

Progress Tracking for Louisiana Statewide Transition Plan 2015 Q2

I. Louisiana Office of Aging and Adult Services

A. OAAS Update to Louisiana Work Plan Master

Action Step	Date(s) and Status	Plan Update Narrative
Issue draft self-assessment tool to stakeholders for comment	3/20/15 to 4/15/15 Complete	A draft version of the provider self-assessment was circulated to OAAS stakeholders via email requesting their review and comments. No comments were received.
Reach out to providers and associations to increase understanding of rule and maintain open lines of communication Meet with associations and stakeholders to provide education and solicit public input.	4/30/15; ongoing	OAAS hosted a provider meeting and webinar on 4/30/15 to further explain the Settings Rule and discuss the self-assessment process.
Continue on-going stakeholder engagement through State associations and website	10/1/14 - ongoing	Providers and stakeholders are continually updated as necessary during OAAS' Provider, Stakeholder, and Support Coordination Executive meetings.
Develop and update website on a regular basis on external stakeholder comments	10/1/14 - ongoing	The OAAS website is continually updated with new or revised documents to reflect actions and work completed towards the transition plan.
Distribute self-assessment to providers	5/4/15 to 6/12/15 Complete	Instructions and a link to access the self-assessment were posted online. Providers will have until 6/12 to complete the online assessment.
Draft participant survey to validate the results of the provider self-assessment*	5/1/15 to 5/29/15 Complete	*Originally planned for 4/1/15-4/30/15 but was pushed back to allow for implementation of the more time-sensitive provider self-assessment phase. Transition plan will be updated to reflect new dates.
Issue draft participant survey to stakeholders for comment*	7/1/15-7/31/15 (to be completed)	Will be posted on the OAAS website for review and comment on 7/1/15 *Originally planned for 5/1/15-5/31/15 but was pushed back to allow for implementation of the more time-sensitive provider self-assessment phase. Transition plan will be updated to reflect new dates.

Modify self-assessment tool and participant survey based on stakeholder comments	4/15/15 - 6/30/15	No comments received during the public comment period for the provider self-assessment. However, questions were clarified or re-worded based on provider feedback during the 4/30/15 provider meeting. Participant survey to be released for public comment 7/1/15-7/31/15.
Collect self-assessment information, aggregate, and analyze. Prepare a report for CMS.	5/1/15- 8/31/15 In process	Provider self-assessments have been completed. Data aggregation and analysis will continue.
Identify and send letters to providers who are not compliant with HCBS settings rule	6/1/15 - ongoing	Data from the provider self-assessment is currently being aggregated and analyzed. Any providers who are found to out of compliance will be notified.
Technical assistance will be available to providers to ensure that the interpretation of the HCBS Settings Rule is consistent and the provider is implementing necessary changes to meet compliance.	5/1/15 - ongoing	Technical assistance was provided during the provider self-assessment period and will continue for those providers, when necessary, to ensure they understand and are in compliance with the HCBS Settings Rule.
Develop monitoring instrument to ensure setting compliance.	6/1/15 - 9/1/15 In process	The participant survey will be added as a module to OAAS' current participant interviews that are conducted annually as part of our quality assurance monitoring for our 1915(c) waivers. The module will be included for any participants receiving ADHC services.
Continuous scrutiny will be provided to licensing, certification, policy and procedures, and provider qualifications to ensure all document are compliant with the HCB Settings Rule	2/15 - 8/15 In process	Amendments have been drafted for both for both 1915(c) waivers to reflect the HCBS Settings Rule and will be submitted with our 1915b/c waiver application for managed care.

B.OAAS Public Comments Received 3/18/15-6/30/15

Date	Stakeholder	Received By	Comment/Question	OAAS Response
4/30/15	ADHC Provider Group	Comment submitted in person during 4/30 provider training	Some questions in the provider self-assessment are phrased in a way that makes them difficult to understand and respond to (e.g. it's not clear whether to answer the question with a "yes" or "no" response if you agree with the statement).	OAAS agrees and re-worded several questions in the self-assessment to make them easier to interpret. For example, we added clarifying statements (e.g. "A "No" answer indicates that you agree with this statement") and eliminated double negatives in questions, where applicable, throughout the assessment.

C. Summary of Comments:

OAAS agrees and re-worded several questions in the self-assessment to make them easier to interpret. For example, we added clarifying statements (e.g. "A "No" answer indicates that you agree with this statement") and eliminated double negatives in questions, where applicable, throughout the assessment.

II. Louisiana Office for Citizens with Developmental Disabilities

A. OCDD Update to Louisiana Work Plan Master

Action	Date(s) and Status	Plan Update Narrative
Stakeholder Engagement		
Convene interagency group to manage planning process	9/22/14 and continuing	<ul style="list-style-type: none"> • Ongoing quarterly meetings with MPSW Section • OCDD updated partner agencies/stakeholders about transition plan on 3/27/2015 (Work Pays Meeting) • Memorandum of Understanding Meeting held with Louisiana Rehabilitation Services on 4/20/2015 and 5/28/2015. Next meeting scheduled for 7/16/2015
Identify all potential stakeholders including consumers, providers, family-members, state associations; advocacy organizations and self-advocates	10/6/2014-11/15/2014	All stakeholders identified
Create portal on State Medicaid website. Provide transition information and plan. List end of comment period.	2/11/2015-posted 4/10/2015-comments due	
Support ongoing stakeholder communications	11/2014-ongoing	<p>Initial stakeholder engagement/communications noted on the initial plan. Since the submission of the State wide transition plan-OCDD has engaged in the following:</p> <ul style="list-style-type: none"> • Representative from OCDD conducted onsite meeting with Lafayette ARC on 3/11/2015 and continues to provide assistance as needed via email correspondence. • Onsite visit with Assumption ARC on 3/12/2015 to evaluate and provide assistance with meeting compliance with rule. On April 12, 2015-pilot/discussion on completing non-residential assessment. • OCDD updated partner agencies/stakeholders about transition plan on 3/27/2015 (Work Pays Meeting)

Action	Date(s) and Status	Plan Update Narrative
		<ul style="list-style-type: none"> • Memorandum of Understanding Meeting held with Louisiana Rehabilitation Services on 4/20/2015 and 5/28/2015. Next meeting scheduled for 7/16/2015 <ul style="list-style-type: none"> • Onsite visit with Rapides ARC on 5/18/2015 • Round table employment meeting in New Orleans with employment providers and LGE office to discuss strategies for compliance with settings rule/employment initiatives on 6/2/2015 • Technical assistance phone conference with St. Mary ARC on 6/10/2015 • Presentation at Provider Quarterly meeting related to employment initiatives and compliance with settings rule in Lafayette on 6/25/2015 • Technical assistance onsite and electronic correspondence with Evangeline ARC 2/2015-present • OCDD will be scheduling Round Table discussions with every LGE and employment provider in their area. This schedule should be available by 9/1/2015 <p>OCDD will continue to provide technical assistance to all service provider agencies as requested (will partner with LGE offices where appropriate)</p>
Create method to track and respond to public comment	1/1/2015	Created spreadsheet. Internal discussions needed potentially related to modifying tracking mechanism.
Collect all public comments. Synthesize comments and develop responses to comments (Will go into transition plan for CMS).	Ongoing	<ul style="list-style-type: none"> • 5/12/2015, 5/21/2015, 6/1/2015-6/2/2015-internal meeting to review and respond to questions from advocates on non-residential/residential assessment (see attached questions/responses) • 6/24/2015-Met with MPSW representative to review IRAI received related to Supports Waiver amendment. OCDD was asked to develop a summary of comments/responses for the questions submitted with transition plan. Summary

Action	Date(s) and Status	Plan Update Narrative
		<p>completed on 6/26/2015 (see attached)</p> <ul style="list-style-type: none"> Currently working on summarizing responses as per CMS request for comments received post state wide transition plan submission. Will submit summary on 6/30/2015 after internal review of document completed.
Program Review and Assessment		
Draft self-assessment for public review	2/1/2015	Completed-For all 4 waivers
Post on website for public notice	3/18/2015	Completed for all 4 waivers
Circulate to stakeholders group review	3/18/15-4/30/2015 Extended public comment period through 5/2015	<p style="text-align: center;">Completed</p> <p>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>
Distribute assessment to providers	<p>4/19/2015-4/30/2015</p> <p>Big Picture Training 6/15/2015</p> <p>Self-Assessment Training 7/13 and 7/20/2015</p> <p>Service Providers to begin conducting</p>	<p>Based on feedback from stakeholders, OCDD reviewed the assessments and incorporated changes where appropriate as well as clarifying questions/statements in the assessments. (modified documents attached)</p> <p>In addition to reviewing and incorporating stakeholder feedback, OCDD also evaluated existing processes/initiatives that would further move the State in the direction of complying with the overall settings rule.</p> <ul style="list-style-type: none"> The Workforce Innovation and Opportunity Act (WIOA) initiatives are being included as part of the office's strategies to comply with settings rule. OCDD is incorporating provider self-assessment/transition planning (compliance plan) as well as initiation/ongoing compliance into existing Quality Enhancement structures. It is the office's intent to build on the existing service provider QE structure to do this. <p>Due to discussion surrounding these areas, OCDD did not meet</p>

Action	Date(s) and Status	Plan Update Narrative
	<p>assessments-after completion of training 7/13/2015 and 7/20/2015-9/30/2015</p> <p>Transition plan for settings requirement due to LGE office 11/30/2015</p>	<p>the initial timelines identified and would like to change the dates for this area.</p> <p>Training:</p> <ul style="list-style-type: none"> OCDD conducted Big Picture: HCBS training on 6/15/2015. OCDD provided basic information summarizing the rule as well as expectation for complying with the rule. In addition to discussing the specific rule, information on WIOA and Employment First Initiatives was presented. Service Providers, Support Coordination, and Local Governing Offices (LGEs) were all invited to participate in this session. Options available for attendance included in person or by webinar. Training was recorded and posted online along with power point presentations. OCDD will be providing mandatory training for service providers specific to the self-assessment and expectations in terms of incorporating into existing QE structures on 7/13 and 7/20. There will be 4 opportunities to participate in training (2 specific to Residential self-assessment and 2 specific to Non Residential assessment).
Conduct Site Visits	<p>Initial timelines 5/1/2015-9/30/2015</p> <p>Extend timeline for site visits. 10/31/2015</p>	<p>OCDD will be developing and conducting training specific to the local offices as they will be conducting onsite visits (10% sample initially with plans to continue sampling on an annual basis. 10% sample for desk audit will also be conducted initially with plans to continue sampling on an annual basis. Discretion will also be built into the QE process that if the LGE office is questioning assessments they can conduct additional site visits should they deem it is appropriate)</p>

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Assessments due from Providers to OCDD	<p>Original date 6/30/2015</p> <p>Adjust timeline to 9/30/2015- submission of assessment by providers 10/31/2015-site visits/monitoring</p> <p>Transition plan for settings requirement due to LGE office 11/30/2015</p>	<ul style="list-style-type: none"> • Post training, the providers will begin completing their self-assessments. As service providers complete their assessments they should submit to the LGE so that site visits/desk audits can begin. All assessments are due to LGE by 9/30/2015. • Central Office will pull a samples for each local office by 8/1/2015 • Site visits and desk audits to be completed by the LGE offices by10/31/2015. <ul style="list-style-type: none"> • To allow time for providers to develop detailed transition plans in instances where their agencies are out of compliance, OCDD would like to extend the timeline and allow the providers until 11/30/2015 to develop a transition plan and incorporate into their existing QE structures.
Analyze findings from site visits and assessments	5/1/15-12/31/2015	OCDD intends to develop a reporting mechanism for the LGE office to submit initial information with reports on a quarterly basis thereafter regarding progress (intend to complete by 8/31/2015)
Post findings on Website	1/31/2016	<ul style="list-style-type: none"> • Currently OCDD has a Freedom of Choice listing for individuals and/or their families to identify potential service providers. As part of this initiative, we will be evaluating internal resources to upload each service provider’s agency self-assessment to their listing on this website. This mechanism will allow persons to identify where each individual agency is in terms of the settings rule and make informed decisions when selecting a service provider. • Overall findings will also be posted on OCDD’s designated HCBS transition web page.
Submit Report to CMS	1/31/2016	Quarterly Progress Reports will be submitted to MPSW related to OCDD’s progress for submission to CMS. The first quarterly report is due to MPSW Section on 6/30/2015.

Action	Date(s) and Status	Plan Update Narrative
Draft participant survey for public review	5/1/2015-5/31/2015	In evaluating feedback/processes, OCDD would like to propose using existing participant survey data rather than creating a new participant survey. OCDD would like to propose utilizing National Core Indicator data as a possible source of information. In addition to NCI data, service provider agencies conduct participant surveys as part of their internal quality processes. OCDD would like to work with service providers to assure that appropriate questions are included in these surveys and evaluate existing policy/procedures for service providers to enhance their existing surveys. With approval from CMS, we will proceed with working with stakeholders to address this area. Timeline for this area will need to be extended.
Post participant survey on website and circulate to all stakeholders.	6/30/2015	Timelines will need to be adjusted based on stakeholder feedback on results of assessments and evaluation of Provider quality framework in order to develop a robust participant survey.
Modify participant survey based on comments	6/30/2015	
Provide training on participant survey	6/1/2015-continuing	
Distribute participant survey	7/1/2015-9/30/2015	
Participant Survey Due	10/1/2015	
Analyze findings of participant survey	10/1/2015-12/31/2015	
Submit final report to CMS on assessments and participant surveys	1/31/2016	Quarterly Progress Reports will be submitted to MPSW related to OCDD's progress for submission to CMS. The first quarterly report is due to MPSW Section on 6/30/2015.
<i>OCDD Remediation Strategies</i>		
Identify and send letters to providers who are not in compliance with HCBS settings rule	8/1/2015	<p>Timeline will need to be adjusted based on changes noted related to review/assessment.</p> <ul style="list-style-type: none"> • OCDD will develop standardized letter to be utilized by LGE office to send to agencies not in compliance – propose completion of this by 8/1/2015 • Based on extended timeline noted above for review and assessment-propose that letters be sent to providers by 11/1/2015

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<p>Providers who are not in compliance and wish to remain enrolled as waiver providers will submit a corrective action plan. Noncompliance may not extend beyond March 17, 2019.</p>	<p>9/1/2015</p>	<p>Timeline will need to be adjusted based on changes noted related to review/assessment.</p> <ul style="list-style-type: none"> • OCDD will develop a standardize format to submit corrective action plan by 9/1/2015 • Based on extended timeline noted above for review and assessment-propose that transition plan be submitted to LGE by 11/30/2015. Updates/Progress to be submitted quarterly to the local office and plans associated with this process will be evaluated/incorporated into QE plan submission/approval.
<p>Technical Assistance will be available to providers to ensure that the interpretation of the HCB setting rule is the same and the provider is implementing necessary changes to meet compliance.</p>	<p>9/1/2015-ongoing</p>	<ul style="list-style-type: none"> • OCDD has established an email address specifically for stakeholder feedback as well as for requests for technical assistance • Representative from OCDD conducted onsite meeting with Lafayette ARC on 3/11/2015 and continues to provide assistance as needed via email correspondence. • Onsite visit with Assumption ARC on 3/12/2015 to evaluate and provide assistance with meeting compliance with rule. On April 12, 2015-pilot/discussion on completing non-residential assessment. <ul style="list-style-type: none"> • Onsite visit with Rapides ARC on 5/18/2015 • Round table employment meeting in New Orleans with employment providers and LGE office to discuss strategies for compliance with settings rule/employment initiatives on 6/2/2015 • Technical assistance phone conference with St. Mary ARC on 6/10/2015 <ul style="list-style-type: none"> • Presentation at Provider Quarterly meeting related to employment initiatives and compliance with settings rule in Lafayette on 6/25/2015 • Technical assistance onsite and electronic correspondence with Evangeline ARC 2/2015-present

Action	Date(s) and Status	Plan Update Narrative
		<ul style="list-style-type: none"> • 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 • OCDD will continue to provide technical assistance to all service provider agencies as requested (will partner with LGE offices where appropriate) •
Louisiana will conduct onsite reviews to evaluate validity of remediation compliance	10/1/2015-ongoing	Initial visits will be conducted as part of the implementation of transition plan as noted above with ongoing sampling of agencies as part of quality enhancement processes. Quarterly reports will be submitted by LGE offices related to progress.
A disenrollment process of non-compliant providers will be developed and consist of: <ol style="list-style-type: none"> 1. provider disenrollment 2. transition plan for participants 3. appeal rights for participants/providers 	1/1/2016	No status update at this time. Internal meetings will be scheduled to discuss this area inclusive of how this area will be impacted with movement to managed care model and/or consolidation of 4 waivers.
Develop monitoring instrument to ensure setting compliance. May include random, unannounced site visits	5/1/15-9/30/2015	Initial discussions related to how this will be included in existing quality structures have occurred. Further review of existing policies/procedures associated with quality enhancement will be held with development of tool for ongoing monitoring.
Implementation of a transition plan will be developed for those needing to transfer to an appropriate HCB 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.	5/1/15-9/30/2015	Additional discussion surrounding this area is needed internally. Consideration to extending timelines associated with this area may be needed.
<i>OCDD Ensuring Quality System</i>		
Continuous scrutiny will be provided to licensing, certification, policy and procedures, and provider qualification to ensure all documents are compliant with HCB Settings Rule	10/31/2014	Initial review of this area for all 4 waivers completed.

Action	Date(s) and Status	Plan Update Narrative
Specific quality assurance and improvement strategies are developed to ensure providers are evaluated against the HCB setting rule prior to enrollment	10/31/2015	Additional internal discussions are needed related to this area. May need to extend timeline based on timelines established for managed care implementation and/or proceeding with waiver consolidation
Practical performance measures are created to ensure providers continue to meet the HCB Settings Rule	10/31/2015	OCDD intends to incorporate ongoing compliance with HCB settings rule into existing quality enhancement structure as noted above. Internal meetings will need to be scheduled with Quality section to identify performance indicators as well as mechanism to capture data.
A participant survey is developed to be administered at least annually to monitor the individual's experience with HCB Settings Rule.	5/1/15-5/31/15	<ul style="list-style-type: none"> • Based on feedback and approval from CMS steps associated with participant surveys will need to be modified and timelines extended. • OCDD has developed a tool 'Pathway to Employment' that support coordinators will complete and submit on a quarterly basis. This tool is designed specifically to address employment discussion and progress in terms of goals. This is scheduled to be implemented during the 7/1/2015 quarter as a pilot. This tool is being programmed by our data contractor to be completed electronically beginning 10/1/2015 by SC agencies.
Full Compliance is achieved for all Louisiana HCBS Waiver Programs. Final Report due to CMS	3/2019	

B.OCDD Public Comments Received 3/18/15-6/30/15

Date	Stakeholder	Received by	Comment/Question	OCDD Response
3/24/15	Michelle Hurst Self-Determination, Community Inclusion and Housing Committee Chair LA DD Council	Email	More emphasis being placed on “meaningful” employment opportunities being assessed and offered including allowing an individual to assess potential work options (on site) as well as having input into choosing which options might potentially fulfill his or her career and/or financial goals.	OCDD agrees that “meaningful” employment opportunities should be assessed and offered. This will certainly be addressed on an ongoing basis in terms of training. In addition to provision of training related to assessing this area, OCDD has developed a document to facilitate discussion “Path to Employment’ that will become part of quarterly/annual discussion with each individual supported. The questions on this document are designed to assure that ongoing discussions are occurring related to employment options being explored. We believe this in conjunction with person centered planning should allow us to capture individual career and/or financial goals.
4/3/15	Stephanie Patrick Advocacy Center	Email	Requested clarification on the following: <ul style="list-style-type: none"> • Which provider types will be expected to complete the non-residential assessment tool? • Which provider types will be expected to complete the residential assessment tool? • Which tool will support coordination/case management agencies be expected to complete? • What about agencies providing individual and family supports (DSP) or supported independent living? 	Responded by email: <ul style="list-style-type: none"> • All HCBS service providers that are providing supported employment, day habilitation, or prevocational services will be required to complete the assessment tool. • All HCBS in home service providers that provide IFS type services will be required to complete the assessment tool. • At this this time, we have not indicated that support coordination/case management agencies will be expected to complete the assessment. Those agencies providing IFS and supported living services will be required to complete the residential assessment tool. • At this time the services that do not fall into

			<ul style="list-style-type: none"> Will any OCDD waiver provider types be exempted from the assessment? 	<p>the above listed categories are not being asked to complete the assessment. Only providers of the following services will be asked to complete assessments supported employment, vocational services, day habilitation, IFS, Supported Living</p>
4/17/2015	Kelly Serrett, Executive Director of The Arc of Louisiana on behalf of the Conference of Executive of The Arc	Email	<p>Comments specific to the provider self-assessment tools:</p> <p><u>I. Comments per section</u></p> <ul style="list-style-type: none"> Page 1 - #3 Documentation that is deemed acceptable evidence to demonstrate compliance includes, but is not limited to: committee assessments, provider polices/procedures, consumer handbook, staff training curriculum, training schedules. If provider is accredited, wouldn't they be considered deemed status and shouldn't have to provide this? Page 3 - #10 Was the individual provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options? This is vague and too broad. We don't choose the provider- the individual does. If the individual chooses location they are then limited to housing available in that area – and further limited to what's affordable! Pages 3 - # 16 Does the setting 	<p><u>I. Comments per section:</u></p> <ul style="list-style-type: none"> Page 1 # 3—although deemed status is a desirable attribute, it does not necessarily assure compliance with the new settings rule. All providers should respond to the survey and provide appropriate documentation to support their answers. Page 1 #10—All persons should be offered choice related to where they live, the staff that works with them, etc. OCDD acknowledges that housing options may be limited based on the person's financial status. It should be clearly documented that appropriate discussions have occurred and that the person has had the opportunity to make informed choices based on the options available. Page 3, #16—OCDD believes that it is not one person's responsibility to work with individuals and/or their families as it relates to making changes to their current service options. There should be a team approach and involvement at all levels as it relates to educating the person about their options and to conduct person centered planning that adequately reflects the persons preferences. Page 4 #24-OCDD agrees that clarification/rewording is necessary.

			<p>post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS? This is a Support Coordinator function, not for provider function.</p> <ul style="list-style-type: none"> • Page 4 - # 24 “Are individuals able to come and go at any time? Please clarify. If this pertains to a person’s place of employment, are you asking if they can leave whenever they wish, without sticking to their work schedule? • Page 4- # 25 Do individuals talk about activities occurring outside of the setting? What do you mean? Are you asking if they talk to co-workers, or do you mean talk to anyone, as long as it’s outside of their employment/work hours, or do you mean do they know enough about outside activities that they are making request to attend the activity? • Page 4 - “Rights and Privacy”- can we deem the whole thing? Confidentiality and HIPPA is part of regulations. Why put this here? • Page 4 - #23 Do the setting options include the opportunity for the individual to choose to 	<p>Reworded as follows “Are individuals able to come and go at any time similar to people who do not receive services?”</p> <ul style="list-style-type: none"> • Page 4 #25—OCDD changed the wording of the questions and will provide additional clarification during training related to the provider assessment. • Page 4 “Rights and Privacy”-- although deemed status is a desirable attribute, it does not necessarily assure compliance with the new settings rule. All providers should respond to the survey and provide appropriate documentation to support their answers. • Page 4 #23—changing in some settings during the day is possible. Further clarification will be provided during provider self-assessment training. • Page 4 - #29 OCDD agrees that restraints should not be used. Further clarification and information related to this area will be discussed during training. • Page 5 #36—Clarifying sentence will be added to the question “similar to people who do not receive services” • Page 5 #36 and #38—Clarifying sentence will be added to the questions “similar to people who do not receive services”. Further clarification will be provided during provider self-assessment training. Question 38 removed. • Page 5 #40—question 40 removed from survey • Page 6 – Employment Section – see overall
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			<p>combine more than one service delivery setting or type of HCBS in any given day/week? Not in same day (not allowed); can be in same week however.</p> <ul style="list-style-type: none"> • Page 4 - #29 Does the setting policy requires that the individual and/or representative grant informed consent prior to the use of restraints and document these interventions? Let's not encourage restraints. How about no restraints? • Page 5 - # 36 Does the setting allow for individuals to have a meal/snacks at the time and place of their choosing? This is not appropriate. At work, it is not realistic that employees eat when/where they wish. • Page 5 # 36 & 38 Does the setting allow for individuals to have meals/snacks at time and place of their choosing and does the individual have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports? These are basically duplicates. • Page 5 # 40 "Does the setting allow individuals to engage in legal activities (voting, consuming 	<p>comments below</p> <ul style="list-style-type: none"> • Page 6 #42—Question reworded and clarification will be provided during training. • Page 6 #43—Clarification related to this question will be provided during provider training. • Page 6 #44—Clarifying sentence added to the question “similar to people who do not receive services” • Page 6 #48-Question will remain and clarification will be provided at provider training. • Page 7 #52—Clarification to be provided during training • Page 7 #54—Question will remain and training will be provided. • Page 7 #55-Clarification will be provided during training. • Page 8-- although deemed status is a desirable attribute, it does not necessarily assure compliance with the new settings rule. All providers should respond to the survey and provide appropriate documentation to support their answers. <p>II. Residential Provider Self-Assessment</p> <ul style="list-style-type: none"> • Page 2—“Physical Location”—It is understandable that an individual may rent or purchase a home in a residential community that is a single family dwelling as well as a group home. The intent is that the provider is not placing the individual in a setting that is more institutional based than home and community based. We have added
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			<p>alcohol)” is not appropriate. This is during the work day, so voting and consuming alcohol would not occur at this place/time.</p> <ul style="list-style-type: none"> • Page 6 – Employment section – there is nothing applying to Day Hab (see earlier comment) • Page 6 - # 42 Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth? This is not appropriate – assumes you can choose you own work schedule, which is not realistic...unless we are talking about pre vocational. • Page 6 - # 43 Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, doing out etc outside of the setting, and who in the setting will facilitate and support access to these activities: This not appropriate if this is employment (religious services? Medical appointments?) • Page 6 - # 44 Does the settings allow individuals the freedom to 	<p>statement “owned by the provider” to the question.</p> <ul style="list-style-type: none"> • Page 3 #6 and 7—We have added language to number 6 to provide clarity. Number 7 has been changed to “Do individuals who receive services live in an area separate from people who are not receiving services?” • Page 3 #15—This addresses HCBS residential homes that are adjacent to institutional types of settings. • Page 4 #25—This has been clarified to exclude individuals that own their homes. • Page 6 #51 and 52—A team approach should be taken as it relates to person centered planning. It is the responsibility of the team to assure that the individual knows who is currently providing services and how to request a change in service. The person centered plan should document the person’s preferences and goals. • Page 6 #57—Question is a duplicate of a question in community integration, so it has been deleted. <p>Overall Comments:</p> <ol style="list-style-type: none"> 1. Modifications have been made to the document taking into account stakeholder feedback. 2. While it does not specifically indicate Day Habilitation, the intent is that the non-residential assessment will be utilized for that setting. Further clarification related to this will be provided during self-assessment training. 3. Although deemed status is a desirable
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			<p>move about inside and outside of the setting as opposed to one restricted room or area within the setting? This is not appropriate for the job setting (referring to freedom to move outside). There are several people who work in a building and in cubicles as professionals, who are not able to move freely.</p> <ul style="list-style-type: none"> • Page 6 - # 48 In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have a checking or savings account or other means to have access to and control his/her funds. This sounds residential; we don't do money management on the job. • Page 7 - #52 Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc, limiting individuals' mobility in the setting? Licensing, fire marshal and other accrediting groups already require – so why is this here? If employment is in 	<p>attribute, it does not necessarily assure compliance with the new settings rule. All providers should respond to the survey and provide appropriate documentation to support their answers.</p> <p>4. Clarification associated with documentation will be provided during self-assessment provider training.</p>
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			<p>community, we have no control over it.</p> <ul style="list-style-type: none"> • Page 7 - # 54 Are provider policies outlining rights of individuals receiving services and member experience made available to individuals receiving services? This should be deemed • Page 7 - # 55 Are provider policies on member experience and HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary? We are not sure what this means. • Page 8 – Number of people served, name and role of stakeholder group, methodology for completing self-assessment. We asked you to consider deemed status. <p><u>II. Residential Provider Self-Assessment</u></p> <ul style="list-style-type: none"> • Page 2 –“Physical Location” If agency does not own the building /apartment /home this is out of their control. If a person locates affordable housing they can only choose from what’s available in their community and it’s sometimes designated for people with disabilities. The individual is limited by what’s out there and what’s affordable. Design/accommodations must be 	
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			<p>made to meet needs of renters with disabilities: Why is this question here? Again, it's out of the provider's control.</p> <ul style="list-style-type: none"> • Page 3 – 6 & 7 The home is NOT designed specifically for people with disabilities/ Individuals who reside in the setting are NOT primarily or exclusively people with disabilities? Are you asking if the apartment complex is only intended for individuals with disabilities? We agree with that however people should have residences that are designed to meet their needs. Individuals who live in their own home alone tend to have an exclusive situation. • Page 3 - # 15 Community Integration: Does the setting offer onsite services, such as day hab, medical, behavioral, therapeutic, social and or recreational services in a manner that comports with the HCBS setting rule? This does not belong, Day Hab in a residential setting? Also client homes are not service locations, except for the IFS, PCA, and SL services that happen there. It seems to assume that other series happen in the home. 	
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			<ul style="list-style-type: none"> • Page 4 - # 25 Resident Rights: Do all residents have a legally enforceable agreement with the setting landlord? This assumes everyone rents. Some individuals own their own homes. Some live in their family's home. • Page 6 # 51 & 52 can the individual identify to her providers who render the services he or she receive? Do individuals know how and to whom to make a request for a new provider? This is a case management function. • Page 6 #57 – is there an accessible van available to transport individuals to appointments, shopping, etc? is this question for group home only? Transportation service in HCBS-NOW are individualized and designed to meet the person's needs. Not everyone needs an accessible van. <p><u>Overall comments:</u></p> <p>1) Please re-write with stake-holder input.</p> <p>2) Day Hab is not included at all! (perhaps the sections prior to "Employment" were meant to be inclusive of Day Hab)?</p> <p>3) Some categories should be "deemed status".</p>	
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			4) If documentation is required, it should not be for every location! (When it's an agency-wide practice, procedure or policy)?	
4/17/2015	Keokah Sanders, MPA Program Manager with the DD Council	Email	<p>Feedback regarding the Louisiana Non-Residential Provider Self-Assessment tool:</p> <ul style="list-style-type: none"> • Page 2-Physical Location 1-8, remove "Not" and phrase each as question • Page 6-Employment add the following questions: Do employment outcomes reflect the goals and objectives of the individual? Do individuals have adequate work trial assessments prior to job placement? • Page 7-Policy Enforcement-Add the following question: Does paid staff receive training related to expectations of people with developmental disabilities, developing employment/career goals, job discovery, and providing support to obtain and maintain competitive, integrated employment? • In addition to answering self-assessment questions, providers should submit sample documentation displaying actual daily activities/schedules and outcomes of the individuals they 	<ul style="list-style-type: none"> • We appreciate that the wording may be a little awkward, but the survey as designed was created to simplify the response and what actions would need to occur based on that response. A response of No would trigger that a particular area requires action planning on the part of the provider to develop a transition plan that addresses that area.-Detailed training will be provided to explain the survey. • Page 6 • Page 7 • OCDD appreciates the feedback related to type of documentation to be submitted as evidence. This feedback will be included when we provide training. • As we continue to work through this process we will work to provide documents that are understandable by individuals and their families.

			<p>serve.</p> <ul style="list-style-type: none"> • Questions should be in a format that families and individuals with developmental disabilities can understand and provide their input. 	
4/17/2015	Sherry Dillard, Administrator LaSalle Association for the Developmentally Delayed, Inc.	Email	<p>I have reviewed the self-assessment tool for non-residential settings and I believe there are some questions that just don't fit with many of those settings. Of course, I am not familiar with all day programs, but I am familiar with a few. Our program focuses on vocational training and paid work opportunities for the individuals receiving services. There are several paid work options available to the individuals here at the center, as well as mobile crews working in the community. In rural areas where there aren't many job opportunities for anyone, the day program jobs often provide the only paid work choices for the handicapped individual. They are the difference in accomplishing meaningful paid work or staying at home.</p> <p>There are many questions that do not seem to be appropriate for a non-residential survey. People who use our services come here primarily for work training and paid work. Even though there are opportunities for community integration offered, that is not the primary purpose of the program. Non-</p>	<p>Based on feedback received from you and other stakeholders that provide services in non-residential settings, we have modified the assessments. For all services as it relates to the Settings Rule, you will hear OCDD continuously indicate that settings must be integrated and individualized. This means we may have to be more creative about how we provide the services that are offered. It may mean revisiting your employee structure, how community is accessed, etc. As an office we are committed to providing technical assistance and discussing your specific programs.</p> <p>Comments related to the questions you referenced:</p> <ul style="list-style-type: none"> • Question 36--Clarification sentence was added to the assessment "similar to people who do not receive services". • Question 40—Removed the question from the survey • Question 43-- Clarification related to this question will be provided during provider training • Question 47—Reworded and clarification will be provided in training • Question 48—Clarification/training will be provided related to this area. • Question 49—Transportation will need to be evaluated for each individual situation.

			<p>handicapped people do not go to work with the expectation that they will be able to go do things in the community during their work hours. Non-handicapped people have their community time when not working. It seems that all questions concerning community integration would be better addressed in the residential setting survey. Questions 9 and 11, and all the Community Integration section questions reflect this. Non-handicapped workers do not shop, go to church, YMCA, etc., during work hours. This seems to be better suited for the residential area.</p> <p>Question 36 - Non-handicapped workers in the community do not usually have the opportunity to stop work and eat, etc., whenever they want. They have scheduled breaks, lunch, etc. Another question better addressed in residential setting.</p> <p>Question 40 - Vocational training/work setting should not be the place to consume alcohol and do not use work hours to vote. Another residential question.</p> <p>Question 43 - If a person-centered plan calls for money management training, there may be a reason for shopping while attending the day program. Otherwise,</p>	
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			<p>this question should be addressed in residential setting.</p> <p>Question 47 - To my knowledge, non-handicapped workers in most jobs have no opportunity to set their own work schedules, break times, etc.</p> <p>Question 48 - I am not aware that day programs have anything to do with individuals' checking accounts or savings accounts. It has never been our responsibility to have access to that. Another question better suited to residential.</p> <p>Question 49 - Many areas in the state of Louisiana have absolutely no public transportation.</p>	
4/24/2015	Stephanie Patrick, Director of Policy and Planning Advocacy Center	Email	<p>We appreciate the opportunity to provide comments on these self-assessments and recognize that they were created to comply with guidance from the Centers for Medicaid and Medicare Services regarding assessments. However, we believe that these assessments will not solicit information on actual integration from providers.</p> <p>As we noted in our comments to OCDD's draft transition plans last December, The OCDD Supports Waiver Transition Plan states that by November 30, 2014, OCDD will assess all HCBS rules/regulations, related licensing, and</p>	<p>OCDD did complete a review of rules/regulations, related licensing, and policies/procedures to determine degree of compliance. Based on our review it did not appear that changes were needed at this time in those areas. This information was included in the State Wide Transition Plan.</p> <ol style="list-style-type: none"> 1. As part of our assessment process, OCDD is partnering with the LGE offices and they will be conducting onsite visits (10% sample) to confirm that the results are accurate. OCDD does not view this as a one-time activity and the office intends to build this assessment and monitoring

			<p>policies/procedures to determine degree of compliance with HCBS rule for the Supports Waiver.</p> <p>The OCDD Home and Community-Based Services Setting Transition Plan states that by October 31, 2014:</p> <ul style="list-style-type: none"> • Louisiana will assess all HCBS rules/regulations and policies/procedures to determine degree of compliance with HCBS rule. • Louisiana will identify HCBS settings as they potentially conform to the HCBS setting rule and ability to comply in the future. <p>To our knowledge, no results of any such assessments have been published. We believe that these results would assist members of the public in providing input into the self-assessment tools.</p> <p>Additional concerns are as follows:</p> <ol style="list-style-type: none"> 1. Assessing compliance via provider policies and procedures, handbooks and staff training is not adequate. These documents will only serve to demonstrate what is supposed to happen, not what actually happens every day. 	<p>process into our quality framework. It is the office’s intent to regularly evaluate the effectiveness of our processes and modify where needed and we will certainly seek feedback from all stakeholders.</p> <ol style="list-style-type: none"> 2. Based on feedback from our stakeholders, we have modified the assessments, added clarifying statements and it is the office’s intent to address many of the issues noted when training is conducted. 3. Our office has designed a tool to be completed on a quarterly basis with every individual receiving waiver services by the individual’s Support Coordinator. It is further OCDD’s expectation that specific information related to employment outcomes, measurement of those outcomes, etc. will be included in the person centered plan of care. We have designed the document to assure that ongoing discussions are being held as it relates to employment and includes discussions related to outcomes (“Path to Employment”). In addition to developing this tool we have updated our definitions with the recent amendment submitted for Supports Waiver to time limit attendance in prevocational programs. It is our intent to update the definitions in all of our waivers to
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			<p>2. The assessments are not designed to solicit meaningful input or actual assessment of true integration.</p> <p>a. Specific and detailed questions related to activities are not included in the assessments. For example, the provider could be asked about mealtime. Questions would include who sets the menu for the meal, whether people with disabilities provide input into the menu, if the residents have the opportunity to choose where and with whom to eat, and how many individuals without disabilities, excluding paid staff, eat with the residents on average.</p> <p>b. Providers should be asked how many individuals participate each activity. If every participant participates in every activity, it is unlikely the activities are individualized and based on specific interests.</p>	<p>add this time limit.</p> <p>4. Based on feedback from stakeholders we will provide clarification during training as to what is acceptable/meaningful documentation.</p> <p>5. As an office, we will work on simplifying documents where we are able to and provide opportunities to meet and discuss documents/processes so that we are able to assure maximum participation from all stakeholders.</p> <p>6. We appreciate your feedback and will work to incorporate it into our documents and processes.</p> <p>7. OCDD will evaluate quality enhancement operational instructions in place for service providers. As part of this process we will look for opportunities to incorporate specific questions/methods that need to be included in their QE process.</p> <p>8. OCDD is working on the development of a standardized format for Service Providers to use to submit their transition plans. Training and timelines to complete this will be provided and the State wide transition plan will be update to reflect these deadlines.</p>
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			<p>3. Day habilitation and prevocational services under the NOW, the Supports Waiver, and the ROW are often provided in completely segregated settings, and more appropriate integrated services are not offered, or are extremely limited. For each person they serve, providers of these services should be asked the amount of time each person spends in settings with only other individuals with disabilities or groups of such individuals. They should be asked about the extent to which they have obtained appropriate vocational assessments of all individuals, and are working toward meaningful employment for people receiving prevocational services. Prevocational providers should be expected to provide specific information on the goals for their consumers, the</p>	
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			<p>specific outcomes they are trying to achieve, and outcome measurements.</p> <ol style="list-style-type: none"> 4. The assessments do not require meaningful documentation to demonstrate integration. <ol style="list-style-type: none"> a. One example of meaningful documents is requiring providers to provide actual daily and weekly schedules for at least 10% of participants. Providers should be expected to assess the integration of participants based on the schedules and provide the schedules to DHH for outside review. b. Providers should provide sample plans of care or other documentation of individualized planning. These plans of care should demonstrate assessment at regular intervals and regular revisions related to the individual's desires and preferences. 5. The assessment tools are not designed so that individuals with 	
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			<p>disabilities and family members can easily offer meaningful contributions. The questions are complicated and terminology is not easy to understand for individuals and family members. This can only lead to less participation by these individuals, the members of the stakeholder group with the most expertise about whether the service is truly integrated.</p> <p>6. Sheltered workshop and supportive employment providers should be asked more detailed questions about the extent to which employment activity is truly integrated with employment of individuals without disabilities. Specifically, how many of the consumers actually work alongside non-disabled peers? How much of their time do they spend in such settings? How</p>	
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			<p>many work in “work crews” made up only of individuals with disabilities, with the only non-disabled workers being supervisory staff? How much of their time is spent in such settings? What is the amount per hour paid to each participant or, if applicable, the piece-rate paid to each participant? In addition, employment-related service providers should be required to provide specific information regarding the wages paid to participants.</p> <ul style="list-style-type: none"> a. Any report of sub-minimum wage payments should trigger documentation requirements to justify such payments. b. Providers should be required to provide specific data regarding when the last time each individual’s work was evaluated, when they received a raise, why and how much it was. 	
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			<p>c. Providers should be required to provide detailed information on promotions and job changes.</p> <p>7. The agency must develop specific, individual questions on integration adapted to the services this provider type is expected to provide, as outlined in state policies and regulations, to ensure meaningful data.</p> <p>Finally, there are numerous references in the self-assessment to the requirement that providers develop and implement a transition plan if they are out of compliance with these regulations. There are no specifics or deadlines regarding these plans in the self-assessment document. We suggest that the state consider developing more specific requirements related to transition plans to ensure both better compliance and ease in monitoring compliance in the future.</p>	
6/15/2015	Representative Omni House	Email	<p>The following questions were received via email:</p> <ul style="list-style-type: none"> • What if you find them a job but the hours are after the day programs business hours? Will we still be in compliance? • Will the day program be 	<ul style="list-style-type: none"> • They can absolutely get a job with hours outside of the day program business hours. If I understand correctly, you are asking about competitive employment, which would most certainly be in compliance with the settings requirement. • You would want to establish responsibility for

			responsible for getting them to and from work during office hours?	transportation through the person centered planning process. So, you would identify who would be responsible in the plan of care for transportation. If the person is receiving in home services, it may be there DSW that transports them to work; if they live with family it may be a family member that transports them to work; If they are able to access public transportation that may be how they get to/from work; or it may be some combination of paid, natural, community supports to transport to/from work.
6/15/2015	Lorena Deamer	Webinar-training	What is the website where we can get the power points?	http://new.dhh.louisiana.gov/index.cfm/page/1991
6/15/2015	Renee Downing	Webinar-training	What happens if a provider requests a change to the plan of care, but the support coordinator does not make the changes and send out a new CPOC?	OCDD is encouraging the service provider to work first with the SC agency and the LGE offices to resolve these types of issues. If the team is in agreement that the plan of care needs to be updated, but the Support Coordinator is not willing to make the changes, the service provider should first try to contact the support coordinator supervisor assigned to the case. If it is not resolved with the supervisor it should be escalated to the agencies program manager and finally the executive director. If resolution is not agreed upon at the SC agency level, the service provider should contact the LGE office to request assistance. Once all avenues have been explored and exhausted if the issue still has not been resolved than OCDD should be contacted.,
6/15/2015		Webinar	When will the self-assessment be sent out to providers?	The Self-Assessments will be available after training is conducted on 7/13/2015
6/15/2015	Kerrie Latiolais	Webinar	When you say update the POC, do you mean throughout the year? It was our understanding that the quarterly served	OCDD has always intended that the POC be updated as a person's needs changes. In some instances it makes sense to complete all updates/modifications at

			as updates to the CPOC throughout the year.	the quarterly meeting; however, if there is a more pressing need to have it updated sooner than we would certainly encourage the service provider to contact the support coordinator as appropriate.
6/15/2015	James Lewis	Webinar	How will this affect resource allocation? Will individuals need more supports due to person centered planning?	The expectations remain the same in terms of resource allocation. In planning for person's support needs, the team should identify and plan for unsupported time, natural/community supports, and other meaningful day activity. It would seem that in working towards compliance with the settings rule and conducting person centered planning that the new rule should align with our current resource allocation model.
6/15/2015	TaQuana Mason	Webinar	A few years back, we were audited by Social Security and were told that if a person had a disability and received SIL services from us then we had to be the Rep Payee and the person could not have control of their finances. How will this be rectified with the CMS settings rule regarding being responsible for a person's own assets?	OCDD will have to complete additional research related to this.
6/15/2015	Karen Scallan	Webinar	Will families be provided with information or training on what SHOULD happen at their planning sessions so that if it does not happen as it should they will know and they can advocate appropriately? This is very important.	OCDD agrees that it is imperative to provide information and training to individuals and their families so they know what to expect during their planning meetings. OCDD will work with stakeholders to identify and implement a process to do this.
6/15/2015	Nicole Sullivan-Green	Webinar	Comment: Having a Rep payee does not abdicate the responsibility of educating individuals about their monthly income and expense. So they can make decisions like how much spending money can they afford to have after bills are paid or	

			should they save for emergencies, etc.	
6/15/2015	Jacquelyn Zuppardo	Webinar	Will reimbursement rates adequately support the CMS settings rule? Will need to cover staff, insurance, transportation, vehicle upkeep, etc.	At this time, OCDD has not received information that there will be any changes to the rate structure. As an office we are always open to exploring options as it relates to this area.
6/15/2015	Cliff Doescher	Webinar	How will the rules regarding integrated work site/environment affect EDS and Source America contracts both of which require that 75% of the workforce be those persons with disabilities?	Since the current requirement for those programs states that 75% of the workforce must be persons with disabilities, there is room to have people without disabilities working on those contracts to still meet the compliance for both the EDS/State Use Programs and CMS requirements.
6/15/2015		Question submitted in person training	Everything you say sounds great, but it costs more money to do what you are asking. So what financial incentives will DHH provide to allow providers to be more integrated in the community?	At this time, OCDD has not received information that there will be any changes to the rate structure. As an office we are always open to exploring options as it relates to this area.
6/15/2015		Question submitted in person training	Will LRS do all the employment assessments?	LRS will conduct assessments where appropriate.
6/15/2015		Question submitted in person training	<ul style="list-style-type: none"> • Are the resale stores owned/operated by providers considered an integrated setting? • Who is responsible to complete assessments to identify if settings are integrated including if a person is able to work in a competitive setting? • Will providers receive training in writing more individualized emergency and back up plans that are “acceptable” and “approvable” upon submission to the LGE for approval? 	<ul style="list-style-type: none"> • Current business structure would need to be evaluated in order to assure that it meets the requirements to be considered integrated. • Each Service Provider will be responsible to complete a self-assessment for the service types that they provide. For example, if an agency provides vocational services, day habilitation, supported employment (through any or all of our waivers) a non-residential assessment must be completed. If that agency also provides residential services (supported living, IFS, Shared living, family support—for all waiver types) then they will also need to complete the residential

				<p>assessment tool.</p> <ul style="list-style-type: none"> OCDD will look to schedule training and technical assistance in the future for service providers related to writing individualized emergency and back up plans.
6/15/2015		Question submitted in person training	<ul style="list-style-type: none"> Slide 19 says that the PCP should reflect a setting that is chosen by the individual that is integrated. What if the person does not choose an integrated setting? What if the person's behavior or condition prevents them from receiving services out in the community? 	<ul style="list-style-type: none"> Options that have been presented to the person must be documented in the person centered plan. Each person should have an individualized plan to address their specific support needs and preferences. The team should evaluate if those preferences are being considered and assure that behavioral concerns and/or other conditions are being adequately addressed.
6/15/2015		Question submitted in person training	<ul style="list-style-type: none"> In order to have a successful outcome in this project, there needs to be extensive training on "what is person centered planning" and how to develop a person centered plan. How, when, who will be involved in this training? 	OCDD agrees that additional training related to person centered planning may be necessary. We will work with stakeholders to identify opportunities to conduct this training as well as identify how, when and who needs to be involved in the training.

C. Summary of Comments Received 3/18/15-6/30/2015:

During the comment period noted above, OCDD received comments in person and by email. The comments submitted during this time frame focused on the residential and non-residential provider self-assessments. Much of the focus was on areas within the assessment that stakeholders either needed clarification, requesting a change to the document itself, or providing recommendations related to the process. OCDD provided clarification and modified the assessment where appropriate and will incorporate suggestions related to supporting documentation where it is appropriate. Based on feedback from stakeholders, OCDD will identify opportunities to educate individuals and their families on what to expect

at planning meetings. Consideration will also need to be given to other training needed-specifically person centered planning.

III. Louisiana Office of Behavioral Health A.OBH Update to Louisiana Work Plan Master

Action	Date Completed	Plan Update Narrative
Distribute letters to providers describing the transition, criteria for HCB setting, deadlines for compliance, and availability of TA.	4/1/15	The STP was posted to the website describing the transition, criteria for HCB setting, deadlines for compliance, and availability of TA and an email was sent with the link to stakeholders alerting them of the plan.
Draft self-assessment for public review	3/31/15	Provider self-assessment was completed for public review.
Post on website for public notice	4/1/15	Posted on the website. No comments were received.
Circulate to stakeholders	5/1/15	Posted on the website and an email requesting feedback was sent to stakeholders.
Distribute assessment to providers	Ongoing	The assessment has not been sent to providers. Awaiting feedback from the consultant regarding non-Medicaid providers and the effect of the setting rule. Contacted Medicaid eligibility regarding the status of the c waiver members. Formulating a plan to assist in these members transition to avoid an interruption in services, which could be detrimental. Plan to conduct a site visit to assess the providers for the 1915(i) provider in question.
Draft participant survey for public review	4/30/15	Posted on the website and an email requesting feedback was sent to stakeholders.
Post on website for public notice	4/30/15	Posted on the website. No comments were received.
Circulate to stakeholders	6/1/15	Posted on the website and an email requesting feedback was sent to stakeholders.
Distribute participant survey	Ongoing	Awaiting feedback from the consultant regarding non-Medicaid providers and the effect of the setting rule and therefore the affected members. Contacted Medicaid eligibility regarding the status of the c waiver members. Formulating a plan to assist in these c waiver

Action	Date Completed	Plan Update Narrative
		members transition to avoid an interruption in services, which could be detrimental. Will distribute participant surveys once the provider survey is complete for the 1915(i) provider.

B. OBH Public Comments Received 3/18/15-6/30/15:

No comments were received.

C. Summary of Comments: N/A
