <li>– <a href="#">LAC 48:1.4255</a></li> <li>– <a href="#">LAC 48:1.4273</a></li> <li>– <a href="#">LAC 48:1.4277</a></li> <li>– <a href="#">LAC 48:1.4279</a></li> <li>– <a href="#">LAC 48:1.4281</a></li> <li>– <a href="#">LAC 48:1.4283</a></li> <li>– <a href="#">LAC 48:1.5035</a></li> </ul>	<a href="#">Rights and Responsibilities of HCBSW (OAAS-RF-10-005, EFF. 9-2-14)</a>	Compliant  Current rules and participant rights ensure participants are afforded choice in provider and service settings.	N/A	N/A
6	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written	N/A	N/A	N/A  According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as ADHC is a non-residential setting.	N/A	N/A

	agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.					
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	N/A	N/A	N/A  According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as ADHC is a non-residential setting.	N/A	N/A
8	Individuals sharing units have a choice of roommates in that setting.	N/A	<a href="#">Rights and Responsibilities of HCBSW (OAAS-RF-10-005, EFF. 9-2-14), p.1.</a>	N/A  According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as ADHC is a non-residential setting. However, as stated in the OAAS Rights and Responsibilities, participants have the right “to decide how, where and with whom you live”.	N/A	N/A
9	Individuals have the freedom to furnish and decorate their sleeping or living	N/A	N/A	N/A  According to 42 CFR §441.301(c)(4)(vi),	N/A	N/A

	units within the lease or other agreement.			this requirement is not applicable as ADHC is a non-residential setting. However, as stated in the OAAS Rights and Responsibilities, participants have the right “to decide how, where and with whom you live”.		
10	Individuals have the freedom and support to control their own schedules and activities	Louisiana Administrative Code: <ul style="list-style-type: none"> <li>– <a href="#">LAC 48:1.4241</a></li> <li>– <a href="#">LAC 48:1.4243</a></li> <li>– <a href="#">LAC 48:1.4253</a></li> <li>– <a href="#">LAC 48:1.5029</a></li> </ul>		Compliant  Individual control of schedule and activities are supported in rules through participant’s active involvement in the care planning and individual service plan development process. These specify that activities and recreation/exercise programs are tailored to the individual’s goals and preferences.	N/A	N/A
11	Meals must be served in a manner suitable for the client and prepared and offered with regard for individual preference.	Louisiana Administrative Code: <ul style="list-style-type: none"> <li>– <a href="#">LAC 48:1.4253</a></li> <li>– <a href="#">LAC 48:1.4273</a></li> </ul>	<a href="#">Adult Day Health Care Waiver (ADHC) Provider Manual, Section 9.1: Covered Services, p.8.</a>	Compliant (Remediation Completed)	Supported in current documents and policies; however, additional language is scheduled to be added to the ADHC provider manual (reissued with changes late	

					December 2016) strengthening individual preference with regard to participant’s selection of food and dining options.	
12	Individuals are able to have visitors of their choosing at any time.	Louisiana Administrative Code: - <a href="#">LAC 48:I:4239</a>	N/A	Compliant As stated in LAC 48:I.4239.D.9, participants have the right to communicate, associate, and meet privately with individuals of his/her choice while at the ADHC center.	N/A	N/A
13	The setting is physically accessible to the individual.	Louisiana Administrative Code: - <a href="#">LAC 48:I.5073</a>		Compliant  Current rule specify that the service setting shall be accessible to and functional for those cared for, the staff, and the public. All necessary accommodations shall be made to meet the needs of the client.	N/A	N/A

The following items were reviewed to assess the degree of compliance for current standards related to Adult Day Health Care settings:

- Adult Day Health Care provider Manual
- Participant Rights and Responsibilities document



- Adult Day Health Care waiver application
- Louisiana Administrative Code – The Louisiana Administrative Code (LAC) is a state-certified publication of rules which have been formally adopted or amended by Louisiana agencies. [Louisiana Administrative Code](#). A table listed all referenced rules is included below.

<b>Title</b>	<b>Section #</b>	<b>Chapter</b>	<b>Subchapter Title</b>	<b>Section Title</b>
48	4201	ADHC Licensing and Certification	General Provisions	Introduction
48	4233	ADHC Licensing and Certification	Administration and Organization	Participant Case Records
48	4237	ADHC Licensing and Certification	Administration and Organization	Confidentiality and Security of Records
48	4239	ADHC Licensing and Certification	Participant Rights	Statement of Rights
48	4241	ADHC Licensing and Certification	ADHC Center Services	Mandatory Daily Program Components
48	4253	ADHC Licensing and Certification	Participant Care	Nutrition Services
48	4255	ADHC Licensing and Certification	Participant Care	Social Work Services
48	4261	ADHC Licensing and Certification	Human Resources	Orientation and Training
48	4265	ADHC Licensing and Certification	Center Responsibilities	General Provisions
48	4273	ADHC Licensing and Certification	Direct Service Management	Admissions
48	4277	ADHC Licensing and Certification	Direct Service Management	Interdisciplinary Team Responsibilities
48	4279	ADHC Licensing and Certification	Direct Service Management	Interdisciplinary Team Composition
48	4281	ADHC Licensing and Certification	Direct Service Management	Individualized Service Plan
48	4283	ADHC Licensing and Certification	Direct Service Management	Individualized Service Plan Review
48	5029	HCBS Licensing Standards	Administration and Organization	Policy and Procedures
48	5031	HCBS Licensing Standards	Administration and Organization	Business Location
48	5035	HCBS Licensing Standards	Admission, Transfer, and Discharge Criteria	Voluntary Transfers and Discharges
48	5039	HCBS Licensing Standards	Service Delivery	General Provisions
48	5041	HCBS Licensing Standards	Service Delivery	Individual Service Plan
48	5049	HCBS Licensing Standards	Client Protections	Client Rights
48	5079	HCBS Licensing Standards	Personal Care Attendant Module	General Provisions

### B.3—Provider Self-Assessment

#### [HCBS Settings Rule Provider Self-Assessment](#)

## B.4—Site Specific Validation Tool

### [OAAS Site Specific Assessment Validation of Non-Residential Providers](#)

## Appendix C: Stakeholder Feedback/Input and OBH Response

### C.1—Stakeholder Feedback/Input and OBH Response

### OBH Public Comments Received at time of original submission of STP pages 46-49 [Louisiana Statewide Transition Plan for Compliance with the CMS Settings Rule](#)

#### HCBS Survey Feedback

Date	Stakeholder	Comment/Question	Response
1/12/2016	Robert Tolbert, Contemporary Family Services Inc	“I understand the rules and regulations that are put into place. Will there be a reporting system if some if the unauthorized places do occur? What if a potential recipient does not meet the guide lines in relation to place of residence where/who do we refer them to?”	For any setting questions that are scored “not met,” the member survey provides guidelines for follow-up questions, including listing the name and location for the provider. Magellan and OBH will review this information and will then contact the provider regarding remediation strategies as outlined in the Statewide Transition Plan.
1/20/2016	Landry Pat, Gulf Coast Social Services	Responded “No” that the proposed questions adequately assessed settings. Comment: “If consumer is not a minor, ensuring if they understand and were offered informed choice.”	We ensure members are provided choice of service providers and services through the freedom of choice process, which includes a form for participants or their authorized representative to sign off on during the initial and semi-annual plan of care meetings.
1/29/2016	Curtis Eberts, Wraparound Services of Northeast Louisiana	“If all CSoC services are presumed to be compliant with the HCBS Settings Rule, why is Magellan being asked to work specifically with the Wraparound Agencies to	To ensure compliance, 100% of participants will be surveyed. Other compliance strategies being implemented include provider assessments and site visits by Magellan.

Date	Stakeholder	Comment/Question	Response
		administer member surveys? Is there a different strategy in place to administer member surveys for youth residing in a setting that is presumed to NOT be in compliance with the HCBS Settings Rule?"	
2/2/2016	Jacqueline Nwufoh, New Heights	“The community settings need to take into account that some of the neighborhoods do not have community rooms and use the outdoor settings to act as recreation and socializing.”	We agree. Scoring guidance for question 5 includes: “The intent of the question is to determine if the member is being integrated into the community and not be isolated to only interacting with CSoC members. For instance, is the member attending church activities, activities at the community center, playing with non-CSoC friends in the neighborhood, attending after-school activities with non-CSoC members, etc.?”

**OBH Public Comments Received 3/18/15-6/30/15 (Quarter 2 2015 Update—No Comments Received)**

**OBH Public Comments Received 7/1/15-9/30/15 – (Quarter 3 2015 Update—No Comments Received)**

**OBH Public Comments Received 10/1/15-12/31/15 (Quarter 4 2015 Update-No Comments Received)**

**C.2—Systemic Review and Remediation**

OBH compiled a list of regulations, administrative procedures, service manuals, and policy documents that provide guidance and directives for the services included in the Coordinated System of Care (CSoC). These documents were compared to the HCBS Settings Rule requirements to determine what policies support the requirements or what policies conflict with the requirements.

- [LBHP Service Definitions Manual](#)
- [CSoC Member Handbook](#)
- [CSoC Provider Handbook](#)
- [CSoC Member’s Freedom of Choice](#)
- Louisiana Administrative Code, [Title 50, Public Health – Medical Assistance](#)
- Louisiana Administrative Code, [Title 48, Public Health – General](#)

Description of Service/Setting: HCBS CSoC SED Waiver Services and 1915(b)(3) Services for CSoC Children

**Timeline Milestones Key**

Key	Item	Date Routed/Received	Date Published/Routed	Date Comments Addressed	Date Issued
<b>A</b>	<b>Rule</b>	NOI to Medicaid – 1/1/16	NOI Published - 11/30/16	Comments Addressed – 3/31/17	Final Rule Issued - 12/20/2017
<b>B</b>	<b>Program Manual</b>	Draft received from Magellan – 3/31/17	Draft Routed for Comments – 4/30/17	Comments Addressed - 5/30/17	Manual Issued - 7/1/17

**Requirement Table**

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	N/A	The Member Bill of Rights, as found in the CSoC Member Handbook, indicates that members have the right to receive rehabilitative services in a community or home setting. Further, the CSoC waiver includes Independent Living/Skills Building services, which are designed to assist children who, are or will be, transitioning to adulthood with support in acquiring, retaining and improving self-help,	Compliant. This requirement is supported by policy.	N/A	N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
			socialization and adaptive skills necessary to be successful in the domains of employment, housing, education and community life and to reside successfully in home and community settings. ( <i>LBHP Service Definitions Manual</i> , p. 8			
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	N/A	The CSoc Member Handbook indicates that members have freedom of choice of providers and services.  The CSoc Member's Freedom of Choice form is signed by members or their parents to attest that they have been provided choice of institutional or waiver services, choice of providers, and between services.	Compliant. This requirement is supported by policy.	N/A	N/A
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Louisiana Register, Title 50, Part	The Member Bill of Rights, as found in the CSoc Member Handbook, indicates that members have the right to be treated with respect, treated	Compliant. This requirement is supported by policy and regulation.	N/A	N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		XXXII I, Chapter 3, Section 305D, 1-3 Louisiana Administrative Code, <a href="#">Title 50, Public Health – Medical Assistance</a>	<p>with respect for your privacy, and be free from any form of control used in a hostile way. The CSoC Member’s Freedom of Choice form is signed by participants to indicate that their Wraparound Facilitator helped them to know how to report abuse, neglect, and exploitation, and their right to be free from restraints, seclusion, and harm.</p> <p>The CSoC Provider Handbook also states that “licensed enrolled providers of waiver services are prohibited by licensing regulations to inflict corporal punishment, use chemical restraints, psychological abuse, verbal abuse, seclusion, forced exercise, mechanical restraints, any procedure which denies food, drink, or use of restroom facilities and any</p>			

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
			cruel, severe, unusual or unnecessary punishment.”			
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	N/A	<p>The CSoC Member Handbook indicates that “the values of recovery and resiliency guide us...recovery means getting better. Your recovery may not be like someone else’s. There are many roads to recovery. Each person has his or her own path...Recovery includes having choices about your services and supports. This helps you gain control over your life. Your recovery plan is something you develop for yourself.”</p> <p>CSoC members receive Wraparound Facilitation which is “an intensive, individualized care planning and management process....The wraparound process aims to achieve positive outcomes by providing a structured, creative and</p>	Compliant. This requirement is supported by policy.	N/A	N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
			individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family...wraparound also aims to develop the problem-solving skills, coping skills and self-efficacy of the young people and their family members.” (LBHP Service Definition Manual)			
5	Facilitates individual choice regarding services and supports, and who provides them.	N/A	The CSoc Member Handbook indicates that members have freedom of choice of providers. The CSoc Member’s Freedom of Choice form is signed by members or their parents to attest that they have been provided choice of institutional or waiver services, choice of providers, and between services.	Compliant. This requirement is supported by policy.	N/A	N/A
6	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally	N/A	According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as CSoc is	Compliant; however, OBH will modify applicable rules and the CSoc Member Handbook to indicate the	LAC 50:XXXIII. Chapters 81-83 will be amended to include provision that	A,B



#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	<p>enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>		<p>a non-residential setting.</p>	<p>member must reside with their family in order to be eligible to enroll in the CSoC waiver.</p>	<p>recipients must “reside in a home and community-based setting as defined in 42 CFR 441.301(c)(4) and in accordance with the department's policy and procedures” and that “[a]ll service locations must meet the home and community-based service setting criteria in 42 CFR 441.301(c)(4) and in accordance with the department's policy and procedures.”</p> <p>The Member Handbook will be revised to include general information about the requirement that individuals are residing in their family home or own home/apartment,</p>	

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
					except in those cases when they are in a hospital or facility setting temporarily (not to exceed 90 days).	
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	N/A	According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as CSoC is a non-residential setting.	Compliant; however, OBH will modify applicable rules and the CSoC Member Handbook to indicate the member must reside with their family in order to be eligible to enroll in the	LAC 50:XXXIII. Chapters 81-83 will be amended to include provision that recipients must “reside in a home and community-based setting as defined in 42 CFR 441.301(c)(4) and in accordance with the department’s policy and procedures” and that “[a]ll service locations must meet the home and community-based service setting criteria in 42 CFR 441.301(c)(4) and in accordance with the department’s policy and procedures.”	A,B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
					The Member Handbook will be revised to include general information about the requirement that individuals are residing in their family home or own home/apartment, except in those cases when they are in a hospital or facility setting temporarily (not to exceed 90 days).	
8	Individuals sharing units have a choice of roommates in that setting.	N/A	According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as CSoC is a non-residential setting	Compliant; however, OBH will modify applicable rules and the CSoC Member Handbook to indicate the member must reside with their family in order to be eligible to enroll in the CSoC waiver.	LAC 50:XXXIII. Chapters 81-83 will be amended to include provision that recipients must “reside in a home and community-based setting as defined in 42 CFR 441.301(c)(4) and in accordance with the department’s policy and procedures” and that “[a]ll service locations must	A,B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
					<p>meet the home and community-based service setting criteria in 42 CFR 441.301(c)(4) and in accordance with the department's policy and procedures.”</p> <p>The Member Handbook will be revised to include general information about the requirement that individuals are residing in their family home or own home/apartment, except in those cases when they are in a hospital or facility setting temporarily (not to exceed 90 days).</p>	
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	N/A	According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as CSoC is a non-residential setting.	Compliant; however, OBH will modify applicable rules and the CSoC Member Handbook to indicate the member must reside with their family in order to	LAC 50:XXXIII. Chapters 81-83 will be amended to include provision that recipients must “reside in a home	A,B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				be eligible to enroll in the CSoc waiver.	<p>and community-based setting as defined in 42 CFR 441.301(c)(4) and in accordance with the department's policy and procedures” and that “[a]ll service locations must meet the home and community-based service setting criteria in 42 CFR 441.301(c)(4) and in accordance with the department's policy and procedures.”</p> <p>The Member Handbook will be revised to include general information about the requirement that individuals are residing in their family home or own home/apartment, except in those cases when they</p>	

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
					are in a hospital or facility setting temporarily (not to exceed 90 days).	
10	Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	N/A	According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as CSoC is a non-residential setting.	Compliant; however, OBH will modify applicable rules and the CSoC Member Handbook to indicate the member must reside with their family in order to be eligible to enroll in the CSoC waiver.	LAC 50:XXXIII. Chapters 81-83 will be amended to include provision that recipients must “reside in a home and community-based setting as defined in 42 CFR 441.301(c)(4) and in accordance with the department's policy and procedures” and that “[a]ll service locations must meet the home and community-based service setting criteria in 42 CFR 441.301(c)(4) and in accordance with the department's policy and procedures.”  The Member Handbook will	A,B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
					be revised to include general information about the requirement that individuals are residing in their family home or own home/apartment, except in those cases when they are in a hospital or facility setting temporarily (not to exceed 90 days).	
11	Individuals are able to have visitors of their choosing at any time.	N/A	According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as CSoc is a non-residential setting.	Compliant; however, OBH will modify applicable rules and the CSoc Member Handbook to indicate the member must reside with their family in order to be eligible to enroll in the CSoc waiver	LAC 50:XXXIII. Chapters 81-83 will be amended to include provision that recipients must “reside in a home and community-based setting as defined in 42 CFR 441.301(c)(4) and in accordance with the department's policy and procedures” and that “[a]ll service locations must meet the home and community-	A,B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
					<p>based service setting criteria in 42 CFR 441.301(c)(4) and in accordance with the department's policy and procedures.”</p> <p>The Member Handbook will be revised to include general information about the requirement that individuals are residing in their family home or own home/apartment, except in those cases when they are in a hospital or facility setting temporarily (not to exceed 90 days).</p>	
12	The setting is physically accessible to the individual.	LAC 48:I, Chapter 56, Subchapter I		Compliant. This requirement is supported by regulation.	N/A	N/A



The intent of this survey is to ensure provider facilities meet regulations promulgated by the Centers for Medicare & Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid home and community-based services (HCBS). The purpose of these regulations is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS. The regulations also aim to ensure that individuals have free choice of where they live and who provides services to them, as well as ensuring that individual rights are not restricted.

The survey should be completed as part of initial credentialing, annually thereafter, and at re-credentialing for CSOC Waiver Service Providers. Survey can be completed as part of credentialing packet or verbally by Network staff if you are being credentialed/re-credentialed for any of the following services: Parent Support & Training; Youth Support & Training; Short-term Respite; Independent Living Skills and Skills Building; and Crisis Stabilization. Magellan will monitor compliance annually as part of onsite visits.

**Demographic Information**

<b>Provider Information</b>			
<b>Provider Name</b>		<b>MIS Number</b>	
<b>Provider Physical Address:</b>			
<b>Completed By</b>			
<b>Printed Name:</b>		<b>Title:</b>	
<b>Signature:</b>			
<b>Date:</b>			

## Survey Questions

Question Number	Question	Scoring Guidance	Met/ Not Met	Follow- up Questions
1	Provider service setting is located among other residential buildings, private businesses, retail businesses, restaurants, doctor's office, etc. that facilities participant integration within the greater community.	Score Met if the physical provider site integrated within the community of the members being served.		If this question is scored NOT MET, please describe the setting of the provider site in detail.
2	The provider service setting is <b>NOT</b> located in a building that also provides inpatient institutional treatment (such as a nursing facility/nursing home Institute for Mental Disease (IMD), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or a hospital).			If this question is scored NOT MET, please describe the setting of the provider site in detail.
3	Provider service setting is <b>NOT</b> located in a building on the grounds of or immediately adjacent to a public institution.	Public institution <u>doesn't</u> include schools or universities or private entities, but rather means a public institution such as a nursing facility/home, IMD, ICF/IID, or hospital.		If this question is scored NOT MET, please describe the setting of the provider site in detail.
4	Provider service setting is physically accessible.	Physically accessible means that clients served by the providers are able to comfortably receive services in the provider's location according to the client's individual needs.		If this question is scored NOT MET, please describe the setting of the provider site in detail.

Question Number	Question	Scoring Guidance	Met/ Not Met	Follow- up Questions
5	Member information is kept private.	<p>Magellan expectations for privacy include:</p> <ul style="list-style-type: none"> <li>• Comply with applicable state and federal laws and regulations that address member privacy and confidentiality of PHI;</li> <li>• Utilize HIPAA-compliant authorization forms and consent for treatment forms that comply with applicable state and federal laws;</li> <li>• Use only secure email (secure messaging) when requesting member PHI;</li> <li>• Establish office procedures regarding communication with members (e.g., telephone and cell phone use, and written, fax and Internet communication); and</li> <li>• Establish a process that allows members access to their records in a confidential manner.</li> </ul> <p>Please see the Magellan National Provider Handbook for more details available at <a href="http://www.magellanprovider.com">www.magellanprovider.com</a>.</p>		If this question is scored NOT MET, please include corrective action plan of how this will be addressed, responsible party, and anticipated date of completion. Credentialing application will not be processed until documentation of compliance is submitted.

Question Number	Question	Scoring Guidance	Met/ Not Met	Follow- up Questions
6	Provider has policy requirements that assure staff do not talk to other staff about an individual in the presence of other persons or in the presence of the individual as if s/he were not present.			If this question is scored NOT MET, please include corrective action plan of how this will be addressed, responsible party, and anticipated date of completion. Credentialing application will not be processed until documentation of compliance is submitted.

Form Finalized: 3/10/2016

Page 1 of 4

#### C.4 OBH Participant Survey

##### HCBS Setting Rule Member Survey Instructions

The intent of this survey is to ensure member’s home residence meets regulations promulgated by the Centers for Medicare & Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid home and community-based services (HCBS). The purpose of these regulations is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS. The regulations also aim to ensure that individuals have free choice of where they live and who provides services to them, as well as to ensure that individual rights are not restricted.

The survey should be complete at least once every six months at the time of the evaluation. The survey should not be given to the member but rather the questions should be scored by direct observation of the home or as part of member interviews conducted in the evaluation/assessment process, the Plan of Care (POC) development or Child and Family Team (CFT) meeting. The questions could be directed at a member, if the member is above 18 years of age, or a parent, if the child is a minor. The surveys should be kept in the member's treatment record.

If member is in an institution and receiving Wraparound Facilitation services for the purposes of transitioning back to the community within 90 days, do not complete survey questions, but complete the "Institution Exception" section on page 5. If member is homeless but is currently residing with a family member or friend, please answer the survey questions for the member's current residence. If member is homeless and has no temporary residence (e.g., living on the streets) or is living in a shelter, do not complete survey questions, but complete the "No Current Residence" section on page 5.

If the member scores "**Not Met**" to any of the survey questions or "**Yes**" to "No Current Residence" section, please complete follow-up questions and submit form to Magellan by fax or email. Magellan will then collaborate with the Office of Behavioral Health (OBH) and Medicaid to address next steps with the goal of ensuring Medicaid members being served in a way that will enable them to live and thrive in truly integrated community settings.

### HCBS Setting Rule Member Survey

**Demographic Information:**

Member Information			
First Name:		Last Name:	
Date of Birth:		Medicaid Number:	
Member Address:			
Completed By			
Signature			
Printed Name:		Title:	
Wraparound Agency:		Region:	
Date:			

**Survey Questions**

Question Number	Question	Scoring Guidance	Met/Not Met	Follow- up Questions
1	The member's home setting is not located in a building that also provides inpatient institutional treatment (such as a nursing facility/nursing home, Institute for Mental Disease (IMD), Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD), or a hospital).	Question can be answered using WAA observation of the member's residence.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET, please list the name and location of the facility.
2	The member's home setting is not located in a building on the grounds of or immediately adjacent to a public institution.	Question can be answered using WAA observation of the member's residence. Public institution doesn't include schools or universities or private entities, but rather means a public institution such as a nursing facility/home, IMD, ICF/DD, or hospital.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET, please list the name and location of the facility.

Question Number	Question	Scoring Guidance	Met/Not Met	Follow- up Questions
3	The member's home setting is not owned by a service provider.	Information for this question can be obtained as part of the evaluation, assessment, POC development or CFT meeting. Service provider includes any provider type in the Service Definition Manual (e.g., CPST, PSR, ILSB, STR, etc.). There are no provider types excluded and this can include Permanent Supportive Housing or Therapeutic Foster Care (TFC)/Foster Care (FC). In the case of TFC/FC, the question would be scored met if the member is living with a foster family in a home that is not owned by the provider (DCFS or the entity who pays/oversees the family). If member is residing in a Therapeutic Group Home (TGH)/Non-Medical Group Home (NMGH), this question would be scored not met.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET and the member resides in TGH/NMGH, please list the name and location of the group home. If the question is scored NOT MET and they are residing with a service provider other than TGH/NMGH, please complete home setting owned by service provider section below.
4	The member's home is located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices etc. that facilitates integration within the greater community	Question can be answered using WAA observation of the member's residence. If member's home is located within 30 miles of other residential buildings, private businesses, retail businesses, restaurants, doctor's offices etc., score with question has met.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET, then please provide details regarding the home environment.



Question Number	Question	Scoring Guidance	Met/Not Met	Follow- up Questions
5	The member participates in community outings to the same degree as children/youth who don't receive HCBS services. If not, HCBS services are working to address barriers and to increase the member's participation in the community.	Information for this question can be obtained as part of the evaluation, assessment, POC development or CFT meeting. The intent of the question is to determine if the member is being integrated into the community and not being isolated to only interacting with CSoC members. For instance, is the member attending church activities, activities at the community center, playing with non-CSoC friends in the neighborhood, attending after-school activities with non-CSoC members, etc.? They can interact with other CSoC members (e.g., their sibling is also in CSoC); however, it should not be exclusive to only CSoC members. If HCBS services are addressing barriers, score MET. Documentation of this can be on the POC or progress notes. If HCBS Services are not addressing barriers, score not met.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored Not Met, please document why barriers are not able to be addressed.
6	The member does not reside with 3 or more unrelated persons (step families are considered related).	Information for this question can be obtained as part of the evaluation, assessment, POC development or CFT meeting. This does not include foster family members.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET, please list name and relationship of non-related persons.

Home Setting Owned by Service Provider	
Follow-up Question	Response
Did the participant or his/her parent choose where they live and receive services?	
Does the participant or his/her parent have a lease?	
Does the participant or his/her parent know their rights as a tenant and protections from eviction?	
Does anyone else besides the participant or his/her parent have a key to their home?	

Institution Exception		
Member is in an institution and receiving Wraparound Facilitation services for the purposes of transitioning back to the community within 90 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please document current placement and estimated date of discharge:

No Current Residence Section		
Member is currently not residing in a home (e.g., living on the streets) or is living in a shelter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please document current placement and what actions are being taken to locate permanent residence.

If any survey questions scored "NOT MET" or answered "Yes" to "No Current Residence" Section, please complete follow-up questions and submit form by secure fax or email:

Email: [LACSoCQI@Magellanhealth.com](mailto:LACSoCQI@Magellanhealth.com)

Fax: 1(888)656-3857

Form Finalized: 2/25/2016

## C.5 OBH HCBS Survey Feedback

### HCBS survey feedback:

Date	Stakeholder	Comment/Question	Response
1/12/2016	Robert Tolbert, Contemporary Family Services Inc	"I understand the rules and regulations that are put into place. Will there be a reporting system if some of the unauthorized places do occur? What if a potential recipient does not meet the guidelines in relation to place of residence where/who do we refer them to?"	For any setting questions that are scored "not met," the member survey provides guidelines for follow-up questions, including listing the name and location for the provider. Magellan and OBH will review this information and will then contact the provider regarding remediation strategies as outlined in the Statewide Transition Plan.
1/20/2016	Landry Pat, Gulf Coast Social Services	Responded "No" that the proposed questions adequately assessed settings. Comment: "If consumer is not a minor, ensuring if they understand and were offered informed choice."	We ensure members are provided choice of service providers and services through the freedom of choice process, which includes a form for participants or their authorized representative to sign off on during the initial and semi-annual plan of care meetings.
1/29/2016	Curtis Eberts, Wraparound Services of Northeast Louisiana	"If all CSoc services are presumed to be compliant with the HCBS setting rule, why is Magellan being asked to work specifically with the Wraparound Agencies to administer member surveys? Is there a different strategy in place to administer member surveys for youth residing in a setting that is presumed to NOT be in compliance with the HCBS setting rule?"	To ensure compliance, 100% of participants will be surveyed. Other compliance strategies being implemented include provider assessments and site visits by Magellan.
2/2/2016	Jacqueline Nwufoh, New Heights	"The community settings need to take into account that some of the neighborhoods do not have community rooms and use the outdoor settings to act as recreation and socializing."	We agree. Scoring guidance for question 5 includes: "The intent of the question is to determine if the member is being integrated into the community and not be isolated to only interacting with CSoc members. For instance, is the member attending church activities,

Date	Stakeholder	Comment/Question	Response
			activities at the community center, playing with non-CSoc friends in the neighborhood, attending after-school activities with non-CSoc members, etc.?"

## Appendix D: Office for Citizens with Developmental Disabilities

### D.1-OCDD Master Work Plan

(\*denotes a change in dates from previous submissions)

Action Steps	Start	End	Status/Comments
<b>Stakeholder Engagement:</b> Convene Interagency group to manage planning process	9/22/14	Ongoing	<ul style="list-style-type: none"> <li>• Ongoing quarterly meetings with MPSW Section</li> <li>• OCDD updated partner agencies/stakeholders about transition plan on 3//27/15 (Work Pays meeting)</li> <li>• 9/23/15—Work Pays Meeting—updated partner agencies/stakeholder about transition plan and employment initiatives</li> <li>• Memorandum of Understanding meeting held with Louisiana Rehabilitation Services (LRS) on 4/20/15 and 5/28/15.               <ul style="list-style-type: none"> <li>○ Meeting held on 7/16/15-working on draft MOU</li> <li>○ 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.</li> </ul> </li> <li>• LDH, 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&amp;A session with providers.</li> </ul>

Action Steps	Start	End	Status/Comments
			<ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>12/31/2015 Update:</p> <ul style="list-style-type: none"> <li>• 10/13/2015—Presented information and answered questions regarding the HCBS rule changes to the Executives of the ARC quarterly meeting</li> <li>• 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</li> <li>• 11/30/2015-Finalizing draft MOU with LRS and OBH</li> <li>• 12/2/2015-LC Vocational Provider Meeting to answer questions along with LRS</li> <li>• 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.</li> <li>• 12/18-Updates regarding transition plan and status given to the Provider Association Group</li> </ul> <p>3/31/2016 Update:</p> <ul style="list-style-type: none"> <li>• 1/29-Louisiana Rehabilitation Council Meeting presentation. Mark Thomas presented initiatives, HCBS, and working with WIOA</li> <li>• 2/22-2/23-State Independent Living Council Quarterly Meeting</li> <li>• 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: <a href="#">OCDD HCBS Settings Transition Plan</a></li> </ul>

Action Steps	Start	End	Status/Comments
			<ul style="list-style-type: none"> <li>• 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</li> <li>• 3/4-Work Pays/APSE quarterly meeting</li> <li>• 3/21-Updates regarding transition plan and status given to the Provider Association Group.</li> </ul> <p>6/30/16 Update:</p> <ul style="list-style-type: none"> <li>• 4/4/16-OCDD met internally to discuss Individual Experience Survey.</li> <li>• 4/27/16-HCBS quarterly planning progress meeting</li> <li>• 5/5/16-OCDD met internally to discuss validation visit progress.</li> <li>• 5/9/16-STP cross office workgroup met to discuss and plan for STP resubmission</li> <li>• 5/10/16-STP cross office workgroup met to discuss systemic assessment with consultant and determine next steps in terms of formatting information for resubmission with STP</li> <li>• 6/7/16, 6/14, 6/16 and 6/20/16 -OCDD and Medicaid meetings to discuss NOW renewal-discussions including incorporation of language associated with HCBS rule.</li> <li>• 6/22/16 and 6/27/16-OCDD met internally to discuss changes to be included in NOW renewal</li> <li>• 6/23/16-STP workgroup met with consultant to prep for phone conference with CMS -TA call related to addressing all areas to receive initial approval on STP</li> <li>• 6/24/16-TA call with CMS team regarding resubmission of STP</li> </ul> <p>9/30/2016 Update</p> <ul style="list-style-type: none"> <li>• Cross office workgroup met on the following dates to address feedback and revisions needed to the STP: 7/13,</li> </ul>

Action Steps	Start	End	Status/Comments
			7/20/16, 7/27/16, 8/3/16, 8/10/16, 8/31/16, 9/6/16 and 9/7/16
<b>Stakeholder Engagement:</b> 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
<b>Stakeholder Engagement:</b> 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
<b>Stakeholder Engagement:</b> Support ongoing stakeholder communications	11/2014	Ongoing	Initial stakeholder engagement/communications noted on the initial plan. Since the submission of the State wide transition plan-OCDD has engaged in the following: <ul style="list-style-type: none"> <li>• Representative from OCDD conducted onsite meeting with Lafayette ARC on 3/11/2015 and continues to provide assistance as needed via email correspondence.</li> <li>• 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.</li> <li>• OCDD updated partner agencies/stakeholders about transition plan on 3/27/2015 (Work Pays Meeting)</li> <li>• Memorandum of Understanding Meeting held with Louisiana Rehabilitation Services on 4/20/2015 and 5/28/2015. Next meeting scheduled for 7/16/2015</li> <li>• Onsite visit with Rapides ARC on 5/18/2015</li> </ul>

Action Steps	Start	End	Status/Comments
			<ul style="list-style-type: none"> <li>• 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</li> <li>• Technical assistance phone conference with St. Mary ARC on 6/10/2015</li> <li>• Presentation at Provider Quarterly meeting related to employment initiatives and compliance with settings rule in Lafayette on 6/25/2015</li> <li>• Technical assistance onsite and electronic correspondence with Evangeline ARC 2/2015-present</li> <li>• 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</li> </ul> <p>9/30/15 quarterly update included the following: OCDD has engaged in the following:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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)</li> <li>• 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</li> <li>• 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</li> </ul>



Action Steps	Start	End	Status/Comments
			<p>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.</p> <ul style="list-style-type: none"> <li>• Presented at employment summit hosted by LRS on 8/28/15</li> <li>• Information/updates provided at the local AAIDD Conference held September 15-18<sup>th</sup>, 2015 related to the transition process</li> <li>• 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</li> </ul> <p>Update for 12/31/15 submission:</p> <ul style="list-style-type: none"> <li>• 10/6/2015—Employment Roundtable in Lafayette</li> <li>• 10/7/2015—Employment Roundtable in Region 3</li> <li>• 10/8/2015—OCDD staff attended opening of Options new program in Hammond. This is where they rolled out their “volunteer” program and their “arts” program in the community-it was held at the Theatre in Hammond</li> <li>• 10/15/15-Alexandria Employment Roundtable</li> <li>• 11/16/2015-Received questions from a vocational provider group regarding changes</li> <li>• 11/17/15-Visit to LADD and CARC in Region 6</li> <li>• 11/24/2015-Phone call with WARC in region 8 and the LGE office to answer questions regarding changes to waiver application</li> </ul>

Action Steps	Start	End	Status/Comments
			<ul style="list-style-type: none"> <li>• 11/30/2015-SW training with providers to discuss the changes being made to SW which are moving us toward compliance with settings rule</li> <li>• 12/3-4/2015-Attended LA APSE conference to learn more about WIOA changes</li> <li>• 12/11/15-Meeting with JPHSA (LGE office) regarding pairing with them to complete validation visit and assist selected provider with completing a transition plan to come into compliance</li> </ul> <p>Update for 3/31/2016 Submission:</p> <ul style="list-style-type: none"> <li>• 1/12/16-Meeting with LGE offices about provider self-assessment process and their role. Addressed follow up action for those providers that have not submitted information to the LGE office.</li> <li>• 1/25-1/26 Technical Assistance with providers (West Carol ARC and Precision Caregivers)</li> <li>• 1/20-Lake Charles employment roundtable on transitioning to HCBS compliance</li> <li>• 2/17-Refresher training with LGEs on their role in the provider validation process</li> <li>• 2/24-Refresher training for providers related to changes made to the Supports Waiver</li> <li>• 2/26-Meeting with JPHSA/MHSD to discuss validation visits</li> <li>• 2/29-Meeting with family stakeholder group to discuss/develop participant experience survey</li> <li>• 3/3-Meeting with AAHSD to discuss validation visits</li> <li>• 3/8-CAHSD quarterly provider meeting to discuss HCBS final rule and Supports Waiver changes</li> <li>• 3/15-Meeting with JPHSA/MHSD to review each element on the provider assessment and validation tool</li> </ul>

Action Steps	Start	End	Status/Comments
			<ul style="list-style-type: none"> <li>• 3/16-Conducted site visit with AAHSD of Ageless Day Program</li> <li>• 3/17-Meeting with IMCAL to review each element on the provider assessment and validation tool</li> <li>• 3/17-Phone conference with CLHSD to review elements on the provider assessment and validation tool.</li> </ul> <p>6/30/16 Update:</p> <ul style="list-style-type: none"> <li>• 4/7/16-State Office assisted Central Louisiana Human Services District (region 6 local office) with completing site visit at a service provider day program.</li> <li>• Technical assistance provided to Florida Parishes Human Services Authority (region 9 local office) regarding validation visits.</li> <li>• 4/11/16-State Office assisted South Central Louisiana Human Services (region 3 local office) with completing site visit as service provider day program</li> <li>• 4/15/16-Coordinated Social Security Presentation/broadcast with the CWICs</li> <li>• 4/20/16-State Office assisted South Central Louisiana Human Services (region 3 local office) with completing site visit at service provider day program</li> <li>• 4/19, 4/25, and 5/16-Stakeholder workgroup regarding person centered planning and format options.</li> <li>• 4/26/16-Presentation with Families Helping Families in Jefferson Parish about CMS rule/changes</li> <li>• 4/27/16-HCBS quarterly planning progress meeting</li> <li>• 5/3/16-Meeting with Support Coordination Alliance regarding Individual Experience Survey</li> <li>• 5/3/16-State Office assisted Florida Parishes Human Services Authority (region 9 local office) with completing site visit for day program service provider.</li> </ul>

Action Steps	Start	End	Status/Comments
			<ul style="list-style-type: none"> <li>• 5/10-5/12-State Office assisted Northwest Louisiana Human Services District (region 7 local office) with completing site validation visits for day program providers.</li> <li>• 5/16/16-State Office assisted Florida Parishes Human Services Authority (region 9 local office) with completing site visit with day program service provider.</li> <li>• 6/8/16-State Office assisted Capital Area Human Services (region 2 local office) with completing site visit with day program service provider</li> <li>• 5/24/16-Work Pays meeting</li> <li>• 5/27/16-5/30/16-State Office assisted Northeast Human Service Authority (region 8 local office) with completing site visits for multiple day program and residential service provider agencies.</li> <li>• 6/14/16-Update provided regarding STP at a meeting with the Louisiana Council of Executives.</li> <li>• 6/22/16-Update provided regarding STP for DD Council report</li> <li>• Presentation at South Central Louisiana Human Services Authority quarterly provider meeting regarding STP progress.</li> </ul> <p>9/30/2016 Update</p> <ul style="list-style-type: none"> <li>• OCDD has begun holding monthly provider calls. Invited to participate in these meetings are all service providers, support coordination agencies, and the LGE offices. Agenda items are determined based on feedback from stakeholders as well as areas that OCDD needs to provide updates on. Questions are submitted via email prior to and post meeting. OCDD responds to these questions and posts responses after the meeting. The Statewide Transition Plan was included on the agenda for</li> </ul>

Action Steps	Start	End	Status/Comments
			<p>both the 7/7/16 meeting and the 9/1/16 meeting. OCDD provided an overview of progress on revisions, when stakeholders could anticipate posting of document for review, and responded to questions received prior to calls. See stakeholder question and responses for additional information regarding this area.</p> <ul style="list-style-type: none"> <li>7/20/2016-presented updates at the DD Council meeting with a focus around employment. Presented overview of the regulation and Louisiana's approach to evaluating compliance and progress in terms of revision to STP and process to come into compliance. Present for this meeting were advocates, self-advocates, family members, provider representatives, and OCDD staff.</li> </ul> <p>OCDD will continue to provide technical assistance to all service provider agencies as requested (will partner with LGE offices where appropriate).</p>
<p><b>Stakeholder Engagement:</b> Create method to track and respond to public comments</p>	1/1/15	1/31/15	Created spreadsheet. Internal discussions needed potentially related to modifying tracking mechanism.
<p><b>Stakeholder Engagement:</b> Collect all public comments. Synthesize comments and develop responses to comments (Will go into transition plan for CMS).</p>	Begin 9/2014	Ongoing	<ul style="list-style-type: none"> <li>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)</li> <li>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)</li> </ul>

Action Steps	Start	End	Status/Comments
			<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            Update 6/30/16:            4/20/16-Individual Experience Survey posted for public comment (public comment period 4/20/16-5/20/16)            5/2/16-Comments/Questions received from SC Alliance regarding Individual Experience Survey.            5/3/16-Conference call to respond to questions and Comments-Summary of comments included with 6/30/16 update.            Update 9/30/16: Comments/questions and the State’s response received for the July call can be found by clicking the following link and information is on page 2 <a href="#">OCDD Provider Call Update</a></p> <p>Attached are the questions received for the September call and OCDD’s responses.</p>
<p><b>Program Review and Assessment:</b>            Review licensure, certification, policy/procedure and provider qualifications</p>	<p>10/1/14-initial review             In depth analysis-2/2016</p>	<p>10/31/14-initial review             In depth analysis-3/20/2016             Completed</p>	<ul style="list-style-type: none"> <li>• 10/2014—Determined changes to review documents not needed.</li> <li>• 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.</li> <li>• 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.</li> </ul>

Action Steps	Start	End	Status/Comments
			<ul style="list-style-type: none"> <li>• 3/18/16 In-depth analysis Completed-Attached with this submission</li> <li>• 8/12/16-Received feedback from CMS/NORC related to systemic review. In response to the feedback received, OCDD performed additional review for all waivers and updated crosswalk as appropriate. Areas requiring remediation have been identified and a timeline for completion provided. Draft information will be incorporated in the revised STP and posted for public comment on 9/14/16.</li> <li>• OCDD is in the process of amending waivers to include updated definitions and rates for employment and community engagement. OCDD projected completion date 6/30/22</li> </ul>
<p><b>Program Review and Assessment:</b>  Prepare list of settings subject to new rule.  Classified as:</p> <ol style="list-style-type: none"> <li>1. Clearly meets HCBS Settings Rule</li> <li>2. With modifications, will meet new settings rule</li> <li>3. Meets CMS close scrutiny review</li> <li>4. Unclear if new setting rule will be met</li> </ol>	10/2014	Completed	<ul style="list-style-type: none"> <li>• Completed the initial list in 10/2014</li> <li>• 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.</li> </ul> <p>Completed for all settings</p>

Action Steps	Start	End	Status/Comments
<p><b>Program Review and Assessment:</b> 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>	2/1/15	Completed	Completed for all 4 waivers
<p><b>Program Review and Assessment:</b> Post assessments on the website</p>	3/18/15	4/30/15	Completed for all 4 waivers
<p><b>Program Review and Assessment:</b> Circulate self-assessments to stakeholder groups</p>	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.
<p><b>Program Review and Assessment:</b></p>	4/19/15	4/30/15	6/30/15—Based on feedback from stakeholders, OCDD reviewed the assessments and incorporated changes where



Action Steps	Start	End	Status/Comments
Modify self-assessment tool based on stakeholder comment		Actual completion 6/2015	<p>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"> <li>• The Workforce Innovation and Opportunity Act (WIOA) initiatives are being included as part of the office's strategies to comply with settings rule.</li> <li>• 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.</li> </ul>
<p><b>Program Review and Assessment:</b> Provide training to providers</p>	6/2015	<p>Big Picture Training 6/15/15</p> <p>Self-Assessment Training 7/13/2015 and 7/20/2015-Completed</p>	<p>Training:</p> <ul style="list-style-type: none"> <li>• OCDD provided training for service providers specific to the self-assessment process on 7/13/2015 and 7/20/2015. 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 transition plan for their agencies if out of compliance with any component of the CMS rule.</li> <li>• Document has been drafted detailing expectations as it relates to completion of the self-assessment.</li> </ul>
<p><b>Program Review and Assessment:</b></p>	7/2015	7/31/15	Service Providers to begin conducting assessments after completion of training 7/13/2015-7/20/2015

Action Steps	Start	End	Status/Comments
Distribute assessment to providers			Provider self-assessments available on OCDD’s website. Developed provider transition plan format for providers to utilize if corrective action is needed.
<b>Program Review and Assessment:</b> Provider assessments due to LGE offices	9/30/15	Completed 2017	<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> <p>Follow up strategies will be developed to assure that all assessments are received</p> <p>Update 3/31/2016</p> <ul style="list-style-type: none"> <li>• 1/28/16-follow up letter sent to all providers regarding submission of provider self-assessments to the local office</li> <li>• The following process was developed to address compliance by Providers to submit self-assessments:               <ul style="list-style-type: none"> <li>-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</li> <li>-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 (template provided to LGE offices to be put on their letterhead).</li> <li>-If the provider still does not comply with request from LGE office, LGE should submit names of those providers to OCDD</li> <li>-OCDD to follow up with those providers</li> </ul> </li> </ul>

Action Steps	Start	End	Status/Comments
			<p>-If provider fails to comply OCDD will take appropriate action.</p> <p>Update 6/30/16</p> <ul style="list-style-type: none"> <li>• During this quarter continued follow up by both LGE offices and Central Office staff to get all provider agencies to submit their provider self-assessments. In process of consolidating report to identify any remaining providers that have not complied with request. OCDD to take appropriate action.</li> </ul> <p>Update 9/30/16</p> <ul style="list-style-type: none"> <li>• There is approximately 5% of Residential and 5% Non-Residential providers that have not submitted their self-assessments. OCDD will be partnering with the LGEs to follow up on these agencies and take appropriate action.</li> </ul> <p>Completed 2017</p>
<p><b>Program Review and Assessment:</b> Training for LGE visits regarding rule and method for conducting site visits/desk audits</p>	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>
<p><b>Program Review and Assessment:</b> OCDD to provide LGE offices with sample of service provider agencies for review</p>	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"> <li>• Residential <ol style="list-style-type: none"> <li>1. S5125-IFS type services (day, night, shared, family support, community living supports)</li> <li>2. S5136-SIL</li> <li>3. S5140-Host Home/Substitute family care</li> </ol> </li> </ul>

Action Steps	Start	End	Status/Comments
			<ul style="list-style-type: none"> <li>• Non-Residential               <ol style="list-style-type: none"> <li>1. T2014-Prevocational services/Employment Related Training</li> <li>2. T2019-Habilitation Supported Employment</li> <li>3. T2020-Day Habilitation</li> <li>4. H2023-Supported Employment Individual Job</li> <li>5. H2024-Individual Job Self-Employment or</li> <li>6. H2025-Supported Employment Mobile Crew</li> <li>7. H2026-Group Employment</li> </ol> </li> </ul> <p>OCDD intends to pull a 10% site visit sample for 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>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>
<p><b>Program Review and Assessment:</b> Conduct site visits</p>	1/1/16	Completed 4/01/2022	<p>Update 3/31/16-the LGE offices have started to complete site visits. State Office has participated when requested.</p> <p>Update 6/30/16-Per recent technical assistance/feedback from CMS (reference letter/date) it is OCDD's understanding that the validation component of the STP does not have to be completed for initial approval. OCDD is revisiting validation process to assure that appropriate sample size is being evaluated for all service types. Extending timeline for site visits to account for these changes.</p>

Action Steps	Start	End	Status/Comments
			<p>Confirmed 6/30/17: OCDD conducted onsite assessments with 100% of nonresidential providers to validate the self-assessments.</p> <p>All residential providers who provide services in the individual's home completed a self-assessment and all of those were found to be in compliance. To validate the self-assessment, a random 10% sample of these providers was pulled and an onsite visit to the individual's home as well as a review of the records was completed across the state in every region. Also, an additional 10% sample was pulled for a desk audit on residential providers. A total of 20% of the residential providers were reviewed. Providers were found to be offering the services that individuals chose and needed and this was validated by the individual's plan of care as well as is ongoing monitored by the individual's support coordinator.</p> <p>Individual Self- Assessments and onsite visits will be completed with the 78 individuals who reside in a provider owned or controlled residence once the public health emergency for COVID 19 is lifted and staff is allowed inside of the individual's homes to complete the visits. These visits had been planned for 2020, however due to COVID we had to push these onsite visits back. Projected completion 3/31/22.</p> <p>4/1/2022, 103 onsite and individual surveys were completed for those who reside in provider owned or controlled settings. Of those 103, 4 were found to need assistance in order to meet compliance and team meetings have been scheduled for those 4 individuals.</p>
<b>Program Review and Assessment:</b>	1/1/16	3/31/17*	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.

Action Steps	Start	End	Status/Comments
Quarterly progress reported by LGE offices related to site visits/desk audits			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.
<b>Program Review and Assessment:</b> Analysis of findings from site visits and assessments	6/1/16	4/01/2022	<p>Beginning the process of analyzing the information; however, as noted previously additional validation to be completed, thus timeframe for this activity to be extended.</p> <p>Non-Residential:            OCDD: Of the 86 providers, 6 providers were found to be in full compliance and did not require any remediation.</p> <p>Ongoing onsite visits with providers have occurred over the last 5 years to provide TA and assist with remediation. LA has extended their date of compliance for providers on 3 different occasions due to CMS extension or OCDD extension. This has led to providers not making final changes. The latter part of 2019 and beginning of 2020, final onsite validation visits were occurring butt due to the pandemic they were halted. As of 4/30/2020, 21 additional providers are reporting they are in compliance and have completed the necessary remediation. During the 3/2020-11/2021 year, nonresidential providers were under various State Health Officer Orders due to the pandemic. This greatly slowed progress in compliance with the HCBS Settings Rule. In 12/2021, OCDD submitted waiver amendments to include small group community life engagement and career planning services. OCDD has completed a rate increase in 10/2021 as well. OCDD has included Community Life Engagement Development as a part of the service array. These additional changes and additions will take effect on 7/1/2022. Provides will receive training prior to the implementation.</p>

Action Steps	Start	End	Status/Comments
			<p>Final onsite visits for those remaining settings has begun. Final results are expected by 10/31/2022. Those settings not in compliance will begin a transition and disenrollment process to be finalized by 3/17/2023.</p> <p>Residential: 4/1/2022, 103 onsite and individual surveys were completed for those who reside in provider owned or controlled settings. Of those 103, 4 were found to need assistance in order to meet compliance and team meetings have been scheduled for those 4 individuals.</p>
<p><b>Program Review and Assessment:</b> Identify any settings that require heightened scrutiny</p>	1/1/16	4/30/17*	<p>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.</p> <p>OCDD has identified 1 nonresidential provider that will need to go through the heightened scrutiny process. This was scheduled to have been completed in 2020, however due to COVID 19 – we were unable to move forward and as soon as the provider is in agreement, we will begin the process. Submission of heightened scrutiny of information to CMS review anticipated. 4/1/2022 This setting will receive a final review and results will be submitted to CMS by 7/31/2022.</p>
<p><b>Program Review and Assessment:</b> Draft participant survey for public review</p>	1/1/16	4/15/2016 Completed	<p>Develop participant survey to measure satisfaction and overall experience as it related 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.</p> <p>Update 6/30/16—Completed</p>
<p><b>Program Review and Assessment:</b></p>	4/20/16	5/20/16 Completed	<p>Survey developed. Circulated internally for feedback. Awaiting approval to post online. Dates will be adjusted to assure</p>

Action Steps	Start	End	Status/Comments
Post participant survey on the website and circulate to all stakeholders			appropriate timeframe for stakeholder input. (Attached is the draft participant experience survey). Update 6/30/16—Completed
<b>Program Review and Assessment:</b> Modify participant survey based on comments	4/20/16	5/25/16  Completed	Modifications made based on stakeholder input throughout the posting period Update 6/30/16—Completed
<b>Program Review and Assessment:</b> Provide training on participant survey	5/25/16	5/31/16  Completed 3/14/2022	Conduct training with SC agencies to complete survey. Pull a 95% +/- confidence level sample of participants receiving waiver services Update 6/30/16—Completed; however, concerned that sample size was not representative of all waiver types. As part of submission of revised STP OCDD will propose option to enhance this area as part of validation process. 3/14/2022 Training occurred with the identified programmatic unit staff that will complete the onsite visits and individual surveys for those 107 individuals who reside in a provider owned or controlled setting
<b>Program Review and Assessment:</b> Distribute participant survey	3/14/2022	4/01/2022	Update 6/30/16—Completed; however, concerned that sample size was not representative of all waiver types. As part of submission of revised STP OCDD will propose option to enhance this area as part of the ongoing monitoring process. It was determined that the participant survey would be completed only for the 107 individuals who reside in a setting that is provider owned/controlled.
<b>Program Review and Assessment:</b> Participant survey due	6/1/16	7/15/16 Completed first phase 4/01/2022	Update 6/30/16—Completed; however, concerned that sample size was not representative of all waiver types. As part of submission of revised STP OCDD will propose option to enhance this area as part of the ongoing process. 4/1/2022 103 of the 107 individual onsite visits and surveys were completed.



Action Steps	Start	End	Status/Comments
<b>Program Review and Assessment:</b> Analysis of participant survey findings	7/15/16	4/05/2022	Update 6/30/16—Completed. As part of submission of revised STP OCDD will propose option to enhance this area as part of ongoing monitoring process for all waiver participants. 4/5/2022 Data indicated that the surveys were not able to be completed for 4 individuals. 3 were in a respite center and 1 was in the hospital. Those will be completed in the future when and if they return to this setting. Of the 103 that were completed, 99 were found to be in compliance with the settings rule. However, 4 individual settings were found to need remediation. A team meeting has been called for each person.
<b>Program Review and Assessment:</b> Analysis of other available OCDD participant data (NCI results)	6/1/16	3/31/17*	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. Update 9/30/16-OCDD intends to look at data available to compare overall results; however, since the data is not able to be cross walked to a specific provider-it will only be able to be used from a comparison perspective. This information was not found to be necessary.
<b>Program Review and Assessment:</b> Completion of all preliminary assessment activities		3/31/17*	Completed
<b>Program Review and Assessment:</b> Analysis of findings from preliminary assessment process	6/1/16	5/30/17*	Update 6/30/16-per recent TA with CMS-systemic assessment will be completed by date noted. Update 9/30/16-Systemic Review of rules, licensure, etc. completed and ready to be posted for public review and submitted to CMS by 10/31/16 (extension requested due to flooding in areas of the state of Louisiana). All other assessment

Action Steps	Start	End	Status/Comments
			activities (site specific visits and validation activities will be completed by March, 2017) Completed
<b>Program Review and Assessment:</b> Draft report of findings	4/1/17	4/30/17*	Update 6/30/16-per recent TA with CMS-systemic assessment will be completed by date noted. Update 9/30/16-Systemic Review of rules, licensure, etc. completed and ready to be posted for public review and submitted to CMS by 10/31/16 (extension requested due to flooding in areas of the state of Louisiana). All other assessment activities (site specific visits and validation activities will be completed by March, 2017) Completed
<b>Program Review and Assessment:</b> Post report of findings on website and circulate for stakeholder feedback	8/15/16*	Systemic review information posted 9/14/16  All other results will be posted 5/1/2017*	Update 6/30/16-per recent TA with CMS-systemic assessment will be completed by date noted. Update 9/30/16-Systemic Review of rules, licensure, etc. completed and ready to be posted for public review and submitted to CMS by 10/31/16 (extension requested due to flooding in areas of the state of Louisiana). All other assessment activities (site specific visits and validation activities will be completed by March 2017) Completed
<b>Program Review and Assessment:</b> Respond/address stakeholder input	9/14/16	10/14/16 for Systemic Review  6/15/17 all other activities associated with Site specific visits/ validation	Responded to feedback as received throughout posting period
<b>Program Review and Assessment:</b>	7/1/16	10/31/16 Systemic review	Worked on final report throughout the analysis period and stakeholder feedback period.

Action Steps	Start	End	Status/Comments
Submit final report to CMS related to preliminary assessment activities		6/30/17 for all other assessment activities  May 2022 for final report	
<p><b>Ensuring Providers are Compliant/Remediation</b> Identify and send letters to providers who are not compliant with HCBS Settings Rule</p>	1/1/16	12/31/2022	<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> <p>OCDD: Completion of nonresidential provider remediation at 100% is projected for 10/31/22 OCDD: Residential onsite validation visits need to be completed for the remaining 107 provider owned/controlled residences/settings to ensure that services are being provided as decided by the individual based on their choices and needs. These visits will be completed once we are able to make onsite visits again. Some of these individuals were included in the 10% random sample, however not all were visited. OCDD to finalize residential owned/controlled providers and do onsite validation by 3/31/22</p>

Action Steps	Start	End	Status/Comments
			4/1/2022- Residential provider owned or controlled settings surveys were completed. Remediation for those 4 settings is expected by 12/31/2022.
<p><b>Ensuring Providers are Compliant/Remediation</b>  Providers who are not in compliance and wish to remain enrolled as waiver providers will submit a transition plan (corrective action plan).</p>	1/1/16	6/30/2021	<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> <p>Update 6/30/16—Completed; however, concerned that sample size was not representative of all waiver types. As part of submission of revised STP OCDD will propose option to enhance validation process. Timeline for submission of transition plans by providers will be extended as needed.</p> <p>Update 9/30/16 - As per recent STP submission, OCDD had a very low percentage of providers self-reporting the need for a transition plan. Validation visits completed in Phase I of OCDD's process has identified additional providers that need to complete a transition plan. OCDD is planning to conduct additional training/technical assistance related to transition plans for providers, thus the timeline will be extended in order to better equip providers with necessary information to complete the process. In addition to the above, OCDD will embark on Phase 2 of site specific visits and validation via the individual experience survey results that will likely result in providers having to complete transition plans. For this reason, OCDD will</p>

Action Steps	Start	End	Status/Comments
			<p>allow for submission of transition plans as identified with a completion date of no later than 3/2017.</p> <p>The LGE office received transition plans from 100% nonresidential providers.</p> <p>6/30/2021 Due to providers having been shut-down due to the pandemic, providers were asked to submit an amended transition plan since there were no updates during the pandemic.</p>
<p><b>Ensuring Providers are Compliant/Remediation</b></p> <p>Technical assistance will be available to providers to ensure that the interpretation of the HCBS Settings Rule is the same and the provider is implementing necessary changes to meet compliance.</p>	12/1/16	10/31/2022	<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> <p>Update 6/30/16-OCDD to provide refresher presentation regarding transition plan completion at the beginning of August 2016</p> <p>Update 9/30/16-Due to multiple issues during the quarter, OCDD was not able to schedule refresher training. Focus during this quarter has been on needed revisions to the STP to address feedback/recommendations provided by CMS. In addition to the above, some parts of the state experienced flooding during this timeframe diverting most of our resources to addressing issues related to this with persons served within our programs.</p> <p>2017-2019 Ongoing technical assistance occurred with numerous statewide meetings, regional meetings and onsite visits to providers. Providers were provided resources and technical assistance as requested. Providers worked to establish community connections and volunteer sites.</p>

Action Steps	Start	End	Status/Comments
			<p>3/2020-2021 Providers were ordered to shut-down by the State Health Officer due to the pandemic. Providers did not make much progress during this time. During this time, individuals were allowed to receive additional in-home services. Some of those individuals are still choosing to receive in-home services. Also in 2020 and 2021, Hurricanes Laura and Ida devastated parts of Louisiana. Some providers in those areas are still effected today and are working to recover.</p> <p>4/1/2022 OCDD is continuing to work with providers and providers have been advised of the timelines necessary to establish plans for moving forward and being in compliance with the HCBS Settings Rule.</p>
<p><b>Ensuring Providers are Compliant/Remediation</b> Process to address relocation of participants that providers do not meet compliance will be developed</p>	1/1/17	Completed	<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. Process has been established.</p>
<p><b>Ensuring Providers are Compliant/Remediation</b> Implementation of a transition plan will be developed for those needing transfer to appropriate HCBS settings. Individuals will be given timely notice and a choice of alternative providers. Transition of individuals will be tracked to ensure</p>	3/1/18	12/31/2022	<p>Transition plans to be developed as necessary.</p>

Action Steps	Start	End	Status/Comments
successful placement and continuity of service.			
<b>Ensuring Providers are Compliant/Remediation</b> Develop monitoring instrument to be utilized on an ongoing basis to ensure setting compliance.	7/1/16	7/09/2022	OCDD will work to establish a standard format for SCs to utilize on an ongoing basis to evaluate compliance on a regular basis The final validation process was developed based off of the initial validation process.
<b>Ensuring Providers are Compliant/Remediation</b> Training on monitoring instrument	10/14/2021	10/28/2021	LGE office staff identified to complete the final onsite validation visits were trained to complete the final onsite validation visit.
<b>Ensuring Providers are Compliant/Remediation</b> Full Implementation	7/1/2017	3/17/2023	Annually thereafter, an annual onsite assessment will be conducted by the OCDD/LGE to ensure ongoing compliance with the HCBS Settings Rule for nonresidential providers. At that annual visit, the provider will sign an attestation stating that they understand and meet the requirements. If a provider is found to not be in compliance, a corrective action plan will be requested and a timeframe developed for remediation. Ongoing technical assistance and guidance will be provided. Follow up onsite visit will occur to ensure compliance has been met.
<b>Ensuring a Quality System</b> 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	6/30/2022	OCDD believes that these areas are not in conflict with the HCBS 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.

Action Steps	Start	End	Status/Comments
			<p>6/30/16 Update: OCDD has begun addressing these areas as part of the NOW renewal. Once the NOW renewal is completed, OCDD will work on aligning language across waivers and submitting amendments to the other 3 waivers.</p> <p>9/30/16 Update: Based on recent revisions to the STP and discussions related to systemic review, OCDD intends to have all updates needed to rule, policy, manuals, etc. completed by December 2017. All waivers were amended and updated, expected to go into effect 7/01/2022</p>
<p><b>Ensuring a Quality System</b> Continuous scrutiny will be provided to licensing, certification policy/procedures, and provider qualifications to ensure all documents remain compliant with HCBS Settings Rule.</p>	12/2015	Ongoing	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.
<p><b>Ensuring a Quality System</b> Evaluate current plan of care format/process, rights/responsibilities, other waiver forms and update as appropriate to align with the rule</p>	3/14/16	3/2022	<p>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.</p> <p>Update 6/30/16-OCDD completed 3 meetings with stakeholder group to address this area. During the course of the meeting, it was determined that additional meetings/work would need to be held. In addition to the work done with this stakeholder group, OCDD is evaluating options to better engage individuals and/or their families to obtain feedback related to this area.</p>



Action Steps	Start	End	Status/Comments
			<p>Update 9/30/16-Stakeholder group comprised of Support Coordination representatives, LGE representatives, Provider Group representatives, and OCDD central office staff have agreed to continue meeting on a regular basis in order to discuss necessary modifications/training needed regarding the person centered planning process, guidelines for planning document, and other areas associated with planning in an effort to improve the service delivery system as well as incorporate identified areas to align with CMS regulation. This group met on 8/1/2016.</p> <p>March 21, 2022: the Rights and Responsibilities form was amended.</p> <p>OCDD is currently working to implement the new eISP. We are still in development but this new plan of care will be more robust plan of care.</p>
<p><b>Ensuring a Quality System</b> Specific quality assurance and improvement strategies are developed to ensure providers are evaluated against HCBS Settings prior to enrollment</p>	3/2016	12/31/17*	<p>Evaluate provider enrollment processes and identify areas that may need to be enhanced to assure that they are evaluated against HCBS setting prior to enrollment.</p> <p>It has been established that as a new nonresidential provider is presented, that a training will occur on the HCBS Settings Rule and an onsite visit will occur to ensure that the provider understands the expectations under the HCBS Settings rule. Providers will then be added to the freedom of choice list.</p>
<p><b>Ensuring a Quality System</b> Practical performance measures are created to ensure providers continue to meet the HCBS Settings Rule</p>	1/1/2016	7/01/2022	<p>All three adult waivers have been amended with new services to ensure community engagement will occur. Other changes have occurred within the waivers to ensure alignment with the HCBS Settings Rule.</p>
<p><b>Ensuring a Quality System</b></p>	3/15/2022	Annually	

Action Steps	Start	End	Status/Comments
A participant survey is administered at least annually to monitor the individual's experience with the HCBS Settings Rule			3/15/2022 Individual experience surveys and onsite visits occurred with those individuals who reside in residential provider owned controlled settings.  Beginning in 1/2023, All individuals will complete an annual individual experience survey at the annual plan of care meeting.
<b>Ensuring a Quality System</b> Evaluation of existing quality framework and identify mechanisms to measure long term ongoing compliance	7/1/16	12/31/17 and Ongoing	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.  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
<b>Ensuring a Quality System</b> Identify and propose enhancements to the above noted processes based on the above evaluation.	7/1/16	and Ongoing	Ongoing evaluation and monitoring will continue to ensure that the quality system continues to meet standards
<b>Ensuring a Quality System</b> Implementation of any enhanced processes in terms of quality framework	1/1/17	12/31/17 and Ongoing	As updated processes are identified, they will be implemented to ensure quality framework.
<b>Ensuring a Quality System</b> Full compliance is achieved for all Louisiana HCBS waiver programs. Final Report to CMS	3/2019	3/2023	Completion date March 2023

D.2- Stakeholder Feedback/Input and OCDD Response

OCDD Public Comments Received at time of original submission of STP (Appendix B-comment and responses pages 35-45 [Louisiana Statewide Transition Plan for Compliance with the CMS HCBS Settings Rule](#))

OCDD Public Comment received:

- Q2 2015 (3/18/15-6/30/15) pages 13-37 ([Progress Tracking for Louisiana Statewide Transition Plan Quarter 2 2015](#))
- Q3 2015 (7/1/15/-9/30/15) pages 7-17 ([Progress Tracking for Louisiana Statewide Transition Plan Quarter 3 2015](#))
- Q4 2015 (10/1/15 – 12/31/15) No comments received
- Q1 2016 (1/1/16 – 3/31/16) No comments received
- Q2 2016 (4/1/16 – 6/30/16)
  - OCDD posted the Individual Experience Survey during this timeframe. The Support Coordinator Alliance submitted questions/comments concerning the identified process for completing this activity. State Office held a conference call to address all areas of concern and submitted responses in writing to their questions/concerns. See below for detailed information regarding their questions/comments related to the process.

The Support Coordination Alliance would like to submit the following items for discussion for the telephone conference scheduled May 3, 2016, from 10:00 am to 12:00 pm:

Question	State Office Response
1. Discuss OCDD’s timeline with this initiative so that we can work together to get the information needed for OCDD deliverables.	<p><b>Timeline-We appreciate that we are asking you all to complete this task in a very short timeframe. We had hoped to allow additional time to complete these surveys; however, we have to allow time to complete the surveys, crosswalk the information to the provider self-assessment and consolidate into an overall report identifying where we are at as a State. This report will have to be posted for stakeholder feedback for a minimum of 30 days and must be submitted to CMS with 9/30/16 update.</b></p> <p style="padding-left: 40px;"><b>7/15-8/1/16—timeframe for State Office to consolidate and finalize overall report</b></p> <p style="padding-left: 40px;"><b>8/1/16-8/31/16—Post overall report for stakeholder feedback</b></p> <p style="padding-left: 40px;"><b>9/1/16-9/30/16—address public input and finalize report for submission to CMS</b></p>

Question	State Office Response
<p>2. Timelines for the support coordination agency to complete the Individual Experience Assessment (Participant Experience Survey) and how it impacts the delivery of support coordination to individuals and their family two-thirds into a quarter. In some situations, an individual could have 3 home visits this quarter.</p> <ul style="list-style-type: none"> <li>- Unannounced visit completed this quarter not part of the quarterly</li> <li>- Quarterly visit completed this quarter</li> <li>- Face-to-face visit for survey this quarter</li> </ul>	<p><b>See note above (Question 1 State Response). To meet our established timelines, we have to accomplish in the above noted timeframe. In the future we will work diligently to align with your typical practices.</b></p>
<p>3. This is the heart of when people take vacation so it may impact the person agreeing to schedule another appointment with their Support Coordinator this quarter.</p>	<p><b>State Office will maintain a secondary list of participants. Once identified that someone will not be able to participate in the survey, the SC agency will send an email to State Office and a replacement will be identified and sent to the SC agency.</b></p> <p><b>Resources: It will be up to the SC agency to determine the best way to accomplish this task. State Office is not requiring that the assigned SC has to complete the survey. This means your agency can opt to have the supervisors complete these surveys, assign the task to a specific set of SCs or have the assigned SC complete the task.</b></p>
<p>4. We would like to work with OCDD on future initiatives and the timelines for completion to minimize the impact on Home and Community Based participants and the operation of the Support Coordination Agency.</p>	<p><b>We agree and would like to work collaboratively with SC agencies, Service Providers, and other Stakeholders to identify timelines for completion of future initiatives.</b></p>
<p>5. How large is the sample? What is 95 +/- statewide sample? Will the sample include largely the people that attend day habilitation or receive some type of employment services?</p>	<p><b>95 +/- 5% confidence level are approximately 373 participants statewide. Of course it would not necessarily breakdown exactly like this, but we are looking at about 37 surveys per region to be completed over a 6-week period.</b></p>
<p>6. Can some groups of individuals be eliminated from the sample?</p> <ul style="list-style-type: none"> <li>- Children's Choice Waiver only receive support coordination</li> <li>- Supports Waiver only receive support coordination</li> </ul>	<p><b>If a person selected does not receive in home services or vocational services, you will simply complete the demographic information and select the box N/A as they are not receiving any of the services. We cannot exclude children and/or more complex people to support. We will have to rely on their family or primary support care person to respond to</b></p>

Question	State Office Response
<ul style="list-style-type: none"> <li>- Non-verbal, severe/profound intellectual disability where caretaker makes all decisions for the individual</li> <li>- Children’s Choice Waiver where family oversees delivery of services in their home</li> </ul>	<p><b>the survey. We will discuss how questions might be modified when verbally asked during training opportunity that we will provide to SC agencies at the end of May.</b></p>
<p>7. Can a certain percentage be completed over the phone and not 100% of sample? Can we work together to determine the percentage that would be completed via telephone?</p>	<p><b>The survey is designed to be completed face to face. We believe to get better information and assure that the person understands the questions being asked that the survey should be conducted face to face. The statewide sample is also not a large sample. So if we were to look at percentages to be completed by phone, we believe this would likely result in only allowing for a very small number to be completed by phone. We would like to propose that we plan to complete all of these face to face, but if the agency runs into a problem with scheduling any of the surveys face to face they can contact State Office to discuss completion by phone.</b></p>
<p>8. Will it be acceptable for the Support Coordinator to interview individuals in day program/employment setting on-site if provider is willing to provide a private room to interview the person?</p>	<p><b>Yes, you all can certainly conduct the interview on-site if you have agreement from the participant and the service providers as well as a private location to discuss the survey with them.</b></p>
<p>9. Instructions state that the provider can be present if person agrees. In some situations, we may not get accurate information as the person is unwilling to respond that their rights are restricted, or they don’t like their current setting in front of the provider. The approach to this will dictate how/when the Support Coordinator schedules the appointment.</p>	<p><b>Who is present for the survey is completely up to the participant. We are not requiring that the provider be present and the SCA should proceed with setting up the visits as appropriate. As a reminder, for instances in which the person is interdicted, etc. the SCA should make sure that the appropriate person is present for this meeting.</b></p>
<p>10. Some questions appear to want a specific answer for instance health may impact food choices. Do not see how that is captured in this survey.</p>	<p><b>For many of the questions where these types of issues may arise there is a third response No, but supported by the person centered plan. For instances in which people do not have free access to food or other issues associated with health or safety reasons, these things should be noted in the plan of care. Responding by marking the box as no, but supported by</b></p>

Question	State Office Response
	<p><b>plan of care the provider would not be considered non-compliant since they are following the plan of care. We plan to discuss this more in depth when we conduct webinar/training opportunity with the SCA.</b></p>
<p>11. In what format do we return the surveys to OCDD?</p>	<p><b>The Survey itself is a Word document with clickable checkboxes. Once completed, you can scan it if handwritten and email it or if completed in the actual Word document the Word document can be emailed to Christy Johnson.</b></p>

The Support Coordination Alliance would like to thank OCDD for this meeting to discuss the Support Coordination Agency role in the evaluation for the Home and Community Based Settings Rule. We want to assist in showing that Louisiana providers are in compliance with the new federal HCBS Settings Rule that went into effect March 17, 2014.

OCDD Public Comment/Questions received during Monthly Provider Calls noted below:

July 7, 2016-Monthly Provider Call (page 2) [OCDD Provider Call Update 2016](#)

July 9, 2016 Monthly Provider call-noted below:

Questions received with OCDD's responses:

Statewide Transition Plan

- When will the licensing standards and program manuals be updated to reflect the changes as a result of the CMS Settings Rule?

**State Response: We are in process of updating our transition plan for stakeholder input. As part of those updates we are including timelines to address the above noted areas. Manuals typically do not take a great deal of time for us to update. On average anything that has to be changed in rule can take us up to 9 months.**
- Guidance on Day Hab/ERT/SE Providers Transitioning or Changing Services to Comply with CMS Settings Rule: It would be helpful if guidance was afforded to help providers, implement smooth transitions in making significant changes to frequency, duration, intensity, and scope of participant's services. This includes giving adequate timelines for participant participation and compliance, adequate notice to participants/families of impending changes, ensuring compliance with person centered planning during the process, and working with the SCA to ensure participants know all of their options.

**State Response:** Per the rule implemented by CMS, person centered planning was not an area to be included in the transition plan as the expectation is that it is already in place. There is a workgroup established that is in process of reviewing areas surrounding person centered planning. We are hoping to provide training/technical assistance in this area in the coming months.

In terms of frequency, duration, intensity and scope of service CMS does not identify specific amount of a particular service that must be provided to meet the expectations of the rule. CMS has indicated that how much someone goes out in the community or participates in a particular activity should be driven by the person and included in the person centered plan. We agree that through the person centered planning process, the team should be meeting to discuss all options and adequate notice and timelines should be allowed for making changes.

### D.3-Systemic Review and Assessment

#### Residential Systemic Review

##### Timeline Milestones Key

Key	Item	Date Routed	Date Published/Routed	Date Comments Addressed	Date Issued
A	Rule	NOI to Medicaid - 5/1/17	NOI Published - 8/20/17	Comments Addressed - 10/1/17	Final Rule Issued - 12/20/2017
B	Program Manual	Draft to Medicaid - 8/1/17	Draft Routed for Comments – 9/15/17	Comments Addressed - 11/15/17	Manual Issued - 12/31/17
C	Guideline	Draft to Dept. Head - 9/1/17	Draft Routed for Comments – 10/1/17	Comments Addressed – 11/15/17	Guideline Issued – 12/31/17

#### Developmental Disability Law:

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community,	DD Law RS28:451.1 thru RS28:452.2 <a href="#">Developmental Disability Law</a>		Partially compliant – does not address control of personal resources	None- this law is not specific to HCBS waivers	N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS					
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		Partially compliant, silent on settings being identified and documented in service plan	None- this law is not specific to HCBS waivers	N/A
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		Partially compliant. Does not address dignity, freedom from coercion or restraint	None- this law is not specific to HCBS waivers	N/A



#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		Partially compliant in 452.2. Weak in autonomy and daily activities language.	None- this law is not specific to HCBS waivers	N/A
5	Facilitates individual choice regarding services and supports, and who provides them.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		452.1 – partial compliance – (4) to receive services consistent with personal needs and choices, does not address freedom of who provides the supports but could be implied	None- this law is not specific to HCBS waivers	N/A
6	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		Silent	Will not be updated. Law not specific to HCBS services	N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.					
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled residential settings shall have privacy in their living or sleeping unit.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		Silent	Will not be updated. Law not specific to HCBS services	N/A
8	Individuals sharing units have a choice of roommates in that setting.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		Silent	Will not be updated. Law not specific to HCBS services	N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>  Silent		Silent	Will not be updated. Law not specific to HCBS services	N/A
10	Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>  Silent		Silent	Will not be updated. Law not specific to HCBS services	N/A
11	Individuals are able to have visitors of their choosing at any time.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>  Silent		RS28:452.1 (8) – partially compliant. Can have visitors but does not indicate at any time	Will not be updated. Law not specific to HCBS services	N/A
12	The setting is physically accessible to the individual.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		Compliant - Refers to ADA	None	N/A

**Provider Licensing:**

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
1	The setting is integrated in and supports full access of	LAC Title 48, Part I,		§5079 PCA Module – Partially compliant,	Language overall is weak on describing	A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	<p>individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS</p>	<p>Chapter 50, HCBS Providers Licensing Standards  <a href="#">Louisiana Administrative Code</a>            Click on Title 48, Public Health – General            Click on Title 48:I, Public Health – General (Book 1 of 2) Go to page 10 of TOC</p>		<p>addresses development of relationships with and inclusion in meaningful, integrated experiences §5089 C. 3 – SFC Module – partially compliant – support individuals in home environment in community - similar to those enjoyed by most individuals living in community in all stages of life §5093 – SIL Module – Partially compliant in that it requires access to community services, client choice, proximity to client’s family and friends, access to transportation, proximity to health care services and place of employment when selecting setting §5107 –MIHC. This section is silent on access to greater community; however, it is specifically required to be a private residence</p>	<p>setting requirements. Will put residential requirement language in each HCBS waiver versus licensing</p> <p>Will include statement in this Licensing Rule that client has right to control personal resources in Client Assets section §5059.</p>	

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				§5059, Client Funds and Assets- Partially compliant. Does not specifically state that person has right to control personal resources, but does state that provider cannot require that they manage the client’s funds		
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards - Partially Compliant <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		§5094 A. – Supervised Independent Living Module – Partially compliant – living situation is freely selected by client. No mention of documenting setting options in service plan except agreement for shared living. §5094 10b. Partially compliant -Each client shall have the right to choose whether or not to share a bedroom and a bed with another client. §5094 D. 2 – Partially compliant -No clients shall be placed together in a living situation against their choice. The	Insert overall language to support these setting requirements in each waiver rule or overall HCBS rule.  Require all residential settings offered to be documented in service plan.	A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>consent of each client shall be documented in the client’s record (for shared living).            §5094 G. Partially compliant -Selecting the location must be based on client choice and consider client cost, risks, proximity to family, friends, work, health care, community            §5089 – Substitute Family Care – silent            §5079 – Personal Care Attendant – partially compliant –identifies services to be provided in community and promoting individualized community supports targeted towards inclusion into meaningful integrated experiences.            §5107 – Monitored In Home Caregiving – compliant – requires setting to be a private residence occupied by the client and cannot be any type of licensed</p>		

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				facility. Selection of the setting occurs when the service is requested, Adult Companion Care which is in the NOW rule		
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		§5049 – Client Rights – Compliant – privacy, dignity, respect, freedom from restraint §5021D – Revocation of license – compliant – cannot intimidate, threaten, coerce	Will update client's rights language to include freedom from coercion	A
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing		§5049 – Client Rights – partially compliant – 10 – ability to refuse services or activities which optimizes independence	Update in program rule.	A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	activities, physical environment, and with whom to interact.	Standards – Partially Compliant <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		and choice. Is silent in other areas		
5	Facilitates individual choice regarding services and supports, and who provides them.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – Partially Compliant <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General		§5049 Compliant - #10 – refuse specific services or participate in any activity, #23 discontinue services with one provider and freely choose another provider	None	N/A



#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		Click on Title 48:I, Public Health – General (Book 1 of 2)				
6	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		Note: Most residences are personal residences chosen by the participant or his/her family and are separate from the actual HCBS services provided. However, in the case of provider owned or controlled residences, the following is applicable.  §5094 – Supported Independent Living - Silent - No requirement for a lease agreement for the participant. §5089 – Substitute Family Care – Silent - No requirement for a lease agreement for participant. Note: In both situations, the provider is required to give 30 days written notice and appeal rights as documented in §5037	Lease requirements will be addressed at the program level, not the licensing level	N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	jurisdiction's landlord tenant law.			<p>Involuntary Transfers and Discharges.</p> <p>§5101 – Monitored In-home caregiving – setting is a private, unlicensed residence, which presumes the residence to not be owner controlled or operated. Lease agreements would be between the individuals living in the residence and the owner of the residence, not the provider of services.</p>		
7	<p>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled residential settings shall have privacy in their living or sleeping unit.</p>	<p>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public</p>		Silent	Update SIL and SFC requirements for doors lockable by individual. Add language that individuals have privacy in their living or sleeping units.	A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)				
8	Individuals sharing units have a choice of roommates in that setting.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		§5094 D. 2 Supervised Independent Living - Compliant– Consent for sharing is documented in participant’s record §5089 Substitute Family Care – silent §5101 – Monitored In Home Caregiving - silent	Selection of roommates will be addressed in program rule and manual	N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		Silent	Will be addressed in program rules and manuals	N/A
10	Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards –		Partially compliant §5049 20. Broadly states right to receive services that are respectful of client’s wishes, but does not specifically address freedom to control schedules and activities. Silent on access to food at any time	Update in client’s rights in licensing rule as well as client’s rights in program rules	A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		<a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)				
11	Individuals are able to have visitors of their choosing at any time.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health –		Silent	Update in client’s rights in licensing rule as well as client’s rights in program rules	A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		General (Book 1 of 2)				
12	The setting is physically accessible to the individual.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		Partial compliance §5073 Adult Day Care – E.3 facility shall be accessible to and functional for participants, silent on setting for supported employment §5091 Substitute Family Care – H.5.h – accessible to all members of household §5094 – Supervised Independent Living – A.1 – accessible and functional considering any physical limitation or other disability §5107 Monitored in-home caregiving – B.2 – accessible to meet specific functional, health, and mobility needs of client	Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	A

New Opportunities Waiver (NOW):

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 24 of TOC.	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a>	LAC: §13701 – This section applies to all services in NOW. Partially compliant. Language states that mission is to supplement the family and/or community supports that are available to maintain the individual in the community §13901 – IFS – partially compliant– IFS services are provided in the home or the community that allows the participant to achieve and/or maintain increased independence, productivity, enhanced family functioning, and inclusion in the community. §13905 – CID – compliant– facilitates the development of opportunities to assist participants in becoming involved in the community through the creation of natural supports. The purpose is	LAC: §13701– add all language for this requirement in this section. This will apply to all NOW services. Added some additional language in Rule in sections. §13901 – add “to same degree as individuals without disabilities. §13905 – no changes, see §13701 §13907 – No changes, see 13701 §13909 -No changes – see §13701 §13929 – Added that home or apartment is choice of participant and the participants must be allowed choice in items purchased.	LAC: A NOW Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>to encourage and foster the development of meaningful relationships in the community reflecting the participant’s choices and values.</p> <p>§13907 – SIL - partially compliant– supported living assist the participant to acquire, improve, or maintain those social and adaptive skills necessary to enable a participant to reside in the community and to participate as independently as possible.</p> <p>§13909 – SFC – silent – no mention of community integration, opportunities to seek employment, controlling personal resources, etc. Simply describes the setting as a stand-alone family living arrangement.</p> <p>§13929 – One time transitional expenses</p>	<p>§13931 - Added language that principal care provider is chosen by the participant. Also state setting is participant’s home and cannot be owned or controlled by the provider.</p> <p>§13935 Housing stabilization – added that the setting must be integrated in the greater community, selected from settings that include non-disability specific settings, and support full access to the greater community by the participant.</p> <p>NOW Manual: Insert overall language to support these setting/service requirements in each waiver manual</p>	



#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>partially compliant– This service allows an individual transitioning from an institution to purchase needed items to set up a household in their own home or apartment. There is no language that states the individual should be given choice in items purchased.</p> <p>§13931 – ACC – compliant, but need to strengthen language. Services assist participant to achieve and or maintain outcomes of increased independence. Services are in individual’s home.</p> <p>§13935/13937 – Housing Stabilization – partially compliant– individual is transitioning from institution into their own housing. There is already a lease requirement for the setting. Strengthen</p>	<p>Add control of personal resources to SIL, SFC, Housing Stabilization, and One Time Transitional Expenses</p>	

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>language on the setting and access to community.</p> <p><b>NOW Manual:</b>  <b>Section 32.0 Overview</b> – Partial Compliance – Does not mention integrated setting. It does promote independence and community inclusion for recipients through the provision of services  <b>Section 32.1 pg IFS</b> – compliant – services provided in the home or the community that allow the participant to achieve and/or maintain increased independence, productivity, enhanced family functioning and inclusion in the community  <b>Section 32.1 pg 9 CID</b> – compliant – entirety of service is to assist individuals to have access to greater community and</p>		

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>experience community inclusion</p> <p><b>Section 32.1 pg 10 SIL</b> – partially compliant - assists the participant to acquire, improve or maintain those social and adaptive skills necessary to enable a participant to reside in the community and to participate as independently as possible</p> <p><b>Section 32.1 pg12 Substitute Family Care</b> – Silent</p> <p><b>Section 32.1 pg 34 Housing Stabilization</b> - partially compliant - maintain their own housing as set forth in the participant’s approved POC. Services must be provided in the home or a community setting</p>		
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative</a>	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a>	LAC: §13701 Introduction – Partially compliant / mostly silent. Plan of Care for services is developed using a person centered process. All	LAC: Program office policy or manual will be revised to require documentation of choice of non-	LAC: A NOW Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	<p>are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p><a href="#">e Code</a> Click on “Title 50”, Page 24 of TOC.</p>		<p>services must be delivered in accordance with the approved plan of care (POC). No mention of listing setting options or including in the POC §13901 – Individualized and Family Support – silent – addressed in the person centered plan process            §13905 Community Integration Development – Silent – addressed in the person centered plan process            §13907 – Supported Living – Silent            §13909 – Substitute Family Care – Silent            §13911 – Day Habilitation – Silent            §13913 – Supported Employment – Silent            §13917 – Employment Related Training – Silent            §13925 – Professional Services - Silent            §13927 – Skilled Nursing – Silent</p>	<p>disability specific setting for these services.</p> <p>The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document.</p> <p>NOW Manual: Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.</p> <p>The person centered process documentation is currently under review and these</p>	

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				§13929 – Transitional Expenses – Silent §13931 – Adult Companion Care – partially compliant – setting is the individual’s home, is identified in the Plan of Care, service is based on individual needs but does not require all options to be documented in the POC. §13935 – Housing Stabilization Transition Services – Partially Compliant – does not require all options to be documented in POC §13937 – Housing Stabilization Service – Partially Compliant – does not require all options to be documented in POC NOW Manual: Silent	requirements will be incorporated into the most appropriate document	
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a>	LAC: NOW rule is silent  NOW Manual:	LAC: Clients rights will be documented in licensing rule and in program manual	LAC: A NOW Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		<a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 24 of TOC	<a href="#">Rights and Responsibilities for Individuals Requesting or Receiving HCBS Waiver Services</a>	Partially compliant on dignity and respect, silent on privacy and coercion, and is non-compliant because it indicates use of restraints may be allowed within the definition of Critical Incident  Clients’ rights form includes dignity and respect but is silent on all others.	NOW Manual: Update Clients Rights and responsibilities to include right to privacy, freedom from coercion and restraint. Revise policy on restraints Update residential settings to include right to privacy in their living unit or bedroom	
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 24 of TOC.	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a>	LAC: §13701 – broad statement of principle of self-determination, but does not specifically address autonomy and independence in choice. Partially compliant but not specific to the entirety of this requirement. NOW Manual: Click on overview – Broad statements on	LAC: Update program rule and manual in introduction to require all services to meet this requirement. NOW Manual: Update program rule and manual in introduction to require all services to fully meet this requirement.	LAC:A NOW Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				principles of self-determination and services designed to promote independence and community inclusion. Partially compliant but not specific to the entirety of this requirement.		
5	Facilitates individual choice regarding services and supports, and who provides them.	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 24 of TOC	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a> Guidelines for Support Planning <a href="#">Guidelines for Support Planning</a>	LAC: Silent NOW Manual: Partially compliant but not specific to the entirety of this requirement. Section 32.4, page 1, Freedom of choice of program, Section 32.4, page 2, Choice of SC and Providers Section 32.4, page 2, Voluntary Participation – Recipients have right to refuse services and be informed of alternative services. <a href="#">Guidelines for Support Planning: Compliant</a> <a href="#">Page 19, 1.1 A. 5. a.</a>	LAC: Update rule to include this requirement or add this requirement to Rights and Responsibilities document NOW Manual: Update rule/manual to fully include this requirement Guidelines for Support Planning: No action required	LAC: A NOW Manual: B Guidelines for Support Planning: N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p><u>plan is unique and focused on things important to participant</u>  <u>Page 33 -2.4.A.2 – Support Coordination choice</u>  <u>Page 83, 4.4.1, B – FOC of provider</u></p>		
6	<p>The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written</p>	<p>LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a>  Click on “Title 50”  Go to page 24 of TOC.</p>	<p>NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a></p>	<p>LAC:  Note: Most residences are personal residences chosen by the participant or his/her family and are separate from the actual HCBS services provided. However, in the case of provider owned or controlled residences, the following is applicable.</p> <p>§13907 – Supported Living – Silent  §13909 – Substitute Family Care – Silent  §13931 – Adult Companion Care – Silent - Services are provided in the participant’s home which is not owned or controlled by the</p>	<p>LAC:  Update rule to require lease agreements for residential services.</p> <p>That includes SIL, SFC. Adult Companion Care will be revised to include language that does not allow the provider to own or control, and that the setting is chosen by the participant separate from any ACC services received.  NOW Manual: Update rule to require lease</p>	<p>LAC: A  NOW Manual: B</p>



#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	<p>agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>			<p>provider. This is considered a private dwelling and not part of the service provided to the participant.            §13935 and §13937 - Compliant – Housing Stabilization services - Both require lease agreements            NOW Manual:            Section 32.1 – Covered Services:</p> <ul style="list-style-type: none"> <li>• Page 12 – Supported Independent Living - Partially compliant - Implies that a lease is required for provider owned/controlled property. Need more specific info on lease requirements in this section.</li> <li>• Page 13 – Substitute Family Care – silent</li> </ul>	<p>agreements for residential services.</p>	

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<ul style="list-style-type: none"> <li>Pages 34-37 – Housing Stabilization services - compliant</li> </ul>		
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled residential settings shall have privacy in their living or sleeping unit.	<p>LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p><a href="#">Louisiana Administrative Code</a></p> <p>Click on “Title 50”</p> <p>Go to page 24 of TOC.</p>	<p>NOW Manual</p> <p><a href="#">New Opportunities Waiver Provider Manual</a></p>	<p>LAC: Silent</p> <p>NOW Manual: Silent</p>	<p>LAC: Update SIL and SFC requirements for doors lockable by individual</p> <p>NOW Manual: Update SIL and SFC requirements for doors lockable by individual</p>	<p>LAC: A</p> <p>NOW Manual: B</p>
8	Individuals sharing units have a choice of roommates in that setting.	<p>LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p><a href="#">Louisiana Administrative Code</a></p> <p>Click on “Title 50”</p> <p>Go to page 24 of TOC.</p>	<p>NOW Manual</p> <p><a href="#">New Opportunities Waiver Provider Manual</a></p>	<p>LAC: §13901 – B. Compliant - Individual and family support – Services may be shared when agreed to by participants.</p> <p>§13907 – Supported living – service is not the living arrangement, but the supervision of the home. The living arrangement is defined in the licensing standard,</p>	<p>LAC: Update rule to require consent for roommates for SIL, SFC and ACC.</p> <p>NOW Manual: Update Manual for consent on roommates for SIL and SFC</p> <p>Add ACC</p>	<p>LAC: A</p> <p>NOW Manual: B</p>

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>not the NOW program rule. Silent on roommate §13909 – Substitute Family Care – Silent choice of roommate §13931 – Adult companion care – Silent on choice of roommate</p> <p>NOW Manual: Covered Services Section 32.1</p> <p>Individual and Family Support – Page 3</p> <p>Compliant – Individual must agree to share services</p> <p>Supported Independent Living – silent on roommates</p> <p>Substitute Family Care – silent on roommates</p>		
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	<p>LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p><a href="#">Louisiana Administrative Code</a></p> <p>Click on “Title 50”</p>	<p>NOW Manual</p> <p><a href="#">New Opportunities Waiver Provider Manual</a></p>	<p>LAC: Silent</p> <p>NOW Manual: Silent</p>	<p>LAC: Update program rule/manual to comply with this requirement</p> <p>NOW Manual: Update program rule/manual to comply with this requirement</p>	<p>LAC: A</p> <p>NOW Manual: B</p>

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		Go to page 24 of TOC.				
10	Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 24 of TOC.	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a>	LAC: Silent NOW Manual: Section 32.8, Page 8, - Partially compliant – Allows for deviation from typical schedule and services if recipient driven, person-centered, and prior authorized. Silent on access to food	LAC: Update in client’s rights in licensing rule as well as client’s rights in program rules NOW Manual: Update in client’s rights in licensing rule as well as client’s rights in program rules	LAC: A NOW Manual: B
11	Individuals are able to have visitors of their choosing at any time.	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 24 of TOC.	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a>	LAC: Silent NOW Manual: Silent	LAC: Update in client’s rights in licensing rule as well as client’s rights in program rules NOW Manual: Update in client’s rights in licensing rule as well as client’s rights in program rules	LAC: A NOW Manual: B
12	The setting is physically accessible to the individual.	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)	NOW Manual <a href="#">New Opportunities Waiver</a>	LAC: Silent NOW Manual: Partial compliance	LAC: Revise Licensing Rule, Program Rules and Program Manuals to require	LAC: A NOW Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		<a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 24 of TOC.	<a href="#">Provider Manual</a>	Section 32.1 – Provider owned or recipient leased property must be compliant with Americans with Disabilities Act. Section 32.6 – Providers must comply with ADA requirements	all settings in which HCBS services are provided to be physically accessible by the participants. NOW Manual: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	

**Children’s Choice Waiver:**

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a>	Children’s Choice Manual: <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: §11101 – Introduction - Compliant – Setting is for children who live at home with their families. This is the same as setting for individuals without developmental disabilities.	LAC: Insert overall language to support these setting requirements in each waiver rule or overall HCBS rule. Control of personal resources	LAC: A Children’s Choice Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	Click on “Title 50” Go to page 23 of TOC.		<p>§11303 F – Family Support -Compliant – Services are provided in home or community (school programs, summer camps, etc.) Includes assistance with participating in community</p> <p>§11303 M &amp; N – Compliant - Housing Stabilization services - enable waiver participants to maintain their own housing as set forth in the participant’s approved plan of care. Services must be provided in the home or a community setting Silent on control of personal resources</p> <p>Children’s Choice Manual: Section 14.0, page 1 Overview – implied compliance – services are for children who live at home with their families or leave an institution to</p>	<p>is not applicable to children, and should not be hindered for the family for these services.</p> <p>Children’s Choice Manual: Insert overall language to support these setting/service requirements in each waiver manual</p> <p>Control of personal resources is not applicable to children, and should not be hindered for the family for these services.</p>	

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				return home. Service package designed for maximum flexibility. Section 14.1 Page 2, Family Support Services – services provided at home or other settings as normal children attend (after school programs, summer camps, and other places designated in the POC). Services cannot be delivered in school setting. Includes participation in community including transportation to community activities. Section 14.1, page 10 Housing Stabilization Services –Partially compliant - Services must be provided in home or community setting. Silent on community integration.		
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters	Children’s Choice Manual:	LAC: Silent Children’s Choice Manual: Silent	LAC: Program office policy or manual will be revised to require	LAC: A Children’s Choice Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	<p>private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>111  <a href="#">Louisiana Administrative Code</a></p> <ul style="list-style-type: none"> <li>• Click on “Title 50”</li> <li>• Go to page 23 of TOC.</li> </ul>	<p><a href="#">Children's Choice Waiver Provider Manual</a></p>		<p>documentation of choice of non-disability specific setting for these services.</p> <p>The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document Children’s Choice Manual: Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.</p> <p>The person centered process documentation is</p>	



#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
					currently under review and these requirements will be incorporated into the most appropriate document	
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	LAC: Children's Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Page 23 of TOC	Children's Choice Manual: <a href="#">Children's Choice Waiver Provider Manual Rights and Responsibilities for Individuals Requesting or Receiving HCBS Waiver Services</a>	LAC: Silent on all Children's Choice Manual: Silent on all except dignity and respect which are contained in "Rights and Responsibilities" document.	LAC: Clients rights will be documented in licensing rule and in program manual. Rights will be based on age appropriate parameters	LAC: A Children's Choice Manual: B
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical	LAC: Children's Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana</a>	Children's Choice Manual <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: §11101 - program that offers supplemental support to children with developmental disabilities who currently live at home with their	LAC: Update program rule and manual in introduction to require all services to fully meet this requirement.	LAC: A Children's Choice Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	environment, and with whom to interact.	<a href="#">Administrative Code</a> Click on “Title 50” Go to 23 of TOC		families. Silent on the flexibility of the services based on parent choice. Partially compliant but not specific to the entirety of this requirements. Children’s Choice Manual: Section 14.0 – Overview - offers supplemental support to children with developmental disabilities who currently live at home with their families. The service package is individually designed for maximum flexibility. Partially compliant but not specific to the entirety of this requirement.	Children’s Choice Manual: Update program rule and manual in introduction to require all services to fully meet this requirement.	
5	Facilitates individual choice regarding services and supports, and who provides them.	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative</a>	Children’s Choice Manual <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: §11501 – partial compliance -families choose support coordination provider and service provider from those available in their region. Silent on	LAC: Update rule/manual to fully include this requirement Children’s Choice Manual:	LAC: A Children’s Choice Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		<a href="#">e Code</a> Click on “Title 50” Go to page 23 of TOC		changing support coordination and service providers. Weak language on choice in selecting services Children’s Choice Manual: Compliant Section 14.2, page 4 – Recipients have freedom of choice to select support coordination agency and direct service provider. May change support coordination agency every 6 months or service provider after 12 months for good cause Section 14.3 page 1 – Person centered planning will be utilized in developing all services and supports to meet the recipient’s needs.	Update rule/manual to fully include this requirement	
6	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana</a>	Children’s Choice Manual: <a href="#">Children's Choice Waiver</a>	LAC: Ctrl/Click §11101 – Compliant - Setting is home of parents or guardians. Implies that setting is private and	LAC: No action required Children’s Choice Manual: No action required	LAC: N/A Children’s Choice Manual: N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	<a href="#">Administrative Code</a> Click on “Title 50” Go to page 23 of TOC	<a href="#">Provider Manual</a>	parents own, rent, or lease the property Ctrl/Click 11303 – Housing Stabilization Services – Compliant - lease agreements are implied as the service helps participants meet the terms of the lease. Children’s Choice Manual: Section 14.0, Page 1, Overview - Setting is home of parents or guardians. Implies that setting is private and parents own, rent, or lease the property Section 14.1, Page 11 – Housing Stabilization Service – lease agreements are implied as the service helps participants meet the terms of the lease		
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111	Children’s Choice Manual <a href="#">Children's Choice Waiver</a>	LAC: Silent Children’s Choice Manual: Silent	LAC: No residential settings Children’s Choice Manual:	LAC: N/A Children’s Choice Manual: N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	residential settings shall have privacy in their living or sleeping unit.	<a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 23 of TOC	<a href="#">Provider Manual</a>		No residential settings	
8	Individuals sharing units have a choice of roommates in that setting.	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 23 of TOC.	Children’s Choice Manual: <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: Silent – there are no shared living options in this waiver Children’s Choice Manual: Silent – there are no shared living options in this waiver	LAC: No action required Children’s Choice Manual: No action required	LAC: N/A Children’s Choice Manual: N/A
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on “Title 50”	Children’s Choice Manual: <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: Silent - not applicable as children live in home of parents/guardians Children’s Choice Manual: Silent -not applicable as children live in home of parents/guardians	LAC: No action required Children’s Choice Manual: No action required	LAC: N/A Children’s Choice Manual: N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		Go to page 23 of TOC.				
10	Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 23 of TOC.	Children’s Choice Manual: <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: Silent Children’s Choice Manual: Silent	LAC: Update in client’s rights in licensing rule as well as client’s rights in program rules within appropriate age parameters Children’s Choice Manual: Update in client’s rights in licensing rule as well as client’s rights in program rules within appropriate age parameters	LAC: A Children’s Choice Manual: B
11	Individuals are able to have visitors of their choosing at any time.	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on “Title 50”	Children’s Choice Manual: <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: Silent Children’s Choice Manual: Silent	LAC: Update in client’s rights in licensing rule as well as client’s rights in program rules within appropriate age parameters Children’s Choice Manual: Update in client’s rights in licensing	LAC: A Children’s Choice Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		Go to page 23 of TOC.			rule as well as client’s rights in program rules within appropriate age parameters	
12	The setting is physically accessible to the individual.	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 23 of TOC.	Children’s Choice Manual: <a href="#">Children’s Choice Waiver Provider Manual</a>	LAC: Silent Children’s Choice Manual: Silent	LAC: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants. Children’s Choice Manual: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	LAC: A Children’s Choice Manual: B





**Supports Waiver:**

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> Click on “Title 50”, Go to page 22 of TOC.	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>	LAC: §5301 – Introduction - compliant – create options and provide meaningful opportunities through vocational and community inclusion. Provide services and supports that promote community inclusion and independence. §5707 – Respite – partially compliant – provided in participant’s home, which is a private residence or in a respite care facility. Rule silent on integration and access to community regarding facility. §5709 – Habilitation – compliant – Is provided in the home or community. §5717 & §5719 – Housing Stabilization services – compliant - Allow participant to maintain their own	LAC: Insert overall language to support these setting requirements in each waiver rule or overall HCBS rule.  Supports Waiver Manual: Insert overall language to support these setting/service requirements in each waiver manual  Add control of personal resources to Housing Stabilization (only true residential service)	LAC: A Supports Waiver Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>housing in the community.</p> <p>Supports Waiver Manual: Section 43.0 – Overview –Partially Compliant - Mission is to create options and provide meaningful opportunities through vocational and community inclusion. Provides supports necessary for individual to achieve desired community living and work experiences. Objective is to promote independence, provide supports that promote community inclusion.</p> <p>Section 43.4, Page 28 – Respite – partially compliant - For relief of primary caregiver. May be provided in recipient’s home, a private residence, or in a respite facility. Silent on access to community and inclusion in community.</p> <p>Section 43.4 , page 32 – Partial compliance.</p>		

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				Housing Stabilization Services – enable recipients to transition into permanent supportive housing. Implies private home setting with lease. Ability to secure housing is the service in the community is the service. Silent on control of personal resources.		
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Law</a> Click on “Title 50” Go to page 22 of TOC.	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a> Guidelines for Support Planning: <a href="#">Guidelines for Support Planning</a>	LAC: Silent Supports Waiver Manual: Silent Guidelines for Support Planning: Silent	LAC: Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.  The person centered process documentation is currently under review and these requirements will be incorporated into the most	LAC: A Supports Waiver Manual: B Guidelines for Support Planning:C

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
					<p>appropriate document.  Supports Waiver Manual:  Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.</p> <p>The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document.  Guidelines for Support Planning:  Program office policy or manual will be revised to require documentation of</p>	

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
					<p>choice of non-disability specific setting for these services.</p> <p>The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document</p>	
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	<p>LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 22 of TOC.</p>	<p>Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual Rights and Responsibilities for Individuals Requesting or Receiving HCBS Waiver Services</a></p>	<p>LAC: Silent on all Supports Waiver Manual: Silent on all except dignity and respect which are contained in “Rights and Responsibilities” document.</p>	<p>LAC: Clients rights will be documented in licensing rule and in program manual Supports Waiver Manual: Update Clients Rights and responsibilities to include right to privacy, freedom from coercion and restraint.</p>	<p>LAC: A Supports Waiver Manual: B</p>

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
					Update residential settings to include right to privacy in living unit or bedroom	
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 22 of TOC	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>	LAC: §5301 - Purpose -The mission is to create options and provide meaningful opportunities that enhance the lives through vocational and community inclusion, promote independence for individuals with a developmental disability, and provide an alternative through services and supports that promote community inclusion and independence by enhancing and not replacing existing informal networks – Partially compliant but not specific to the entirety of this requirement. Supports Waiver Manual: Overview - The mission is to create options and provide meaningful opportunities for those individuals through vocational and community	LAC: Update program rule and manual in introduction to require all services to fully meet this requirement. Supports Waiver Manual: Update program rule and manual in introduction to require all services to fully meet this requirement.	LAC: A Supports Waiver Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				inclusion. The SW is available to provide the supports necessary in order for individuals to achieve their desired community living and work experience by providing the services needed to acquire, retain, and/or improve self-help, socialization and adaptive skills as well as providing the recipient an opportunity to contribute to his/her community. Partially compliant but not specific to the entirety of this requirement.		
5	Facilitates individual choice regarding services and supports, and who provides them.	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 22 of TOC	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>	LAC: Silent on this requirement Supports Waiver Manual: Compliant Section 43.3, page 1 -2, applicant/participant chooses Support Coordination agency and provider agency based on Freedom of Choice listing.	LAC: Update rule to include this requirement FOC of SC FOC of service provider FOC of services Supports Waiver Manual: No action required	LAC: A Supports Waiver Manual: N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>Section 43.3 page 4 &amp; 6 – applicant/participant may change Support Coordination agency and provider agency for good cause, or every 12 months.</p> <p>Section 43.2 – Page 2 - Support coordinators and service providers shall allow recipients/authorized representatives to participate in all person-centered planning meetings and any other meeting concerning their services and supports.</p>		
6	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the	<p>LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a></p> <p>Click on “Title 50”</p> <p>Go to page 22 of TOC.</p>	<p>Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a></p>	<p>LAC: Compliant – No residential options except Housing Stabilization services §5717 &amp; §5719 Housing Stabilization Services-lease agreements are implied as the service helps participants meet the terms of the lease.</p> <p>Supports Waiver Manual: Compliant</p>	<p>LAC: No action required</p> <p>Supports Waiver Manual: No action required</p>	<p>LAC: N/A</p> <p>Supports Waiver Manual: N/A</p>



#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.			Section 43.4, Page 32 – Housing Stabilization Services - lease agreements are implied as the service helps participants meet the terms of the lease.		
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled residential settings shall have privacy in their living or sleeping unit.	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 22 of TOC.	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>	LAC: Silent Supports Waiver Manual: Silent	LAC: No residential settings Supports Waiver Manual: No residential settings	LAC: N/A Supports Waiver Manual: N/A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
8	Individuals sharing units have a choice of roommates in that setting.	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> <ul style="list-style-type: none"> <li>Click on “Title 50”</li> </ul> Go to page 22 of TOC.	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>	LAC: Silent – there are no shared living options in this waiver Supports Waiver Manual: Silent – there are no shared living options in this waiver	LAC: No action required Supports Waiver Manual: No action required	LAC: N/A Supports Waiver Manual: N/A
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> <ul style="list-style-type: none"> <li>Click on “Title 50”</li> </ul> Go to page 22 of TOC.	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>	LAC: Silent Supports Waiver Manual: Silent	LAC: Update program rule/manual to comply with this requirement Supports Waiver Manual: Update program rule/manual to comply with this requirement	LAC: A Supports Waiver Manual: B
10	Individuals have the freedom and support to control their own schedules and activities,	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart	Supports Waiver Manual:	LAC: Silent Supports Waiver Manual: Silent	LAC: Update in client’s rights in licensing rule as well as	LAC: A Supports Waiver Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	and have access to food at any time.	5, Chapter 53 <a href="#">Louisiana Administrative Code</a> <ul style="list-style-type: none"> <li>Click on “Title 50”</li> </ul> Go to page 22 of TOC.	<a href="#">Supports Waiver Provider Manual</a> Guidelines for Support Planning: <a href="#">Guidelines for Support Planning</a>	Guidelines for Support Planning: Section 5.3, page 8, Partially compliant – any deviation in the participant’s schedule must be “consumer driven” or requested by the recipient or family. Silent on access to food	client’s rights in program rules Supports Waiver Manual: Update in client’s rights in licensing rule as well as client’s rights in program rules Guidelines for Support Planning: Update in client’s rights in licensing rule as well as client’s rights in program rules	Guidelines for Support Planning: C
11	Individuals are able to have visitors of their choosing at any time.	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> <ul style="list-style-type: none"> <li>Click on “Title 50”</li> </ul> Go to page 22 of TOC.	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>	LAC: Silent Supports Waiver Manual: Silent	LAC: Update in client’s rights in licensing rule as well as client’s rights in program rules Supports Waiver Manual: Update in client’s rights in licensing rule as well as client’s rights in program rules	LAC: A Supports Waiver Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
12	The setting is physically accessible to the individual.	<p>LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a></p> <ul style="list-style-type: none"> <li>Click on “Title 50”</li> </ul> <p>Go to page 22 of TOC.</p>	<p>Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a></p>	<p>LAC: Silent Supports Waiver Manual: Silent</p>	<p>LAC: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants. Supports Waiver Manual: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.</p>	<p>LAC: A Supports Waiver Manual: B</p>

**Residential Options Waiver (ROW):**

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
1	The setting is integrated in and supports full access of	LAC: ROW Rule	ROW Manual:	LAC:	LAC:	LAC: A

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	<p>individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS</p>	<p>Title 50, Part XXI, Subpart 13, Chapter 161  <a href="#">Louisiana Administrative Code</a>            Click on “Title 50”, page 25 of TOC</p>	<p><a href="#">Residential Options Waiver Provider Manual</a></p>	<p>§16101-Introduction to ROW - Partially compliant - promote independence through strengthening the individual’s capacity for self-care, self-sufficiency and community integration            §16103 – CLS - designed to utilize the principles of self-determination and to supplement the family and/or community supports that are available to maintain the individual in the community            §16303 C –CLS -compliant - Place of Services live in a home that is leased or owned by the participant or his family. Services may be provided in the home or community, with the place of residence as the primary setting.            §16305 Companion Care – compliant -assist the participant to achieve and/or maintain the</p>	<p>Insert overall language to support these setting/service requirements in each waiver manual</p> <p>Add control of personal resources to CLS, Companion Care, Host Home, and Shared Living as these are residential settings.            ROW Manual:            Insert overall language to support these setting/service requirements in each waiver manual</p> <p>Add control of personal resources to CLS, Companion Care, Host Home, and Shared Living as</p>	<p>ROW Manual: B</p>

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>outcomes of increased independence, productivity and inclusion in the community and provides services in the participant's home</p> <p>Host Home – partial compliance – services are provided in a private family home environment. Services include supports in accessing community services, activities and pursuing /developing recreation and social interests outside the home</p> <p>§16329 - Shared Living Services – Silent on all aspects except that the setting is a shared setting within the community.</p> <p>§16343 Adult Day Health Care Services - not compliant – facility based and no community integration</p>	<p>these are residential settings.</p>	

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>Silent on control of personal resources in all settings.</p> <p>ROW Manual:  Section 38.0 Overview – Partially compliant – Creates community based alternatives in home settings, and supports the integration of recipients within their community.  Section 38.1, page 3 – CLS –Partially compliant - Setting is living with family or independently in their own residence.  Goal is to maintain involvement in the community as outlined in the POC. Transportation to the community is included in this service.  Section 38.1, Page 6, Host Home – Partially compliant – Setting is integrated in community because it is a private family residence.  Community activities in POC are encouraged and supported in this services</p>		

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>Section 38.1, Page 7 – Companion Care – partially compliant. Services are delivered in the recipient’s home and in the community as indicated in the POC.</p> <p>Section 38.1, Page 9 – Shared Living – Partial compliance/silent – place of service can be in person’s residence in the community or can be owned by the provider in the community. Does not address integration into the community, although the setting may exist in the community.</p>		
2	<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered</p>	<p>LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50”</p>	<p>ROW Manual: <a href="#">Residential Options Waiver Provider Manual</a></p>	<p>LAC: Silent ROW Manual: Silent</p>	<p>LAC: Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.</p>	<p>LAC: A ROW Manual: B</p>



#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Go to page 25 of TOC.			<p>The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document</p> <p>ROW Manual: Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.</p> <p>The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document</p>	

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50”, page 25 of TOC	ROW Manual: <a href="#">Residential Options Waiver Provider Manual</a>  <a href="#">Rights and Responsibilities for Individuals Requesting or Receiving HCBS Waiver Services</a>	LAC: §16329 Shared Living Services partially compliant – Setting selected by participant including privacy in the shared setting §16313 -Host Home – partially compliant - setting takes into account needs for privacy Silent on all other aspects ROW Manual: Partially compliant - Clients’ rights form includes dignity and respect but is silent on all others.	LAC: Clients rights will be documented in licensing rule and in program manual ROW Manual: Update Clients Rights and responsibilities to include right to privacy, freedom from coercion and restraint.  Update residential settings to include right to privacy in living unit or bedroom	LAC: A ROW Manual: B
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50”	ROW Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Partially compliant §16101 - to promote independence through strengthening the individual’s capacity for self-care, self-sufficiency and community integration §16103 - to utilize the principles of self-	LAC: Update program rule and manual in introduction to require all services to fully meet this requirement. ROW Manual: Update program rule and manual in introduction to	LAC: A ROW Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		Go to page 25 of TOC		<p>determination and to supplement the family and/or community supports that are available to maintain the individual in the community. Partially compliant but not specific to the entirety of this requirement.</p> <p>ROW Manual: Section 38.0 – Overview – Broad statement of program is to assist recipients to live productive lives to fullest extent possible and promote full exercise of rights as citizens. Supports the integration of recipients within their communities. Provides opportunity for community based alternatives in home settings. Partially compliant but not specific to the entirety of this requirement.</p>	require all services to fully meet this requirement.	

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
5	Facilitates individual choice regarding services and supports, and who provides them.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Page 25 of TOC	ROW Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: §16103 C Program Description – Partially compliant – Identifies freedom of choice for support coordination but not for provider. POC developed utilizing person-centered process. ROW Manual: 38.4 Rights and Responsibilities – Page 2 – Partially Compliant - Recipients have the right to choose direct service providers and support coordination agencies. Also have right to participate in person centered planning to develop services.	LAC: Update rule to include entirety of requirement ROW Manual: Update rule to include entirety of requirement	LAC: A ROW Manual: B
6	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50”	ROW Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Partially compliant §16303, E.3 – Community Living Supports – compliant - Services may not be furnished in home that is not leased or owned by participant or family	LAC: Update rule to require lease agreements for residential services. ROW Manual: Update rule to require lease agreements for	LAC: A ROW Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
	<p>responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>	<p>Go to page 25 of TOC</p>		<p>§16305 Companion Care – Silent but implied compliance – Services are provided in the participant’s home, which implies a private residence.            §16329 – Shared living - Partially compliant – services can be provided in home leased by participant but also allows provider to own or lease the property. Silent on lease requirements for the participant if provider leased or owned.            §16339 and §16341 – Housing Stabilization - – Compliant - lease agreements are implied as the service helps participants meet the terms of the lease.            §16313 – Host home – silent on lease requirements for the participant            ROW Manual: Chapter 38.1, Page 3 – Community Living</p>	<p>residential services.</p>	

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>Supports – Compliant - silent on lease but setting must be with family or residing independently. The setting where the service is delivered is a private residence.</p> <p>Chapter 38.1, page 7 – Host Home –Silent - although setting is a private home, it is the home of the host family. Manual is silent on lease agreement for participant.</p> <p>Chapter 38.1, page 8 – Companion Care Services –compliant - silent on lease but lease is implied because setting is in a private home the participant owns or rents</p> <p>Chapter 38.1, Page 10, Shared Living - Partially compliant – services can be provided in home leased by participant but also allows provider to own or lease the property. Silent on lease requirements for the</p>		

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				participant if provider leased or owned.		
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled residential settings shall have privacy in their living or sleeping unit.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 25 of TOC	ROW Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Silent ROW Manual: Silent	LAC: Update Host Home, Shared Living, and Companion Care requirements for doors lockable by individual ROW Manual: Update Host Home, Shared Living, and Companion Care requirements for doors lockable by individual	LAC: A ROW Manual: B
8	Individuals sharing units have a choice of roommates in that setting.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 25 of TOC.	ROW Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Silent on roommates Shared Living and Host Home – silent Community living Supports – participants must agree to shared supports – partially compliant. Companion Care – Agreement between participant and companion, but no	LAC: Update rule for consent for roommates on Shared Living, Community Living Supports, Host Home, and Companion Care ROW Manual: Update manual for consent for roommates on	LAC: A ROW Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
				<p>language that participant selects the companion – partially compliant.</p> <p>ROW Manual: Shared Living and Host Home – silent Community living Supports – participants must agree to shared supports – partially compliant.</p> <p>Companion Care – Agreement between participant and companion, but no language that participant selects the companion – partially compliant.</p>	<p>Shared Living, Community Living Supports, Host Home, and Companion Care</p>	
9	<p>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	<p>LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 25 of TOC.</p>	<p>ROW Manual: <a href="#">Residential Options Waiver Provider Manual</a></p>	<p>LAC: Silent ROW Manual: Silent</p>	<p>LAC: Update program rule/manual to comply with this requirement ROW Manual: Update program rule/manual to comply with this requirement</p>	<p>LAC: A ROW Manual: B</p>



#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
10	Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 25 of TOC.	ROW Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Silent ROW Manual: Silent	LAC: Update in client’s rights in licensing rule as well as client’s rights in program rules ROW Manual: Update in client’s rights in licensing rule as well as client’s rights in program rules	LAC: A ROW Manual: B
11	Individuals are able to have visitors of their choosing at any time.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 25 of TOC.	ROW Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Silent ROW Manual: Silent	LAC: Update in client’s rights in licensing rule as well as client’s rights in program rules ROW Manual: Update in client’s rights in licensing rule as well as client’s rights in program rules	LAC: A ROW Manual: B
12	The setting is physically accessible to the individual.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana</a>	ROW Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Silent ROW Manual: Silent	LAC: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS	LAC: A ROW Manual: B

#	Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline – See Key
		<a href="#">Administrative Code</a> Click on “Title 50” Go to page 25 of TOC.			services are provided to be physically accessible by the participants. ROW Manual: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	

**Non-Residential Systemic Review  
Timeline Milestones Key**

Key	Item	Date Routed	Date Published/Routed	Date Comments Addressed	Date issued
A	Rule	NOI to Medicaid - 5/1/17	NOI Published - 8/20/17	Comments Addressed - 10/1/17	Final Rule Issued - 12/20/2017
B	Program Manual	Draft to Medicaid - 8/1/17	Draft Routed for Comments – 9/15/17	Comments Addressed - 11/15/17	Manual Issued - 12/31/17
C	Guideline	Draft to Dept. Head - 9/1/17	Draft Routed for Comments – 10/1/17	Comments Addressed – 11/15/17	Guideline Issued – 12/31/17

**Developmental Disability Law:**

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	DD Law RS28:451.1 thru RS28:452.2 <a href="#">Developmental Disability Law</a>		Partially compliant – does not address control of personal resources	None- this law is not specific to HCBS waivers	N/A
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings,	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		Partially compliant, silent on settings being identified and documented in service plan	None- this law is not specific to HCBS waivers	N/A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
	resources available for room and board.					
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		Partially compliant. Does not address dignity, freedom from coercion or restraint	None- this law is not specific to HCBS waivers	N/A
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		Partially compliant in 452.2. Weak in autonomy and daily activities language.	None- this law is not specific to HCBS waivers	N/A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
5	Facilitates individual choice regarding services and supports, and who provides them.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		452.1 – partial compliance – (4) to receive services consistent with personal needs and choices, does not address freedom of who provides the supports but could be implied	None- this law is not specific to HCBS waivers	N/A
6	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		N/A – Non-residential crosswalk	N/A – Non-residential crosswalk	NA

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
	agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.					
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled residential settings shall have privacy in their living or sleeping unit.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		N/A – Non-residential crosswalk	N/A – Non-residential crosswalk	NA
8	Individuals sharing units have a choice of roommates in that setting.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		N/A – Non-residential crosswalk	N/A – Non-residential crosswalk	NA
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		N/A – Non-residential crosswalk	N/A – Non-residential crosswalk	NA

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
10	Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		Silent	Will not be updated. Law not specific to HCBS services	NA
11	Individuals are able to have visitors of their choosing at any time.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		RS28:452.1 (8) – partially compliant. Can have visitors but does not indicate at any time	Will not be updated. Law not specific to HCBS services	NA
12	The setting is physically accessible to the individual.	DD Law RS28:451.1 – RS28:452.2 <a href="#">Developmental Disability Law</a>		Compliant - Refers to ADA	None	NA

**Provider Licensing:**

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline See Key
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards		Ctrl/click on §5071 – Adult Day Care Module General Provisions (page 200) -Not compliant – requires protective setting, restricts it to functionally impaired adults, describes setting	Revise language for ADC in Rule to comply with Settings	A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline See Key
	settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	<a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2) Go to page 10 of TOC		as a “facility”. Is silent on integrated employment in this section		
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – Partially Compliant <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public		Rule is silent on non-disability specific settings	Will be addressed in program office policy or manuals, not at licensing level	NA



#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline See Key
		Health – General (Book 1 of 2)				
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		§5049 – Client Rights – Compliant – privacy, dignity, respect, freedom from restraint §5021D – Revocation of license – compliant – cannot intimidate, threaten, coerce	Will update clients rights language to include freedom from coercion	A
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards		§5049 – Client Rights – partially compliant – 10 – ability to refuse services or activities which optimizes independence and choice. Is silent in other areas	Update in program rule.	A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline See Key
	environment, and with whom to interact.	<p>– Partially Compliant</p> <p><a href="#">Louisiana Administrative Code</a></p> <p>Click on Title 48, Public Health – General</p> <p>Click on Title 48:I, Public Health – General (Book 1 of 2)</p>				
5	Facilitates individual choice regarding services and supports, and who provides them.	<p>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards</p> <p>–</p> <p><a href="#">Louisiana Administrative Code</a></p> <p>Click on Title 48, Public Health – General</p> <p>Click on Title 48:I, Public</p>		§5049 Compliant - #10 – refuse specific services or participate in any activity, #23 discontinue services with one provider and freely choose another provider	None	N/A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline See Key
		Health – General (Book 1 of 2)				
6	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		N/A – Non-residential crosswalk	N/A – Non-residential crosswalk	NA

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline See Key
	appeals comparable to those provided under the jurisdiction's landlord tenant law.					
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled residential settings shall have privacy in their living or sleeping unit.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		N/A – Non-residential crosswalk	N/A – Non-residential crosswalk	NA
8	Individuals sharing units have a choice of roommates in that setting.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing		N/A – Non-residential crosswalk	N/A – Non-residential crosswalk	NA

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline See Key
		Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)				
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General		N/A – Non-residential crosswalk	N/A – Non-residential crosswalk	NA

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline See Key
		Click on Title 48:I, Public Health – General (Book 1 of 2)				
10	Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		Partially compliant §5049 20. Broadly states right to receive services that are respectful of client’s wishes, but does not specifically address freedom to control schedules and activities. Silent on access to food at any time	Update in clients rights in licensing rule as well as clients rights in program rules	A
11	Individuals are able to have visitors of their choosing at any time.	LAC Title 48, Part I, Chapter 50, HCBS		Silent	Update in clients rights in licensing rule as well as	A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline See Key
		Providers Licensing Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)			clients rights in program rules	
12	The setting is physically accessible to the individual.	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – <a href="#">Louisiana Administrative Code</a> Click on Title 48, Public		Partial compliance §5073 Adult Day Care – E.3 facility shall be accessible to and functional for participants, silent on setting for supported employment	Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline See Key
		Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)				

**New Opportunities Waiver:**



#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 24 of TOC	NOW Manual: <a href="#">New Opportunities Waiver Provider Manual</a>  Guidelines for Support Planning: <a href="#">Guidelines for Support Planning</a>	LAC: §13701 – This section applies to all services in NOW. Partially compliant. Language states that mission is to supplement the family and/or community supports that are available to maintain the individual in the community §13911 – Day Hab – Partially compliant - provided in community setting but silent on full access to greater community §13917 – ERT– silent on setting §13913 – SE Compliant – definition is employment or competitive work in an integrated work setting.  NOW Provider Manual: <b>Section 32.1 pg 14 - Day Habilitation</b> – silent	LAC: Insert overall language to support these setting requirements in each waiver rule or overall HCBS rule Need to add language on controlling personal resources if paid employment  NOW Provider Manual: Insert overall language to support these setting requirements in each waiver manual  Guidelines for Support Planning:  Update all definitions to	LAC: A NOW Provider Manual: B  Guidelines for Support Planning: C

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
				<p><b>Section 32.1, pg 20 - Employment Related Training</b> – Not compliant – training occurs at provider facility</p> <p><b>Section 32.1 – pg 16 Supported Employment</b> – Compliant</p> <p>Guidelines for Support Planning:  Page 9 – Day Hab – Partial compliance – Services are provided in a community-based setting. Allows for community and social integration.  Page 10 – Employment Related Training – non-compliant – participant is employed at provider facility.  Page 11 – IFS – Partial compliance – services may take place in home or community and promote inclusion in the community.</p>	ensure proper settings language is included	

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
				Supported employment – compliant – work in an integrated setting.		
2	The setting is selected by the individual from among setting options including	LAC: Title 50, Part XXI, Subpart 11, Chapters	NOW Manual <a href="#">New Opportunities</a>	LAC: §13701 Introduction – Partially compliant /	LAC: Program office policy or manual	LAC: A NOW Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
	<p>non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on "Title 50", Page 24 of TOC.</p>	<p><a href="#">Waiver Provider Manual</a>  Guidelines for Support Planning <a href="#">Guidelines for Support Planning</a></p>	<p>mostly silent. Plan of Care for services is developed using a person centered process. All services must be delivered in accordance with the approved plan of care (POC). No mention of listing setting options or including in the POC</p> <p>§13911 – Day Habilitation – Silent §13913 – Supported Employment – Silent §13917 – Employment Related Training – Silent NOW Manual: Silent</p> <p>Guidelines for Support Planning: Silent</p>	<p>will be revised to require documentation of choice of non-disability specific setting for these services.</p> <p>NOW Manual: Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.</p> <p>The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document</p>	

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
					<p>Guidelines for Support Planning: Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.</p> <p>The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document</p>	
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	<p>LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p><a href="#">Louisiana Administrative Code</a></p>	<p>NOW Manual: <a href="#">New Opportunities Waiver Provider Manual</a></p> <p><a href="#">Rights and Responsibilities for</a></p>	<p>LAC: NOW rule is silent</p> <p>NOW Manual: NOW manual is partially compliant on dignity and respect, silent on privacy and coercion, and is non-</p>	<p>LAC: Clients rights will be documented in licensing rule and in program manual</p> <p>NOW Manual: Update Clients Rights and responsibilities to</p>	<p>LAC: A</p> <p>NOW Manual: B</p>

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
		Click on “Title 50” Go to page 24 of TOC	<a href="#">Individuals Requesting or Receiving HCBS Waiver Services</a>	compliant because it indicates use of restraints may be allowed within the definition of Critical Incident  Clients’ rights form includes dignity and respect but is silent on all others.  Non-residential settings (Day Hab, Prevocational services, Supported Employment) are silent on privacy and respectful interactions in the non-residential setting.	include right to privacy, freedom from coercion and restraint.  Revise policy on restraints  Add language to non-residential settings in manual to require respectful interactions, privacy, in non-residential settings.	
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a>	LAC: §13701 – broad statement of principle of self-determination, but does not specifically address autonomy and independence in choice. Partially compliant but not specific to the entirety of this requirement.	LAC: Update program rule and manual in introduction to require all services to meet this requirement. NOW Manual: Update program rule and manual in introduction to	LAC: A NOW Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
		page 24 of TOC.		NOW Manual: Click on overview – Broad statements on principles of self-determination and services designed to promote independence and community inclusion. Partially compliant but not specific to the entirety of this requirement.	require all services to fully meet this requirement.	
5	Facilitates individual choice regarding services and supports, and who provides them.	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 24 of TOC	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a>  Guidelines for Support Planning <a href="#">Guidelines for Support Planning</a>	LAC: Silent NOW Manual: Partially compliant but not specific to the entirety of this requirement. Section 32.4, page 1, Freedom of choice of program, Section 32.4, page 2, Choice of SC and Providers Section 32.4, page 2, Voluntary Participation – Recipients have right to refuse services and be	LAC: Update rule to include this requirement or add this requirement to Rights and Responsibilities document NOW Manual: Update rule/manual to fully include this requirement Guidelines for Support Planning: No action required	LAC: A NOW Manual: B Guidelines for Support Planning: N/A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
				<p>informed of alternative services.</p> <p>Guidelines for Support Planning:  <u>Compliant</u>  <u>Page 19, 1.1 A. 5. a. plan is unique and focused on things important to participant</u>  <u>Page 33 -2.4.A.2 – Support Coordination choice</u>  <u>Page 83, 4.4.1, B – FOC of provider</u></p>		
6	<p>The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the</p>	<p>LAC:            Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)  <a href="#">Louisiana Administrative Code</a>            Click on “Title 50”            Go to page 24 of TOC.</p>	<p>NOW Manual  <a href="#">New Opportunities Waiver Provider Manual</a></p>	<p>LAC:            N/A – Non-residential crosswalk            NOW Manual:            N/A – Non-residential crosswalk</p>	<p>LAC:            N/A – Non-residential crosswalk            NOW Manual:            N/A – Non-residential crosswalk</p>	<p>LAC: N/A            NOW Manual: N/A</p>



#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
	<p>State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>					
7	<p>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled residential settings shall have privacy in their living or sleeping unit.</p>	<p>LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 24 of TOC.</p>	<p>NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a></p>	<p>LAC: N/A – Non-residential crosswalk  NOW Manual: N/A – Non-residential crosswalk</p>	<p>LAC: N/A – Non-residential crosswalk NOW Manual: N/A – Non-residential crosswalk</p>	<p>LAC: N/A NOW Manual: N/A</p>

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
8	Individuals sharing units have a choice of roommates in that setting.	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 24 of TOC.	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a>	LAC: N/A – Non-residential crosswalk NOW Manual: N/A – Non-residential crosswalk	LAC: N/A – Non-residential crosswalk NOW Manual: N/A – Non-residential crosswalk	LAC: N/A NOW Manual: N/A
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 24 of TOC.	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a>	LAC: N/A – Non-residential crosswalk NOW Manual: N/A – Non-residential crosswalk	LAC: N/A – Non-residential crosswalk NOW Manual: N/A – Non-residential crosswalk	LAC: N/A NOW Manual: N/A
10	Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana</a>	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a>	LAC: Silent NOW Manual: Section 32.8, Page 8, - Partially compliant – Allows for deviation	LAC: Update in clients rights in licensing rule as well as clients rights in program rules	LAC: A NOW Manual: B Guidelines for Support Planning: C

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
		<a href="#">Administrative Code</a> Click on “Title 50” Go to page 24 of TOC.	Guidelines for Support Planning NOW	from typical schedule and services if recipient driven, person-centered, and prior authorized. Silent on access to food Guidelines for Support Planning: Section 5.3, page 8, Partially compliant – any deviation in the participant’s schedule must be “consumer driven” or requested by the recipient or family. Silent on access to food	NOW Manual: Update in clients rights in licensing rule as well as clients rights in program rules Guidelines for Support Planning: Update in clients rights in licensing rule as well as clients rights in program rules	
11	Individuals are able to have visitors of their choosing at any time.	LAC: Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 24 of TOC.	NOW Manual <a href="#">New Opportunities Waiver Provider Manual</a>	LAC: Silent NOW Manual: Silent	LAC: Update in clients rights in licensing rule as well as clients rights in program rules NOW Manual: Update in clients rights in licensing rule as well as clients rights in program rules	LAC: A NOW Manual: B
12	The setting is physically accessible to the individual.	LAC: Title 50, Part XXI, Subpart 11, Chapters	NOW Manual <a href="#">New Opportunities Waiver</a>	LAC: Silent NOW Manual: Partial compliance	LAC: Revise Licensing Rule, Program Rules and Program	LAC: A NOW Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
		137 and 139 (NOW) <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 24 of TOC.	<a href="#">Provider Manual</a>	Section 32.1 – Provider owned or recipient leased property must be compliant with Americans with Disabilities Act. Section 32.6 – Providers must comply with ADA requirements	Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants. NOW Manual: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	

**Children’s Choice Waiver:**

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111		LAC: No “non-residential” services in rule or manual	LAC: N/A	LAC: N/A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
	in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	<a href="#">Louisiana Administrative Code</a> Click on “Title 50”, Go to page 23 of TOC.				
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on “Title 50”, Page 23 of TOC.	Children’s Choice Manual <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: Silent Children’s Choice Manual: Silent	LAC: Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services. The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document Children’s Choice Manual:	LAC: A Children’s Choice Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
					<p>Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.</p> <p>The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document</p>	
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	<p>LAC: Children's Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111</p> <p><a href="#">Louisiana Administrative Code</a></p> <p>Click on "Title 50"</p>	<p>Children's choice Manual</p> <p><a href="#">Children's Choice Waiver Provider Manual Rights and Responsibilities for Individuals Requesting or</a></p>	<p>LAC: Silent on all Children's Choice Manual: Silent on all except dignity and respect which are contained in "Rights and Responsibilities" document.</p>	<p>LAC: Clients rights will be documented in licensing rule and in program manual Children's Choice Manual: Update Clients Rights and responsibilities to include right to privacy, freedom</p>	<p>LAC: A Children's Choice Manual: B</p>

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
		Page 23 of TOC	<a href="#">Receiving HCBS Waiver Services</a>		from coercion and restraint.	
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	LAC: Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to 23 of TOC	Children’s choice Manual <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: §11101 - program that offers supplemental support to children with developmental disabilities who currently live at home with their families. Partially compliant but not specific to the entirety of this requirement. Children’s Choice Manual: Section 14.0 – Overview - offers supplemental support to children with developmental disabilities who currently live at home with their families. The service package is individually designed for maximum flexibility. Partially compliant but not specific to the	LAC: Update program rule and manual in introduction to require all services to fully meet this requirement. Children’s Choice Manual: Update program rule and manual in introduction to require all services to fully meet this requirement	LAC: A Children’s Choice Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
				entirety of this requirement.		
5	Facilitates individual choice regarding services and supports, and who provides them.	LAC: Children's Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 23 of TOC	Children's choice Manual <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: §11501 – Partial compliance - families choose support coordination provider and service provider from those available in their region. Silent on changing support coordination and service providers. Weak language on choice in selecting services Children's Choice Manual: Compliant Section 14.2, page 4 – Recipients have freedom of choice to select support coordination agency and direct service provider. May change support coordination agency every 6 months or service provider after 12 months for good cause Section 14.3 page 1 – Person centered	LAC: Update rule/manual to include entirety of this requirement Children's Choice Manual: None	LAC: A Children's Choice Manual: N/A



#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
				planning will be utilized in developing all services and supports to meet the recipient's needs.		
6	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the	LAC: Children's Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 23 of TOC	Children's Choice Manual: <a href="#">Children's Choice Waiver Provider Manual</a>	<u>LAC:</u> N/A – Non-residential crosswalk Children's Choice Manual: N/A – Non-residential crosswalk	LAC: N/A – Non-residential crosswalk Children's Choice Manual: N/A – Non-residential crosswalk	LAC: N/A Children's Choice Manual: N/A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
	document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.					
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled residential settings shall have privacy in their living or sleeping unit.	LAC: Children's Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 23 of TOC	Children's Choice Manual: <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: N/A – Non-residential crosswalk Children's Choice Manual: N/A – Non-residential crosswalk	LAC: N/A – Non-residential crosswalk Children's Choice Manual: N/A – Non-residential crosswalk	LAC: N/A Children's Choice Manual: N/A
8	Individuals sharing units have a choice of roommates in that setting.	LAC: Children's Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on "Title 50"	Children's Choice Manual: <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: N/A – Non-residential crosswalk Children's Choice Manual: N/A – Non-residential crosswalk	LAC: N/A – Non-residential crosswalk Children's Choice Manual: N/A – Non-residential crosswalk	LAC: N/A Children's Choice Manual: N/A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
		Go to page 23 of TOC.				
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	LAC: Children's Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 23 of TOC.	Children's Choice Manual <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: N/A – Non-residential crosswalk  Children's Choice Manual: N/A – Non-residential crosswalk	LAC: N/A – Non-residential crosswalk Children's Choice Manual: N/A – Non-residential crosswalk	LAC: N/A Children's Choice Manual: N/A
10	Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	LAC: Children's Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 23 of TOC.	Children's choice Manual <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: Silent Children's Choice Manual: Silent	LAC: Update in client's rights in licensing rule as well as clients rights in program rules within age appropriate parameters Children's Choice Manual: Update in clients rights in licensing rule as well as clients rights in program rules	LAC: A Children's Choice Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
					within age appropriate parameters	
11	Individuals are able to have visitors of their choosing at any time.	LAC: Children's Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 23 of TOC.	Children's Choice Manual: Children's choice Manual <a href="#">Children's Choice Waiver Provider Manual</a>	LAC: Silent Children's Choice Manual: Silent	LAC: Update in client's rights in licensing rule as well as clients rights in program rules within age appropriate parameters Children's Choice Manual: Update in clients rights in licensing rule as well as clients rights in program rules within age appropriate parameters	LAC: A Children's Choice Manual: B
12	The setting is physically accessible to the individual.	LAC: Children's Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 <a href="#">Louisiana Administrative Code</a>	Children's Choice Manual: Children's choice Manual <a href="#">Children's Choice Waiver</a>	LAC: Silent Children's Choice Manual: Silent	LAC: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be	LAC: A Children's Choice Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
		Click on “Title 50” Go to page 23 of TOC.	<a href="#">Provider Manual</a>		physically accessible by the participants. Children’s Choice Manual: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	

Supports Waiver:

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline-See Key
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a>	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>	LAC: §5301 – Introduction - compliant – create options and provide meaningful opportunities through vocational and community inclusion. Provide services and supports that promote	LAC: Compliant. Need to add language on controlling personal resources if paid employment. Supports Waiver Manual: Compliant. Need to add language on controlling personal	LAC: A  Supports Waiver Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
	receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	Click on “Title 50”, Go to page 22 of TOC.		community inclusion and independence. §5701 Support Employment – compliant – intensive and ongoing supports and services to achieve outcome of employment in a community setting where majority of persons employed are without disabilities. §5703 Day Habilitation – compliant – setting is not limited to a fixed site, but provided in community settings. Service is to assist participant to gain desired community living experience. §5705 Prevocational Services – compliant – are to be provided in a variety of location in the community and not limited to a fixed site facility. Prepares individual for paid employment or	resources if paid employment.	

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
				<p>volunteer opportunity in the community</p> <p>Supports Waiver Manual:  Section 43.0 – Overview – compliant  Mission is to create options and provide meaningful opportunities through vocational and community inclusion. Provides supports necessary for individual to achieve desired community living and work experiences. Objective is to promote independence, provide supports that promote community inclusion.  Section 43.4, Page 1 – Supported employment – partially compliant – Designed to support individual in community based employment who require support to</p>		

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
				<p>obtain and maintain a job in integrated competitive work setting.</p> <p>Section 43.4 page 17 – Day Habilitation – compliant - Time spent exploring the community experiences and activities available to the individual. Integration with individuals without disabilities is expected. Individuals should participate in activities already established in the community.</p> <p>Services are not limited to a fix site facility</p> <p>Section 43.4, Page 22 – Prevocational Services – Compliant-Time limited. Services are provided in a variety of locations in the community with individuals without disabilities. Activities are not limited to a fixed site facility.</p>		



#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
				Every participant must have a career goal.		
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> Click on "Title 50", Go to page 22 of TOC.	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>  Guidelines for Support Planning: <a href="#">Guidelines for Support Planning</a>	LAC: Silent Supports Waiver Manual: Silent Guidelines for Support Planning: Silent	LAC: Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services. The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document Supports Waiver Manual: Program office policy or manual will be revised to require documentation of choice of non-disability specific	LAC: A  Supports Waiver Manual: B  Guidelines for Support Planning: C

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
					<p>setting for these services.</p> <p>The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document.</p> <p>Guidelines for Support Planning Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.</p> <p>The person centered process documentation is currently under review and these requirements will be incorporated into</p>	

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
					the most appropriate document	
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 22 of TOC.	Supports Waiver Manual <a href="#">Supports Waiver Provider Manual Rights and Responsibilities for Individuals Requesting or Receiving HCBS Waiver Services</a>	LAC: Silent on all Supports Waiver Manual: Silent on all except dignity and respect which are contained in "Rights and Responsibilities" document.  Non-residential settings (Day Hab, Prevocational services, Supported Employment) are silent on privacy and respectful interactions in the non-residential setting.	LAC: Clients rights will be documented in licensing rule and in program manual  Supports Waiver Manual: Update Clients Rights and responsibilities to include right to privacy, freedom from coercion and restraint.  Add language to non-residential settings in manual to require respectful interactions, privacy, in non-residential settings.	LAC: A  Supports Waiver Manual: B
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making	LAC: Supports Waiver Rule Title 50, Part	Supports Waiver Manual: <a href="#">Supports Waiver</a>	LAC: §5301 - Purpose -The mission is to create options and provide	LAC: Update program rule and manual in introduction to	LAC: A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
	life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 22 of TOC	<a href="#">Provider Manual</a>	meaningful opportunities that enhance the lives through vocational and community inclusion, promote independence for individuals with a developmental disability, and provide an alternative through services and supports that promote community inclusion and independence by enhancing and not replacing existing informal networks Partially compliant but not specific to the entirety of this requirement. Supports Waiver Manual: Overview - The mission is to create options and provide meaningful opportunities for those individuals through vocational and community inclusion. The SW is available to provide the supports necessary in order for	require all services to fully meet this requirement.  Supports Waiver Manual: Update program rule and manual in introduction to require all services to fully meet this requirement.	Supports Waiver Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
				individuals to achieve their desired community living and work experience by providing the services needed to acquire, retain, and/or improve self-help, socialization and adaptive skills as well as providing the recipient an opportunity to contribute to his/her community. Partially compliant but not specific to the entirety of this requirement.		
5	Facilitates individual choice regarding services and supports, and who provides them.	Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 22 of TOC	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>	LAC: Silent on this requirement Supports Waiver Manual: Compliant Section 43.3, page 1 -2, applicant/participant chooses Support Coordination agency and provider agency based on Freedom of Choice listing. Section 43.3 page 4 & 6 – applicant/participant	LAC: Update rule to include this requirement FOC of SC FOC of Service Provider, FOC of services Supports Waiver Manual: No action required	LAC: A Supports Waiver Manual: N/A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
				<p>may change Support Coordination agency and provider agency for good cause, or every 12 months.</p> <p>Section 43.2 – Page 2 - Support coordinators and service providers shall allow recipients/authorized representatives to participate in all person-centered planning meetings and any other meeting concerning their services and supports.</p>		
6	<p>The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.</p>	N/A				

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
	For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.					
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled residential settings shall have privacy in their living or sleeping unit.	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 22 of TOC.	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>	LAC: N/A – Non-residential crosswalk Supports Waiver Manual: N/A – Non-residential crosswalk	LAC: N/A – Non-residential crosswalk Supports Waiver Manual: N/A – Non-residential crosswalk	LAC: N/A Supports Waiver Manual: N/A
8	Individuals sharing units have a choice of roommates in that setting.	LAC: Supports Waiver Rule	Supports Waiver Manual:	LAC: N/A – Non-residential crosswalk	LAC:	LAC: N/A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
		<p>Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a></p> <ul style="list-style-type: none"> <li>Click on “Title 50”</li> </ul> <p>Go to page 22 of TOC.</p>	<a href="#">Supports Waiver Provider Manual</a>	<p>Supports Waiver Manual: N/A – Non-residential crosswalk</p>	<p>N/A – Non-residential crosswalk Supports Waiver Manual: N/A – Non-residential crosswalk</p>	<p>Supports Waiver Manual: N/A</p>
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	<p>LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a></p> <ul style="list-style-type: none"> <li>Click on “Title 50”</li> </ul> <p>Go to page 22 of TOC.</p>	<p>Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a></p>	<p>LAC: N/A – Non-residential crosswalk Supports Waiver Manual: N/A – Non-residential crosswalk</p>	<p>LAC: N/A – Non-residential crosswalk Supports Waiver Manual: N/A – Non-residential crosswalk</p>	<p>LAC: N/A Supports Waiver Manual: N/A</p>
10	Individuals have the freedom and support to control their own schedules and activities, and have access to food at	<p>LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53</p>	<p>Supports Waiver Manual: <a href="#">Supports Waiver</a></p>	<p>LAC: Silent Supports Waiver Manual: Silent</p>	<p>LAC: Update in clients rights in licensing rule as well as</p>	<p>LAC: A Supports Waiver Manual: B</p>



#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
	any time.	<a href="#">Louisiana Administrative Code</a> <ul style="list-style-type: none"> <li>Click on “Title 50”</li> </ul> Go to page 22 of TOC.	<a href="#">Provider Manual</a>  Guidelines for Support Planning: <a href="#">Guidelines for Support Planning</a>	Guidelines for Support Planning: Section 5.3, page 8, Partially compliant – any deviation in the participant’s schedule must be “consumer driven” or requested by the recipient or family. Silent on access to food	clients rights in program rules Supports Waiver Manual: Update in clients rights in licensing rule as well as clients rights in program rules Guidelines for Support Planning: Update in clients rights in licensing rule as well as clients rights in program rules	Guidelines for Support Planning: C
11	Individuals are able to have visitors of their choosing at any time.	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> <ul style="list-style-type: none"> <li>Click on “Title 50”</li> </ul> Go to page 22 of TOC.	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>	LAC: Silent  Supports Waiver Manual: Silent	LAC: Update in clients rights in licensing rule as well as clients rights in program rules Supports Waiver Manual: Update in clients rights in licensing rule as well as clients rights in program rules	LAC: A  Supports Waiver Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
12	The setting is physically accessible to the individual.	LAC: Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 <a href="#">Louisiana Administrative Code</a> Click on “Title 50,” Go to page 22 of TOC.	Supports Waiver Manual: <a href="#">Supports Waiver Provider Manual</a>	LAC: Silent  Supports Waiver Manual: Silent	LAC: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants. Supports Waiver Manual: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	LAC: A  Supports Waiver Manual: B

**Residential Options Waiver:**

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the	LAC: ROW Rule Title 50, Part XXI, Subpart	Residential Options Waiver Manual:	LAC: §16307 Day Habilitation Services – silent	LAC: Insert overall language to support these setting	LAC: A  Residential Options

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
	greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50”, Go to page 25 of TOC	<a href="#">Residential Options Waiver Provider Manual</a>	<p>§16323 Prevocational services – partial compliance – goals include regular community inclusion and development of work skills to improve employability. Actual setting is not described.</p> <p>§16335 – Supported Employment – compliant – competitive employment that occurs in an integrated work setting</p> <p>Residential Options Waiver Manual: Section 38.0 Overview – Partially compliant – Creates community based alternatives in home settings, and supports the integration of recipients within their community. Section 38.1, page 3 – CLS –Partially compliant - Setting is living with family or</p>	requirements in each waiver rule or overall HCBS rule Need to add language on controlling personal resources if paid employment Residential Options Waiver Manual: Insert overall language to support these setting requirements in each waiver manual	Waiver Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
				<p>independently in their own residence. Goal is to maintain involvement in the community as outlined in the POC.</p> <p>Transportation to the community is included in this service.</p> <p>Section 38.1, Page 6, Host Home – Partially compliant – Setting is integrated in community because it is a private family residence. Community activities in POC are encouraged and supported in this services</p> <p>Section 38.1, Page 7 – partially compliant. Companion Care– Services are delivered in the recipient’s home and in the community as indicated in the POC.</p> <p>Section 38.1, Page 9 – Shared Living Services – Partial</p>		

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
				compliance/silent – place of service can be in person’s residence in the community or can be owned by the provider in the community. Does not address integration into the community, although the setting may exist in the community.		
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 25 of TOC.	Residential Options Waiver Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Silent Residential Options Waiver Manual: Silent	LAC: Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services. The person centered process documentation is currently under review and these requirements will be incorporated into the most	LAC: A  Residential Options Waiver Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
					<p>appropriate document Residential Options Waiver Manual: Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services. The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document</p>	
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a>	Residential Options Waiver Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Non-residential settings (Day Hab, Prevocational services, Supported Employment) are silent on privacy and respectful interactions	LAC: Clients rights will be documented in licensing rule and in program manual  Add language to non-residential	LAC: A  Residential Options Waiver Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
		Click on “Title 50”, page 25 of TOC	<a href="#">Rights and Responsibilities for Individuals Requesting or Receiving HCBS Waiver Services</a>	<p>in the non-residential setting. Residential Options Waiver Manual: Partially compliant. Clients’ rights form includes dignity and respect but is silent on all others.</p> <p>Non-residential settings (Day Hab, Prevocational services, Supported Employment) are silent on privacy and respectful interactions in the non-residential setting.</p>	<p>settings in manual to require respectful interactions, privacy, in non-residential settings Residential Options Waiver Manual: Update Clients Rights and responsibilities to include right to privacy, freedom from coercion and restraint. Add language to non-residential settings in manual to require respectful interactions, privacy, in non-residential settings.</p>	
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a>	Residential Options Waiver Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Partially compliant §16101 - to promote independence through strengthening the individual’s capacity for self-care, self-sufficiency and community integration	LAC: Update program rule and manual in introduction to require all services to fully meet this requirement.	LAC: A Residential Options Waiver Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
		Click on “Title 50” Go to page 25 of TOC		<p>§16103 - to utilize the principles of self-determination and to supplement the family and/or community supports that are available to maintain the individual in the community. Partially compliant but not specific to the entirety of this requirement.</p> <p>Residential Options Waiver Manual: Section 38.0 – Overview – Broad statement of program is to assist recipients to live productive lives to fullest extent possible and promote full exercise of rights as citizens. Supports the integration of recipients within their communities. Provides opportunity for community based alternatives in home settings. Partially</p>	Residential Options Waiver Manual: Update program rule and manual in introduction to require all services to fully meet this requirement.	



#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
				compliant but not specific to the entirety of this requirement.		
5	Facilitates individual choice regarding services and supports, and who provides them.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Page 25 of TOC	Residential Options Waiver Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: §16103 C Program Description – Partially compliant – Identifies freedom of choice for support coordination but not for provider. POC developed utilizing person- centered process.  Residential Options Waiver Manual: 38.4 Rights and Responsibilities – Page 2 – Partially Compliant - Recipients have the right to choose direct service providers and support coordination agencies. Also have right to participate in person centered planning to develop services.	LAC: Update rule/manual to include the entirety of this requirement Residential Options Waiver Manual: Update rule/manual to include the entirety of this requirement	LAC: A  Residential Options Waiver Manual: B
6	The unit or dwelling is a specific physical place that can be owned, rented,	LAC: ROW Rule Title 50, Part	Residential Options Waiver Manual:	LAC: N/A – Non-residential crosswalk	LAC:	LAC:N/A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
	<p>or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>	<p>XXI, Subpart 13, Chapters 161  <a href="#">Louisiana Administrative Code</a>  Click on "Title 50"  Go to page 25 of TOC</p>	<p><a href="#">Residential Options Waiver Provider Manual</a></p>	<p>Residential Options Waiver Manual:  N/A – Non-residential crosswalk</p>	<p>N/A – Non-residential crosswalk  Residential Options Waiver Man N/A – Non-residential crosswalk</p>	<p>Residential Options Waiver Manual: N/A</p>

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. Individuals in provider owned or controlled residential settings shall have privacy in their living or sleeping unit.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 25 of TOC	Residential Options Waiver Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: N/A – Non-residential crosswalk Residential Options Waiver Manual: N/A – Non-residential crosswalk	LAC: N/A – Non- residential crosswalk Residential Options Waiver Manual: N/A – Non- residential crosswalk	LAC:N/A  Residential Options Waiver Manual: N/A
8	Individuals sharing units have a choice of roommates in that setting.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 25 of TOC.	Residential Options Waiver Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: N/A – Non-residential crosswalk Residential Options Waiver Manual: N/A – Non-residential crosswalk	LAC: N/A – Non- residential crosswalk Residential Options Waiver Manual: N/A – Non- residential crosswalk	LAC: N/A  Residential Options Waiver Manual: N/A
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana</a>	Residential Options Waiver Manual: <a href="#">Residential Options Waiver</a>	LAC: N/A – Non-residential crosswalk Residential Options Waiver Manual: N/A – Non-residential crosswalk	LAC: N/A – Non- residential crosswalk Residential Options Waiver Manual:	LAC: N/A  Residential Options Waiver Manual: N/A

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
		<a href="#">Administrative Code</a> Click on “Title 50” Go to page 25 of TOC.	<a href="#">Provider Manual</a>		N/A – Non-residential crosswalk	
10	Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 25 of TOC.	Residential Options Waiver Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Silent  Residential Options Waiver Manual: Silent	LAC: Update in clients rights in licensing rule as well as clients rights in program rules Residential Options Waiver Manual: Update in clients rights in licensing rule as well as clients rights in program rules	LAC: A  Residential Options Waiver Manual: B
11	Individuals are able to have visitors of their choosing at any time.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on “Title 50” Go to page 25 of TOC.	Residential Options Waiver Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Silent Residential Options Waiver Manual: Silent	LAC: Update in clients rights in licensing rule as well as clients rights in program rules Residential Options Waiver Manual: Update in clients rights in licensing rule as well as	LAC: A Residential Options Waiver Manual: B

#	HCBS Settings Specific Requirement	Regulation	Other Document	Outcome of Review	Remediation Required	Timeline- See Key
					clients rights in program rules	
12	The setting is physically accessible to the individual.	LAC: ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 <a href="#">Louisiana Administrative Code</a> Click on "Title 50" Go to page 25 of TOC.	Residential Options Waiver Manual: <a href="#">Residential Options Waiver Provider Manual</a>	LAC: Silent  Residential Options Waiver Manual: Silent	LAC: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants. Residential Options Waiver Manual: Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	LAC: A Residential Options Waiver Manual: B

## D.4-Site Visit Validation Tool

### Service Provider Validation Visit

Provider Agency: \_\_\_\_\_ Date of Validation: \_\_\_\_\_

LGE Office: \_\_\_\_\_ Type of Validation (Select One): Desk Audit \_\_\_\_ Site Visit \_\_\_\_

(Select one) \_\_\_\_\_ Residential \_\_\_\_\_ or \_\_\_\_\_ Non-Residential

For each area noted below: Physical Location, Choice of Setting/Person Centered Planning, Community Integration, Rights/Privacy (Individual Initiative, Autonomy, and Independence), Employment, Living Arrangements, and Policy Enforcement you will rate each area a 1, 2, or 3. The reviewer will check the appropriate box next to the area identified and where appropriate provide recommendations/comments related to that area. The description noted in each area does not include every question on the assessment; it is a summary of some of the questions. The LGE will review the completed assessment and review the evidence identified and validate those findings. If a provider answered 'No' to any of the questions on their assessment, then that area will be rated a '1' and the expectation is that the agency will need to develop goals/strategies within a transition plan to come into compliance (a transition plan for this process is a corrective action plan). See the descriptions below for each rating.

- 3 = Information is present to support rating of being in compliance, best practices are being followed, thus no recommendations are being made at this time.
- 2 = Information is present to support being in compliance with settings rule; however, there is opportunity to enhance or make improvements.
- 1 = Information is missing or there is no evidence to support a rating of compliance and a transition plan will be required by the service provider for this area.

### Validation Review Checklist

<b>Physical Location</b>	3	2	1	<p><b><u>Recommendations/Comments</u></b></p> <p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> <li>• notes/minutes where there is agreement between various stakeholders that this is true</li> <li>• A copy of licenses inclusive of lack of license for private ICF/DD</li> <li>• If the agency does own/operate housing is it done under a separate board and/or budget? If so, this could support it as a separate entity and be considered in compliance.</li> <li>• Specifically, for site visits-LGE staff would be able to verify location in person and could visit some participant homes to assure compliance.</li> </ul>
<p>The evidence provided clearly supports that the location where services are being provided are in the community among other private residences or retail businesses; have the same access to goods/services as persons not receiving HCBS; and do <b><u>NOT</u></b> have the following characteristics:</p> <ul style="list-style-type: none"> <li>• Located in a building that is also publically or privately operated facility that provides inpatient institutional treatment</li> <li>• Located on the grounds of or immediately adjacent to a public or private institution owned by the service provider</li> <li>• Own or operate multiple homes located on the same street (excluding duplexes and multiplexes, unless there is more than one on the same street.</li> <li>• Located in a gated/secured “community” for people with disabilities</li> <li>• Designed specifically for people with developmental disabilities</li> </ul>				
<b>Choice of Setting/Person-Centered</b>	3	2	1	<p><b><u>Recommendations/Comments</u></b></p> <p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> <li>• Review a sample individual’s plans of care for agency</li> <li>• Review applicable policy/procedures for the agency</li> <li>• Review a sample of individual’s schedules</li> <li>• Interview some of the individual’s supported by the agency</li> <li>• If the agency completes satisfaction survey’s with the individual’s, they support could review a sample of those</li> </ul>
<p>Evidence provided supports that individuals have been given choice as to where they will live and receive services. This includes:</p> <ul style="list-style-type: none"> <li>• Choice of provider, services, and settings</li> <li>• Opportunity to visit/understand options available</li> <li>• Individual has opportunity to regularly update or change preferences</li> <li>• Opportunity to participate in both work/non-work activities in the most integrated setting</li> <li>• Opportunity and support to develop and update plans of care that reflect individual needs and preferences</li> <li>• Individual understands how/when to request planning meetings</li> <li>• The staff that support the individual are knowledgeable about their capabilities, interests, preferences and needs</li> </ul>				

<b>Community Integration</b>	3	2	1	<u><b>Recommendations/Comments</b></u>  Acceptable evidence of support may include: <ul style="list-style-type: none"> <li>Review a sample individual's plans of care for agency</li> <li>Review applicable policy/procedures for the agency</li> <li>Review a sample of individual's schedules</li> <li>Interview some of the individual's supported by the agency</li> <li>If the agency completes satisfaction survey's with the individual's, they support could review a sample of those</li> </ul>
Evidence provided supports that individuals have choice and are able to access services in the community in the same way that persons not receiving Medicaid funded services have choice and are able to access the community: <ul style="list-style-type: none"> <li>Individual is afforded opportunity to have knowledge of or access to information regarding age appropriate activities including competitive work, shopping, attending religious services, scheduling appointments, meeting with families/friends, etc.</li> <li>Individual is able to come and go in the same manner as person's not receiving Medicaid funded services</li> <li>Individual regularly accesses the community and/or is engaged in activities/organizations of their choosing</li> <li>Individual and/or their representative is able to describe how he or she accesses the community, the type of assistance they need to access the community, and who will assist them in the community</li> </ul> Individual has access to transportation				
<b>Rights and Privacy/Individual Initiative, Autonomy, and Independence</b>  *** To rate <u>this</u> item you will need to look at appropriate description. If the assessment, you are looking at is for Residential you will look at the first description and if assessment is for vocational program look at non-residential description (second description).	3	2	1	<u><b>Recommendations/Comments</b></u>  Acceptable evidence of support may include: <ul style="list-style-type: none"> <li>Review a sample individual's plans of care for agency</li> <li>Review applicable policy/procedures for the agency</li> <li>Review a sample of individual's schedules</li> <li>Interview some of the individual's supported by the agency</li> <li>If the agency completes satisfaction survey's with the individual's, they support could review a sample of those</li> </ul>
<b>Residential Settings:</b> evidence supports that the individual has the same rights/protections and privacy as person's not receiving Medicaid services: <ul style="list-style-type: none"> <li>Individuals who do not own their home have a legally enforceable agreement</li> <li>Agreement offers same responsibilities/protections from eviction</li> <li>There is a lease, resident agreement or other written agreement in place</li> <li>Individuals know how to relocate or request new housing</li> <li>Individual's health information is kept private</li> </ul>				



<p><b>Non-Residential:</b> evidence supports that the individual has the same rights/protections as person's not receiving Medicaid Services:</p> <ul style="list-style-type: none"> <li>• Information is kept private</li> <li>• Setting assures that staff interact/communicate with individuals respectfully and in a way the person would like to be addressed</li> <li>• Each individual's support plan is person centered and reflective of their individual needs/preferences and is not the same as everyone else in the setting</li> <li>• Setting offers a secure place to store belongings</li> <li>• The setting supports individuals who need assistance with their personal appearance to appear as they desire and if assistance is needed it is provided in private</li> <li>• Setting is free from gates, Velcro strips, locked doors or other barriers that might prevent entering/exiting certain areas</li> <li>• Free from restrictive measures</li> <li>• Setting offers a variety of meaningful non-work activities that are responsive to individual goals, interests and needs of the Individual</li> <li>• Individuals are able to choose with whom to do activities</li> <li>• Options are available to have meals/snacks at the time and place of their choosing</li> </ul>	<p><b><u>Recommendations/Comments</u></b></p> <p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> <li>• Review a sample individual's plans of care for agency</li> <li>• Review applicable policy/procedures for the agency</li> <li>• Review a sample of individual's schedules</li> <li>• Interview some of the individual's supported by the agency</li> <li>• If the agency completes satisfaction survey's with the individual's, they support could review a sample of those</li> </ul>			
<p><b>Living Arrangements **This section is only addressed on the Residential Assessment; you can enter N/A for this item and move to the next if you are reviewing a Non-Residential Assessment.</b></p>	<p>3</p>	<p>2</p>	<p>1</p>	<p><b><u>Recommendations/Comments</u></b></p>
<p>Evidence provided supports that individuals have choice and access to privacy within their living setting:</p> <ul style="list-style-type: none"> <li>• Individual is able to have privacy-lockable doors, close and lock bedroom/bathroom doors, private cell phone, computer, or other communication device, and has space around to ensure privacy</li> <li>• Individuals have freedom to decorate home as they desire</li> <li>• Assistance is provided as needed in private and as appropriate</li> <li>• Visitors are allowed at any time</li> <li>• Individuals have a choice in how their day is structured-when they get up, get dressed, eat, etc.</li> <li>• Individual's schedule varies from others in the same setting</li> <li>• Individual has access to funds</li> </ul>	<p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> <li>• Review a sample individual's plans of care for agency</li> <li>• Review applicable policy/procedures for the agency</li> <li>• Review a sample of individual's schedules</li> <li>• Interview some of the individual's supported by the agency</li> <li>• If the agency completes satisfaction survey's with the individual's, they support could review a sample of those</li> </ul>			

<ul style="list-style-type: none"> <li>• Individual's setting/access to their home and the things in their home are accessible</li> <li>• Individual knows how to request new staff</li> <li>• Setting is free from gates, Velcro strips, locked doors or other barriers that might prevent entering/exiting certain areas</li> </ul>				
<p><b>Employment ***This section is only addressed on the Non-Residential Assessment. If you are reviewing a Residential Assessment, you can enter N/A for this item and move to the next section.</b></p>	3	2	1	<p><b>Recommendations/Comments</b></p> <p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> <li>• Review a sample individual's plans of care for agency</li> <li>• Review applicable policy/procedures for the agency</li> <li>• Review a sample of individual's schedules</li> <li>• Interview some of the individual's supported by the agency</li> <li>• If the agency completes satisfaction survey's with the individual's, they support could review a sample of those</li> </ul>
<p>Evidence provided supports that individuals have choice and are able to access employment services in the community in the same way that persons not receiving Medicaid funding:</p> <ul style="list-style-type: none"> <li>• Setting offers choices for individual schedules that focus on needs/desires of an individual and an opportunity for individual growth</li> <li>• Individual has knowledge of and access to information regarding competitive work outside of the setting</li> <li>• Individual is able to freely move around inside/outside of the building and is not restricted to one specific room or area</li> <li>• Building is located among other residential buildings, private businesses, retail businesses, restaurants, etc.</li> <li>• Visitors from the greater community are encouraged to visit and there is evidence that visitors have been present at regular frequencies</li> <li>• Individuals have the opportunity to participate/negotiate schedule, break/lunch time, and leave and medical benefits</li> <li>• If money management is part of the service, the Individual has the opportunity to have checking/savings account or other mechanisms to control funds</li> <li>• Individuals have contact information and training on how to access and use public transportation and transportation schedules and telephone numbers available in a convenient location</li> <li>• Tasks/activities are comparable to tasks/activities for people of similar ages</li> <li>• Setting is accessible</li> <li>• Setting provides ongoing career planning</li> <li>• Goals/Strategies/Outcomes reflect individual needs/preferences</li> <li>• Individual has opportunity to pursue community employment</li> </ul>				

Policy Enforcement	3	2	1	Recommendations/Comments
<p>Evidence provided supports that policies are in place and enforced as it relates to the following:</p> <ul style="list-style-type: none"> <li>• Paid/Unpaid staff receive new hire training and continuing education related to individual rights and experience as outlined in HCBS rules</li> <li>• Policies are in place outlining individual rights/experience and are available to the individual</li> <li>• Provider policies related to individual rights/experience and HCBS rules are regularly reassessed for compliance and effectiveness and are amended as appropriate</li> </ul>				<p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> <li>• Review a sample individual's plans of care for agency</li> <li>• Review applicable policy/procedures for the agency</li> <li>• Review applicable operational instructions/documents created by the agency to address these areas</li> <li>• Employee handbook</li> <li>• Interview some of the individual's supported by the agency</li> <li>• If the agency completes satisfaction survey's with the individual's, they support could review a sample of those</li> </ul>

**Process Scoring**

<b>Area</b>	<b>Rating (1, 2, 3)</b>	<b>Transition Plan required addressing this area Yes or No</b>
<b>Physical Location</b>		
<b>Choice of Setting/Person-Centered</b>		
<b>Community Integration</b>		
<b>Rights and Privacy/Individual Initiative, Autonomy, and Independence</b>		
<b>Living Arrangements (only for Residential-if reviewing Non-Residential enter N/A)</b>		
<b>Employment (only for Non-Residential-if reviewing Residential enter N/A)</b>		
<b>Policy Enforcement</b>		
<p><b>Validation Determination:</b></p> <p><input type="checkbox"/> <b>No recommendations at this time (select this option only if all areas were rated a 3)</b></p> <p><input type="checkbox"/> <b>Transition Plan not required at this time recommendation provided (select this option if there are any ratings of 2 and the service provider should evaluate these areas and address as part of their quality enhancement plan)</b></p> <p><input type="checkbox"/> <b>Transition Plan required (select this option if any area has a rating of 1)</b></p>		

**Provider Self-Assessment falls into the following category (select one):**

<b>Select One</b>	<b>Category</b>
	Setting fully complies with CMS requirements
	Setting, with changes, will comply with CMS requirements
	Setting is presumed to have qualities of an institution but for which the State will provide evidence to show that it does have qualities of HCBS setting (Heightened Scrutiny)
	Setting cannot meet the requirements and/or chooses not to come into compliance

LGE office representative completing review Name/Title: \_\_\_\_\_

**D.5-Notification Letters to Service Providers**  
**D.5a-Response Letter-not selected for site visit**

Date  
Service Provider Agency Executive Name  
Professional Title  
Service Provider Agency Name  
Mailing Address  
City, State and Zip Code

Dear Insert Agency Director Name,

Thank you for submitting your [insert appropriate assessment Residential/Non-Residential] Provider Self-Assessment. Based on the information provided your agency:

***Select one***

- Does not require any follow-up action at this time. You are strongly encouraged to continue monitoring and improving performance to align with CMS regulations and expectations as it relates to Home and Community Based Services.
  
- Does require further action. Your agency is required to submit a Transition Plan addressing each area of concern to [Insert team member that this information should be submitted to] no later than [insert due date]. Please use the OCDD approved format for submission of your Transition Plan. If you need further instruction or assistance, please contact [Insert appropriate contact information].

If you have any questions or would like additional information, please contact [insert name, phone number and / or email address]

Sincerely,

[LGE Representative/Title]

D.5b-Response letter-selected for Desk Audit

Date

Service Provider Agency Executive Name

Professional Title

Service Provider Agency Name

Mailing Address

City, State and Zip Code

Dear Insert Agency Director Name,

Thank you for your cooperation with submission of requested information to complete the desk audit for your agency. Attached you will find the summary report of results derived from all the information gathered during your agency review. Included in this report you will find detailed information about the various areas evaluated and notes pertaining to the information reviewed. Based on the results your agency:

**Select one**

- Does not require any follow-up action at this time. You are strongly encouraged to continue monitoring and improving performance to align with CMS regulations and expectations as it relates to Home and Community Based Services.
- Does require further action. Your agency is required to submit a Transition Plan addressing each area of concern to [Insert team member that this information should be submitted to] no later than [insert due date]. Please use the OCDD approved format for submission of your Transition Plan. If you need further instruction or assistance, please contact [Insert appropriate contact information].

If you have any questions or would like additional information, please contact [insert name, phone number and / or email address]

Sincerely,

[LGE Representative/Title]

## D.5c-Response Letter-Site Visit

Date

Service Provider Agency Executive Name

Professional Title

Service Provider Agency Name

Mailing Address

City, State and Zip Code

Dear Insert Agency Director Name,

Thank you for your cooperation during our site visit to your agency. Attached you will find the summary report of results derived from all the information gathered during your agency review. Included in this report you will find detailed information about the various areas evaluated and notes pertaining to the observations made during the visit. Based on the results your agency:

**Select one**

- Does not require any follow-up action at this time. You are strongly encouraged to continue monitoring and improving performance to align with CMS regulations and expectations as it relates to Home and Community Based Services.
  
- Does require further action. Your agency is required to submit a Transition Plan addressing each area of concern to [Insert team member that this information should be submitted to] no later than [insert due date]. Please use the OCDD approved format for submission of your Transition Plan. If you need further instruction or assistance, please contact [Insert appropriate contact information].

If you have any questions or would like additional information, please contact [insert name, phone number and / or email address]

Sincerely,

[LGE Representative/Title]



## D.6-Revised Experience Survey (phase 2 with modified instructions)

### **Individual Experience Survey**

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new federal HCBS Setting rules that went into effect March 17, 2014. These rules were developed to ensure that individuals receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The following individual survey is intended to measure each individual's level of awareness of and access to the residents' rights, privacy requirements and member experience expectations, as outlined in the HCBS requirements.

### **Instructions**

Individual Experience Survey process: June 1, 2016-December 31, 2016. Each Support Coordination Agency will be responsible for conducting and submitting the survey on all individuals within your agency who receive residential and/or non-residential (day or employment) services

Conducting the survey: The Individual Experience Survey must be conducted in person before December 31, 2016. Use this Word document to record the individual's responses during the face-to-face survey. The survey can be conducted as part of the individual's annual review, quarterly or monthly visit, or as a separate face-to-face survey as long as it is conducted before December 31, 2016. The survey must include the individual and also may include a family member or representative, as appropriate. Service provider staff may participate as requested by the individual and his/her family member/representative. As the Support Coordinator conducting the survey, *do not influence the individual's responses*. Certain questions include an option to explain when "No" is actually an appropriate response and is not indicative of non-compliance.

OCDD will analyze the individuals' responses and be responsible for identifying follow up actions. Your responsibility is to complete the surveys and submit your responses to OCDD before December 31, 2016. Your responses should be submitted to Christy Johnson at OCDD. The information can be emailed to [Christy.Johnson@LA.GOV](mailto:Christy.Johnson@LA.GOV) or faxed to 225-342-8823.

### Filling out the survey:

Each identified individual receiving Medicaid-reimbursed HCBS for residential or non-residential (day or employment) services must receive an individual survey measuring their awareness of and access to the residents' rights and privacy requirements outlined in the HCBS requirements. Each section on the following pages will walk you through characteristics that are expected to be present in all home and community-based settings that individuals in those settings might experience. These questions are based on guidance from the federal government, the Centers for Medicare and Medicaid. If the person is NOT receiving the types of services indicated in the questions below, then choose "N/A" at the start of the section and do not fill out any questions in that section. Only fill out questions related to the services received by the individual you are assessing.

**Section A – Individual, Support Coordinator, Service Provider Information**

Individual ID # (this is a number assigned by OCDD to each person for the purposes of this survey):

Waiver Type (Select appropriate waiver type)

Children’s Choice Waiver

Residential Options Waiver

Supports Waiver

New Opportunities Waiver

Region:

Support Coordination Agency Name:

Support Coordinator’s Name:

Number of Months Support Coordinator Assigned to Individual:

Introduction to read to the person you are assessing:

The following survey will take us about 30 minutes. We are going to talk about how you experience the [insert services the person receives: day/employment/residential] services you get from [name provider]. The reason we are talking about this is because the State of Louisiana is trying to make sure that you have all the rights and freedoms of people who live in the community but do not receive those services. Every state is doing a similar survey. The State is randomly selecting who receives [insert service(s)] and they will be answering these same questions you are. Please be honest in your answers, it's ok to say 'no'.

### Section B.1 – Individual Experience Survey – Employment and Day Services

N/A (Check this box if person does NOT participate in Employment or Day Services and skip to Section C).

**Note: Individuals with more than one Employment/Day Services provider will be asked to complete surveys on both of their providers in sections B.1 and B.2. Both sections contain the same questions and will allow the individual to provide feedback on their experience with each provider. For purposes of completing sections B.1 and B.2, ask questions specific to one provider in B.1 and the second provider in B.2.**

Information about services:

1. Name of the individual's Employment /Day Services Provider Agency?

\_\_\_\_\_

2. Which service(s) does the individual participate in? Select all that apply:

- Supported Employment (individual)
- Supported Employment (group)
- Prevocational Services
- Day Habilitation

<b>Section B.1 – Individual Experience Survey – Employment and Day Services</b>	
<b>Survey Questions</b>	
1. Does your staff at the Day Program give you information or tell you how you can request changes to the services they provide? For example, do you know how to ask your staff to update information in your plan of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your day program staff allow you to leave during the day if you need to (i.e., can a family member/staff check you out)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)
3. Does your day program staff discuss with you the type of activities that you might like to do and do they help you plan for these types of activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)
4. If you want to can you have a job? For example, do you have the help you need to look for a job if you want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your staff regularly and periodically talk to you about other activities that you might be interested in? For example, do they ask you if you would like to try any new activities (non-work activities) or if you would like to explore work options?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)
6. Do the people that help you treat you with respect and speak to you in a kind and respectful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Can you be alone if you want/need to be while participating in day activity?	<input type="checkbox"/> Yes

**Section B.1 – Individual Experience Survey – Employment and Day Services**

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

8. Can you have a private conversation without others listening in?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

9. Does your day program offer a variety of activities throughout the day and allow you to visit different parts of the center?  
For example, does the setting provide for larger group activities as well as activities you can do alone?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

10. Do you get the opportunity to choose who you talk to or participate in activities with while at the day program?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

11. During meal/snack times at your day program, can you choose where you dine and the people you would like to dine with?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

**Section B.2– Individual Experience Survey –Employment and Day Services provider**

**N/A (Check this box if person does NOT have more than one Employment or Day Services Provider and skip to section C)**

Information about services:

1. Name of the individual's Employment /Day Services Provider Agency?  
\_\_\_\_\_

2. Which service(s) does the individual participate in? Select all that apply:

- Supported Employment (individual)
- Supported Employment (group)
- Prevocational Services
- Day Habilitation

**Survey Questions**

1. Does your staff at the Day Program give you information or tell you how you can request changes to the services they provide? For example, do you know how to ask your staff to update information in your plan of care?

- Yes
- No

2. Does your day program staff allow you to leave during the day if you need to (i.e., can a family member/staff check you out)?

- Yes
- No
- N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

3. Does your day program staff discuss with you the type of activities that you might like to do and do they help you plan for these types of activities?

- Yes
- No
- N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

Section B.2 – Individual Experience Survey – Employment and Day Services

4. If you want can you have a job? For example, do you have the help you need to look for a job if you want to?

Yes

No

5. Does your staff regularly and periodically talk to you about other activities that you might be interested in? For example, do they ask you if you would like to try any new activities (non-work activities) or if you would like to explore work options?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

6. Do the people that help you treat you with respect and speak to you in a kind and respectful manner?

Yes

No

7. Can you be alone if you want/need to be while participating in day activity?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

8. Can you have a private conversation without others listening in?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

9. Does your day program offer a variety of activities throughout the day and allow you to visit different parts of the center? For example, does the setting provide for larger group activities as well as activities you can do alone?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

**Section B.2 – Individual Experience Survey – Employment and Day Services**

10. Do you get the opportunity to choose who you talk to or participate in activities with while at the day program?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

11. During meal/snack times at your day program, can you choose where you dine and the people you would like to dine with?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

**Section C.1 – Individual Experience Survey – Residential Services (Personal Care in home service provider)**

N/A Check this box if person does NOT participate in Residential Services) Note: Individuals with more than one Residential Services provider (Personal Care in home service provider) will be asked to complete surveys on both of their providers in sections C.1 and C.2. Both sections contain the same questions and will allow the individual to provide feedback on their experience with each provider. For purposes of completing sections C.1 and C.2, ask questions specific to one provider in C.1 and the second provider in C.2.

Information about services:

1. Name of the individual's Residential Provider Agency? \_\_\_\_\_

2. Which service does the individual participate in? Select all that apply:

Family Support

IFS Day/Night

IFS Day/Night Shared



**Section C.1 – Individual Experience Survey – Residential Services (Personal Care in home service provider)**

- Habilitation
- Community Living Supports
- Community Living Supports Shared
- In Home Respite

**Survey Questions**

1. Did you choose where you live and receive your services? For example, did you visit other places before choosing where you live now?  
 Yes  
 No
2. If you want to move, do you know how to find and request new housing and do you have people that help you with this?  
 Yes  
 No
3. Do you own your home or have a lease?  
 Yes  
 No
4. Do you have adequate privacy in your home? For example, can you close and lock your front door? Do you have a key to your home? Are you comfortable with the people who have keys to your home? Do you have a key to your mailbox? Does your mail come to your home?  
 Yes  
 No  
 No, but supported by the person-centered plan
5. Do others knock before entering your home?  
 Yes  
 No
6. Can you close and lock your bedroom door?  
 Yes

**Section C.1 – Individual Experience Survey – Residential Services (Personal Care in home service provider)**

- No
- No, but supported by the person centered plan

7. Can you close and lock your bathroom door?

- Yes
- No
- No, but supported by the person centered plan

8. Do you have a roommate? If yes, did you get to choose your roommate and the person you share your home with?

- Yes
- No
- N/A –Not applicable-person does not have a roommate

9. Do you know how to ask for a new roommate?

- Yes
- No
- N/A –Not applicable-person does not have a roommate

10. Is your home set-up/decorated in a way that you choose? For example, can you move the furniture where you want it? Can you hang things on the walls? Can you change things in your home?

- Yes
- No

11. Do you participate in activities that you enjoy? For example, shopping, church, lunch, other activities noted on the CPOC.

- Yes
- No

12. Do you know how to find out about upcoming events/activities?

- Yes

**Section C.1 – Individual Experience Survey – Residential Services (Personal Care in home service provider)**

No

13. Do you have the help you need to participate in the activities that you choose to? For example, are you able to get to the activities you want to go to?

Yes

No

14. Can you eat what you choose to and when you want to eat it?

Yes

No

No, but supported by the person centered plan

15. Can you have visitors when you want to have visitors? For example, can you invite friends or family over whenever you want? Can you have private visits if you want to?

Yes

No

No, but supported by the person centered plan

16. Do you have the supports you need to move around your home as you choose?

Yes

No

17. If you have a roommate, do you have full access to common areas such as the kitchen, dining area, laundry, and shared living areas?

Yes

No

No, but supported by the person centered plan

18. Do you have access to a phone, computer or other technology?

Yes

No

No, but supported by the person centered plan

**Section C.1 – Individual Experience Survey – Residential Services (Personal Care in home service provider)**

19. Do you have access to transportation to get to the places you would like to go?

Yes

No

20. Can you make decisions about your schedule, where you go, when you go, who you see and when you see them?

Yes

No

No, but supported by the person centered plan

21. Do you have access to your money? For example, can you buy the things you need? Can you use your money when you choose to?

Yes

No

No, but supported by the person centered plan

**Section C.2– Individual Experience Survey –Residential Services (Personal Care in home service provider)**

N/A (Check this box if person does NOT have more than one Employment or Day Services Provider and skip to section C)

Information about services:

1. Name of the individual's Residential Provider Agency? \_\_\_\_\_

2. Which service does the individual participate in? Select all that apply:

Family Support

IFS Day/Night

IFS Day/Night Shared

Habilitation

Community Living Supports

**Section C.2 – Individual Experience Survey – Residential Services (Personal Care in home service provider)**

**Survey Questions**

1. Did you choose where you live and receive your services? For example, did you visit other places before choosing where you live now?

Yes

No

2. If you want to move, do you know how to find and request new housing and do you have people that help you with this?

Yes

No

3. Do you own your home or have a lease?

Yes

No

4. Do you have adequate privacy in your home? For example, can you close and lock your front door? Do you have a key to your home? Are you comfortable with the people who have keys to your home? Do you have a key to your mailbox? Does your mail come to your home?

Yes

No

No, but supported by the person-centered plan

5. Do others knock before entering your home?

Yes

No

6. Can you close and lock your bedroom door?

Yes

No

No, but supported by the person-centered plan

7. Can you close and lock your bathroom door?

Yes

No

No, but supported by the person-centered plan

**Section C.2 – Individual Experience Survey – Residential Services (Personal Care in home service provider)**

8. Do you have a roommate? If yes, did you get to choose your roommate and the person you share your home with?

Yes

No

N/A –Not applicable-person does not have a roommate

9. Do you know how to ask for a new roommate?

Yes

No

N/A –Not applicable-person does not have a roommate

10. Is your home set-up/decorated in a way that you choose? For example, can you move the furniture where you want it? Can you hang things on the walls? Can you change things in your home?

Yes

No

11. Do you participate in activities that you enjoy? For example, shopping, church, lunch, other activities noted on the CPOC.

Yes

No

12. Do you know how to find out about upcoming events/activities?

Yes

No

13. Do you have the help you need to participate in the activities that you choose to? For example, are you able to get to the activities you want to go to?

Yes

No

14. Can you eat what you choose to and when you want to eat it?

Yes

No

No, but supported by the person centered plan

15. Can you have visitors when you want to have visitors? For example, can you invite friends or family over whenever you want? Can you have private visits if you want to?

**Section C.2 – Individual Experience Survey – Residential Services (Personal Care in home service provider)**

- Yes
- No
- No, but supported by the person centered plan

16. Do you have the supports you need to move around your home as you choose?

- Yes
- No

17. If you have a roommate, do you have full access to common areas such as the kitchen, dining area, laundry, and shared living areas?

- Yes
- No
- No, but supported by the person centered plan

18. Do you have access to a phone, computer or other technology?

- Yes
- No
- No, but supported by the person centered plan

19. Do you have access to transportation to get to the places you would like to go?

- Yes
- No

20. Can you make decisions about your schedule, where you go, when you go, who you see and when you see them?

- Yes
- No
- No, but supported by the person centered plan

21. Do you have access to your money? For example, can you buy the things you need? Can you use your money when you choose to?

- Yes
- No
- No, but supported by the person centered plan