

Appendix A – OCDD HCBS Settings Analysis

This chart represents the OCDD HCBS Settings Analysis described as settings rather than services.

OCDD HCBS Settings Analysis

SETTINGS PRESUMED TO BE FULLY COMPLIANT WITH HCBS CHARACTERISTICS
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
SETTINGS MAY BE COMPLIANT, OR WITH CHANGES WILL COMPLY WITH HCBS CHARACTERISTICS
Prevocational Settings
Day Habilitation Settings
Supported Employment – Group/mobile crew settings
SETTINGS ARE PRESUMED NON-HCBS BUT EVIDENCE MAY BE PRESENTED TO CMS FOR HEIGHTENED SCRUTINY REVIEW
Provider Owned or Controlled Settings
SETTINGS DO NOT COMPLY WITH HCBS CHARACTERISTICS
None Identified

Appendix B: Crosswalk of Regulations and Associated Documents

Office of Aging and Adult Services

Description of Service/Setting: Non-Residential Settings

Specific Requirement	Regulation	Other ¹	Outcome
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 48:I.4201; LAC 48:I.5079; LAC 50:XXI.2103		Supported in current documents and policies
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.		Rights and Responsibilities for Applicants/Participants of HCB Waiver Services (OAAS-RF-10-005, EFF. 9-2-14)	Supported in current documents and policies
Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	LAC 48:I.5029; LAC 48:I.4239, 4261,4265; LAC 50:XXI.529	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)	Supported in current documents and policies

¹ Other refers to policy, licensing, certifications, procedures, manuals, and provider qualifications

Specific Requirement	Regulation	Other ¹	Outcome
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 48:I.4233, 5039,5041, 5049; LAC 50:XXI.2303		Supported in current documents and policies
Facilitates individual choice regarding services and supports, and who provides them.	LAC 48:I.5035; 4255,4273,4277, 4279,4281,4283	Rights and Responsibilities of HCBSW (OAAS-RF-10-005, EFF. 9-2-14)	Supported in current documents and policies
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.			N/A. Rules prohibit participant from living in a provider setting. See La Register- Vol. 37, No. 9, September 2011, page 2562, §8307.J-K
Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.			N/A-OAAS participants live in private residences.
Individuals sharing units have a choice of roommates in that setting.		Rights and Responsibilities of HCBSW (OAAS-RF-10-005, EFF. 9-2-14)	N/A – OAAS participants live in private residences.

Specific Requirement	Regulation	Other ¹	Outcome
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.			N/A- OAAS participants live in private residences.
Individuals have the freedom and support to control their own schedules and activities	LAC 48:I.5029,4241 ;LAC 50:30701;LAC 50:4253; LAC 50:XXI.540,4243		Supported in current documents and policies
Meals must be served in a manner suitable for the client and prepared and offered with regard for individual preference.	LAC 48:I.4253, 4273		Supported in current documents and policies; however, additional language will be added to the ADHC provider manual strengthening individual preference with regard to food participant's selection and dining options.
Individuals are able to have visitors of their choosing at any time.			N/A- OAAS participants live in private residences. While at the ADHC, any individual may visit the center.
The setting is physically accessible to the individual.	LAC 48:I.5031,5073; LAC 50:4289,4291,4293; LAC 50:5073		Supported in current documents and policies

Office for Citizens with Developmental Disabilities

Description of Service/Setting: Non-Residential Settings

Specific Requirement	Regulation	Other ²	Outcome
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; Title 50, Part XXI, Subpart 11, Chapter 137, §13701; Title 50, Part XXI, Subpart 13, Chapter 161, §16101 LAC Title 50, Part XXI, Chapter 57, §5703	Guidelines for Support Planning, 1.1.	Need to strengthen language on integrated settings in NOW and ROW. . Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver.

² Other refers to policy, procedures, manuals, and provider qualifications

Specific Requirement	Regulation	Other ²	Outcome
<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 service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>DD Law - Rights of Individuals RS 28:452.1;</p> <p>Principles of DD System RS28:452.2;</p> <p>Title 50, Part XXI, Subpart 13, Chapter 161, §16103;</p> <p>Title 50 Part XXI, Subpart 11, Chapter 137, §13907.B</p>	<p>Support Coordination Performance Agreement, #11</p>	<p>Supported in current documents</p>
<p>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>DD Law - Rights of Individuals RS 28:452.1</p> <p>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards, Subchapter E. Client Protections, §5049</p>	<p>Participants Rights and Responsibilities</p>	<p>Supported in current documents.</p>

Specific Requirement	Regulation	Other ²	Outcome
<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>DD Law - Rights of Individuals RS 28:452.1</p> <p>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards, Subchapter E. Client Protections, §5049</p> <p>Title 50, Part XXI, Subpart 11, Chapter 137, §13701;</p> <p>Title 50, Part XXI, Subpart 13, Chapter 161, §16101</p>	<p>Support Coordination Performance Agreement #11</p>	<p>This requirement is met in different ways in different waivers. Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver.</p>

Specific Requirement	Regulation	Other ²	Outcome
Facilitates individual choice regarding services and supports, and who provides them.	<p>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards, Subchapter E. Client Protections, 5049</p> <p>Title 50 Part XXI, Subpart 11, Chapter 137, §13701</p> <p>Title 50 Part XXI, Subpart 11, Chapter 139, §13901</p>	Support Coordination Performance Agreement #11	Choice is required in waivers.
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.	Not Applicable	Not Applicable	Not a residential setting

Specific Requirement	Regulation	Other ²	Outcome
Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	Not Applicable	Not Applicable	Not a residential setting
Individuals sharing units have a choice of roommates in that setting.	Not Applicable	Not Applicable	Not a residential setting
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	Not Applicable	Not Applicable	Not a residential setting
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, Subchapter E. Client Protections, §5049	Guidelines for Support Planning, 5.4 Flexible Hours Support Coordination Performance Agreement #11	No mention of having access to food or controlling access to food Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver.
Individuals are able to have visitors of their choosing at any time.	DD Law - Rights of Individuals RS 28:452.1		No mention of controlling access to visitors. Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver.

Specific Requirement	Regulation	Other ²	Outcome
The setting is physically accessible to the individual.	DD Law - Rights of Individuals RS 28:452.1; LAC Title 48, Part I, Chapter 50 HCBS Providers Licensing Standards, Subchapter L. §5094, A		Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver.

Office for Citizens with Developmental Disabilities

Description of Service/Setting: Residential Settings

Specific Requirement	Regulation	Other ³	Outcome
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; Title 50, Part XXI, Subpart 11, Chapter 137, §13701; Title 50, Part XXI, Subpart 13, Chapter 161, §16101	Guidelines for Support Planning, 1.1.	This requirement is met in different ways in different waivers. Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver.

³ Other refers to policy, procedures, manuals, and provider qualifications

Specific Requirement	Regulation	Other ^s	Outcome
<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 service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>DD Law - Rights of Individuals RS 28:452.1; Principles of DD System RS28:452.2; Title 50, Part XXI, Subpart 13, Chapter 161, §16103; Title 50 Part XXI, Subpart 11, Chapter 137, §13907.B.</p>	<p>Support Coordination Performance Agreement #11</p>	<p>Supported in current documents.</p>
<p>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>DD Law - Rights of Individuals RS 28:452.1 LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards, Subchapter E. Client Protections, §5049</p>	<p>Participants Rights and Responsibilities</p>	<p>Supported in current documents.</p>

Specific Requirement	Regulation	Other ^s	Outcome
<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>DD Law - Rights of Individuals RS 28:452.1</p> <p>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards, Subchapter E. Client Protections, §5049</p> <p>Title 50, Part XXI, Subpart 11, Chapter 137, §13701;</p> <p>Title 50, Part XXI, Subpart 13, Chapter 161, §16101</p>	<p>Support Coordination Performance Agreement #11</p>	<p>This requirement is met in different ways in different waivers.</p> <p>Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver.</p>

Specific Requirement	Regulation	Other ^s	Outcome
<p>Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards, Subchapter E. Client Protections, 5049</p> <p>Title 50 Part XXI, Subpart 11, Chapter 137, §13701</p> <p>Title 50 Part XXI, Subpart 11, Chapter 139, §13901</p>	<p>Support Coordination Performance Agreement #11</p>	<p>Choice is required in waivers.</p>
<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 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>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards, Subchapter C, §5037</p>		<p>Almost all services are provided in residence of individual or family of individual, which implies the setting is leased, owned, or rented. Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver. .</p>

Specific Requirement	Regulation	Other ^s	Outcome
Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	LAC Title 48, Part I, Chapter 50 HCBS Providers Licensing Standards, Subchapter L. §5094, A.		Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver.
Individuals sharing units have a choice of roommates in that setting.	LAC Title 48, Part I, Chapter 50 HCBS Providers Licensing Standards, Subchapter L. §5094, A. Title 50, Part XXI, Subpart 13, Chapter 163, §16303, 16305 Title 50 Part XXI, Subpart 11, Chapter 137, §13901, B		Choice is required in waivers.
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.			Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver.

Specific Requirement	Regulation	Other ^s	Outcome
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, Subchapter E. Client Protections, §5049	*Guidelines for Support Planning, 5.4 Flexible Hours Support Coordination Performance Agreement #11	No mention of having access to food or controlling access to food. Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver.
Individuals are able to have visitors of their choosing at any time.	DD Law - Rights of Individuals RS 28:452.1		No mention of controlling access to visitors. Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver.
The setting is physically accessible to the individual.	DD Law - Rights of Individuals RS 28:452.1; LAC Title 48, Part I, Chapter 50 HCBS Providers Licensing Standards, Subchapter L. §5094, A.		Establish one requirement for all OCDD waivers to support this specific requirement and reference in each specific OCDD waiver. .

Office of Behavioral Health

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

Specific Requirement	Regulation	Other ⁴	Outcome
<p>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.</p>	<p>N/A</p>	<p>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.</p> <p>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, 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)</p>	<p>This degree of integration is not prohibited by OBH.</p>
<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 service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>N/A</p>		<p>Residential services are not included in the CSoC waiver. Setting selection is not prohibited by OBH.</p>

⁴ Other refers to policy, procedures, manuals, and provider qualifications

Specific Requirement	Regulation	Other ⁴	Outcome
<p>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>Louisiana Register, Title 50, Part XXXIII, Chapter 3, Section 305D, 1-3</p>	<p>The Member Bill of Rights, as found in the CSoc Member Handbook, indicates that members have the right to be treated with respect, treated 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 cruel, severe, unusual or unnecessary punishment."</p>	<p>This is supported by policy and regulation.</p>

Specific Requirement	Regulation	Other ⁴	Outcome
<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>N/A</p>	<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 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)</p>	<p>This is supported by policy.</p>

Specific Requirement	Regulation	Other ⁴	Outcome
Facilitates individual choice regarding services and supports, and who provides them.	N/A	<p>The CSoC Member Handbook indicates that members have freedom of choice of providers.</p> <p>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.</p>	This is supported by policy.
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.	N/A		Residential services are not included in the CSoC waiver. Setting selection is not prohibited by OBH
Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	N/A		Residential services are not included in the CSoC waiver. Setting selection is not prohibited by OBH

Specific Requirement	Regulation	Other ⁴	Outcome
Individuals sharing units have a choice of roommates in that setting.	N/A		Residential services are not included in the CSoC waiver. Setting selection is not prohibited by OBH.
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	N/A		Residential services are not included in the CSoC waiver. Setting selection is not prohibited by OBH.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	N/A		Residential services are not included in the CSoC waiver. Setting selection is not prohibited by OBH.
Individuals are able to have visitors of their choosing at any time.	N/A		Residential services are not included in the CSoC waiver. Setting selection is not prohibited by OBH.

Specific Requirement	Regulation	Other ⁴	Outcome
The setting is physically accessible to the individual.	LAC 48:I, Chapter 56, Subchapter I		This is supported by regulation.

Appendix C – Estimate of the Number of Settings by Category for Each Office

Office Setting Estimates:

Description of Settings	OAAS*	OCDD	OBH
Setting presumed to be fully compliant with HCBS Characteristics	5, 132	11,360 18 Non-Residential Sites	1,600
Settings may be compliant, or with changes will comply with HCBS Characteristics	34 – Adult Day Health Care Centers	168 Non-Residential Sites	None
Settings are presumed non-HCBS but may be presented to CMS for heightened scrutiny review	1 – Adult Day Health Care Center located on the grounds of, or adjacent to a public institution	2 Vocational Program	12
Do not comply with the new rule	0	0	0

*Estimates based on OAAS waiver population on 12/7/15

Appendix D: Plan for Review and Assessment

Office of Aging & Adult Services Plan for Review and Assessment* Revised 12/16/15

Action	Community Choices Waiver	Adult Day Health Care Waiver
Review licensure, certification, policy and procedures, and provider qualifications	10/17/14 – 11/30/14	10/17/14 – 11/30/14
Draft self-assessment for public review	3/13/15	3/13/15
Post on website for public notice	3/16/15	3/16/15
Circulate to stakeholders	3/16/15 – 4/15/15	3/16/15 – 4/15/15
Distribute assessment to providers	5/6/15 – 6/12/15	5/6/15 – 6/12/15
Conduct site visits	2/1/16	2/1/16
Assessment from providers due to OAAS	6/12/15	6/12/15
Analyze Findings from self-assessment and site visits	Self-Assessment: 6/15/15 – 8/31/15 Site Visits: By 7/11/16*	Self-Assessment: 6/15/15 – 8/31/15 Site Visits: By 7/11/16
Post Findings	Self-Assessment: 9/4/15 Site Visits: by 7/18/16	Self-Assessment: 9/4/15 Site Visits: by 7/18/16
Submit to CMS as a Final Report	8/1/16	8/1/16
Draft participant survey for public review	ADHC: 8/1/15 General (all waiver participants): 1/11/16	ADHC: 8/1/15 General (all waiver participants): 1/11/16
Post on website for public notice	ADHC: 8/6/15 General: 1/12/16	ADHC: 8/6/15 General: 1/12/16
Circulate to stakeholders	ADHC: 8/7/15 – 9/9/15 General: 1/12/16 – 2/11/16	ADHC: 8/7/15 – 9/9/15 General: 2/11/16

Action	Community Choices Waiver	Adult Day Health Care Waiver
Distribute participant survey	3/1/16 – 6/30/16	9/1/16 (beginning of 1915(c) monitoring period)3/1/16 – 6/30/16
Participant survey due to OAAS	6/30/16(end of 1915(c) monitoring period)	6/30/16 (end of 1915(c) monitoring period)
Analyze Findings	By 7/11/16	By 7/11/16
Post Findings	By 7/18/16	By 7/18/16
Submit to CMS as Final Report	8/1/16	8/1/16

OCDD Program Review and Assessment* Revised 12/16/15

Action Step for All Waivers	Children’s Choice Waiver	New Opportunities Waiver	Supports Waiver	Residential Options Waiver
Review licensure, certification, policy/procedures and provider qualifications	10/1/14 – 10/31/14 In depth analysis will be completed during 1/2016 and 2/20/16 with final results being provided to CMS 3/20/16*	10/1/14 – 10/31/14 In depth analysis will be completed during 1/2016 and 2/20/16 with final results being provided to CMS 3/20/16*	10/1/14 – 10/31/14 In depth analysis will be completed during 1/2016 and 2/20/16 with final results being provided to CMS 3/20/16*	10/1/14 – 10/31/14 In depth analysis will be completed during 1/2016 and 2/20/16 with final results being provided to CMS 3/20/16*

<p>Prepare list of settings subject to new rule. Classified as:</p> <ol style="list-style-type: none"> 1. Clearly meets HCBS Settings Rule 2. With modifications, will meet new settings rule 3. Meets CMS close scrutiny review 4. Unclear if new setting rule will be met <p>* 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.</p>	Completed 10/6/14 12/2015*	Completed 10/6/14 12/2015*	Completed 10/6/14 12/2015*	Completed 10/6/14 12/2015*
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.	2/1/2015 Completed	2/1/2015 Completed	2/1/2015 Completed	2/1/2015 Completed
Post assessments on the website	3/18/2015 Completed	3/18/2015 Completed	3/18/2015 Completed	3/18/2015 Completed
Circulate self-assessments to stakeholder groups	3/18/15-4/30/2015 Extended public comment period through 5/2015*	3/18/15-4/30/2015 Extended public comment period through 5/2015*	3/18/15-4/30/2015 Extended public comment period through 5/2015*	3/18/15-4/30/2015 Extended public comment period through 5/2015*
Modify self-assessment tool based on stakeholder comment	4/19/2015-4/30/2015* Completed	4/19/2015-4/30/2015* Completed	4/19/2015-4/30/2015* Completed	4/19/2015-4/30/2015* Completed

Provide training to providers	Big Picture Training 6/15/2015* Self-Assessment Training 7/13 and 7/20/2015- Completed*	Big Picture Training 6/15/2015* Self-Assessment Training 7/13 and 7/20/2015- Completed*	Big Picture Training 6/15/2015* Self-Assessment Training 7/13 and 7/20/2015- Completed*	Big Picture Training 6/15/2015* Self-Assessment Training 7/13 and 7/20/2015- Completed*
Distribute assessment to providers	Service Providers to begin conducting assessments after completion of training 7/13/2015- 7/20/2015*	Service Providers to begin conducting assessments after completion of training 7/13/2015- 7/20/2015*	Service Providers to begin conducting assessments after completion of training 7/13/2015- 7/20/2015*	Service Providers to begin conducting assessments after completion of training 7/13/2015- 7/20/2015*
Provider assessments due to local government entities (LGE) offices *Follow up strategies to be developed to assure all assessments are received.	9/30/2015 1/1/2016*	9/30/2015 1/1/2016*	9/30/2015 1/1/2016*	9/30/2015 1/1/2016*
Training for LGE visits regarding rule and method for conducting site visits/desk audits	10/5/2015* Completed	10/5/2015* Completed	10/5/2015* Completed	10/5/2015* Completed
OCDD to provide LGE offices with sample of service provider agencies for review	12/31/2015*	12/31/2015*	12/31/2015*	12/31/2015*
Conduct Site Visits	1/1/2016- 5/31/2016*	1/1/2016- 5/31/2016*	1/1/2016- 5/31/2016*	1/1/2016- 5/31/2016*
Monthly progress reported by LGE offices related to site visits/desk audits	2/1/2016*	2/1/2016*	2/1/2016*	2/1/2016*
Completion of validation visits	5/31/2016*	5/31/2016*	5/31/2016*	5/31/2016*
Analysis of findings from site visits and assessments	6/30/2016*	6/30/2016*	6/30/2016*	6/30/2016*
Identify any settings that require heightened scrutiny	1/1/2016- 5/31/2016*	1/1/2016- 5/31/2016*	1/1/2016- 5/31/2016*	1/1/2016- 5/31/2016*
Draft participant survey for public review	1/31/2016*	1/31/2016*	1/31/2016*	1/31/2016*
Post participant survey on the website and circulate to stakeholders	2/1/2016*	2/1/2016*	2/1/2016*	2/1/2016*
Modify participant survey based on comments	3/15/2016*	3/15/2016*	3/15/2016*	3/15/2016*
Provide training on participant survey	3/31/2016*	3/31/2016*	3/31/2016*	3/31/2016*

Distribute participant survey	4/1/2016*	4/1/2016*	4/1/2016*	4/1/2016*
Participant survey due	5/31/2016*	5/31/2016*	5/31/2016*	5/31/2016*
Analysis of participant survey findings	6/30/2016*	6/30/2016*	6/30/2016*	6/30/2016*
Analysis of other available OCDD participant data (NCI results)	6/30/2016*	6/30/2016*	6/30/2016*	6/30/2016*
Completion of all preliminary assessment activities	6/30/2016*	6/30/2016*	6/30/2016*	6/30/2016*
Analysis of finding from preliminary assessment process.	6/30/2016*	6/30/2016*	6/30/2016*	6/30/2016*
Draft report of findings	7/31/2016*	7/31/2016*	7/31/2016*	7/31/2016*
Post report of findings on website and circulate for stakeholder feedback	8/1/2016*	8/1/2016*	8/1/2016*	8/1/2016*
Respond/address stakeholder input	9/1/2016*	9/1/2016*	9/1/2016*	9/1/2016*
Submit final report to CMS related to preliminary assessment activities	9/30/2016*	9/30/2016*	9/30/2016*	9/30/2016*

OBH Program Review and Assessment* Revised 12/16/15

Action	Coordinated System of Care
Draft self-assessment for public review	3/25/15 – 3/31/15
Post on website for public notice	4/1/15
Circulate to stakeholders	4/1/15 – 5/1/15
Provider Self-Assessments	2/1/16 forward
Conduct site visits	2/1/16 forward
Analyze Findings from self- assessment and site visits	2/1/16 – 6/30/16
Post Findings	7/30/16
Submit to CMS as a Final Report	8/30/16

Draft participant survey for public review	By 4/30/15
Post on website for public notice	5/1/15
Circulate to stakeholders	5/1/15 – 6/1/15
Survey participants	2/1/16 forward
Analyze Findings	2/1/16 – 6/30/16
Post Findings	7/30/16
Submit to CMS as Final Report	8/30/16

Appendix E – Sampling Methodologies, Site Visit Processes, and Data Validation Approach

OAAS Sampling Methodology, Site Visit Process, and Data Validation

I. Sampling Methodology

- a. **Site Specific Assessments (Provider Self-Assessments and Site Visits):** OAAS will conduct assessments for a representative, statistically valid (95% CI) sample of ADHC centers. For those ADHC providers appearing in the sample, self-assessment data and corrective action plans (if required) will be used. If no self-assessment was completed, OAAS staff will conduct a site visit and require a corrective action plan (if necessary) to ensure compliance. We anticipate that 50% of providers in the sample will use self-assessment data and 50% use data from site visits to demonstrate compliance.
- b. **Support Coordinator Contacts:** OAAS support coordinators will monitor 100% of participants during their quarterly in-home visits.
- c. **Participant Interviews:** OAAS will interview a representative, statistically valid sample of waiver participants (95% CI) as part of its annual 1915(c) quality assurance monitoring.

II. Site Specific Assessment Process

- a. **Provider Self-Assessments:** ADHC providers completed self-assessments during May 2015 and a summary analysis of the self-assessment process was posted to the OAAS website on 9/4/15 for public review. During early 2016, providers requiring corrective action plans will be notified and plans containing timelines must be approved and implemented by 6/30/16. OAAS staff will verify whether each provider successfully implements their approved corrective action plan. All corrective action plans must be fully implemented, to the satisfaction of OAAS/DHH, by 12/31/16.
- b. **OAAS will conduct site visits for those ADHC centers appearing in the sample who did not submit a self-assessment.** An analysis of the process will be completed by July 2016. If necessary, providers will be required to implement a DHH-approved corrective action plan to address any violations with the Settings Rule. Providers requiring a corrective action plan must submit a plan with timelines detailing how they will address compliance issues identified by OAAS by September 1, 2016. OAAS will verify whether the provider successfully implemented their approved corrective action plan. All plans must be fully implemented, to the satisfaction of OAAS/DHH by 4/30/17. A tool for assessing service settings will be developed jointly between OAAS, OBH, OCDD, and Medicaid.

III. Data Validation

- a. Support Coordinator Contacts: Support coordinators will be trained to assess participants' living environments to ensure they align with the Settings Rule (i.e. ensure participant is not isolated, living in congregate setting, etc.). Support coordinators will visit participants in their homes at least once every quarter and will document their findings. If any violations of the Settings Rule are identified, the support coordinator will alert OAAS for follow-up.
- b. Participant Interviews: OAAS will work with OCDD to develop questions to be included in the annual 1915(c) quality assurance monitoring process. OAAS monitors will visit a representative sample of participants in their homes and interview them about their experience with their services as it pertains to the Settings Rule.

OCDD Site Assessment Process/Data Validation/Monitoring

Residential (includes all IFS type services, Family Support services, Shared living services, Substitute Family Care, Host Home services, Habilitation-in home Supports Waiver)

- A. 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 in compliance. Agencies providing this service type should complete the demographic page of the provider self-assessment and should select the appropriate option at the end of the assessment to sign off that they are in compliance. This information must be submitted to the LGE office.
- B. For agencies providing in home types of services for all OCDD 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 must complete the assessment entirely (answer all questions), select appropriate option at the end of the assessment and submit the full assessment to the LGE office.
 1. At least 1 self-assessment per provider per region for each location in that region must be completed and while we are not requiring a separate assessment per service type (IFS, Substitute Family Care, Host Home), we would strongly encourage providers to consider a separate assessment for each service type.
- C. If a provider is not in compliance, they must complete a transition plan using the OCDD approved template that details action steps to bring all their settings into compliance. While a service provider may opt to complete multiple assessments per service type, OCDD would encourage that an agency complete one transition plan incorporating action steps for all service types into one transition plan document. The transition plan must be submitted to the LGE office for review/approval. It is OCDD's expectation that regular updates will be provided to the LGE office related to progress in implementation of transition plan at least on a quarterly basis; however, it is at the LGEs discretion if they would like updates more frequently.

Non-Residential (includes all vocational types of services, including supported employment, pre-vocational services, Employment Related Training, Day Habilitation)

- A. For 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 service type should complete the demographic page of the provider self-assessment and should select the appropriate option at the end of the assessment to sign off that they are in compliance. This information must be submitted to the LGE office.
- B. For agencies providing center-based and or group types of employment including prevocational services, supported employment mobile crews, and day habilitation, the service provider must complete the entire assessment answering all questions, select appropriate option at the end of the assessment and submit the full assessment to the LGE office.
 1. At least 1 self-assessment per provider per region must be completed. While OCDD is not requiring a separate assessment per service type (day habilitation, supported employment, prevocational services, etc.), we would strongly encourage the provider consider a separate assessment per service type.
- C. If a provider is not in compliance, they must do a transition plan using the OCDD approved template that details action steps to bring all their settings into compliance. While a service provider may opt to complete multiple assessments per service type, OCDD would encourage that an agency complete one transition plan incorporating action steps for all service types into one transition plan document. The transition plan must be submitted to the LGE office for review/approval. It is OCDD's expectation that regular updates will be provided to the LGE office related to progress in implementation of transition plan at least on a quarterly basis; however, it is at the LGEs discretion if they would like updates more frequently.

If an agency provides both residential and non-residential types of service for OCDD waiver types, the expectation is that the agency will complete both the residential and the non-residential self-assessment and submit all assessments to the LGE office.

Sample

- All service providers for all identified service types will be included in sample pool
- A sample size of 20% will be selected for Residential Services and a desk audit and/or site visit will be conducted for each agency in the sample (10% site visit/10% desk audit)

- A sample size of 20% will be selected for Non-Residential Services and a desk audit and/or site visit will be conducted for each agency in the sample (10% site visit/10% desk audit)
- The sample will be forwarded to the LGE office identifying those agencies that must have a site visit and those that a desk audit will be completed
- LGE will schedule site visits and/or request supporting documentation demonstrating compliance
- If the LGE chooses to do so they can visit additional providers not included in the sample
- OCDD will provide a tracking document to identify all providers in their area, receipt of assessment, and results of review
- Tracking information will be submitted to OCDD Central Office for review
- If a provider is identified as not being in compliance, the LGE office will request a transition plan (corrective action plan) with specific strategies for how the provider intends to come into compliance and specific target dates outlined.
- The LGE will be responsible to review/approve transition plans and identify target dates for updates. If necessary the LGE may conduct follow up visits to assure strategies are being implemented.
- A tracking mechanism will be provided to the LGE offices to monitor quarterly updates and progress-Reports will be submitted to OCDD to be included in the updates to be provided to CMS.
- For Provider Agencies identified in the category of Heightened Scrutiny-OCDD will review information and conduct visits as appropriate.

Data Validation

In order to validate data the following processes will be implemented/reviewed:

- Participant surveys
 - Participant surveys for Residential/Non-Residential types of services will be developed
 - Stakeholder input will be requested related to surveys
 - Automation options will be considered for the Survey
 - Surveys to be submitted to OCDD's designated email address by the assigned support coordinator
 - Results will consolidated for analysis and compared to information submitted related to self-assessment and site validations
 - Each provider will be assigned a unique identifier in order to tie the survey back to the Service Provider Agency and to compare with their self-assessment
 - 95% confidence level sample of participants will be selected for Residential services and the support coordinator will be required to assist the participant with completing the survey.
 - 95% confidence level sample of participants will be selected for non-residential services and the support coordinator will be required to assist the participant with completing the survey.
 - A sample will be pulled on a quarterly basis in order to monitor participant's experience and progress towards compliance

- OCDD will be evaluating how to incorporate the survey questions into a standardized quarterly progress note to be completed by the SC agency and automation options will be explored to facilitate ease of consolidating information for reporting
- Other mechanisms to evaluate/monitor ongoing progress towards compliance and maintaining compliance post March 2019
 - SC monitoring-LGE offices currently monitor each SC agency on an annual basis.
 - OCDD will evaluate current policies/practices in that process and identify changes needed to map this process and connect to CMS rule
 - Evaluate frequency at which SC monitoring will occur
 - Update technical guidelines
 - Human Service Accountability and Implementation Plan (AIP) monitoring
 - OCDD currently conducts annual monitoring of the LGE offices-identify areas through this process monitor compliance and assure that there is not a departure from the expectations of the CMS rule
 - Review Quality Framework established for Providers
 - Evaluate policy/procedures associated with this process and identify necessary changes to incorporate ongoing compliance with CMS rule

Office of Behavioral Health: Sampling Methodology, Site Assessment Process, Data Validation

Sampling Methodology

1. Provider Self-Assessment: The CSoC Contractor will collect information from all provider applicants and providers through the credentialing/re-credentialing process to determine compliance with the HCBS Settings Rule. Initial provider applicants will be expected to be fully in compliance 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.
2. Wraparound Facilitator Contacts: Wraparound Facilitators will monitor 100% of participants during their quarterly face-to-face visits.

Assessment Process

1. Provider Self-Assessments: The CSoC Contractor will begin collecting information to determine compliance with the HCBS Settings Rule beginning 2/1/16. Providers who require corrective action plans will be notified beginning 2/1/15 and will be expected to implement an OBH-approved corrective action plan no later than 6/30/15. The CSoC Contractor will verify whether each provider successfully implemented their approved corrective action plan. An analysis of this process will be posted on the OBH website by 7/16.

Data Validation

1. **Wraparound Facilitation Contacts:** The CSoC Contractor will train Wraparound Facilitators to assess participants' living environment to ensure they align with the HCBS Settings Rule. Wraparound Facilitators will document findings and report any violations 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.
2. **Provider Site Visits:** The CSoC Contractor will conduct quarterly site visits to at least 5% of CSoC providers beginning 2/1/16. An analysis of this process will be posted on the OBH website by 7/16.

Appendix F: Ensuring Quality

Ensuring Quality

Monitoring for ongoing compliance currently employs a variety of quality assurance and monitoring practices. Louisiana will ensure compliance with the HCB Settings Rule by March 2019 through the use of systemic Quality Assurance and Improvement strategies. Public input will provide feedback to guide Louisiana's remediation and quality steps. These are described below:

- A. Review of all certification, licensing, rules, policy and procedures and other documents to ensure compliance with the HCBS Settings Rule have been identified during the policy review phase. As a result of this review, modifications to strengthen compliance or to come into compliance were identified in the outcomes section of the review chart. Action steps needed to ensure compliance will be identified to the Louisiana Work Plan Master – Remediation Strategies.
- B. Support Coordinators will play a critical role in quality and ensuring the State will be HCBS Settings compliant. Staff will be trained on the HCBS Settings Rule and will elicit information about a participant's satisfaction with his or her environment and information to assure the setting has the HCBS Characteristics as part of ongoing monitoring. If Support Coordinators identify non-compliance those situations will be reported using existing protocols for each Office. Each Office will take appropriate action as needed, working with the Bureau of Health Services Financing to resolve the settings issue. These strategies are addressed in the remediation plan on page 49 of the STP. New policies and procedures specific to the role of the support coordinators will be developed as needed to ensure staff is knowledgeable about the HCBS Settings Rule

and how to monitor various settings. The Department will also conduct training on the protocols and expectations.

C. A complete analysis of the provider self-assessments will be conducted no later than 6/30/2016 by each Office. The analysis will be shared with the Bureau of Health Services Financing for open discussion. 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 for categories 2 and 3 will be submitted to the Bureau of Health Services Financing, Department of Health and Hospitals through quarterly reports submitted by each Office.

D. All appropriate staff associated with HCBS Settings Rule will be trained on the new 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 provider compliance through reports, interviews, on- site visits, self -assessments and /or monitoring that will gather information from providers and individuals receiving services.

E. Progress on completion of this Statewide Transition Plan will be monitored at least every three months and will include public posting on the status of the Plan to facilitate public input. Stakeholder engagement and sharing public information will continue through the implementation of the Plan, with the following benchmarks appearing on the website: 1) final copies of the residential and non-residential assessment documents; 2) final copy of the participant survey; and 3) a copy of the Master Plan, updated as needed. Each Office will issue a final report to CMS in March, 2019.

F. To develop the STP, the Department has established an internal work group composed of Office directors and staff. This work group has met frequently during the past year to advance the HCBS Settings Rule and develop assessment processes. The group will continue on an AD HOC basis to track the progress of following the STP.

G. Medicaid and the program offices meet quarterly to monitor the STP progress and submit updates to CMS. This group will track progress in meeting timelines and deliverables included in the STP. The group will also ensure stakeholder engagement and public input is maximized.

H. Interagency Executive Management Committee meets monthly and has a standing agency item to provide oversight and

monitoring of existing and new documents to ensure compliance.

I. The monitoring plan for the STP will be overseen by the Medicaid Agency Bureau of Health Services Financing, Department of Health and Hospitals. This office will ensure each Office meets their timelines as specified in the Louisiana Work Plan Master through the use of reports submitted by each Office on a quarterly basis, routine internal meetings, and Interagency Executive Management Committee monthly meetings. Over the next few months, the Department will be developing new waiver performance measures to further advance the HCBS Settings Rule and the associated transition.

Appendix G: Remediation Milestones

Identifying non-compliant settings and individuals living in those setting is on-going process throughout the transition period with the majority of activity accomplished in 2015 and 2016. The following chart represents an overview of the relocation phase for each Office. Timelines may vary by Office; however, completion dates reflect the date the activity must be complete. The original STP has been revised to reflect the new timelines and includes the chart below.

Activity	Begin Date	Completion Date	Discussion
Identify non-compliant settings and individuals living in the non-compliant settings and send letters to settings/providers who are not compliant with the HCBS Setting Rule	During the review process	Must be complete by: OAAS – 8/1/16 OCDD – 6/30/16 OBH – 6/30/16	Non-compliant settings and individuals living in those setting will be identified throughout the review process through self-assessment analysis, participant surveys, site visits, and support coordinator observations and findings. Once the non-compliant settings are identified, the remediation phase will be initiated. Standard letter format will be utilized to inform providers of the findings of their assessment and the outcome of the review.
Providers who are not in compliance and wish to remain enrolled as waiver providers will submit a transition plan (corrective	1/1/16	Must be completed by 9/1/16 for all Offices	The expectation is that all OCDD and OAAS 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 Department by 9/1//2016.

<p>action plan). Non-compliance may not extend beyond March 17, 2019. If no corrective action plan is submitted – the relocation phase of remediation will begin.</p>			<p>The expectation is that all OBH providers who have areas of non-compliance identified during the site visit, will complete a corrective action plan and submit to the department by 9/1/2016.</p>
<p>Technical assistance will be available to providers to ensure the interpretation of the HCBS Settings Rule is fully understood and consistently applied to all settings.</p>	<p>1/1/16</p>	<p>Reports will be due at least quarterly TA will be available upon request Completion date will not extend beyond 3/17/2019</p>	<p>Provider agencies will be required to send updates related to transition plan process at least quarterly to the Department for review. Each Office will make recommendations as appropriate to the plans based on updates. If the Office determines updates are needed more frequently they will have the discretion to require updates more frequently. Reports will be submitted to each Office related to progress in terms of achieving compliance. Technical assistance will be available as requested or if determined that it is needed.</p>
<p>Department will finalize a person-centered planning process to explore relocation opportunities with the individual.</p>	<p>1/1/16</p>	<p>Must be complete by 10/1/16</p>	<p>The finalized process for transitioning individuals will include:</p> <ul style="list-style-type: none"> • The person-centered plan will identify the individual’s preferences and choices. Each individual will have his or her plan for relocation with timelines that are agreed upon. • The relocation phase will ensure individuals have ample time to make informed decision about alternate settings and supports and resources are provided. Family members and others will be included to the degree the individual prefers.
<p>Individuals will transition to an appropriate setting. Continuity of care and safeguarding health and welfare are assured by each Office</p>	<p>1/1/17</p>	<p>Must be complete by 3/1/19</p>	<p>The Department anticipates minimum relocation activity. Please refer to Louisiana Work Plan Master: Remediation Strategies for each program office.</p>

Appendix H-Corrections to Exclude Non-Applicable Settings

OBH HCBS Setting Analysis

This chart represents the OBH HCBS Setting Analysis described as setting rather than services.

OBH HCBS Settings Analysis

SETTINGS PRESUMED TO BE FULLY COMPLIANT WITH HCBS CHARACTERISTICS
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
SETTINGS MAY BE COMPLIANT, OR WITH CHANGES WILL COMPLY WITH HCBS CHARACTERISTICS
None Identified
SETTINGS ARE PRESUMED NON-HCBS BUT EVIDENCE MAY BE PRESENTED TO CMS FOR HEIGHTENED SCRUTINY REVIEW
Non-Medical Group Homes
SETTINGS DO NOT COMPLY WITH HCBS CHARACTERISTICS
None Identified