

## Quarterly Provider Meeting Updates

March 7, 2024

A provider meeting was held on March 7, 2024. The meeting video has been posted and the topics discussed during the meeting is as follows:

### **Welcome: Bernard Brown**

Bernard Brown welcomed the attendees and introduced himself as the new Deputy Assistant Secretary for OCDD responsible for the following areas:

Waiver  
Quality  
LGE

Bernard also discussed the following:

### **Complex Care in the New Opportunities Waiver**

- The Complex Care supplemental payment (\$38.88/daily) is available to provider agencies who support individuals with complex medical and/or behavioral support needs. The service is intended to be time-limited and to help reduce medical or behavioral health facility admissions, including ICF-DD's.
- The process for requesting Complex Care requires both the provider agency and the support coordination agency to prepare the request packet and submit to the LGE for approval. Final approval for the service is provided by the State. Once approved, a revision to the plan of care is required.
- The NOW Program Manual contains information on the service in Section 32.1 as well as 32.8. Additional training will be developed for providers and support coordinators on accessing the service. Initial training information provided during the launch of the service can be located [here](#). OCDD will develop additional training.

### **Cost Reports**

- Cost reports are required to be prepared annually by HCBS providers per program rules (Chapter 50, Part XXI, Subpart 1, Chapter 7, Reimbursement Methodology) and be submitted to the State. Myers and Stauffer is the agency

responsible for receiving the cost reports. The link to the Myers and Stauffer cost report webpage is located [here](#). Provider should prepare the cost reports and submit to Myers and Stauffer. These cost reports are used as part of OCDD's rate methodology. Currently, less than 50% of providers have submitted their cost reports for FY 23. Please submit your cost reports as soon as possible.

### **Critical Incident Reporting (CIR) and SIMS – Marilee Andrews - OCDD**

Marilee Andrews is the new OCDD Program Manager that is responsible for Critical Incidents and the Statewide Incident Management System (SIMS). Marilee provided the following updates.

- OCDD discovered approximately 1000 “ghost” CIRs in SIMS. This occurs when an incident is created in SIMS and a “participant” is not linked to the incident. Through a concerted effort and cooperation with the LGEs, support coordination, and providers, that number is now approximately 40. When a “ghost” CIR is sent to the LGE for resolution, we need both the support coordination agency and the provider agency to continue to work together to update the information needed in the CIR so it can be closed.
- If provider or SC is having trouble communicating they should reach out to LGE. If the LGE is unable to resolve the issue, the LGE will reach out to Tanya Murphy and Marilee Andrews. Tanya and Marilee will work with Kim Kennedy (providers) and Lavasha Gordon (SCs) to help facilitate a resolution.
- OCDD reports timely closure of CIRs to CMS as a performance indicator. Timely closure is 30 days from entry into SIMS. Two 30-day extensions can be requested by the LGE when additional follow up is needed. CIRs not closed within 30 days, or up to 90 days when an extension(s) has been requested, negatively impact the performance indicator reported to CMS. The “ghost” CIRs also negatively impact this performance indicator.
- The major reasons for CIRs not being closed timely is that the provider or the support coordinator is not entering all required information at initial entry or follow-up. Providers and support coordinators must ensure that every incident entered is actually linked to a participant as these are two different steps. Also, providers and support coordinators are encouraged to enter the first and last name of the participant in the details of the CIR.
- To ensure **a participant is linked**, the following should occur:
  - Individuals who enter CIRs should first ensure “pop-ups” are enabled (see Attachment A). Ask an individual knowledgeable of computers at

your agency to assist if you are not sure. Instructions for Microsoft Edge and Google Chrome are provided on Attachment A.

- Enter CIR details. Then save and close the incident.
- A pop-up to link a participant will occur. If a pop-up does not display, then the pop-ups are not enable on the computer. Once the pop-up displays, the workflow wizard will take you through the necessary steps to link the participant:
  - Search for Participant
  - Identify the Participant
  - Complete Critical Incident Report.
- Death CIRs must be entered. A memo was posted in LaSRS on 2/20/24 regarding CIRs for deaths. Please review the memo. If you are entering a death, you must select “death” as one of the categories. If a death occurs due to another incident (went in hospital on March 1<sup>st</sup> and death occurs on March 4<sup>th</sup>), then a **new** incident is required in SIMS for the death. In this case, please reference the original CIR incident. If a death occurs with another incident (i.e., car wreck, hospital admission, etc.) **on the same day as death**, then multiple categories have occurred on one incident. Only one incident needs to be entered into SIMS, and multiple categories should be selected including “death”.
- Training on SIMS is scheduled. An Informational Bulletin (IB) was posted in LaSRS on 2/27/24 with the training dates. The trainings are for provider agencies, and support coordination agencies as well as LGEs are encouraged to listen in. Please review the IB for the training dates.
- The OCDD webpage for SIMS is available [here](#). Support for SIMS can be accessed in the following ways:

Locked out of your active account in SIMS or need a password reset	OTSSupport@la.gov or call the Office of Technology Services (OTS) helpdesk at 225-219-6900 and Press 5
Notify of separated employees with SIMS accounts	SIMS_Support@la.gov
Support questions other than password reset – Should always go here.	SIMSWaiver@la.gov
Support questions other than password reset that are time-sensitive	Marilee.Andrews@la.gov
DSP or SC needing a SIMS account	<a href="#">SIMS Request</a>

- Additional resource: [SIMS Training Manual for OCDD](#)
- OCDD is considering adding a Value Based Payment (VBP) module for accurate and timely reporting and updating critical incidents. If this project is selected, only those provider and support coordination agencies who accurately and timely report and update critical incidents will be eligible for incentive payments.

### **License Renewal Process – Suzelle Coward – Health Standards Section (HSS)**

- Providers will receive a notice through email when renewal is due. If the email address of the agency is not current with HSS, then the provider will not receive the notice. Providers are required to submit change of address to HSS, even if it is a mailing address and not a physical address.
- The first notice will be mailed to the provider agency 75 days prior to license expiration. The second notice will be mailed 30 days prior to license expiration. If the license is not renewed by the expiration date, all provider numbers associated with the license will be turned off and the provider will not receive payment. Late renewals have a \$100 late fee. Payment for the license renewal must be mailed to the address on the renewal notice (currently Dallas, Texas that is listed at the bottom of the Payment Transmittal Form)).
- Major issues encountered during license renewal include:
  - Line of credit for each license of at least \$50,000. The line of credit must be a business line of credit from a federal insured financial lending institution. Savings accounts, checking accounts, etc. cannot be used to meet this requirement. The letter from the financial lending institution must include the geographical address of the provider and the name of the provider.
  - Proof of both general liability and professional liability must be individually identifiable, and each one must have \$300,000 in insurance (\$300,000 for general and \$300,000 for professional). If you use one certificate of insurance, both must be identified on the certificate.
  - Disclosure of ownership
  - If you are a licensed facility (Adult Day Care (ADC) or Center Based Respite Care (CBR)) you must also submit the Office of Public Health (OPH) inspection report and a current State Fire Marshal (OSFM) report. If you do not have an ADC and/or CBR, you will not need an OSFM and/or OPH inspections with your licensing renewal packet.

## **Office Closures – Adrienne Marchand – HSS**

- All planned and unplanned office closures must be reported to HSS. If an office closure occurs that is outside of the working hours and days provided to HSS during licensing, then the provider must report that office closure as follows:
  - Planned office closures must be reported within 5 business days to HSS.
  - Unplanned office closures must be reported within 2 business days to HSS. This includes closures due to inclement weather.
  - If a closure is reported, contact information for the agency during the closure is required.
  - All office closures should be reported via email to HSS-HC-SC-Licensing@la.gov.

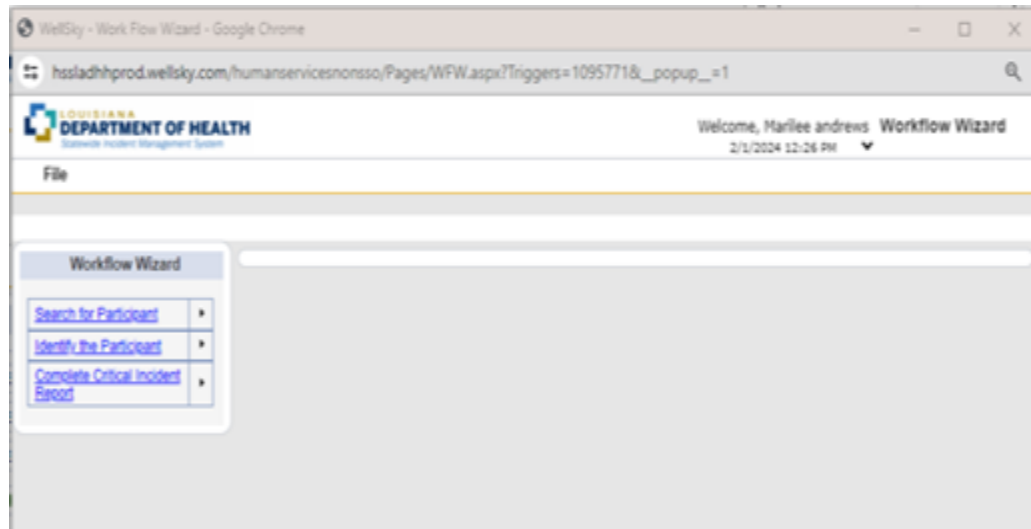
## **Plan of Care Timelines – Lavasha Gordon - OCDD**

- Support Coordinators must notify provider agencies in writing at least 30 days in advance of a quarterly or annual meeting. A reminder notice should be sent two (2) weeks prior to the meeting. Provider agencies must attend all quarterly and annual meetings.
- Support Coordinator must provide a completed plan of care and Attachment A to the provider agency within seven (7) calendar days of the CPOC annual meeting. This timing is important to ensure no information discussed at the planning meeting is lost.
- Provider agency must return to the support coordinator the following documents within five (5) working days of receiving the completed plan of care. Calendar days are Sunday – Saturday; working days are Monday – Friday.
  - Provider attachments required per the plan of care
  - Budget sheets with signatures
  - If corrections are requested by the Support Coordinator, they are required to be submitted within two (2) working days.
- There were many questions for this portion of the meeting discussion. To ensure all questions are answered, the following additional clarifications are provided:

- The Plan of Care sent to the provider agency must be accurate and complete based on the POC meeting. If changes are made to the POC after the POC meeting, the Support Coordinator is required to reach out to the provider agency to ensure they are aware of the changes made.
- The provider attachments returned to the Support Coordinator must be complete and reflect the contents of the plan of care. The provider agency must submit attachments that clearly identify the preferences of the participant and the support strategies of the provider to support the activities in the plan of care. Blank attachments or attachments without sufficient information to identify services to be provided are not acceptable.
- Both support coordination and providers must work together and abide by the timelines as well as the requirement to attend quarterly and annual meetings. This is a team effort, and both need to be in attendance, including the vocational providers.
- If either party is not meeting the timelines or quality of work, then the agency should contact the executive director of the agency (both SCA and Provider Agency).

## ATTACHMENT A

- After creating an incident and saving, a “popup” box will display to link participant (see below).



- Steps to enable pop-ups:
  - **Microsoft Edge**
    - Click the Settings and More **•••** button on the upper-right side of the browser.
    - Click Settings
    - Click Cookies and Site Permissions
    - Scroll down to Pop-ups and redirects
    - Switch to toggle it between Off and On
  - **Chrome (Windows)**
    - Click the three dots in the upper right corner of browser window
    - Select Settings.
    - On the left side, Click Privacy and security
    - In the middle of the page, select Site Settings, then scroll down and select Pop-ups and redirects.
    - To disable the pop-up blocker check the sites can send pop-ups and use redirects.