

# Progress Tracking for Louisiana Statewide Transition Plan 2016 Q1

## 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
Convene interagency group to manage planning process	9/22/14 –3/20/19	<p>Meetings were held on the following dates during Quarter 1: 01/25,01/26,01/27*,01/28, 02/02,02/04*,03/01*, 03/03*,03/08*,03/10*</p> <p>* Interagency STP Workgroup Meetings to discuss responses to CMS and revise the STP to meet CMS requirements. Included in these meetings were discussions to coordinate timelines where possible.</p>
Develop and update website on a regular basis on external stakeholder comments	10/01/14 –3/20/19	<p>The OAAS website is continually updated with new or revised documents to reflect actions and work completed towards the transition plan.</p> <p>Medicaid submitted a revised Work Plan Master to CMS on 2/12/16. The OAAS transition plan website was updated to include these documents for public and stakeholder review.</p>
Provide training on participant survey*	1/4/16 – 2/29/16*	<p>OAAS quality monitoring staff received training to complete the new participant survey module during the participant interview portion of OAAS' annual</p>

		<p>1915(c) quality monitoring. The participant survey will first be completed during the 2015-16 monitoring period ending June 30, 2016.</p> <p>Training was provided to OAAS regional offices on the new HCBS Settings survey items and their Interpretive Guidelines (IGs) used for monitoring. A tracking sheet for the HCBS Setting survey items was developed and distributed to regional offices as well.</p> <p>*Previously scheduled to begin 11/1/15 but was pushed to early 2016 when timelines were adjusted.</p>
Develop monitoring instrument to ensure setting compliance.	6/1/15-1/29/16	<p>Timelines for developing monitoring instruments were adjusted:</p> <ul style="list-style-type: none"> <li>- Participant surveys were developed 1/11/16</li> <li>- Site assessment tool was developed 1/29/16</li> <li>- Questions will be added to the SC Contact Documentation form for SCs to complete during their quarterly, face-to-face visit with participants to monitor for setting compliance.</li> </ul>
Conduct site visits*	2/1/16 – 6/30/16*	<p>OAAS will begin conducting site visits of its providers beginning in late Spring 2016.</p> <p>*Previously scheduled to begin 7/1/15 and conclude 12/31/15; however, dates were pushed back after receipt of CMS' response to transition plan to allow for revisions. Timelines were adjusted.</p>
Modify self-assessment tool and participant survey based on stakeholder comments.	Self-Assessment: 4/15/15-4/22/15	No comments were received during the public comment period for both the provider self-assessment and participant survey. However,

	Participant Survey 2/1/16	questions were clarified or re-worded for the self-assessment based on provider feedback during the 4/30/15 provider meeting.
Distribute assessment to providers.	5/4/15-6/12/15  Second round of provider self-assessments completed 3/18/16-4/8/16	Initial round of provider self-assessments were completed May-June of 2015. A second round of provider self-assessments began in 2016 to maximize provider participation.  Following the second round of assessments, 100% of ADHC providers completed a self-assessment. An updated provider self-assessment summary report was uploaded to the OAAS website on April 13, 2016, and will be uploaded to the CMS portal.
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 17, 2019.	1/1/2016-2/28/17	Providers that require corrective action plans from the self-assessment process were identified and corrective action plans are in development. Letters informing providers of corrective action plans and remediation steps will be mailed out to providers beginning in the second quarter of 2016.
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  Implementation Phase 3/1/17-3/1/18	If any providers fail to remediate identified issues to the satisfaction of DHH regarding the HCBS Settings Rule, they will be disenrolled as HCBS providers beginning March 2017.
A transition plan will be developed for participants needing to transfer to an appropriate HCB setting. Individuals will be given timely notice and a choice of	3/1/17-3/1/18	OAAS has drafted a process for transferring individuals to approved HCBS if necessary and will finalize this process over the next few months.

alternative providers. Transition of individuals will be tracked to ensure successful placement and continuity of service.		
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## B.OAAS Public Comments Received 1/1/16 – 3/31/16

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No Public Comments were received.

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C. OAAS Summary of Comments: N/A

## II. Louisiana Office for Citizens with Developmental Disabilities

### A. OCDD Update to Louisiana Work Plan Master

Action	Date(s) and Status	Plan Update Narrative
Convene Interagency group to manage planning process	9/22/14 and continuing through 3/2019	<p><b>3/31/2016 Update:</b></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="http://new.dhh.louisiana.gov/index.cfm/page/2313">http://new.dhh.louisiana.gov/index.cfm/page/2313</a></li> <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>
Support ongoing stakeholder communications	11/2014 and ongoing through 3/2019	<p><b>3/31/2016 Update:</b></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> </ul>

Action	Date(s) and Status	Plan Update Narrative
		<ul style="list-style-type: none"> <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> <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>OCDD will continue to provide technical assistance to all service provider agencies as requested (will partner with LGE offices where appropriate)</p>
Collect all public comments. Synthesize comments and develop responses to comments (Will go into transition	Begin 9/2014 and ongoing through	3/31/16-No comments received during this quarter

Action	Date(s) and Status	Plan Update Narrative
plan for CMS).	3/2019	
Review licensure, certification, policy/procedure and provider qualifications	<p>Initial Review: 10/1/14 – 10/31/14</p> <p>In-depth Analysis: 2/2016 – 3/20/2016</p>	3/18/16 In-depth analysis completed-Attached with this submission (OCDD Crosswalk 2016MAR Residential Settings(3) and OCDD Crosswalk 2016MAR Non-Residential Settings (3)).
Provider assessments due to LGE offices.	<p>9/30/15</p> <p>Adjusted timeframe- 2/5/2016</p>	<p>12/9/2015—Based on feedback from the LGE offices not all providers have complied with submission of their assessments. OCDD will partner with LGE offices to draft another communication to providers explaining the process and how and where to submit assessments. In addition to this a tracking mechanism has been developed to assure that each LGE office identify all service providers in their area and the submission of their self-assessments.</p> <ul style="list-style-type: none"> <li>• Follow up strategies will be developed to assure that all assessments are received</li> </ul> <p><b>Update 3/31/2016</b></p> <p>1/28/16-follow up letter sent to all providers regarding submission of provider self-assessments to the local office</p> <ul style="list-style-type: none"> <li>• The following process was developed to address compliance by Providers to submit self-assessments: -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> </ul>

Action	Date(s) and Status	Plan Update Narrative
		<p>-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).</p> <p>-If the provider still does not comply with request from LGE office, LGE should submit names of those providers to OCDD</p> <p>-OCDD to follow up with those providers</p> <p>-If Provider fails to comply OCDD will follow up with appropriate action.</p>
Conduct site visits.	1/1/16 - 5/31/16	<p><b>Update 3/31/2016</b></p> <p>The LGE offices have started to complete site visits. State Office has participated when requested.</p>
Identify and send letters to providers who are not compliant with HCBS settings rule.	1/1/16 - 5/16	3/23/16-Letter template drafted-awaiting approval to send to LGE offices to use.
Based on crosswalk outcomes of all licensing, certification, policy/procedures, and provider qualifications address any areas of concern to strengthen language to align with CMS rule.	1/1/16 - 12/31/16	<p><b>3/31/2016 Update:</b></p> <p>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.</p>
Evaluate current plan of care format/process, rights/responsibilities, other waiver forms and update as appropriate to align with the rule.	3/14/16 - 5/31/16	3/7/2016-initiated discussions internally in preparation to begin work with stakeholder workgroup. Workgroup will begin meeting in April 2016. Anticipated completion of preliminary phase May 2016.
Practical performance measures are created to ensure	1/1/16 - 12/31/16	<b>3/31/2016 Update:</b>



Action	Date(s) and Status	Plan Update Narrative
providers continue to meet the HCB Settings rule.		Meetings initiated with Medicaid Program Support and Waivers related to establishing practical performance measures as part of the NOW renewal. Group met on 2/24/16, 3/1/16 and 3/15/16.
Evaluation of existing quality framework and identify mechanisms to measure long term ongoing compliance.	7/1/16 - 12/31/16	<b>3/31/2016 Update:</b> Meetings initiated with Medicaid Program Support and Waivers related to modifications to monitoring processes via the Support Coordination monitoring tool. Group met on 2/24/16, 3/1/2016 and 3/15/2016.

### B.OCDD Public Comments Received 1/1/16 – 3/31/16

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No Public Comments were received.

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### C. OCDD Summary of Comments Received 11/1/16 – 3/31/16

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N/A

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

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Action	Date(s) Status	Plan Update Narrative
Convene interagency group to manage planning process	Began 9/22/14 and continuing through 3/2019	Interagency STP workgroup meetings were held on the following dates: 2/4/16 and 3/1/16.
Support ongoing stakeholder communications	Updated 1/15/16	Updated website with current status for STP and state response to CMS.
Draft self-assessment tool and member survey.	Completed 1/12/16	OBH worked with the CSoC contractor (Magellan) to revise the provider self-assessment survey and member survey, which include compliance questions and scoring guidance.
Post assessment and survey on the website.	Completed 1/12/16	Posted description of revised provider and member questions and monitoring process to OBH and Magellan websites.
Circulate self-assessments and surveys to stakeholder groups.	Completed 1/12/16	Magellan emailed Wraparound Agencies and providers.
Provide training to the providers	Completed 2/24/16	Completed training on member surveys with Wraparound Agencies (WAAs) via conference call.
Modify participant survey based on comments	Completed 2/26/16	OBH worked with Magellan to revise the member survey based on questions/comments received during a 30-day public comment period and on the training call.
Distribute participant survey.	Completed 2/26/16	Magellan distributed the member survey to the WAAs.

## B.OBH Public Comments Received 1/1/16 – 3/31/16

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	To ensure compliance, 100% of participants will be surveyed. Other compliance strategies being implemented include provider assessments and site visits by Magellan.

		NOT be in compliance with the HCBS setting 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.?”

### C. Summary of Comments Received: 1/1/16 – 3/31/16

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Comments and questions were sent in response to dissemination of the provider self-assessment and participant survey questions. All comments were already addressed in the scoring guidance or other action steps in the STP.

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