# Application for a §1915(c) Home and Community-Based Services Waiver

## PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the State, service delivery system structure, State goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

## Request for a Renewal to a §1915(c) Home and Community-Based Services Waiver

### 1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:
Changes in the Renewal
•Change Department of Health and Hospitals (DHH) to Louisiana Department of Health (LDH)
•Change Waiver Compliance Section (WCS) to Medicaid Program Support and Waivers (MPSW)
•Eliminate all references to OCDD Regional Offices
•Change LOC signature requirements on the 90L to allow for completion and signoff by Nurse Practitioner and Physician's Assistant.
•Added Support Coordination agencies as contracted entities able to approve plans of care based on OCDD policy.
•Remove Remote Monitoring Service
•Decrease the number of Supported Employment follow-along visits from 52 to 24.
•Revised service definitions for Day Habilitation, Prevocational Services and Supported Employment.
•Change term Employment Related Training to Prevocational Services. Limit Prevocational Services to four years.
•Provided specific information on responsibilities of LGEs and the oversight provided by OCDD and Medicaid
•Added current OCDD Settings Rule Transition Plan
•Updated qualifications of individuals providing Level of Care determination and removed job titles.
•Eliminated DNP reserve capacity. Program no longer in existence. Current participants will remain in the waiver.
•Changes to the Quality Improvement Strategy which: increase measure validity; address the new sub assurances; propose composite sampling; describe oversight of newly delegated plan of care approval by support coordinators.

## Application for a §1915(c) Home and Community-Based Services Waiver

### 1. Request Information (1 of 3)

A. The **State of Louisiana** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).
B. **Program Title** (*optional - this title will be used to locate this waiver in the finder*):
**New Opportunities Waiver (NOW)**
C. **Type of Request: renewal**

**Requested Approval Period:** *(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

○ **3 years** ◉ **5 years**

**Original Base Waiver Number: LA.0401**
**Draft ID: LA.007.03.00**

**D. Type of Waiver** *(select only one):*

Regular Waiver

**E. Proposed Effective Date:** *(mm/dd/yy)*

01/01/17

## 1. Request Information (2 of 3)

**F. Level(s) of Care.** This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (*check each that applies*):

☐ **Hospital**

Select applicable level of care

○ **Hospital as defined in 42 CFR §440.10**
If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

○ **Inpatient psychiatric facility for individuals age 21 and under as provided in42 CFR §440.160**

☐ **Nursing Facility**

Select applicable level of care

○ **Nursing Facility as defined in 42 CFR □□440.40 and 42 CFR □□440.155**
If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

○ **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140**

☑ **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)**
If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/IID level of care:

## 1. Request Information (3 of 3)

**G. Concurrent Operation with Other Programs.** This waiver operates concurrently with another program (or programs) approved under the following authorities
Select one:

◉ **Not applicable**

○ **Applicable**
Check the applicable authority or authorities:

☐ **Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**

☐ **Waiver(s) authorized under §1915(b) of the Act.**

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

**Specify the §1915(b) authorities under which this program operates** *(check each that applies):*

☐ **§1915(b)(1) (mandated enrollment to managed care)**

☐ **§1915(b)(2) (central broker)**

☐ **§1915(b)(3) (employ cost savings to furnish additional services)**

☐ **§1915(b)(4) (selective contracting/limit number of providers)**

☐ **A program operated under §1932(a) of the Act.**

Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:

☐ **A program authorized under §1915(i) of the Act.**

☐ **A program authorized under §1915(j) of the Act.**

☐ **A program authorized under §1115 of the Act.**

Specify the program:

**H. Dual Eligiblity for Medicaid and Medicare.**

Check if applicable:

☑ **This waiver provides services for individuals who are eligible for both Medicare and Medicaid.**

## 2. Brief Waiver Description

**Brief Waiver Description.** *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.
The New Opportunities Waiver (NOW), a 1915 c waiver, is designed to enhance the home and community-based supports and services available to individuals with developmental disabilities, who would otherwise require an intermediate care facility for the developmentally disabled (ICF/DD) level of care.

The mission of the NOW is to utilize the principle of self-determination and supplement the family and/or community supports while supporting dignity, quality of life, and security in the everyday lives of people while maintaining the individual in the community. Services provided in the New Opportunities Waiver are community-based, allowing a participant experience that mirrors the experiences of individuals without disabilities. These services are not to be restrictive, but liberating by allowing individuals to experience life in the most fulfilling manner as defined by the individual while still assuring health and safety to the greatest extent possible. In keeping with the principles of self-determination, NOW includes a Self-Direction option. This allows for greater flexibility in hiring, training, and general service delivery issues. The NOW offers an array of waiver services by which individuals can choose and are based on need. Services are offered statewide. Individualized and Family Support (IFS) is the only service offered with the Self-Direction option.

The objectives of the NOW are to:
•Promote independence for participants through the provision of services meeting the highest standards of quality and national best practices, while ensuring health and safety through a comprehensive system of participant safeguards;
•Offer an alternative to institutionalization and costly comprehensive services through the provision of an array of services and supports that promote community inclusion and independence by enhancing and not replacing existing informal networks;
•Support participants and their families to exercise their rights and share responsibility for their programs regardless of the method of service delivery; and
•Offer access to services on a short-term basis that would protect the health and safety of the participant if the family or other caregiver were unable to continue to provide care and supervision.

The Louisiana Department of Health (LDH) Bureau of Health Services Financing (BHSF) is the Single State agency which maintains administrative and supervisory oversight of the NOW. The department within BHSF which has oversight authority of the New Opportunities Waiver is the Medicaid Program Support and Waivers (MPSW) section. BHSF MPSW designates the authority for implementing the program(s) and for programmatic oversight of the waiver to the responsible entity, Office for Citizen's with Developmental Disabilities (OCDD) with responsibility for day to day operations delegated to Human Services Authorities or Districts as referred to as Local Governing Entities (LGE). This authority has been made through a Memorandum of Understanding between LDH BHSF Medicaid Program Support and Waivers and OCDD. A separate Memorandum of Understanding has also been established between BHSF Medicaid Program Support and Waivers and the Human Services Districts or Authorities (LGE).

Legislation passed in 2008, 2012, and 2013 created Human Services Districts or Authorities, referred to as local governing entities (LGEs). The LGEs are the regional arm of OCDD to direct the operation and management of services for developmental disabilities. There are ten LGE offices within the state of Louisiana who manage the day to day operations of the NOW for citizens within their geographic location.

Services are accessed through a single point of entry in the LGE. When criteria are met, individual's names are placed on the registry (a waiting list) until an offer for services is made. When offered, the person may accept, decline, or choose to go on inactive status until a later time. All waiver participants choose their Support Coordination and Direct Service Provider Agencies through the Freedom of Choice process. The plan of care (POC) is approved by the LGE or the Case Management agency supervisor as allowed by OCDD policy. Case Management Agencies are designated as Support Coordination agencies throughout this application. All services must be prior authorized and delivered in accordance with the approved plan of care. Prior authorization is completed by a contracted data source with LDH. The average participant's expenditures for all waiver services shall not exceed the average Medicaid expenditures for ICF/DD services.

## 3. Components of the Waiver Request

**The waiver application consists of the following components.** *Note: Item 3-E must be completed.*

A. **Waiver Administration and Operation. Appendix A** specifies the administrative and operational structure of this waiver.

B. **Participant Access and Eligibility. Appendix B** specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

C. **Participant Services. Appendix C** specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

D. **Participant-Centered Service Planning and Delivery. Appendix D** specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).

E. **Participant-Direction of Services.** When the State provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

- (●) **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
- ( ) **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*

F. **Participant Rights. Appendix F** specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

G. **Participant Safeguards. Appendix G** describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.

H. **Quality Improvement Strategy. Appendix H** contains the Quality Improvement Strategy for this waiver.

I. **Financial Accountability. Appendix I** describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

J. **Cost-Neutrality Demonstration. Appendix J** contains the State's demonstration that the waiver is cost-neutral.

## 4. Waiver(s) Requested

A. **Comparability.** The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B.**

B. **Income and Resources for the Medically Needy.** Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

- ○ **Not Applicable**
- ◉ **No**
- ○ **Yes**

C. **Statewideness.** Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act *(select one)*:

- ◉ **No**
- ○ **Yes**

If yes, specify the waiver of statewideness that is requested *(check each that applies)*:

☐ **Geographic Limitation.** A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.

*Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:*

☐ **Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.

*Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:*

## 5. Assurances

**In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:**

A. **Health & Welfare:** The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,
3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.

B. **Financial Accountability.** The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.

C. **Evaluation of Need:** The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.

D. Choice of Alternatives: The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

1. Informed of any feasible alternatives under the waiver; and,

2. Given the choice of either institutional or home and community-based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

E. **Average Per Capita Expenditures:** The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

F. **Actual Total Expenditures:** The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

G. **Institutionalization Absent Waiver:** The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

H. **Reporting:** The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

I. **Habilitation Services.** The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

J. **Services for Individuals with Chronic Mental Illness.** The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

## 6. Additional Requirements

*Note: Item 6-I must be completed.*

A. **Service Plan.** In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

B. **Inpatients.** In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.

C. **Room and Board.** In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence

or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

D. **Access to Services.** The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

E. **Free Choice of Provider.** In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

F. **FFP Limitation.** In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

G. **Fair Hearing:** The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

H. **Quality Improvement.** The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.

I. **Public Input.** Describe how the State secures public input into the development of the waiver:
Input with LDH through various means to include: a NOW Taskforce Workgroup and is comprised of stakeholders such as, waiver participants, parents and/or other family members, other LDH agencies, providers of services, state and regional offices, LGEs, Supports and Services Centers, professional and advocacy groups, other state agencies and other interested parties.

The renewal application is being posted for public comment. During meetings with advocacy groups, support coordination agencies, LGEs, and providers of services, we have discussed renewal of the waiver and have advised that this would be posted for public comment in August 2016.

J. **Notice to Tribal Governments.** The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. **Limited English Proficient Persons.** The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

## 7. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

**Last Name:** Levelle

**First Name:** Jeanne

**Title:** Medicaid Program Support and Waivers Section Chief

**Agency:** Bureau of Health Services Financing

**Address:** 628 North 4th Street

**Address 2:** P.O. Box 91030

**City:** Baton Rouge

**State:** Louisiana

**Zip:** 70821-9030

**Phone:** (225) 342-9846 **Ext:** ☐ **TTY**

**Fax:** (225) 342-9168

**E-mail:** Jeanne.Levelle@la.gov

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

**Last Name:** Thomas

**First Name:** Mark A

**Title:** Assistant Secretary

**Agency:** Office for Citizens with Developmental Disabilities

**Address:** 628 North 4th Street

**Address 2:** P.O. Box 3117

**City:** Baton Rouge

**State:** Louisiana

**Zip:** 70821-3117

**Phone:** (225) 342-0095 **Ext:** ☐ **TTY**

**Fax:** (225) 342-8823

**E-mail:** Mark.Thomas@la.gov

## 8. Authorizing Signature

This document, together with Appendices A through J, constitutes the State's request for a waiver under §1915(c) of the Social Security Act. The State assures that all materials referenced in this waiver application (including standards, licensure and certification requirements) are ***readily*** available in print or electronic form upon request to CMS through the Medicaid agency or, if applicable, from the operating agency specified in Appendix A. Any proposed changes to the waiver will be submitted by the Medicaid agency to CMS in the form of waiver amendments.
Upon approval by CMS, the waiver application serves as the State's authority to provide home and community-based waiver services to the specified target groups. The State attests that it will abide by all provisions of the approved waiver and will continuously operate the waiver in accordance with the assurances specified in Section 5 and the additional requirements specified in Section 6 of the request.

**Signature:**

State Medicaid Director or Designee

**Submission Date:**

**Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.**

**Last Name:**

**First Name:**

**Title:**

**Agency:**

**Address:**

**Address 2:**

**City:**

**State:** **Louisiana**

**Zip:**

**Phone:** Ext: TTY

**Fax:**

**E-mail:**

## Attachments

**Attachment #1: Transition Plan**

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

- ☐ **Replacing an approved waiver with this waiver.**
- ☐ **Combining waivers.**
- ☐ **Splitting one waiver into two waivers.**
- ☑ **Eliminating a service.**
- ☐ **Adding or decreasing an individual cost limit pertaining to eligibility.**
- ☑ **Adding or decreasing limits to a service or a set of services, as specified in Appendix C.**
- ☐ **Reducing the unduplicated count of participants (Factor C).**
- ☐ **Adding new, or decreasing, a limitation on the number of participants served at any point in time.**
- ☐ **Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.**
- ☐ **Making any changes that could result in reduced services to participants.**

Specify the transition plan for the waiver:

Remote Monitoring is a service in the NOW that has never been accessed and for which there are no providers. This service is being eliminated at no impact to current participant's services.

Supported Employment Follow Along is being reduced from 52 units per year to 24 units per year. The average number of follow along visits per year is 19, and none have exceeded 24. Therefore, this reduction does not reduce services to current participants.

Prevocational services will be limited to four years. The intent of this service is to assist a participant to transition to an employment type setting.

**Attachment #2: Home and Community-Based Settings Waiver Transition Plan**

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

*Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.*

*To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301 (c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.*

*Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.*

*Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.*

Stakeholder Engagement

- 4/7/16-State Office assisted Central Louisiana Human Services District (region 6 local office) with completing site visit at a service provider day program.
- Technical assistance provided to Florida Parishes Human Services Authority (region 9 local office) regarding validation

visits.
• 4/11/16-State Office assisted South Central Louisiana Human Services (region 3 local office) with completing site visit as service provider day program
• 4/15/16-Coordinated Social Security Presentation/broadcast with the CWICs
• 4/20/16-State Office assisted South Central Louisiana Human Services (region 3 local office) with completing site visit at service provider day program
• 4/19, 4/25, and 5/16-Stakeholder workgroup regarding person centered planning and format options.
• 4/26/16-Presentation with Families Helping Families in Jefferson Parish about CMS rule/changes
• 4/27/16-HCBS quarterly planning progress meeting
• 5/3/16-Meeting with Support Coordination Alliance regarding Individual Experience Survey
• 5/3/16-State Office assisted Florida Parishes Human Services Authority (region 9 local office) with completing site visit for day program service provider.
• 5/10-5/12-State Office assisted Northwest Louisiana Human Services District (region 7 local office) with completing site validation visits for day program providers.
• 5/16/16-State Office assisted Florida Parishes Human Services Authority (region 9 local office) with completing site visit with day program service provider.
• 6/8/16-State Office assisted Capital Area Human Services (region 2 local office) with completing site visit with day program service provider
• 5/24/16-Work Pays meeting
• 5/27/16-5/30/16-State Office assisted Northeast Human Service Authority (region 8 local office) with completing site visits for multiple day program and residential service provider agencies.
• 6/14/16-Update provided regarding STP at a meeting with the Louisiana Council of Executives.
• 6/22/16-Update provided regarding STP for DD Council report
• Presentation at South Central Louisiana Human Services Authority quarterly provider meeting regarding STP progress.
OCDD will continue to provide technical assistance to all service provider agencies as requested (will partner with LGE offices where appropriate)

LDH Interagency STP Activities
• 4/4/16-OCDD met internally to discuss Individual Experience Survey.
• 4/27/16-HCBS quarterly planning progress meeting
• 5/5/16-OCDD met internally to discuss validation visit progress.
• 5/9/16-STP cross office workgroup met to discuss and plan for STP resubmission
• 5/10/16-STP cross office workgroup met to discuss systemic assessment with consultant and determine next steps in terms of formatting information for resubmission with STP
• 6/7/16, 6/14 and 6/20/16-OCDD and Medicaid meetings to discuss NOW renewal-discussions including incorporation of language associated with HCBS rule.
• 6/22/16 and 6/27/16-OCDD met internally to discuss changes to be included in NOW renewal
• 6/23/16-STP workgroup met with consultant to prep for phone conference with CMS -TA call related to addressing all areas to receive initial approval on STP
• 6/24/16-TA call with CMS team regarding resubmission of STP

The revised Statewide Transition Plan will be submitted to CMS by September 30, 2016 for Initial Approval. The revised STP will include completed systemic assessment and results of provider self-assessments and will be posted for public comment online and via newspaper on August 15, 2016. Comments are due September 15, 2016 and will be incorporated into the STP in detail and summary forms.
Systemic Assessments
The Office for Citizens with Developmental Disabilities (OCDD) is in the process of completing systemic assessments and post for public comment on August 15, 2016.
Provider Self-Assessments and Site Visits
As of June 30, 2016, OCDD and the Local Governmental Entities (LGEs) continued to follow up on obtaining provider agency's self-assessments. OCDD is currently in the process of consolidating a report identifying any remaining providers that have not complied with the request for completing the self-assessment. OCDD will take appropriate action to address this non-compliance.
Site visits will be staggered and will occur throughout the end of 2016. LGE's will provide OCDD status updates related to progress on site visits/desk audits. OCDD is also planning to establish ongoing conference calls with the LGE offices to identify and address issues/concerns as we go through this process.
OCDD is currently beginning the process of analyzing the findings from provider self-assessments and site

visits. Throughout the provider self-assessment and site validation visits, settings that require heightened scrutiny will be identified.
Participant Survey
A participant survey was developed to measure satisfaction and the participant's overall experiences as they relate to the HCBS Settings Rule. Information collected will be used to validate information reported by provider agencies via self-assessments and site visits. Self-advocates, family members, etc. provided input in the development of the survey. The survey was posted online for public comment and modifications were incorporated into the survey based on the comments. Training was provided on the participant survey May 25, 2016 – May 31, 2016 and the survey was then distributed on June 1, 2016. Participant surveys will be completed in two phases: Phase 1 was completed July 25, 2016 and Phase 2 will be completed by December 31, 2016. Analysis of participant survey findings is ongoing through the end of 2016.

## Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

Proposal to CMS for Composite Sampling for four Office for Citizens with Developmental Disabilities' Waivers

As operating agency for four of Louisiana's 1915c waivers, the Office for Citizens with Developmental Disabilities (OCDD) has submitted to Medicaid the following proposal for use of a Composite Sample for the New Opportunities Waiver (NOW), the Children's Choice Waiver (CC Waiver), the Supports Waiver (SW), and the Residential Options Waiver (ROW). All four waivers serve the same OCDD population.
The five conditions listed in the August 13, 2013 CMS presentation, Improvements in 1915c Waiver quality Requirements, are met as follows.
The NOW, CCW, ROW, and SW waivers:
1. Share the same design.
2. Share similarity across approved Waiver Application Appendices: C, D, G and H.
3. Share a Cross-Waiver Quality management approach including: Methodology for discovering information (e.g., data systems, sample selection); manner in which individual issues are remedied; process for identifying & analyzing patterns/trends; and the majority of Performance Measures are the same.
4. The provider network is very similar.
5. Provider oversight is very similar.

OCDD agrees with the rationale that when waivers are managed and monitored similarly, discovery and improvement results for the "system" are expected to be the same as for each individual waiver. The use of composite sampling across the OCDD populations are expected to result in more efficient discovery methods and more efficient implementation of systemic improvements.
OCDD proposes to submit evidence reports utilizing composite sampling for all waivers operated within the department. We propose the following:
1. The discovery process derived from representative sampling occurs from July 1 through December 31 of each year beginning 7/1/2017. This discovery period will reflect the discovery data for NOW year 1, the ROW waiver year 4 and SW and CC waiver year 3 and will be performed as the first composite sample.
2. Amend the CC Waiver, ROW, and SW to align the performance indicators with the NOW to be effective 7/1/2017.
3. The "sample years" for all waivers will be maintained as calendar years.
4. Evidence reports
A. ROW Evidence Report for Waiver Years 1 – 3 has been submitted
B. SW and CC Waiver Evidence Reports due 9/30/2017
i. Waiver years 1 and 2 will be single waiver data, waiver year 3 will be composite sample data.
C. NOW Evidence Report years 1 – 3 will utilize composite sample data

5. QIS Activities subsequent to Evidence Report Submittal
A. ROW Waiver years 4 and 5 will be composite sample data.
B. CC Waiver and SW Years 4 and 5 – Composite Sample Data
C. NOW Years 4 and 5 – Composite Sample Data

6. For all of the performance measures derived from the composite sample, performance measures will be reported for the sample and not by waiver.
7. For performance measures with 100% data available, reports will continue to be generated on the separate waiver populations.

8. The composite sample will be a simple random sample selected from the consolidated NOW, SW, ROW, and CC Waiver populations and utilizing credible sampling parameters which ensures representative distribution across LGEs and support coordination agencies.
9. Reports will be generated and analyzed by the state according to the waiver application but at least annually.
10. The sub-assurance changes described in the August 13, 2013 CMS Presentation, Improvements in 1915c Waiver Quality Requirements, will be implemented for all waivers with the amendments submitted to allow for composite sampling.

## Appendix A: Waiver Administration and Operation

1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

○ **The waiver is operated by the State Medicaid agency.**

Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program *(select one)*:

○ **The Medical Assistance Unit.**

Specify the unit name:

*(Do not complete item A-2)*

○ **Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit.**

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

*(Complete item A-2-a).*

◉ **The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency.**

Specify the division/unit name:
**The Office for Citizens with Developmental Disabilities**

In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. *(Complete item A-2-b).*

## Appendix A: Waiver Administration and Operation

2. **Oversight of Performance.**

a. **Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:
**As indicated in section 1 of this appendix, the waiver is not operated by another division/unit within the State Medicaid agency. Thus this section does not need to be completed.**

b. **Medicaid Agency Oversight of Operating Agency Performance.** When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:
BHSF and OCDD have a common and concurrent interest in providing Medicaid eligible individuals access to waivers and other identified services through qualified providers, while ensuring the integrity of the Medicaid program is maintained.
The State Medicaid Agency, BHSF, and the operating agency, OCDD, have an Interagency Agreement (IA) defining the responsibilities of each. The IA is to be reviewed yearly and updated as necessary. Among other activities, this interagency agreement requires BHSF and OCDD to meet quarterly to evaluate the waiver program and initiate necessary changes to policy and/or reimbursement rates and to meet quarterly with the Division of Health Economics to review the financial accountability reports for the waiver program.
There are ten Local Governing Entities (LGE) offices within the state of Louisiana which contract with BHSF to perform regional waiver operation functions for the OCDD waivers as delegated and described in the CMS approved waiver document. The LGE waiver offices perform under the guidance and supervision of OCDD, the state waiver operating agency. The LGE must comply with all regional Quality Improvement Strategy activities as described in the approved waiver document. Both the state operating agency (OCDD) and each of the regional operating entities (LGEs) share responsibility to meet the federally mandated assurances and sub-assurances for: Level of Care; Service Plan; and Health and Welfare. The contract agreements with the LGEs are to be reviewed yearly and updated as necessary.
To ensure compliance with federal regulations governing waivers, BHSF created the Medicaid Program Support and Waivers Section (MPSW) which oversees the administration of the Medicaid Home and Community Based Services (HCBS) programs operated by OCDD and the Office of Aging and Adult Services (OAAS). Oversight is completed under the direction of the Medicaid Program Support and Waivers Section Chief.
Medicaid oversight of operating agency performance is facilitated through the following committees:
LDH Variance Committee – meets at least quarterly to review financial utilization and expenditure performance of all OCDD waivers. Members are composed of representatives from OCDD, Division of Health Economics, and MPSW.

Medicaid HCBS Oversight Committee - meets at least quarterly with the specific purpose to ensure proper oversight of the OAAS and OCDD operated HCBS Medicaid programs. Goals are to review current performance reports, determine need for new activities concerning quality and oversight in waiver programs and ensure adequate remediation enforcement. Quality recommendations or issues which cannot be resolved at this level are placed on the agenda of the Medicaid/Program Offices Quarterly Meeting. Members include HCBS quality management staff from MPSW and OCDD and it is chaired by the MPSW Section Chief or designee. The committee meets at least quarterly with the following standing agenda items:
--OCDD operating agency staff present their analysis of all performance measure findings, remediation activities and systemic improvements to MPSW as defined in the 1915(c) waiver quality strategy;
--MPSW Section Chief or designee indicates approval or disapproval of quarterly/annual data and activities;
--Based on evidence presented, MPSW staff provides technical assistance, guidance and support to the operating agency staff;
--MPSW performs administrative oversight functions for OCDD HCBS programs.

Medicaid/Program Offices Quarterly Meeting – Convenes at least quarterly to perform executive level oversight of the performance of HCBS waivers, assure their effectiveness and efficiency, and discuss any other programmatic issues common to the program offices and Medicaid. Goals are to act upon issues and recommendations received from the Medicaid HCBS Oversight Committee and other HCBS workgroups. This meeting is a forum for executive level problem resolution, planning, and development of quality redesign strategies. Members include representatives from MPSW, the Medicaid Director or Deputy Director, the OCDD Assistant Secretary, and other designated staff.
MPSW/OCDD/HCBS Data Contactor Meetings– MPSW facilitates monthly meetings with OCDD and the Medicaid data contractor to discuss waiver issues, problems, and situations which have arisen and do not comport with program policy. At these meetings solutions are formulated, corrective actions are agreed upon, follow-up implemented by OCDD as necessary in the form of internal policy or provider policy.

Ad Hoc Cross-Population HCBS Oversight Meetings - Additional meetings will be held jointly between

MPSW, OCDD and the Office of Aging and Adult Services on an as needed basis for the following purposes:
--Collaborate on design and implementation of a robust system of cross- population continuous quality improvement;
--Present Quality Improvement Projects (QIP);
--Share ongoing communication of what works, doesn't work, and best practices.

Oversight specific to each Appendix A-7 function delegated to OCDD:

1. Participant waiver enrollment – BHSF maintains supervision by approving the process for entry of individuals into the waiver. Supervision of compliant entry processes occurs during the monthly MPSW/OCDD/HCBS Data Contactor Meetings.
2. Waiver enrollment managed against approved limits –The variance committee meets quarterly to manage waiver enrollment against approved limits. This committee is composed of representatives from OCDD, LDH's Division of Health Economics, and MPSW. This function is accomplished through the review of ongoing data reports received through the Medicaid data contractor and Medicaid Management Information Systems (MMIS). These data reports include the number of participants receiving services, exiting the waiver offered a waiver opportunity, waiver closure summary, admissions summary, level of care intake, acute care utilization, and waiver expenditures.

3. Waiver expenditures managed against approved levels– MPSW is responsible for completing the annual CMS-372 report utilizing data, submitting it to OCDD for review, and submitting to the Medicaid Director for final approval prior to submission. The variance committee meets quarterly to manage waiver expenditures against approved limits. This committee is composed of representatives from OCDD, LDH's Division of Health Economics, and MPSW. This function is accomplished through the review of ongoing data reports received through the Medicaid data contractor and MMIS. These data reports include the number of participants receiving services, exiting the waiver, offered a waiver opportunity, waiver closure summary, admissions summary, level of care intake, acute care utilization, and waiver expenditures. The variance committee discusses waiver administration and reviews financial participation and budget forecasts in order to determine if any adjustments are needed.

4. Level of care evaluation – OCDD is responsible for submitting aggregated reports on level of care assurances to BHSF on an established basis as described in the Appendix B Quality Improvement Strategy (QIS) of the waiver application. OCDD formally presents level of care performance measures findings/remediation actions to MPSW via the Medicaid HCBS Oversight Committee.

5. Review participant service plans- OCDD is responsible for submitting aggregated reports on service plan assurances to BHSF on an established basis as specified in Appendix D of the waiver application. OCDD formally presents service plan performance measures findings/remediation actions to MPSW via the Medicaid HCBS Oversight Committee.

6. Prior authorization of waiver services - To ensure that payments are accurate for the services rendered OCDD monitors and oversees the requirements of the provider through the prior authorization process and the approved plan of care (POC). BHSF oversees OCDD's exercise of prior authorization activities through reports issued by the Medicaid data contractor and through monthly MPSW/OCDD/HCBS Data Contactor Meetings. System changes related to claims processing and prior authorization can only be facilitated by BHSF. OCDD formally presents service plan performance measure findings/remediation actions to MPSW quarterly via the Medicaid HCBS Oversight Committee as described in Appendix D: QIS sub-assurance c.
7. Utilization management – Reports are generated quarterly from the Medicaid data contractor which include: number of participants who received all types of services specified in their service plan and number of participants who received services in the amount, frequency, and duration specified in the service plan. OCDD reviews these reports for trends and patterns of under-utilization of services. OCDD formally presents service plan performance measure findings/remediation actions to MPSW quarterly via the Medicaid HCBS Oversight Committee as described in Appendix D: QIS sub-assurance d.
8. Establishment of a statewide rate methodology - BHSF determines all waiver payment amounts/rates in collaboration with OCDD, Division of Health Economics, and as necessary the Rate & Audit section. MPSW monitors adherence to the rate methodology as described in Appendix I QIS.

9. Rules, policies, procedures, and information development governing the waiver program – OCDD develops and implements written policies and procedures to operate the waiver and must obtain BHSF

approval prior to release of any rulemaking, provider notices, waiver amendments/requests or policy changes. BHSF develops and distributes brochures, flyers, and other informational material regarding available programs to Louisiana citizens. BHSF oversees the website information, as well as communication distribution via Help Lines regarding waiver eligibility and policy administration.
10. Quality assurance and quality improvement activities - To ensure compliance with federal regulations governing waivers, BHSF created the Medicaid Program Support and Waivers (MPSW) Section to oversee the administration of all Louisiana Medicaid waiver programs. Monitoring is completed under the direction of the MPSW Section Chief. The MPSW Section, through performance measures listed in the Quality Improvement Strategy (QIS) and systems described in Appendix H, ensures that OCDD performs its assigned waiver operational functions including participant health and welfare assurances in accordance with this document. OCDD formally presents performance measures findings/remediation actions to MPSW quarterly via the Medicaid HCBS Oversight Committee.

## Appendix A: Waiver Administration and Operation

3. **Use of Contracted Entities.** Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

◉ **Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).**
Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.:*
Medicaid Data/Prior Authorization Contractor - The Medicaid data contractor compiles and aggregates data on plans of care, such as date the initial plan is submitted and approved, date the annual POC is approved, and date the POC is received by the regional office. The Medicaid data contractor also compiles and aggregates data on support coordination, provider services, waiver slots (both occupied and vacant); compiles and aggregates information on time lines, offerings of waiver slots and linkages to support coordination agencies; compiles and aggregates data on the Waiver certification process; provides prior authorization functions; maintains the Request for Services Registry(RFSR); issues freedom of choice forms to the participant/family members to allow selection of a Support Coordination Agency; collects data from providers and provides various notifications to providers upon direction of OCDD or BHSF.

Fiscal/Employer Agent - The fiscal agent ensures participants' prior authorized service limits for self-directed services are not exceeded and processes employer-related payroll and necessary federal and state taxes on behalf of Self-Direction participants.

Support Coordination Agencies - Support coordination agencies enrolled in Medicaid to serve participants in the NOW perform delegated operational functions for level of care re-evaluation as described in B-6.f. and for review of participant service plans as described in D-1.d.
Provider Enrollment Contractor – The Provider Enrollment unit of the Fiscal Intermediary Contractor performs fee –for-service provider enrollment and execution of Medicaid provider agreements on behalf of Medicaid.

Provider Enrollment Contractor – The Provider Enrollment unit of the Fiscal Intermediary Contractor performs fee –for-service provider enrollment and execution of Medicaid provider agreements on behalf of Medicaid.

○ **No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).**

## Appendix A: Waiver Administration and Operation

4. **Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

◉ **Not applicable**

○ **Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions. Check each that applies:

☐ **Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between

the State and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

*Specify the nature of these agencies and complete items A-5 and A-6:*

☐ **Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

*Specify the nature of these entities and complete items A-5 and A-6:*

## Appendix A: Waiver Administration and Operation

5. **Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:
The Louisiana Department of Health (LDH) Bureau of Health Services Financing (BHSF), with input from the operating agency, is responsible for assessing the performance of the Medicaid Data/Prior Authorization Contractor, Fiscal Employer Agent, Support Coordination Agencies and Provider Enrollment Contractor.

## Appendix A: Waiver Administration and Operation

6. **Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:
Medicaid Data/Prior Authorization Contractor - The Medicaid contract monitor for the Medicaid Data/Prior Authorization Contractor reviews monthly a report tracking volume and timelines for contract activities and deliverables in the previous month. This report includes support coordination linkages, period of time between linkage and service delivery, number of new and closed support coordination linkages, and other summary statistics. The previous months billing information is also included in the report so that report and invoice are linked together.
In addition, the data contractor submits a breakdown of staff resources allocated to the contract. MPSW staff, including the contract monitor, meets monthly with contractor to review performance. The data contractor also submits data files quarterly which are reviewed and archived by the contract monitor. If there is substandard performance, MPSW will require a corrective action plan and will monitor implementation.

Fiscal Employer Agent - The fiscal employer agent is required to submit monthly reports to BHSF and OCDD for review and to monitor fiscal management activities. MPSW and OCDD perform on-going monitoring of the fiscal agent's claims payment activities, billing history, and adherence to the terms of the contract. OCDD provides MPSW with any data, complaints, or other information obtained from any source regarding the fiscal agent's performance. BHSF also utilizes the annual participant-satisfaction survey data gathered by the fiscal agent. If there is substandard performance, MPSW will require a corrective action plan and will monitor implementation.

Support Coordination Agencies - Retrospective review of Medicaid enrolled support coordinators in their performance of level of care evaluation and service plan review will occur on an annual basis through a Support Coordination Monitoring (SCM) review process performed by regional LGE waiver staff under the programmatic oversight of OCDD. The SCM process includes a representative sample record review with performance measures described in the Level of Care, Service Plan and Health & Welfare Quality Improvement Strategies. The results of this monitoring will be entered into a Support Coordination Monitoring Data base which will generate aggregate

reports annually by waiver population and by support coordination agency. Additionally, data with one hundred percent representativeness is available from the Medicaid data contractor for measures of timeliness. The results of this data will be analyzed and utilized by regional OCDD staff on a monthly basis to request and monitor corrective action based on the SCM results and enter remediation and compliance- related activities into the SCM data base. The state-wide report of discovery, remediation and improvement activities for level of care and service plan review will also be analyzed and acted upon by the appropriate committees as described in appendix H-1.a.i.

Provider Enrollment/ Provider Agreements Contractor - The LDH Program Integrity Provider Enrollment (PE) unit manages the PE activities of the fiscal intermediary contractor's PE unit. All enrollments are cleared against the Office of State Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) and the System of Award Management (SAM) List of Debarred Entitles and Individuals. BHSF receives monthly Program Integrity reports for aberrant billing practices and enrollment as well as ongoing reports from Health Standards regarding provider licensing and certification.

## Appendix A: Waiver Administration and Operation

7. **Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):
In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency.
*Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

| Function | Medicaid Agency | Other State Operating Agency | Contracted Entity |
|---|---|---|---|
| Participant waiver enrollment | ☑ | ☑ | ☑ |
| Waiver enrollment managed against approved limits | ☑ | ☑ | ☑ |
| Waiver expenditures managed against approved levels | ☑ | ☑ | ☑ |
| Level of care evaluation | ☑ | ☑ | ☑ |
| Review of Participant service plans | ☑ | ☑ | ☑ |
| Prior authorization of waiver services | ☑ | ☑ | ☑ |
| Utilization management | ☑ | ☑ | ☑ |
| Qualified provider enrollment | ☑ | ☐ | ☑ |
| Execution of Medicaid provider agreements | ☑ | ☐ | ☑ |
| Establishment of a statewide rate methodology | ☑ | ☑ | ☐ |
| Rules, policies, procedures and information development governing the waiver program | ☑ | ☑ | ☐ |
| Quality assurance and quality improvement activities | ☑ | ☑ | ☐ |

## Appendix A: Waiver Administration and Operation

### Quality Improvement: Administrative Authority of the Single State Medicaid Agency

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

a. **Methods for Discovery: Administrative Authority**
***The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.***

**i. Performance Measures**

***For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application.*** *As necessary and applicable, performance measures should focus on:*

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver
- Equitable distribution of waiver openings in all geographic areas covered by the waiver
- Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014)

***Where possible, include numerator/denominator.***

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**A.a.i.1 Number and percentage of performance measure reports which were received on time and complete with operating agency analysis and remediation activities. Percentage = Number of performance measure reports which were received on time and complete with operating agency analysis and remediation activities / Total number of performance measure reports due**

**Data Source** (Select one):
**Reports to State Medicaid Agency on delegated Administrative functions**
If 'Other' is selected, specify:

| **Responsible Party for data collection/generation** *(check each that applies):* | **Frequency of data collection/generation** *(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

| | |
|---|---|
| | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☐ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** |
| ☐ **Other**<br>Specify: | ☐ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**Performance Measure:**
**A.a.i.2 Number and percentage of performance measures which met the 86% threshold. Percentage = Number of performance measures which met the 86% threshold / Total number of performance measures**

**Data Source** (Select one):
**Reports to State Medicaid Agency on delegated Administrative functions**
If 'Other' is selected, specify:

| **Responsible Party for data collection/generation** *(check each that applies):* | **Frequency of data collection/generation** *(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** | ☐ **Representative Sample**<br>Confidence Interval = |
| ☐ **Other**<br>Specify: | ☐ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |

| | | |
|---|---|---|
| | | |
| | ☐ Other<br>Specify: | |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis *(check each that applies):* | Frequency of data aggregation and analysis*(check each that applies):* |
|---|---|
| ☑ State Medicaid Agency | ☐ Weekly |
| ☑ Operating Agency | ☐ Monthly |
| ☐ Sub-State Entity | ☑ Quarterly |
| ☐ Other<br>Specify: | ☐ Annually |
| | ☐ Continuously and Ongoing |
| | ☐ Other<br>Specify: |

**Performance Measure:**
**A.a.i.3 Number and percentage of Quality Improvement Projects (QIPs) initiated and submitted to the MPSW Section within three months of findings below the 86% threshold. Percentage = Number of Quality Improvement Projects (QIPs) initiated and submitted to the MPSW Section within three months of findings below the 86% threshold / Total number of QIPs initiated and submitted to MPSW**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**MPSW Tracking System**

| Responsible Party for data collection/generation *(check each that applies):* | Frequency of data collection/generation *(check each that applies):* | Sampling Approach*(check each that applies):* |
|---|---|---|
| ☑ State Medicaid Agency | ☐ Weekly | ☑ 100% Review |
| ☐ Operating Agency | ☐ Monthly | ☐ Less than 100% Review |
| ☐ Sub-State Entity | ☑ Quarterly | ☐ Representative Sample<br>Confidence Interval = |

| | | |
|---|---|---|
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☐ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** |
| ☐ **Other** Specify: | ☐ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**A.a.i.4 Number and percentage of implemented QIPs that were effective as evidenced by meeting the 86% threshold upon the subsequent monitoring cycle. Percentage = Number of implemented QIPs that were effective as evidenced by meeting the 86% threshold upon the subsequent monitoring cycle / Total number of implemented QIPs**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**MPSW Tracking System**

| **Responsible Party for data collection/generation** *(check each that applies):* | **Frequency of data collection/generation** *(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☐ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |

| | | |
|---|---|---|
| ☐ **Sub-State Entity** | ☑ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☐ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** |
| ☐ **Other** Specify: | ☐ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

**Performance Measure:**
**A.a.i.5. Number and percentage of setting assessments completed where the provider was either compliant or progressing toward a plan for compliance with the HCBS Settings Rule. Percentage = Number of setting assessments completed where the provider was either compliant or progressing toward a plan for compliance with the HCBS Settings Rule / Total number of setting assessments**

**Data Source** (Select one):
**Reports to State Medicaid Agency on delegated Administrative functions**
If 'Other' is selected, specify:

| | | |
|---|---|---|
| | | **Sampling Approach***(check each that applies):* |

| Responsible Party for data collection/generation *(check each that applies):* | Frequency of data collection/generation *(check each that applies):* | |
|---|---|---|
| ☑ State Medicaid Agency | ☐ Weekly | ☑ 100% Review |
| ☑ Operating Agency | ☐ Monthly | ☐ Less than 100% Review |
| ☐ Sub-State Entity | ☑ Quarterly | ☐ Representative Sample<br>Confidence Interval = |
| ☐ Other<br>Specify: | ☐ Annually | ☐ Stratified<br>Describe Group: |
| | ☐ Continuously and Ongoing | ☐ Other<br>Specify: |
| | ☐ Other<br>Specify: | |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis *(check each that applies):* | Frequency of data aggregation and analysis*(check each that applies):* |
|---|---|
| ☑ State Medicaid Agency | ☐ Weekly |
| ☑ Operating Agency | ☐ Monthly |
| ☐ Sub-State Entity | ☑ Quarterly |
| ☐ Other<br>Specify: | ☐ Annually |
| | ☐ Continuously and Ongoing |
| | ☐ Other<br>Specify: |

**Performance Measure:**
**A.a.i.6. Number and percentage of changes in waiver policies that were approved by BHSF and presented for public notice prior to implementation by the operating agency. Percentage = Number of changes in waiver policies that were approved by BHSF and**

**presented for public notice prior to implementation by the operating agency / Total number of changes in waiver policies**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**MPSW Tracking System**

| **Responsible Party for data collection/generation** *(check each that applies):* | **Frequency of data collection/generation** *(check each that applies):* | **Sampling Approach***(check each that applies):* |
|---|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☐ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** | ☐ **Representative Sample** Confidence Interval = |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☐ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** |
| ☐ **Other** Specify: | ☐ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** |

| Responsible Party for data aggregation and analysis *(check each that applies):* | Frequency of data aggregation and analysis*(check each that applies):* |
|---|---|
| | Specify: |

**Performance Measure:**
**A.a.i.7. Number and percent of unduplicated participants offered a waiver slot where the number of available slots are less than or equal to those offered. Percentage = Number of unduplicated participants offered a waiver slot / Total number of available slots**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**Medicaid data contractor data systems**

| Responsible Party for data collection/generation *(check each that applies):* | Frequency of data collection/generation *(check each that applies):* | Sampling Approach*(check each that applies):* |
|---|---|---|
| ☑ State Medicaid Agency | ☐ Weekly | ☑ 100% Review |
| ☐ Operating Agency | ☐ Monthly | ☐ Less than 100% Review |
| ☐ Sub-State Entity | ☑ Quarterly | ☐ Representative Sample<br>Confidence Interval = |
| ☑ Other<br>Specify:<br>Medicaid Data Contractor | ☐ Annually | ☐ Stratified<br>Describe Group: |
| | ☑ Continuously and Ongoing | ☐ Other<br>Specify: |
| | ☐ Other<br>Specify: | |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis *(check each that applies):* | Frequency of data aggregation and analysis*(check each that applies):* |
|---|---|
| ☑ State Medicaid Agency | ☐ Weekly |
| ☑ Operating Agency | ☐ Monthly |
| | |

| Responsible Party for data aggregation and analysis *(check each that applies):* | Frequency of data aggregation and analysis*(check each that applies):* |
|---|---|
| ☐ **Sub-State Entity** | ☑ **Quarterly** |
| ☑ **Other**<br>Specify:<br>Medicaid Data Contractor | ☐ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**Performance Measure:**
**A.a.i.8. Number and percentage of waiver offers that were appropriately made across all geographical areas to applicants on the Request for Services Registry (RFSR), according to policy and criteria set forth by the State. Percentage = Number of appropriately made offers to applicants on the RFSR / Total number of waiver offers made**

**Data Source** (Select one):
**Other**
If 'Other' is selected, specify:
**Medicaid data contractor data system**

| Responsible Party for data collection/generation *(check each that applies):* | Frequency of data collection/generation *(check each that applies):* | Sampling Approach*(check each that applies):* |
|---|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** | ☑ **100% Review** |
| ☐ **Operating Agency** | ☐ **Monthly** | ☐ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** | ☐ **Representative Sample**<br>Confidence Interval = |
| ☑ **Other**<br>Specify:<br>Medicaid data contractor | ☐ **Annually** | ☐ **Stratified**<br>Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other**<br>Specify: |
| | ☐ **Other**<br>Specify: | |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis *(check each that applies):* | Frequency of data aggregation and analysis*(check each that applies):* |
|---|---|
| ☑ State Medicaid Agency | ☐ Weekly |
| ☑ Operating Agency | ☐ Monthly |
| ☐ Sub-State Entity | ☑ Quarterly |
| ☐ Other<br>Specify: | ☐ Annually |
| | ☐ Continuously and Ongoing |
| | ☐ Other<br>Specify: |

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

**b. Methods for Remediation/Fixing Individual Problems**

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

A.a.i.1 – A.a.i.6

Aggregated data collected for Performance Measures A.a.i.1 – A.a.i.6 are reviewed and analyzed quarterly by via the Medicaid HCBS Oversight Committee. When remediation is indicated, the Committee discusses appropriate remediation activities to resolve identified compliance issues and address systemic improvements when indicated. To achieve this end, MPSW provides technical assistance, guidance, and support to the operating agency staff. Committee minutes document remediation actions and results of these actions are presented at subsequent meetings to verify effectiveness.

The Medicaid HCBS Oversight Committee meets at least quarterly with the specific purpose to ensure proper oversight of the OAAS and OCDD operated HCBS Medicaid programs. Goals are to review current performance reports, determine need for new activities concerning quality and oversight in waiver programs and ensure adequate remediation enforcement. Quality recommendations or issues which cannot be resolved at this level are placed on the agenda of the BHSF/Program Offices HCBS Executive Committee. Members of the Medicaid HCBS Oversight Committee include HCBS quality management staff from MPSW and OCDD and it is chaired by the MPSW Section Chief or designee.

A.a.i.7

MPSW and OCDD meet monthly with the Medicaid data contractor to discuss problems/issues identified and how to remediate. At these meetings, the members review the Daily Count of Offers, Linkages and Certifications report generated by the data contractor which includes: waiver slots available; pre-linkage, linkages to support coordinator; offers accepted; offers too recent for a response; vacancies to be offered; offers accepted and linked; recipients linked and certified; recipients linked and not certified. This report is reviewed and analyzed to determine whether the yearly maximum number of unduplicated participants offered a waiver opportunity is nearing the limit. If the yearly maximum number of unduplicated participants

offered a waiver opportunity is approaching the limit, the state will submit a waiver amendment to CMS to modify the number of participants.
Remediation of specific problems/issues/discrepancies identified are addressed in the monthly meetings and documented in the Medicaid data contractor meeting minutes (which are shared with OCDD) and the MPSW Tracking System.

A.a.i.8

MPSW and OCDD meet monthly with the Medicaid data contractor to discuss problems/issues identified and how to remediate. At these meetings, the members review the Count of Slot Types report generated by the data contractor which includes: initial allocated slots; reallocated slots due to closures; current number of allocated slots; current number of slots linked; Children's Choice Waiver participants who age into the NOW in the next 90 days and do not have a NOW 51-NH; number of remaining slots open. This report is reviewed and analyzed to identify the number of slots available for offers. OCDD and MPSW supervise whether offers are made appropriately according to established policy and criteria. If there are instances identified where offers were made inappropriately, MPSW meets with the data contractor and OCDD to address the situation and develop a plan for corrective action for resolution.
Remediation of specific problems/issues/discrepancies identified are addressed in the monthly meetings and documented in the Medicaid data contractor meeting minutes (which are shared with OCDD) and the MPSW Tracking System.

ii. **Remediation Data Aggregation**

**Remediation-related Data Aggregation and Analysis (including trend identification)**

| **Responsible Party***(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☑ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** |
| ☐ **Other**<br>Specify: | ☐ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

c. **Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

## Appendix B: Participant Access and Eligibility

### B-1: Specification of the Waiver Target Group(s)

a. **Target Group(s).** Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to one or more groups or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. *In accordance with 42 CFR §441.301(b)(6), select one or more waiver target groups, check each of the subgroups in the selected target group(s) that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

| Target Group | Included | Target SubGroup | Minimum Age | Maximum Age | |
|---|---|---|---|---|---|
| | | | | Maximum Age Limit | No Maximum Age Limit |
| ☐ Aged or Disabled, or Both - General | | | | | |
| | ☐ | Aged | | | ☐ |
| | ☐ | Disabled (Physical) | | | |
| | ☐ | Disabled (Other) | | | |
| ☐ Aged or Disabled, or Both - Specific Recognized Subgroups | | | | | |
| | ☐ | Brain Injury | | | ☐ |
| | ☐ | HIV/AIDS | | | ☐ |
| | ☐ | Medically Fragile | | | ☐ |
| | ☐ | Technology Dependent | | | ☐ |
| ☑ Intellectual Disability or Developmental Disability, or Both | | | | | |
| | ☑ | Autism | 3 | | ☑ |
| | ☑ | Developmental Disability | 3 | | ☑ |
| | ☑ | Intellectual Disability | 3 | | ☑ |
| ☐ Mental Illness | | | | | |
| | ☐ | Mental Illness | | | |
| | ☐ | Serious Emotional Disturbance | | | |

b. **Additional Criteria.** The State further specifies its target group(s) as follows:

c. **Transition of Individuals Affected by Maximum Age Limitation.** When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit *(select one):*

◉ **Not applicable. There is no maximum age limit**

○ **The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit.**

*Specify:*

## Appendix B: Participant Access and Eligibility

### B-2: Individual Cost Limit (1 of 2)

a. **Individual Cost Limit.** The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual *(select one)*. Please note that a State may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:

◉ **No Cost Limit.** The State does not apply an individual cost limit. *Do not complete Item B-2-b or item B-2-c.*

○ **Cost Limit in Excess of Institutional Costs.** The State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the State. *Complete Items B-2-b and B-2-c.*

**The limit specified by the State is** *(select one)*

○ **A level higher than 100% of the institutional average.**

Specify the percentage:

○ **Other**

*Specify:*

○ **Institutional Cost Limit.** Pursuant to 42 CFR 441.301(a)(3), the State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver. *Complete Items B-2-b and B-2-c.*

○ **Cost Limit Lower Than Institutional Costs.** The State refuses entrance to the waiver to any otherwise qualified individual when the State reasonably expects that the cost of home and community-based services furnished to that individual would exceed the following amount specified by the State that is less than the cost of a level of care specified for the waiver.

*Specify the basis of the limit, including evidence that the limit is sufficient to assure the health and welfare of waiver participants. Complete Items B-2-b and B-2-c.*

**The cost limit specified by the State is** *(select one)*:

○ **The following dollar amount:**

Specify dollar amount:

**The dollar amount** *(select one)*

○ **Is adjusted each year that the waiver is in effect by applying the following formula:**

Specify the formula:

○ **May be adjusted during the period the waiver is in effect. The State will submit a waiver amendment to CMS to adjust the dollar amount.**

○ **The following percentage that is less than 100% of the institutional average:**

Specify percent:

○ **Other:**

*Specify:*

## Appendix B: Participant Access and Eligibility

### B-2: Individual Cost Limit (2 of 2)

**Answers provided in Appendix B-2-a indicate that you do not need to complete this section.**

b. **Method of Implementation of the Individual Cost Limit.** When an individual cost limit is specified in Item B-2-a, specify the procedures that are followed to determine in advance of waiver entrance that the individual's health and welfare can be assured within the cost limit:

c. **Participant Safeguards.** When the State specifies an individual cost limit in Item B-2-a and there is a change in the participant's condition or circumstances post-entrance to the waiver that requires the provision of services in an amount that exceeds the cost limit in order to assure the participant's health and welfare, the State has established the following safeguards to avoid an adverse impact on the participant *(check each that applies)*:

- ☐ **The participant is referred to another waiver that can accommodate the individual's needs.**
- ☐ **Additional services in excess of the individual cost limit may be authorized.**

Specify the procedures for authorizing additional services, including the amount that may be authorized:

- ☐ **Other safeguard(s)**

Specify:

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (1 of 4)

a. **Unduplicated Number of Participants.** The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The State will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix J:

**Table: B-3-a**

| Waiver Year | Unduplicated Number of Participants |
|---|---|
| Year 1 | 8900 |
| Year 2 | 8950 |
| Year 3 | 9000 |
| Year 4 | 9050 |
| Year 5 | 9100 |

b. **Limitation on the Number of Participants Served at Any Point in Time.** Consistent with the unduplicated number of participants specified in Item B-3-a, the State may limit to a lesser number the number of participants who will be

served at any point in time during a waiver year. Indicate whether the State limits the number of participants in this way: *(select one)*:

- (●) **The State does not limit the number of participants that it serves at any point in time during a waiver year.**
- ( ) **The State limits the number of participants that it serves at any point in time during a waiver year.**

The limit that applies to each year of the waiver period is specified in the following table:

**Table: B-3-b**

| Waiver Year | Maximum Number of Participants Served At Any Point During the Year |
|---|---|
| Year 1 | |
| Year 2 | |
| Year 3 | |
| Year 4 | |
| Year 5 | |

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (2 of 4)

c. **Reserved Waiver Capacity.** The State may reserve a portion of the participant capacity of the waiver for specified purposes (e.g., provide for the community transition of institutionalized persons or furnish waiver services to individuals experiencing a crisis) subject to CMS review and approval. The State *(select one)*:

- ( ) **Not applicable. The state does not reserve capacity.**
- (●) **The State reserves capacity for the following purpose(s).**

Purpose(s) the State reserves capacity for:

| Purposes |
|---|
| Individuals Transitioning from Supports and Services Centers to Home and Community Based Services |
| Emergency Opportunities for Individuals in a Crisis Situation |
| Children in Office of Community Services (OCS) Custody |

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (2 of 4)

**Purpose** *(provide a title or short description to use for lookup)*:

Individuals Transitioning from Supports and Services Centers to Home and Community Based Services

**Purpose** *(describe)*:

The one hundred sixty (160) NOW opportunities will be available for residents living at a Supports and Service Center who have chosen to transition into a DD HCBS waiver.

**Describe how the amount of reserved capacity was determined:**

The State continues to reserve 160 waiver opportunities as it was originally published in the Louisiana Register, Vol. 23, No. 6, dated June 6, 1997, and continues to be included in the most recently updated Louisiana Register Vol. 31, No. 11, dated November 20, 2005.

**The capacity that the State reserves in each waiver year is specified in the following table:**

| Waiver Year | Capacity Reserved | |
|---|---|---|
| Year 1 | 160 | |
| Year 2 | 160 | |
| Year 3 | 160 | |
| Year 4 | 160 | |
| Year 5 | 160 | |

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (2 of 4)

**Purpose** *(provide a title or short description to use for lookup):*

Emergency Opportunities for Individuals in a Crisis Situation

**Purpose** *(describe):*

The purpose is to provide supports to individuals who may require services due to a crisis or emergency. To be considered for emergency waiver, the individual must need long term supports, not temporary or short term supports.

**Describe how the amount of reserved capacity was determined:**

The State currently reserves 281 slots for person's meeting the criteria stated above. This set aside was originally authorized during the 2004 Regular Legislative Session and has increased from 66 slots to 281 slots based on Legislative approval. Based on need as identified through requests received for emergency waiver opportunities may result in additional future Legislative approval.

**The capacity that the State reserves in each waiver year is specified in the following table:**

| Waiver Year | Capacity Reserved | |
|---|---|---|
| Year 1 | 281 | |
| Year 2 | 281 | |
| Year 3 | 281 | |
| Year 4 | 281 | |
| Year 5 | 281 | |

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (2 of 4)

**Purpose** *(provide a title or short description to use for lookup):*

Children in Office of Community Services (OCS) Custody

**Purpose** *(describe):*

A minimum of Ninety (90) NOW opportunities will be available for allocation to children under the age of 18 years who are in the Custody of the Office of Community Services (OCS) and are identified by OCS as in need for waiver services.

**Describe how the amount of reserved capacity was determined:**

It was estimated that at any given time approximately 90 children in OCS custody would be Medicaid eligible and determined Developmentally Disabled for waiver services.

**The capacity that the State reserves in each waiver year is specified in the following table:**

| Waiver Year | Capacity Reserved |
|---|---|
| Year 1 | 90 |
| Year 2 | 90 |
| Year 3 | 90 |
| Year 4 | 90 |
| Year 5 | 90 |

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (3 of 4)

d. **Scheduled Phase-In or Phase-Out.** Within a waiver year, the State may make the number of participants who are served subject to a phase-in or phase-out schedule *(select one)*:

- (●) **The waiver is not subject to a phase-in or a phase-out schedule.**
- ( ) **The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an intra-year limitation on the number of participants who are served in the waiver.**

e. **Allocation of Waiver Capacity.**

*Select one*:

- (●) **Waiver capacity is allocated/managed on a statewide basis.**
- ( ) **Waiver capacity is allocated to local/regional non-state entities.**

Specify: (a) the entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:

f. **Selection of Entrants to the Waiver.** Specify the policies that apply to the selection of individuals for entrance to the waiver:

In accordance with Louisiana Register Volume 40, No. 01, January 20, 2014;
Title 50 PUBLIC HEALTH -MEDICAL ASSISTANCE Part XXI. Home and Community Based Services Waivers, Subpart 11. New Opportunities Waiver
Chapter 137. General Provisions, §13707. Programmatic Allocation of Waiver Opportunities

Waiver opportunities shall be allocated to the reserved capacity groups as follows:

1. Foster children in the custody of the Department of Children and Family Services (DCFS)
2. People living at Pinecrest Supports and Services Center (formerly known as Pinecrest Development Center), or its alternates at private ICFs-DD, who have chosen to receive community-based waiver services.
Waiver opportunities not utilized by persons living in public ICFs-DD or their alternates shall be divided between:

a. the next individual on the registry who is living in either a nursing facility or private ICF-DD; and
b. the next individual on the registry who is residing in the community.
3. Qualifying individuals with developmental disabilities who require emergency waiver services.

Funded waiver opportunities not addressed above shall be available for allocation to the next individual on the registry who successfully completes the financial eligibility and medical certification process and is certified for the waiver.

The request for services registry, hereafter referred to as "the registry," shall be used to evaluate individuals for waiver eligibility and to fill all waiver opportunities for persons with developmental disabilities. The next individual on the registry shall be notified in writing that a waiver opportunity is available and that he/she is next in line to be evaluated for a possible waiver assignment. The individual shall then choose a case management agency that will assist in the gathering of the documents needed for both the financial eligibility and medical certification process for level of care determination. If the individual is determined to be ineligible, either financially or medically, that individual shall be notified in writing. The next person on the registry shall be notified as stated above and the process continues until an eligible person is assigned the waiver opportunity. A waiver opportunity shall be assigned to an individual when eligibility is established and the individual is certified. By accepting a waiver opportunity, the person's name shall be removed from the registry.

Right of Refusal. A person may be designated inactive on the registry upon written request to OCDD. When the individual determines that he/she is ready to begin the waiver evaluation process, he/she shall request, in writing, that his/her name be removed from inactive status. His/her original protected request date will be reinstated. In addition, persons who left a publicly-operated facility after July 1, 1996 and who would have received a waiver opportunity, but chose another option at the time of discharge, may request access to a waiver opportunity through OCDD or its designated agent. OCDD will verify that the individual meets the criteria for this option and provide access to the next available waiver opportunity based on his/her date of discharge from the publicly-operated facility. That will become his/her protected date.

As enacted through R.S. 28:827 Act No. 286 of the 2010 Regular Legislative Session, any active duty member of the armed forces who has been temporarily assigned to work outside of Louisiana and any member of his/her immediate family who was qualified for and was receiving Louisiana Medicaid Waiver services for individuals with developmental disabilities at the time they were placed on active duty will be eligible to receive the next available waiver opportunity upon the individual's resumed residence in Louisiana.

Medicaid's data contractor has responsibility for maintenance of the Request for Services Registry (RFSR). Slot offers are made for persons on the registry by the Medicaid data contractor based upon the above stated policies and procedures and as written in B-3-f. Also, BHSF/MPSW has oversight of the data contractor's role in maintaining the registry according to policy. In addition, monthly meetings are held between the Medicaid data contractor, OCDD, and BHSF/MPSW to review and to assure adherence to these regulations along with equitably and fairness in slot allocations and distributions.

The determination of slots allocated to reserved capacity is reviewed to determine underutilization and anticipated overutilization. In the process, stakeholder input is utilized to make policy revisions. Additional public input is solicited during the rulemaking process (as enacted through R.S. 49:951 et seq. Act No. 775 §1, effective June 30, 2010 of the 2010 Regular Legislative Session). Additionally, procedures are added and any necessary changes to the NOW Application would be submitted to CMS.

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served - Attachment #1 (4 of 4)

**Answers provided in Appendix B-3-d indicate that you do not need to complete this section.**

## Appendix B: Participant Access and Eligibility

### B-4: Eligibility Groups Served in the Waiver

**a.**

1. **State Classification.** The State is a *(select one)*:

- (●) **§1634 State**
- ( ) **SSI Criteria State**
- ( ) **209(b) State**

2. **Miller Trust State.**
Indicate whether the State is a Miller Trust State *(select one)*:
- (●) **No**
- ( ) **Yes**

b. **Medicaid Eligibility Groups Served in the Waiver.** Individuals who receive services under this waiver are eligible under the following eligibility groups contained in the State plan. The State applies all applicable federal financial participation limits under the plan. *Check all that apply*:

***Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR §435.217)***

- [ ] **Low income families with children as provided in §1931 of the Act**
- [x] **SSI recipients**
- [ ] **Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121**
- [ ] **Optional State supplement recipients**
- [ ] **Optional categorically needy aged and/or disabled individuals who have income at:**

*Select one*:

- ( ) **100% of the Federal poverty level (FPL)**
- ( ) **% of FPL, which is lower than 100% of FPL.**

Specify percentage: [ ]

- [ ] **Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act)**
- [ ] **Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)**
- [ ] **Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act)**
- [ ] **Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)**
- [ ] **Medically needy in 209(b) States (42 CFR §435.330)**
- [ ] **Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)**
- [ ] **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)**

*Specify:*

***Special home and community-based waiver group under 42 CFR §435.217)*** *Note: When the special home and community-based waiver group under 42 CFR §435.217 is included, Appendix B-5 must be completed*

- ( ) **No. The State does not furnish waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.** *Appendix B-5 is not submitted.*
- (●) **Yes. The State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.**

*Select one and complete Appendix B-5.*

○ **All individuals in the special home and community-based waiver group under 42 CFR §435.217**

◉ **Only the following groups of individuals in the special home and community-based waiver group under 42 CFR §435.217**

*Check each that applies*:

☑ **A special income level equal to:**

*Select one*:

◉ **300% of the SSI Federal Benefit Rate (FBR)**

○ **A percentage of FBR, which is lower than 300% (42 CFR §435.236)**

Specify percentage:

○ **A dollar amount which is lower than 300%.**

Specify dollar amount:

☐ **Aged, blind and disabled individuals who meet requirements that are more restrictive than the SSI program (42 CFR §435.121)**

☐ **Medically needy without spenddown in States which also provide Medicaid to recipients of SSI (42 CFR §435.320, §435.322 and §435.324)**

☐ **Medically needy without spend down in 209(b) States (42 CFR §435.330)**

☐ **Aged and disabled individuals who have income at:**

*Select one*:

○ **100% of FPL**

○ **% of FPL, which is lower than 100%.**

Specify percentage amount:

☑ **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)**

*Specify:*

Medically needy with spend down to or below the medically needy income standard using the state average monthly Medicaid rate for residents of Intermediate Care Facilities/Development Disability and other incurred expenses to reduce an individual's income.

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (1 of 7)

*In accordance with 42 CFR §441.303(e), Appendix B-5 must be completed when the State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217, as indicated in Appendix B-4. Post-eligibility applies only to the 42 CFR §435.217 group.*

**a. Use of Spousal Impoverishment Rules.** Indicate whether spousal impoverishment rules are used to determine eligibility for the special home and community-based waiver group under 42 CFR §435.217:

*Note: For the five-year period beginning January 1, 2014, the following instructions are mandatory. The following box should be checked for all waivers that furnish waiver services to the 42 CFR §435.217 group effective at any point during this time period.*

☑ **Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group. In the case of a participant with a community spouse, the State uses *spousal* post-eligibility rules under §1924 of the Act.**

*Complete Items B-5-e (if the selection for B-4-a-i is SSI State or §1634) or B-5-f (if the selection for B-4-a-i is 209b State) and Item B-5-g unless the state indicates that it also uses spousal post-eligibility rules for the time periods before January 1, 2014 or after December 31, 2018.*

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018 (select one).*

◉ **Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group.**

In the case of a participant with a community spouse, the State elects to (*select one*):

○ **Use spousal post-eligibility rules under §1924 of the Act.**
*(Complete Item B-5-b (SSI State) and Item B-5-d)*

◉ **Use regular post-eligibility rules under 42 CFR §435.726 (SSI State) or under §435.735 (209b State)**
*(Complete Item B-5-b (SSI State). Do not complete Item B-5-d)*

○ **Spousal impoverishment rules under §1924 of the Act are not used to determine eligibility of individuals with a community spouse for the special home and community-based waiver group. The State uses regular post-eligibility rules for individuals with a community spouse.**
*(Complete Item B-5-b (SSI State). Do not complete Item B-5-d)*

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (2 of 7)

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

**b. Regular Post-Eligibility Treatment of Income: SSI State.**

The State uses the post-eligibility rules at 42 CFR 435.726. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following allowances and expenses from the waiver participant's income:

**i. Allowance for the needs of the waiver participant** (*select one*):

◉ **The following standard included under the State plan**

*Select one*:

○ **SSI standard**
○ **Optional State supplement standard**
○ **Medically needy income standard**
◉ **The special income level for institutionalized persons**

(*select one*):

◉ **300% of the SSI Federal Benefit Rate (FBR)**
○ **A percentage of the FBR, which is less than 300%**

Specify the percentage:

○ **A dollar amount which is less than 300%.**

Specify dollar amount:

○ **A percentage of the Federal poverty level**

Specify percentage:

○ **Other standard included under the State Plan**

*Specify:*

○ **The following dollar amount**

Specify dollar amount: If this amount changes, this item will be revised.

○ **The following formula is used to determine the needs allowance:**

*Specify:*

○ **Other**

*Specify:*

**ii. Allowance for the spouse only** (*select one*):

○ **Not Applicable (see instructions)**
○ **SSI standard**
○ **Optional State supplement standard**
◉ **Medically needy income standard**
○ **The following dollar amount:**

Specify dollar amount: If this amount changes, this item will be revised.

○ **The amount is determined using the following formula:**

*Specify:*

**iii. Allowance for the family** (*select one*):

○ **Not Applicable (see instructions)**
○ **AFDC need standard**
◉ **Medically needy income standard**
○ **The following dollar amount:**

Specify dollar amount: The amount specified cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 42 CFR §435.811 for a family of the same size. If this amount changes, this item will be revised.

○ **The amount is determined using the following formula:**

*Specify:*

○ **Other**

*Specify:*

iv. **Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 §CFR 435.726:**

a. Health insurance premiums, deductibles and co-insurance charges
b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses.

Select one:

- ○ **Not Applicable (see instructions)***Note: If the State protects the maximum amount for the waiver participant, not applicable must be selected.*
- ◉ **The State does not establish reasonable limits.**
- ○ **The State establishes the following reasonable limits**

*Specify:*

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (3 of 7)

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

**c. Regular Post-Eligibility Treatment of Income: 209(B) State.**

**Answers provided in Appendix B-4 indicate that you do not need to complete this section and therefore this section is not visible.**

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (4 of 7)

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

**d. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules**

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

**Answers provided in Appendix B-5-a indicate that you do not need to complete this section and therefore this section is not visible.**

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (5 of 7)

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

**e. Regular Post-Eligibility Treatment of Income: §1634 State - 2014 through 2018.**

The State uses the post-eligibility rules at 42 CFR §435.726 for individuals who do not have a spouse or have a spouse who is not a community spouse as specified in §1924 of the Act. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following allowances and expenses from the waiver participant's income:

**i. Allowance for the needs of the waiver participant** (*select one*):

- (●) **The following standard included under the State plan**

  *Select one*:

  - ( ) **SSI standard**
  - ( ) **Optional State supplement standard**
  - ( ) **Medically needy income standard**
  - (●) **The special income level for institutionalized persons**

    (*select one*):

    - (●) **300% of the SSI Federal Benefit Rate (FBR)**
    - ( ) **A percentage of the FBR, which is less than 300%**

      Specify the percentage: [ ]
    - ( ) **A dollar amount which is less than 300%.**

      Specify dollar amount: [ ]
  - ( ) **A percentage of the Federal poverty level**

    Specify percentage: [ ]
  - ( ) **Other standard included under the State Plan**

    *Specify:*

    [ ]
- ( ) **The following dollar amount**

  Specify dollar amount: [ ] If this amount changes, this item will be revised.
- ( ) **The following formula is used to determine the needs allowance:**

  *Specify:*

  [ ]
- ( ) **Other**

  *Specify:*

  [ ]

**ii. Allowance for the spouse only** (*select one*):

- (●) **Not Applicable**
- ( ) **The state provides an allowance for a spouse who does not meet the definition of a community spouse in §1924 of the Act. Describe the circumstances under which this allowance is provided:**

*Specify:*

**Specify the amount of the allowance (*select one*):**

- ○ **SSI standard**
- ○ **Optional State supplement standard**
- ○ **Medically needy income standard**
- ○ **The following dollar amount:**

  Specify dollar amount: [ ] If this amount changes, this item will be revised.
- ○ **The amount is determined using the following formula:**

  *Specify:*

**iii. Allowance for the family (*select one*):**

- ◉ **Not Applicable (see instructions)**
- ○ **AFDC need standard**
- ○ **Medically needy income standard**
- ○ **The following dollar amount:**

  Specify dollar amount: [ ] The amount specified cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 42 CFR §435.811 for a family of the same size. If this amount changes, this item will be revised.
- ○ **The amount is determined using the following formula:**

  *Specify:*
- ○ **Other**

  *Specify:*

**iv. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 §CFR 435.726:**

a. Health insurance premiums, deductibles and co-insurance charges
b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses.

Select one:

- ◉ **Not Applicable (see instructions)***Note: If the State protects the maximum amount for the waiver participant, not applicable must be selected.*
- ○ **The State does not establish reasonable limits.**

○ **The State establishes the following reasonable limits**

*Specify:*

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (6 of 7)

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

**f. Regular Post-Eligibility Treatment of Income: 209(B) State - 2014 through 2018.**

**Answers provided in Appendix B-4 indicate that you do not need to complete this section and therefore this section is not visible.**

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (7 of 7)

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

**g. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules - 2014 through 2018.**

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

**i. Allowance for the personal needs of the waiver participant**

(*select one*):

○ **SSI standard**
○ **Optional State supplement standard**
○ **Medically needy income standard**
◉ **The special income level for institutionalized persons**
○ **A percentage of the Federal poverty level**

Specify percentage:

○ **The following dollar amount:**

Specify dollar amount: If this amount changes, this item will be revised

○ **The following formula is used to determine the needs allowance:**

*Specify formula:*

○ **Other**

*Specify:*

**ii. If the allowance for the personal needs of a waiver participant with a community spouse is different from the amount used for the individual's maintenance allowance under 42 CFR §435.726 or 42 CFR §435.735, explain why this amount is reasonable to meet the individual's maintenance needs in the community.**

Select one:

- (●) **Allowance is the same**
- ( ) **Allowance is different.**

*Explanation of difference:*

**iii. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 CFR §435.726:**

a. Health insurance premiums, deductibles and co-insurance charges
b. Necessary medical or remedial care expenses recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the State may establish on the amounts of these expenses.

Select one:

- (●) **Not Applicable (see instructions)***Note: If the State protects the maximum amount for the waiver participant, not applicable must be selected.*
- ( ) **The State does not establish reasonable limits.**
- ( ) **The State uses the same reasonable limits as are used for regular (non-spousal) post-eligibility.**

## Appendix B: Participant Access and Eligibility

### B-6: Evaluation/Reevaluation of Level of Care

*As specified in 42 CFR §441.302(c), the State provides for an evaluation (and periodic reevaluations) of the need for the level(s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services.*

**a. Reasonable Indication of Need for Services.** In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the State's policies concerning the reasonable indication of the need for services:

**i. Minimum number of services.**

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is: 1

**ii. Frequency of services.** The State requires (select one):

- (●) **The provision of waiver services at least monthly**
- ( ) **Monthly monitoring of the individual when services are furnished on a less than monthly basis**

*If the State also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:*

b. **Responsibility for Performing Evaluations and Reevaluations.** Level of care evaluations and reevaluations are performed (*select one*):

- ○ **Directly by the Medicaid agency**
- ◉ **By the operating agency specified in Appendix A**
- ○ **By an entity under contract with the Medicaid agency.**

*Specify the entity:*

- ○ **Other**

*Specify:*

c. **Qualifications of Individuals Performing Initial Evaluation:** Per 42 CFR §441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

An initial evaluation of a participant's Level of Care (LOC) is determined by a board certified physician/designee (nurse practitioner or physician's assistant who practices under the supervision and license of a board certified physician) who must evaluate the participant, then complete and sign the BHSF form 90-L.

The LGE staff that initially evaluate participants and issue a Statement of Approval (SOA) are required to meet the minimum qualifications as follows:
A baccalaureate degree in psychology; counseling; social work; sociology; criminal justice, nursing; public health; public health administration; public administration; hospital administration; education with twenty-four semester hours in psychology, special education or early childhood education; speech communications/pathology; physical therapy; occupational therapy; therapeutic recreation; music therapy; or family and consumer sciences (with a concentration in child, family and social services) followed by one year of professional level experience providing any of the following services: developmentally disabled services, alcohol/drug abuse counseling or treatment, mental health treatment, health care management, or social services.

The LGE staff, who are responsible for reviewing the initial LOC and approving initial plans of care, , are required to meet, as a minimum, the following qualifications :
A baccalaureate degree plus two years of professional level experience in hospital or nursing home administration, public health administration, social services, nursing, pharmacy, dietetics/nutrition, physical therapy, occupational therapy, medical technology, or surveying and/or assessing health or social service programs or facilities for compliance with state and federal regulations. A current valid Louisiana license in one of the qualifying fields will substitute for the required baccalaureate degree. A master's degree in one of the qualifying fields will substitute for a maximum of one year of the required experience.

The BHSF form 90-L is used in conjunction with the Statement of Approval (SOA) to initially determine a person's qualifications for Developmental Disabilities services and approve them for services according to the LOC determined in the discovery process.

d. **Level of Care Criteria.** Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the State's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

The level of care criteria is based upon the following:

La. R.S. 28:451.2. Definitions:

"...(12) Developmental Disability means either:
(a) A severe chronic disability of a person that:
(i) Is attributable to an intellectual or physical impairment or combination of intellectual and physical

impairments.

(ii) Is manifested before the person reaches age twenty-two.

(iii) Is likely to continue indefinitely.

(iv) Results in substantial functional limitations in three or more of the following areas of major life activity:

(aa) Self-care

(bb) Receptive and expressive language.

(cc) Learning.

(dd) Mobility.

(ee) Self-direction.

(ff) Capacity for independent living.

(gg) Economic self-sufficiency.

(v) Is not attributed solely to mental illness.

(vi) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

(b) A substantial developmental delay or specific congenital or acquired condition in a person from birth through age nine which, without services and support, has a high probability of resulting in those criteria in Subparagraph (a) of this Paragraph, later in life that may be considered to be a developmental disability."

The Medicaid Bureau of Health Services Financing (BHSF) form 90-L is used to determine the ICF/DD Level of Care. The individual's primary care physician /designee (nurse practitioner or physician's assistant who practices under the supervision and license of a board certified physician) must complete, sign and date the 90-L for initial determination of LOC. The 90-L is used in conjunction with the Statement of Approval (SOA) to establish a level of care criteria and to assist with completion of the Plan of Care. SOA is a notification to an individual who has requested waiver services that it has been determined by the LGE that they meet the developmental disability criteria (Developmental Disability Law- La. R.S. 28:451) for participation in programs administered by OCDD and that they have been placed on the Request for Services Registry for waiver services with their protected date of request. The 90-L, SOA and initial plan of care documents are submitted by the Support Coordination Agency to the LGE staff for review to assure that the applicant/participant meets/continues to meet the level of care criteria.

The Developmental Disability (DD) decision is made by the LGE utilizing the systems entry process. If the individual is determined to meet the DD criteria they are issued a Statement of Approval (SOA), if they do not meet the DD criteria they are issued a Statement of Denial (SOD). Individuals who receive a SOD are informed of their rights to appeal and are provided information regarding the appeals process. Please refer to Fair Hearings/Appeals process as outlined in Appendix F-section F-1 of the waiver document.

The LGE staff conducts a pre-certification home visit to verify accuracy of level of care for all initial evaluations only.

e. **Level of Care Instrument(s).** Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care *(select one)*:

- (●) **The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.**
- ( ) **A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan.**

Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

f. **Process for Level of Care Evaluation/Reevaluation:** Per 42 CFR §441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the waiver. If the reevaluation process differs from the evaluation process, describe the differences:

The Medicaid Bureau of Health Services Financing (BHSF) form 90-L is used to determine the ICF/DD Level of Care. The individual's primary care physician/designee (nurse practitioner or physician's assistant who practices under the supervision and license of the physician) must complete and sign and date the 90-L. This form must be completed at initial evaluation and annually thereafter to determine if the individual still meets the ICF/DD level of

care. The 90-L is used in conjunction with the Statement of Approval to establish a level of care criteria and to assist in completion of the plan of care. The 90-L, Statement of Approval and plan of care documents are submitted to the OCDD LGE for staff review to assure that the applicant/participant meets/continues to meet the level of care criteria. For Plans of Care approved by the Support Coordination supervisor, the 90-L, Statement of Approval, and Plan of Care are reviewed by the Support Coordination supervisor to assure the participant continues to meet the level of care criteria.

There is no difference in the process for the LOC evaluations and re-evaluations except that LGE staff conduct a pre-certification home visit to verify accuracy of level of care for all initial evaluations. Support Coordination Supervisors approve subsequent annual LOC evaluations as defined by OCDD's policy.

The Developmental Disability decision is made by the LGE staff utilizing the systems entry process. If the individual is determined to meet the DD criteria they are issued a Statement of Approval (SOA), if they do not meet the DD criteria they are issued a Statement of Denial (SOD). Individuals who receive a SOD are informed of their rights to appeal and are provided information regarding the appeals process. Please refer to Fair Hearings/Appeals process as outlined in Appendix F-section F-1 of the waiver document.

g. **Reevaluation Schedule.** Per 42 CFR §441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule *(select one)*:

- ○ **Every three months**
- ○ **Every six months**
- ◉ **Every twelve months**
- ○ **Other schedule**

*Specify the other schedule:*

h. **Qualifications of Individuals Who Perform Reevaluations.** Specify the qualifications of individuals who perform reevaluations *(select one)*:

- ○ **The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.**
- ◉ **The qualifications are different.**

*Specify the qualifications:*

All support coordinator/case management supervisors must meet one of the following education and experience requirements:
1. a master's degree in social work, psychology, nursing, counseling, rehabilitation counseling, education (with special education certification), occupational therapy, speech therapy or physical therapy from an accredited college or university and two years of paid post-master's degree experience in a human-service related field providing direct services or case management services. One year of this experience must be in providing direct services to the target population served; or
2. a bachelor's degree in social work from a social work program accredited by the Council on Social Work Education and three years of paid post-bachelor's degree experience in a human-service related field providing direct services or case management services. One year of this experience must be in providing direct services to the target population served; or
3. a licensed registered nurse with three years of paid post-licensure experience as a registered nurse in public health or a human service-related field providing direct services or case management services. Two years of this experience must be in providing direct services to the target population served; or
4. a bachelor's degree in a human-service-related field such as psychology, education, rehabilitation counseling, or counseling from an accredited college or university and four years of paid post-bachelor's degree experience in a human service related field providing direct services or case management services. Two years of this experience must be in providing direct services to the target population served.
a.The above minimum qualifications for support coordinator/case management supervisors are applicable for all targeted and waiver groups. Thirty hours of graduate level course credit in a human-service-related field may be substituted for one year of the required paid experience.

i. **Procedures to Ensure Timely Reevaluations.** Per 42 CFR §441.303(c)(4), specify the procedures that the State employs to ensure timely reevaluations of level of care *(specify)*:

The Medicaid Data Contractor has edits in the database system for tracking to ensure timely re-evaluations for the level of care.

When the LGE or Support Coordination agency sends an approved Plan of Care to the Medicaid data contractor, the information contains the date of the 90L – which is the date of the physician's/nurse practitioner's/physician's assistant signature. This date is tracked in the data contractor's database for every POC. The 90-L date is compared to the POC begin date to determine if the reevaluation was timely performed. The database generates a report which is shared with OCDD, LGEs, Support Coordination and BHSF.

j. **Maintenance of Evaluation/Reevaluation Records.** Per 42 CFR §441.303(c)(3), the State assures that written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum period of 3 years as required in 45 CFR §92.42. Specify the location(s) where records of evaluations and reevaluations of level of care are maintained:

Records of level of care are maintained by the LGE and in the physical office of the Support Coordination Agency.

## Appendix B: Evaluation/Reevaluation of Level of Care

### Quality Improvement: Level of Care

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

**a. Methods for Discovery: Level of Care Assurance/Sub-assurances**

***The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.***

**i. Sub-Assurances:**

**a.** ***Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**B.a.i.a.1. Number and percentage of initial waiver applicants that have been determined to meet the ICF/DD level of care prior to waiver certification. Percentage = Number of initial applicants who received a level of care determination / Total number of intial applicants reviewed in the sample.**

**Data Source** (Select one):
**Record reviews, on-site**
If 'Other' is selected, specify:

| **Responsible Party for data collection/generation** *(check each that applies):* | **Frequency of data collection/generation** *(check each that applies):* | **Sampling Approach** *(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |

| | | |
|---|---|---|
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** | ☑ **Representative Sample** Confidence Interval = 95% +/- 5% |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |
| | ☐ **Other** Specify: | |

**Data Aggregation and Analysis:**

| **Responsible Party for data aggregation and analysis** *(check each that applies):* | **Frequency of data aggregation and analysis***(check each that applies):* |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other** Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other** Specify: |

b. ***Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

c. ***Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**
**B.a.i.c.1. Number and percentage of applicants whose LOC has been completed following state procedures. Percentage = Number of applicants/participants with a completed LOC / Total number of completed LOC's reviewed in the sample.**

**Data Source** (Select one):
**Record reviews, on-site**
If 'Other' is selected, specify:

| **Responsible Party for data collection/generation** *(check each that applies):* | **Frequency of data collection/generation** *(check each that applies):* | **Sampling Approach** *(check each that applies):* |
|---|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** | ☐ **100% Review** |
| ☑ **Operating Agency** | ☐ **Monthly** | ☑ **Less than 100% Review** |
| ☐ **Sub-State Entity** | ☑ **Quarterly** | ☑ **Representative Sample** Confidence Interval = Confidence Interval = 95% +/- 5% |
| ☐ **Other** Specify: | ☐ **Annually** | ☐ **Stratified** Describe Group: |
| | ☐ **Continuously and Ongoing** | ☐ **Other** Specify: |

| | | |
|---|---|---|
| | ☐ Other<br>Specify: | |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis *(check each that applies):* | Frequency of data aggregation and analysis*(check each that applies):* |
|---|---|
| ☐ State Medicaid Agency | ☐ Weekly |
| ☑ Operating Agency | ☐ Monthly |
| ☐ Sub-State Entity | ☐ Quarterly |
| ☐ Other<br>Specify: | ☑ Annually |
| | ☐ Continuously and Ongoing |
| | ☐ Other<br>Specify: |

**Performance Measure:**
**B.a.i.c.2. Number and percentage of initial waiver applicants level of care evaluations determined to be accurate according to the State's procedures.**
**Percentage: Number of initial waiver applicants with level of care evaluations determined to be accurate / Total number of initial waiver applications reviewed in the sample.**

**Data Source** (Select one):
**Record reviews, on-site**
If 'Other' is selected, specify:

| Responsible Party for data collection/generation *(check each that applies):* | Frequency of data collection/generation *(check each that applies):* | Sampling Approach *(check each that applies):* |
|---|---|---|
| ☐ State Medicaid Agency | ☐ Weekly | ☐ 100% Review |
| ☑ Operating Agency | ☐ Monthly | ☑ Less than 100% Review |
| ☐ Sub-State Entity | ☑ Quarterly | ☑ Representative Sample<br>Confidence Interval = 95% +/- 5% |
| ☐ Other<br>Specify: | ☐ Annually | ☐ Stratified<br>Describe Group: |

| | | |
|---|---|---|
| | ☐ Continuously and Ongoing | ☐ Other Specify: |
| | ☐ Other Specify: | |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis *(check each that applies):* | Frequency of data aggregation and analysis*(check each that applies):* |
|---|---|
| ☐ State Medicaid Agency | ☐ Weekly |
| ☑ Operating Agency | ☐ Monthly |
| ☐ Sub-State Entity | ☐ Quarterly |
| ☐ Other Specify: | ☑ Annually |
| | ☐ Continuously and Ongoing |
| | ☐ Other Specify: |

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.
Performance Measure B.a.i.a.1, B.a.i.c.1 and B.a.i.c.2: The LGE office reviews all initial applications to ensure that they contain all required information needed to confirm the LOC determination. Any incomplete, untimely, or inaccurate applications are returned by the LGE staff to the support coordinator for correction/clarification. The LGE staff will submit written documentation outlining the reason for the return to the support coordinator. If the system entry eligibility is questioned by the LGE staff as a result of the face to face visit, then the LGE system entry staff will be contacted to ascertain if eligibility re-determination is required.

**b. Methods for Remediation/Fixing Individual Problems**

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
Performance Measures B.a.i.a.1, B.a.i.c.1, B.a.i.c.2:

During the Level of Care/Plan of Care (LOC/POC) Quality Review at the LGE:
• Items needing remediation are flagged by the data system;

- Specific information related to the flagged item is entered into the data system;
- Remediation is tracked by verification of actions taken; and
- Once remediation is completed, the case is closed.

On a quarterly basis at the OCDD State Office (SO) level, remediation data is aggregated and reviewed by the Program Manager to assure that all cases needing remediation are addressed. If adverse trends and patterns are identified, then recommendations are made by the Program Manager to the OCDD SO Quality Enhancement Section for review and corrective action, if needed, with the specific LGE. If the adverse trends and patterns identified are systemic in nature (across more than one LGE), then the Program Manager will forward the item to the Performance Review Committee for review and corrective action assignment.

A variety of mechanisms are employed by BHSF/MPSW to ensure all remediation and appropriate action has been completed:
•MPSW reviews the quarterly aggregated quality reports and remediation reports provided by the operating agency to ensure all instances of non-compliance are remediated within 30 days of notification.
•MPSW meets with OCDD State Office agency staff on a quarterly basis to discuss delegated functions, pending issues, and remediation plans. Systemic issues requiring remediation are will be identified and discussed at the Cross-Waiver (which includes staff from MPSW, OAAS, and OCDD) and Medicaid Oversight Review Team (which includes Medicaid staff) meetings. A plan for remediation and person responsible will be is developed and person responsible is assigned for each item identified. Remediation strategies and progress towards correction will be are reviewed and documented at the next scheduled meeting until the item is closed out.
•MPSW, the Medicaid Director or Deputy Director, the OCDD Assistant Secretary, and other pertinent staff meet on at least a quarterly basis to discuss any pending issues and remediation plans.
•Memorandums are sent from BHSF to OCDD to ensure all necessary leadership is informed of the support actions needed to correct problems or make improvements.

**ii. Remediation Data Aggregation**

**Remediation-related Data Aggregation and Analysis (including trend identification)**

| **Responsible Party** *(check each that applies)*: | **Frequency of data aggregation and analysis** *(check each that applies)*: |
|---|---|
| ☐ **State Medicaid Agency** | ☐ **Weekly** |
| ☑ **Operating Agency** | ☐ **Monthly** |
| ☐ **Sub-State Entity** | ☐ **Quarterly** |
| ☐ **Other**<br>Specify: | ☑ **Annually** |
| | ☐ **Continuously and Ongoing** |
| | ☐ **Other**<br>Specify: |

**c. Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.