

- a. Service provision includes the core elements in:
 - i. §10301 of this Chapter;
 - ii. the case management manual; and
 - iii. contracted performance agreements.
2. All services must be prior authorized.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:1040 (May 2004), amended LR 31:2032 (August 2005), LR 35:73 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1903 (September 2009), LR 36:1783 (August 2010), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:97 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:3302 (December 2013), LR 40:1700, 1701 (September 2014), LR 41:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, June 25, 2015 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Targeted Case Management Reimbursement Methodology

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 14-15. It is anticipated that \$432 (\$216 SGF and \$216 FED) will be expended in FY 14-15 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect revenue collections other than the federal share of the promulgation costs for FY 14-15. It is anticipated that \$216 will be collected in FY 14-15 for the federal share of the expense for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed Rule continues the provisions of the July 1, 2014 Emergency Rule which amended the provisions governing the reimbursement methodology for targeted case management (TCM) services provided to New Opportunities Waiver (NOW) recipients in order to adopt a payment methodology based on a flat monthly rate rather than 15-minute increments. This change in methodology will not affect expenditures or the budgeted amount for TCM services, only how the payments are made. It is anticipated that implementation of this proposed rule will not have economic cost or benefits to TCM service providers for FY 14-15, FY 15-16, and FY 16-17.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

J. Ruth Kennedy
Medicaid Director
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Evan Brasseaux
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NOTICE OF INTENT

Department of Health and Hospitals Office for Citizens with Developmental Disabilities

Single Point of Entry into the System (LAC 48:IX.Chapter 7)

Editor's Note: This Notice of Intent is being repromulgated due to a submission error. The original Notice of Intent can be viewed in the April 2015 edition of the *Louisiana Register* on pages 826-830.

The Department of Health and Hospitals, Office for Citizens with Developmental Disabilities (OCDD) pursuant to Act 128 of the 2005 Regular Legislative Session as contained in R.S. 28:451.1 is authorized to establish a developmental disabilities services system (system) and to serve as the single point of entry (SPOE) into the system at R.S. 28:454.1. The intent of this Rule is to establish OCDD

as the SPOE and to specify a fair, efficient and consumer-friendly determination process for system entry. This determination process for system entry is to be equitably and uniformly applied by the human service authorities and human service districts or OCDD contractor(s) throughout the state. The human service authorities and human service districts will be referenced in this document as local governing entities (LGEs). A local governing entity (LGE) is an integrated human services delivery system with local accountability and management, which provides behavioral health and developmental disabilities services. "OCDD contractors" refers to regional system point of entry contractors who conduct eligibility determination for the early intervention system for children ages birth to three years.

Title 48

PUBLIC HEALTH—GENERAL

Part IX. Developmental Disabilities Services

Chapter 7. Single Point of Entry and Determination Process for System Entry

§701. Purpose

A. - B.2. ...

3. the presence of a developmental disability;
4. the diagnostic assessment;
5. the developmental assessment for children ages birth through three years; and
6. specialized accommodations, including transportation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.(1)(2), Acts 2013, No. 417, §3, eff. June 21, 2013.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1241 (July 2006), amended LR 41:

§703. Definitions

A. *Developmental Disability*—defined in accordance with the Developmental Disability Law at R.S.28:451.2(12) and 462(4)(c).

B. ...

C. *Entry Unit (EU)*—a section of the local governing entities (LGEs) that implements the developmental disabilities services system entry process.

D. *Entry Review Team (ERT)*—a transdisciplinary team including but not limited to, staff of the system entry unit, community services regional administrator or designee, and a psychologist. The team may also include a social worker, a nurse and/or other consultants as necessary.

E. - F. ...

G. *Local Governing Entity (LGE)*—an integrated human services delivery system with local accountability and management, which provides behavioral health and developmental disabilities services.

H. *OCDD Contractors*—regional system point of entry contractors who conduct eligibility determination for the early intervention system for children ages birth to three years.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:451.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1241 (July 2006), amended LR 41:

§705. Single Point of Entry

A. The OCDD has responsibility for programmatic leadership in the designing and developing of all

developmental disabilities services pursuant to agreements with the LGEs and OCDD contractors as statutorily constituted by state law and with public and private providers. Throughout this Rule, the term "entry unit" is used to describe the role of the LGEs and OCDD contractors in the OCDD system entry process.

B. The local governing entities (LGEs) are the Metropolitan Human Services District, the Capital Area Human Services District, the South Central Human Services Authority, the Acadiana Area Human Services District, the Imperial Calcasieu Human Services District, the Central Louisiana Human Services District, the Northwest Louisiana Human Services District, the Northeast Delta Human Services Authority, the Florida Parishes Human Services Authority and the Jefferson Parish Human Services Authority:

1. Metropolitan Human Services District—Orleans, Plaquemines and St. Bernard parishes;

2. Capital Area Human Services District—Ascension, East Baton Rouge, East Feliciana, Iberville, Point Coupee, West Baton Rouge, and West Feliciana parishes;

3. South Central Human Services Authority—Assumption, Lafourche, St. Charles, St. James, St. John, Terrebonne, and St. Mary parishes;

4. Acadiana Area Human Services District—Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes;

5. Imperial Calcasieu Human Services District—Allen, Beauregard, Cameron, Calcasieu, and Jefferson Davis parishes;

6. Central Louisiana Human Services District—Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn parishes;

7. Northwest Louisiana Human Services District—Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, and Webster parishes;

8. Northeast Delta Human Services Authority—Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Tensas, Union, and West Carroll parishes;

9. Florida Parishes Human Services Authority—Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington parishes; and

10. Jefferson Parish Human Services Authority—Jefferson Parish.

C. - D.6. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Human Services, Division of Mental Retardation/Developmental Disabilities, LR 16:31 (January 1990), amended by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1241 (July 2006), LR 41:

§707. Standards for the Determination Process for System Entry

A. The LGEs shall utilize specialized entry units for the determinations of system entry and entry review teams to review those determinations, which do not clearly meet the criteria for entry into the system. OCDD contractors shall utilize their early intervention eligibility teams for children ages birth to three years of age.

B. - C. ...

D. Requests for entry into the system must originate from the LGE in the geographic area from which the person or legally responsible party resides and can be made from only one such LGE or OCDD contractor at a time.

E. - F. ...

G. The face-to-face interview will be conducted at the entry unit location or at the applicant's home for children ages birth to 3 years. If an applicant is unable to get to the entry unit location, the staff will conduct the interview at the person's home or another agreed upon location. If a person fails to keep two appointments that are scheduled at locations outside the entry unit office, future appointments will be scheduled at the entry unit office.

H. - K.1.a. ...

b. family crisis exists with no caregiver support available; and

K.1.c. - M. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1241 (July 2006), amended LR 41:

§709. System Eligibility for Children between the Ages of 0-3 Years

A. Children from 0-3 years who are currently eligible for Louisiana's early intervention system services as verified by receipt of all required early intervention system documents, including the individualized family services plan (IFSP), will meet criteria for entering the developmental disabilities services system.

B. The entry unit staff will refer the family or legal guardian to the early intervention system point of entry to seek an eligibility determination for early intervention services if the child is between the ages of 0-3 years and is not currently receiving services from the Early Intervention Program.

C. It is the responsibility of the parent or legal guardian to initiate contact with the local LGE entry unit after the IFSP transition conference. In those cases, the family will indicate its intention to participate in eligibility redetermination and will receive a letter from the Early Intervention Program advising of the need to contact the local LGE prior to the child's third birthday.

AUTHORITY NOTE: Promulgated in accordance with R.S.28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1242 (July 2006), amended LR 41:

§711. Approval for Entry into the System

A. - A.2. ...

3. the protected date from the early intervention system for children who previously had early intervention eligibility.

B. If the entry process is not successfully completed within six months, the original date will no longer be "protected." A new date will be assigned upon completion of a new application. For children entering with an early intervention protected date, the date will be protected until the child's fifth birthdate.

C. Approval for entry into the system shall be based on:

1. the definition of a developmental disability in the Developmental Disabilities Law, R.S. 28:451.2(12) and/or 462(4)(c); and

2. ...

D. Entry Review Team

1. The LGEs shall establish an entry review team to review the documentation of persons who do not clearly meet the criteria for system entry contained herein. The OCDD contractors will utilize the child's eligibility team members to determine eligibility for early intervention.

2. - 3.d. ...

E. Persons who meet criteria for system entry will receive a statement of approval and a copy of the *Rights of People with Developmental Disabilities* from the LGE or the *Family Rights Handbook* from the OCDD contractor from which the persons applied for services and supports.

F. - G. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1242 (July 2006), amended LR 41:

§713. Non-Approval for Entry into the System

A. ...

B. Persons who are receiving services and who receive a SOD will continue to receive services for thirty calendar days from the receipt date of the SOD or until the end date of the IFSP for children in early intervention.

C. Persons who receive a SOD have the right to reapply for services at the entry unit in the area of their residence and to request and receive an administrative hearing through the Division of Administrative Law (DAL).

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2 or 464(13).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006), amended LR 41:

§715. Redetermination of Eligibility

A. ...

B. The face-to-face interview will not be necessary if the OCDD entry staff has met with the person in the past six months and has consulted with the person on the results of the screening tool in order to ensure the measure is fair and meaningful. For children in early intervention, a face-to-face team meeting is required annually for redetermination.

C. Re-determination for eligibility for the system shall be required under the following conditions.

1. For children in early intervention, there must be an annual redetermination.

2. If a child transitions from EarlySteps, there must be a redetermination by age 3, reflective of the change in eligibility requirements and legal definitions of developmental disability for ages 3 and up, in accordance with the Louisiana Developmental Disability Law (R.S. 28:451.2).

3. If initial eligibility is established on or after age 3, but prior to age 10, redetermination will occur within 5 years of the initial determination. If the re-determination occurs prior to the person's tenth birthday and there are no additional questions that would require an additional re-determination, then a review upon the person's tenth birthday should be conducted due to changing eligibility requirements and definitions at that age. (A person must have three substantial functional limitations versus two substantial functional limitations for ages 3 to 10 years.)

4. If at age 10, when at least two statements of approval (SOA) have been issued and the presence of a clear lifelong developmental disability exists and is expected to persist indefinitely, no additional redeterminations will be needed in adolescence and adulthood.

5. If a person does not meet criteria noted above or enters the system after age 10 but before 22 years of age, redetermination will occur within 5 years of the initial determination. If the re-determination occurs prior to the person's sixteenth birthday, and there are no additional questions that would require an additional re-determination, then a review upon the person's sixteenth birthday should be conducted to coincide with transition period from school to work and to reassess continued need for services into adulthood.

6. If at age 22, when at least two SOAs have been issued and the presence of a clear, lifelong developmental disability exists and is expected to persist indefinitely, then no additional redeterminations will be required in adolescence and adulthood.

7. If a person enters the system after age 22 (or between ages 16-22), at least two determinations must occur within 3-5 years of one another to document and confirm presence of a lifelong developmental disability that is expected to persist indefinitely. No further redeterminations will be needed if there is no concern over transient nature of existing symptoms and need for continued assessment based upon ERT review.

D. If during the course of the initial determination process the ERT can establish substantial functional limitations in at least three life areas with scores greater than three standard deviations below the mean, the prognosis of the individual is such that there is no likelihood of significant improvements in those life areas, and there are no co-occurring medical or behavioral health conditions that may impact the limitations and necessitate re-evaluation, the ERT may decide the person has no need for any further redetermination.

E. Any persons who were approved to participate in the system without requiring redetermination as of the date of adoption of this Rule will continue to be approved for entry into the system without redetermination, unless redetermination is requested as specified in this rule and/or required for participation in specific services.

F. Redetermination is required as outlined above and/or when:

1. diagnosis of a developmental disability, as defined by state law is tenuous:

a. the individual appears to have a developmental disability that is diagnosable, but further assessment is needed to verify that the disability will be life-long;

b. the individual has a co-occurring behavioral health condition that is prominent, but it is not clear that the limitations are solely attributable to mental illness, therefore further assessment is needed;

c. the individual has a medical condition and may have an accompanying developmental disability; however, it is not clear whether the limitations experienced by the individual are attributable to the developmental disability, therefore further assessment is necessary;

2. prognosis of a chronic life-long condition of a developmental disability is uncertain;

3. new assessment information is obtained that may impact prior determination of a presence of a developmental disability. (This will also apply to individuals who were granted a "lifetime SOA" prior to the adoption of this Rule.)

G. Redetermination may be requested by any one of the following parties:

1. LGE entry review team;
2. person requesting supports;
3. person's family or legal representative;
4. person's support coordinator;
5. person's service provider;
6. person's planning team;
7. person's physician determining level of care;
8. staff involved in the provision of supports;
9. state monitoring authorities;
10. courts of appropriate jurisdiction.

H. If a person requires redetermination for approval, the LGE entry unit staff will notify the person in writing, and as appropriate, the person's support coordinator and/or provider, sixty days prior to the SOA expiration date. The person then has thirty days in which to contact the EU staff to coordinate the redetermination process.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006), amended LR 41:

§717. Closure of Requests for Supports and Services

A. Initial requests may be "closed" due to:

1. insufficient information based upon the person/family consistently not complying with obtaining needed information and/or participating in scheduled appointments;

2. denial for system entry (SOD) has been determined; or

3. request of the individual and/or family.

B. If the person does not respond to the initial redetermination letter within 30 calendar days, at least two additional attempts to contact the individual will be made prior to case closure within the next 30 calendar days. The additional attempts to contact the individual will utilize more than one mode of contact.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006), amended LR 41:

§719. OCDD Data Requirements

A. The LGEs and OCDD contractors shall provide monthly to the OCDD central office random samples of completed determinations with supporting documentation in accordance with OCDD's quality review methodologies.

B. The LGEs and OCDD contractors shall utilize OCDD's information management system for developmental disabilities to enter all information as required by OCDD's policies and procedures for system entry.

C. The LGEs and OCDD contractors shall provide additional information to OCDD as requested for the purpose of evaluating quality and compliance with state laws, policies and procedures relevant to system entry.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28.454.17

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006), amended LR 41:

§721. OCDD Quality Reviews

A. The OCDD central office will conduct periodic quality reviews of the LGEs and OCDD contractors regarding the processes for the single point of entry and the determination process for system entry.

B. The purpose of the quality reviews is to assess overall accuracy in decision making, completeness of information relative to the determination reached, and adherence to the Developmental Disability Law as well as to the rules, policies, operational instructions and procedures required by the office pertaining to single point of entry and the determination process for system entry conducted by the LGEs and OCDD contractors.

C. The quality reviews may consist of analyses of the following:

1. - 4. ...
5. completeness, timeliness and accuracy of information required on OCDD's information management system for developmental disabilities.

D. The review findings and subsequent recommendations along with any needed technical assistance will be provided to the LGEs and OCDD contractors. Specific recommendations for improvement or correction actions must be carried out in order to maintain compliance with all laws, rules, policies and procedures relevant to the single point of entry or determination for system entry.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:454.17.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals Office for Citizens with Developmental Disabilities, LR 32:1243 (July 2006), amended LR 41:

Family Impact Statement

It is anticipated that the proposed action will have no known or foreseeable impact on the:

1. stability of the family;
2. authority and rights of parents regarding the education and supervision of their children;
3. functioning of the family;
4. family earnings and family budget;
5. behavior and personal responsibility of children; or
6. ability of the family or a local government to perform the functions as contained in the proposed action.

Poverty Impact Statement

The proposed Rule should not have any known or foreseeable impact on any child, individual or family as defined by R.S. 49:973(B). In particular, there should be no known or foreseeable effect on:

1. the effect on household income, assets, and financial security;
2. the effect on early childhood development and preschool through postsecondary education development;
3. the effect on employment and workforce development;
4. the effect on taxes and tax credits;
5. the effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments to Mark A. Thomas, Office for Citizens with Developmental Disabilities, P.O. Box 3117, Baton Rouge, LA 70821-3117. He is responsible for responding to inquiries regarding this proposed Rule. The deadline for all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, June 24, 2015 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: Single Point of Entry into the System

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule amends Louisiana Administrative Code Title 48, Part IX, Chapter 7-Single Point of Entry and Determination to both provide clarification of the eligibility determination process and standardize the process statewide. The proposed rule amends the Office for Citizens with Developmental Disabilities (OCDD) Single Point of Entry (SPOE) process as follows: (1) references the role Human Services Districts/Authorities in the delivery of developmental disabilities services; (2) clarifies the standards for determination, eligibility and approval into the developmental disability services system, and (3) revises the frequency of eligibility redetermination to standardize the process across all districts/authorities as well as make the process more efficient.

This proposed Rule will have no programmatic fiscal impact to the Department of Health and Hospitals or the Human Services Districts/Authorities other than the cost of rule promulgation for FY 15. The cost of rulemaking is anticipated to be \$1,944 in State General Fund for the proposed rule and the final Rule. The cost of rule making is routinely included in the agency's annual operating budget.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect revenue collections for FY 15.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)