

### Appendix C: Participant Services

#### C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCBS Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

The settings are not in fully compliance at this time. Please refer to Attachment #2.

### Appendix D: Participant-Centered Planning and Service Delivery

#### D-1: Service Plan Development (1 of 8)

State Participant-Centered Service Plan Title:  
Plan of Care (POC)

a. **Responsibility for Service Plan Development.** Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals (*select each that applies*):

- Registered nurse, licensed to practice in the State
- Licensed practical or vocational nurse, acting within the scope of practice under State law
- Licensed physician (M.D. or D.O)
- Case Manager (qualifications specified in Appendix C-1/C-3)
- Case Manager (qualifications not specified in Appendix C-1/C-3).

Specify qualifications:

Louisiana identifies "Case Management" as "Support Coordination." Support Coordinators' qualifications are the same as case managers.

Case Manager (CM) must meet the following:

- 1). A Bachelor's or Master Degree in social work from a program accredited by the Council on Social Work Education; or
- 2). A Bachelors's or Master Degree in nursing (RN)currently licensed in Louisiana (one year of paid experience will substitute for the degree); or
- 3). A Bachelor's or Master Degree in a human service field which includes; psychology, education, counseling, social services, sociology, philosophy, family and consumer sciences, criminal justice, rehab services, child development, substance abuse, gerontology, and vocational rehabilitation; or
- 4). A Bachelor's in liberal arts or general studies with a concentration of at least 16 hours in one of the fields listed in item 3 of this part.

- Social Worker

Specify qualifications:

- Other

Specify the individuals and their qualifications:

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (2 of 8)

#### b. Service Plan Development Safeguards. *Select one:*

- Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.
- Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.

The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. *Specify:*

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (3 of 8)

- #### c. Supporting the Participant in Service Plan Development. Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

Following selection of and linkage to a support coordination agency, the assigned support coordinator explains all available services in the Waiver during the initial contact so that the participant and his/her family/legal representatives can make informed choices. The participant is also informed of any procedural safeguards, their rights and responsibilities, how to request a change of Support Coordination agencies or Direct Service Providers, and the grievance and/or complaint procedures. The Support Coordinator provides assistance in gaining access to the full range of needed services including medical, social, educational, and/or other supports as identified by the participant.

The initial meetings are conducted in face-to-face visits preferably in the participant's place of residence. During this visit, the participant chooses who will be part of their planning process as their support team. The Support Coordinator assists the participant in contacting the team members with the date(s) and time(s) of future planning meeting(s).

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (4 of 8)

- #### d. Service Plan Development Process. In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

##### a. PLAN OF CARE (POC) DEVELOPMENT AND TIMING

- Initial support coordinator (SC) contact, with the participant, occurs within 3 business days of being linked to the agency of choice.
- POC Development must begin within 7 calendar days of linkage to the Support Coordination agency of choice.
- The support coordinator contacts the family to arrange a face-to-face meeting within 10 days of linkage at a time and location convenient to the family.

- The support coordinator will schedule a time to assess the participant's needs utilizing the state determined needs-based assessment tool within 30 days of linkage.
- The POC is developed through a collaborative support team process involving the participant, family, and support team.
- The approvable POC must be completed and received in the LGE office within 60 calendar days following linkage.
- The LGE staff have ten working days in which to review the information, complete the precertification home visit and approve the POC prior to waiver services beginning. If Medicaid eligibility is delayed, then the LGE has 5 days from the date of the Medicaid eligibility determination to approve the POC. Waiver services cannot begin prior to the approved POC.
- The entire team meets annually or as needed to review and revise the POC for the upcoming service year.

#### a. INITIAL ASSESSMENTS

The Office for Citizens with Developmental Disabilities (OCDD) has developed the “Guidelines for Support Planning” as a framework for all activities related to planning for individualized supports and services within the New Opportunities Waiver (NOW). The state determined needs-based assessments are completed within the discovery process for all applicants who have received a NOW offer and to identify the individual’s service needs. Discovery activities include:

1. A review of the participant’s records relevant to service planning (i.e. school, vocational, medical, and psychological records).
2. Completing a state determined needs based assessment tool prior to entry to the waiver. The completion of the state needs based assessment tool is done within 30 days of linkage.
3. Conducting a personal outcomes assessment, which assists the planning team in determining what is important to the participant and his/her satisfaction or dissatisfaction with different life domain areas.
4. A review and/or completion of any additional interviews, observations, or other needed professional assessments (i.e. occupational therapist, physical therapist, or speech therapist assessments).

Information obtained through the discovery process is shared with the support team in preparation for the POC meeting. Discovery activities are summarized and conclude with the POC meeting.

Based on the findings of the discovery activities described above a POC is developed.

#### c. REASSESSMENTS

A reassessment may be conducted at any time, particularly with a significant life change, but must be completed at least annually. The reassessment process is intended to be ongoing and designed to reflect changes in the participant’s life, needs, and personal outcomes, inclusive of his/her preferences. The Support Coordinator and the participant/family, and others the participant/family chooses to be present, review the POC to determine if the goals identified on the POC are being achieved, the participant’s/family’s needs, including health and welfare are being addressed, and to make any adjustments or changes to the plan as necessary. Additionally, the state determined needs based assessment completed at waiver entry is reviewed to ensure continued accuracy. If significant changes are needed, the needs based assessment is revised.

If the participant disagrees with the proposed services in the POC the participant or his/her authorized representative may request additional services and present supporting documentation. If the participant or his/her authorized representative is not satisfied with the decision related to the request for additional services, then he/she may appeal any limit or denial of services through the Louisiana Department of Health, Division of Administration Law (DAL) process as referenced in Appendix F-1, Opportunity to Request a Fair Hearing.

#### d. HOW PARTICIPANTS ARE INFORMED OF AVAILABLE SERVICES

The support coordinator informs the participant and his/her authorized representative of all available waiver and non-waiver services during the initial contact with the support coordination agency, in quarterly meetings as needed, on an annual basis during the POC development process, and as requested.

#### e. INCORPORATION OF PARTICIPANT GOALS/NEEDS/PREFERENCES IN PLAN

The following components are designed to incorporate the participant’s goals, needs, and preferences in the POC:

1. Discovery, which involves gathering information about the participant's interests, goals, preferences, and support needs through assessments and interviews. The discovery process ends with the formulation of the participant's vision and goals.
2. Planning. This involves using the information from the discovery process to develop the POC. During the planning process, the support team works with the participant to develop strategies to assist him/her in achieving his/her goals and support needs. Strategies should identify all supports needed to assist the participant in achieving his/her goals and meeting other identified support needs and an appropriate action plan. For each personal outcome/goal identified, the support team will identify the following: the participant's strengths, skills, abilities that can be used to achieve his/her goals; challenges, barriers, health issues, or risk factors that can be deterrents to meeting his/her goals; strategies, treatments, or trainings which can be implemented to overcome barriers; any opportunities available for increasing the participant's independence in achieving his/her goals.
3. Implementation, which involves the completion of noted strategies and provision of needed supports according to the participant's plan.
4. Review, which involves assessing if implementation occurred as planned and if positive changes have occurred as a result of the plan. The support team will assess the effectiveness of the strategies implemented and changes will be made as needed.

#### f. COORDINATION OF SERVICES

The planning process requires the identification and utilization of all appropriate supports available to the participant prior to the support team considering waiver services.

Services are coordinated through the participant's support coordinator. The support coordinator leads the support team in developing a POC with and for the participant. The POC must include the following required components:

1. The participant's prioritized personal goals and specific strategies to achieve or maintain his/her desired personal goals. These strategies will focus first on the natural and community supports available to the participant and, if needed, paid services will be accessed as a supplement to natural and community supports.
2. An action plan which will lead to the implementation of strategies to achieve the participant's personal goals, including action steps, review dates, and the names of the persons who are responsible for specific steps.
3. Identified barriers, including health and safety risks, and specific strategies with timelines and the persons assigned to specific responsibilities, to address each issue.
4. All the services and supports the participant receives, regardless of the funding source which may include natural support networks, generic community services, and state plan services.
5. Identification of the frequency and location of services through a daily and alternate schedule.
6. Identification of providers and specification of the service arrangement.
7. Identification of the support team members who will assist the support coordinator in the planning process, as well as building and implementing supports for the participant.
8. Signature of all support team members present in the planning meeting to indicate their agreement with the service plan.

#### g. ASSIGNMENT OF RESPONSIBILITIES TO IMPLEMENT AND MONITOR PLAN

Each participant's POC includes multiple strategies and actions to achieve his/her life vision and goals, while addressing key support needs. The support team is responsible for:

1. Identifying any necessary training the participant's family or staff need in order to implement the actions and strategies described in the POC and determining who will provide the necessary training.
2. Identifying any resources needed by the participant's family or staff to implement the actions and strategies described in the POC and determining who will provide or acquire the needed resources.

In addition, the support coordinator is required to make a monthly contact with participant and visit the participant in his/her home once per quarter to monitor the implementation of the POC, the participant's satisfaction with services, and to determine if the participant has any new interests, goals, or needs.

The Support coordinator is responsible for reviewing the information on the POC, tracking progress on identified goals and timelines, and obtaining updated information on the participant's natural supports. This includes monitoring how individual providers (e.g. vocational, supported living) implement their portion of the participant's POC so that all relative goals and objectives are achieved.

During the quarterly monitoring reviews, the support team will review various data sources related to the participant's goals and objectives in order to determine if progress has been made.

#### h. HOW AND WHEN PLAN IS UPDATED

At least quarterly, the support team meets to review the POC to determine if the participant's goals have been achieved, if the participant's needs are being met, and to make any adjustments to the POC.

The POC must be updated at least annually or as necessary to meet the participant's needs. The completed, updated, annual POC must be submitted to the Support Coordination supervisor or LGE as defined in OCDD policy prior to expiration of the previous plan.

At any time that the support coordinator or any other support team member identifies a condition related to the participant's health status, behavioral change, or any other type of change which is not satisfactorily addressed or which requires updated discussion or planning, the support coordinator will immediately reconvene the support team to revise the POC to reflect the participant's revised needs and desired outcomes. This change in the participant's condition or health status, behavior or other change may or may not have been identified through the state determined needs based assessment but may have recently surfaced, been identified through the participant's primary care physician, or been identified through periodic monitoring.

Emergency revisions must be submitted by the support coordinator to the Support Coordination supervisor or LGE as defined in OCDD policy within twenty-four (24) hours or by the next working day for approval. Revisions that include routine changes, such as planned vacations, must be submitted by the support coordinator at least seven (7) working days prior to the change.

## **Appendix D: Participant-Centered Planning and Service Delivery**

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### **D-1: Service Plan Development (5 of 8)**

- e. **Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

Information from various assessments conducted during the planning process is used to identify any potential risks, which are then addressed through mitigation strategies that are included in the Plan of Care (POC).

In addition, information gained during interviews with the participant and his/her legal representatives and support team members, as well as information from the LGE pre-certification visit is also used during the initial planning process to identify potential risks to the participant.

- The participant and all support team members are given informed choice regarding the inclusion of any strategies recommended to be included in an initial or revised POC. The initial or revised POC with the included strategies must be signed and dated by all support team members.

- Recommendations from support team members on strategies to mitigate specific risk are incorporated into the POC. The LGE reviews recommendations, makes additional recommendations, and/or refers the issue to the OCDD State Office for input prior to approval of an initial or revised POC.

The direct service provider is responsible for completing an emergency evacuation plan and back-up support or staffing plan for each participant. Both are submitted to the Support Coordinator during the POC development process. The Support Coordinator is responsible for submitting the back-up plan and emergency evacuation plan to the Support Coordination supervisor or LGE as per OCDD policy, along with the participant's POC. The Support Coordinator supervisor or LGE ensures that the back-up plan and emergency evacuation plan are in place and will not approve the POC without these documents.

#### **BACK-UP STAFFING PLANS**

- All enrolled providers of waiver services must possess the capacity to provide the support and services required by the participant in order to insure the participant's health and safety as outlined in the POC, and are required to have functional Individualized Back-Up plans consistent with the participant's POC. When paid supports are scheduled to be provided by an enrolled provider of waiver services, that provider is responsible for providing all necessary staff to fulfill the health and safety needs of the participant.

- The identified enrolled provider of waiver services cannot use the participant's informal support system as a means of meeting the agency's individualized back-up plan, and/or emergency evacuation response plan requirements unless requested by and agreed to by the participant/family.
- The identified enrolled provider of waiver services must have in place policies and procedures that outline the protocols the agency has established to assure that back-up direct support staff are readily available, lines of communication and chain-of-command have been established, and procedures are in place for dissemination of the back-up plan information to participants, their legal representatives, and Support Coordinators.
- It is the identified enrolled provider of waiver services responsibility to develop the back-up plan and provide it to the Support Coordinator in a time frame that will allow it to be submitted for review/approval as a part of the POC.
- The Support Coordinator is responsible for working with the participant, his/her family, friends, and providers during initial and subsequent POC meetings to establish plans to address these situations.
- The Support Coordinator assists the participant and the support team members to identify individuals who are willing and able to provide a back-up system during times when paid supports are not scheduled on the participant's POC.
- All back-up plans must include detailed strategies and person-specific information that addresses the specialized care and supports needed by the participant as identified in the POC. Back-up plans must be updated no less than annually to assure information is kept current and applicable to the participant's needs at all times.
- Support coordinators are to ensure that back-up and emergency evacuation plans are in place.

#### EMERGENCY EVACUATION PLANS

- An Emergency Evacuation Response Plan must be developed in addition to the individual back-up plan, be included in or attached to the participant's service plan, and reviewed a minimum of once each service year.
- The Emergency Evacuation Response Plan provides detailed information for responding to potential emergency situations such as fires, hurricanes, hazardous materials release, tropical storms, flash flooding, ice storms, and terrorist acts.
- The Emergency Evacuation Response Plan must include at a minimum the following components:
  - Individualized risk assessment of potential health emergencies;
  - Geographical and natural disaster emergencies, as well as potential for any other emergency conditions;
  - A detailed plan to address participant's individualized evacuation needs;
  - Policies and procedures outlining the agency's protocols regarding implementation of Emergency Evacuation Response Plans and how these plans are coordinated with the local Office of Emergency Preparedness and Homeland Security;
  - Establishment of effective lines of communication and chain-of-command, and procedures for dissemination of Emergency Response Plan to participants and Support Coordinators; and
  - Protocols outlining how and when direct support staff and participants are to be trained in Emergency Evacuation Response Plan implementation and post-emergency protocols.

Training for direct support staff must occur prior to any worker being solely responsible for the support of the participant, and participants must be provided with regular, planned opportunities to practice the Emergency Evacuation Response Plan.

## **Appendix D: Participant-Centered Planning and Service Delivery**

### **D-1: Service Plan Development (6 of 8)**

- f. **Informed Choice of Providers.** Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

On acceptance of the waiver offer, the data management contractor offers Freedom of Choice of Support Coordination agencies.

At initial contact and annually with the participant, the support coordinator discusses the provider freedom of choice form and the availability of all services. The support coordinator is responsible for offering Freedom of Choice of providers.

The support coordinator is responsible for advising the participant that changes in providers can be requested at any time, but only by the participant or personal representative. The support coordinator will facilitate any request for a change of all providers.

The support coordinator is responsible for maintaining a current listing of qualified providers.

**Appendix D: Participant-Centered Planning and Service Delivery**

**D-1: Service Plan Development (7 of 8)**

- g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency.** Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR §441.301(b)(1)(i):

Service plans are subject to approval by the State Medicaid Agency (SMA). The SMA does not review and approve all service plans prior to implementation; however, all are subject to SMA's approval. The SMA completes reviews of participant records on a routine basis. Information reviewed includes, but is not limited to: development of an appropriate individualized person-centered service plan, completion of updates and revisions to the service plan, and coordination with other agencies as necessary to ensure that services are provided according to the service plan. Medicaid Program Support and Waivers (MPSW) section staff has access to the Louisiana Support Coordination Application (LASCA) database which houses results of annual monitoring of Support Coordination Agency performance. These performance results include determinations of level of performance on service plan development, implementation, and service delivery. MPSW compares support coordination service plans and corresponding monthly Support Coordination Documentation (SCD) obtained from the support coordination agency with LASCA results to validate the support coordination monitoring process and to ensure participants' health and welfare. If discrepancies are identified, the Medicaid HCBS Oversight Committee addresses the discrepancies and determines actions necessary to resolve them on a systemic level, e.g. training or policy revision.

**Appendix D: Participant-Centered Planning and Service Delivery**

**D-1: Service Plan Development (8 of 8)**

- h. Service Plan Review and Update.** The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

- Every three months or more frequently when necessary
- Every six months or more frequently when necessary
- Every twelve months or more frequently when necessary
- Other schedule

*Specify the other schedule:*

- i. Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following (*check each that applies*):

- Medicaid agency
- Operating agency
- Case manager
- Other

*Specify:*

Direct Service Provider agency.

**Appendix D: Participant-Centered Planning and Service Delivery**

**D-2: Service Plan Implementation and Monitoring**

- a. **Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

The Support Coordinator is responsible for monitoring the implementation and effectiveness of the POC in meeting the participant’s needs and preferences.

The Support Coordinator contacts the participant and his/her legal representative within 10 working days after the initial POC is approved to assure the appropriateness and adequacy of services delivery.

Support Coordinators make monthly contacts with each participant and/or his/her legal representatives. One contact per quarter must be a face-to-face visit in the participant’s place of residence. The support coordinator may make unannounced visits to verify that the participant is receiving the services based on the schedule of the approved POC.

During these contacts the Support Coordinator checks to make sure that:

- There is access to waiver and non-waiver services identified in the POC, including access to health services;
- The strategies to meet the participant’s personal goals are being implemented and the effectiveness of the strategies;
- The services outlined on the POC are meeting the needs of the participant;
- The participant is satisfied with the service providers he/she has chosen;
- Services are being furnished in accordance with the POC;
- The participant’s health and welfare needs are being met; and
- Back-up plans, if utilized, are effective and persons identified as responsible for back-up plans are still active in the participant’s life.

Information from Support Coordinator’s monitoring is maintained at the Support Coordination Agency’s physical office. Support Coordinators must refer any findings during contacts or visits that appear to be out of compliance with federal or state regulations, and OCDD policies to the LGE for review and recommendations. If the finding cannot be resolved at the LGE level, it will be referred to the OCDD State Office to be resolved.

Revisions to the POC reflect the results of the monitoring. During the monitoring of POC implementation, if changes are needed a revision to the POC will be completed. All revisions must be reviewed and prior approved by the Support Coordinator supervisor or the LGE per OCDD policy. Emergency revisions to the POC must be submitted to the Support Coordinator supervisor or LGE within 24 hours or next business day. Routine revisions must be submitted to the Support Coordinator supervisor or LGE at least seven (7) days prior to the change.

If a participant receives a denial, reduction or termination of services, the denial must be sent to the LGE to ensure appeal information is provided to the participant/authorized representative as outlined in Appendix F, section F-1.

- b. **Monitoring Safeguards.** *Select one:*

- Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may not provide other direct waiver services to the participant.**
- Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may provide other direct waiver services to the participant.**

The State has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. *Specify:*



**Appendix D: Participant-Centered Planning and Service Delivery**  
**Quality Improvement: Service Plan**

*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: Service Plan Assurance/Sub-assurances**

*The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.*

**i. Sub-Assurances:**

- a. Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.**

**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:**

**D.a.i.a.1. Number and percentage of plans of care in which services and supports align with the participants' assessed needs. Percentage = Number of plans of care that meet the assessed needs of waiver participants / Total number of plans of care reviewed in the sample.**

**Data Source (Select one):**

Analyzed collected data (including surveys, focus group, interviews, etc)

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95% +/- 5%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>

	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

**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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

**Performance Measure:**

**D.a.i.a.2. Number and percentage of plans of care in which services and supports align with the participant's assessed risk. Percentage = Number of plans of care that meet the assessed risks of waiver participants / Total number of plans of care reviewed in the sample.**

**Data Source (Select one):**

Analyzed collected data (including surveys, focus group, interviews, etc)

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval =

<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	95% +/- 5% <input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

**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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

**Performance Measure:**

D.a.i.a.3. Number and percentage of plans of care that address participants' personal goals. Percentage = Number of plans of care that address participants' personal goals / Total number of plans of care reviewed in the sample.

**Data Source (Select one):**

Analyzed collected data (including surveys, focus group, interviews, etc)

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review

<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95% +/- 5%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

**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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

b. *Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.*

**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: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant’s needs.**

**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:**

**D.a.i.c.1. Number and percentage of annual plans of care received prior to the expiration date of the approved plan of care. Percentage = Number of annual plans of care received by due date / Total number of plans of care due during reporting period.**

Data Source (Select one):

Other

If 'Other' is selected, specify:

Medicaid Data Contractor

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: Medicaid Data Contractor	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:

		<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 2px;"></div>
--	--	--

**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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: Medicaid Data Contractor	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 2px;"></div>

**Performance Measure:**

**D.a.i.c.2 Number and percentage of participants whose plans of care were reviewed and revised to address changing needs. Number of plans of care revised to address changing needs/total number of participants whose quarterly contact indicated a changing need.**

**Data Source (Select one):**

Analyzed collected data (including surveys, focus group, interviews, etc)

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95% +/- 5%
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified

		Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

**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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- d. *Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.*

**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:**

**D.a.i.d.1. Number and percentage of participants who received all types of services specified in the plan of care. Numerator = Number of participants who**

received all types of services specified in the plan of care; Denominator = Total number of participant plans of care reviewed in the sample.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Medicaid Data Contractor

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: Medicaid data contractor	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: Medicaid Data Contractor	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing



<b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies):</i>	<b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i>
	<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

**Performance Measure:**

**D.a.i.d.2 Number and percent of participants who received services in the amount, frequency and duration specified in the plan of care. Numerator = Number of participants who received services in the amount, frequency and duration specified in the plan of care; Denominator = Total participants' plans of care reviewed in the sample.**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Medicaid Data Contractor**

<b>Responsible Party for data collection/generation</b> <i>(check each that applies):</i>	<b>Frequency of data collection/generation</b> <i>(check each that applies):</i>	<b>Sampling Approach</b> <i>(check each that applies):</i>
<input type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>	<input checked="" type="checkbox"/> <b>100% Review</b>
<input checked="" type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>	<input type="checkbox"/> <b>Less than 100% Review</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input checked="" type="checkbox"/> <b>Quarterly</b>	<input type="checkbox"/> <b>Representative Sample</b> Confidence Interval = <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
<input checked="" type="checkbox"/> <b>Other</b> Specify: Medicaid Data Contractor	<input type="checkbox"/> <b>Annually</b>	<input type="checkbox"/> <b>Stratified</b> Describe Group: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
	<input checked="" type="checkbox"/> <b>Continuously and Ongoing</b>	<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
	<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	

**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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: Medicaid Data Contractor	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

e. *Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.*

**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:**

**D.a.i.e.1. Number and percentage of waiver participants with a valid signature, defined as the participant's/authorized representative's signature, on the plan of care which verifies that the freedom of choice was offered among waiver providers. Percentage = Number of waiver participants with a valid signature on the plan of care/ Total number of participants 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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval =

<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	95% +/- 5% <input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

**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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

**Performance Measure:**

D.a.i.e.2. Number and percentage of waiver participants with a valid signature, defined as the participants/authorized representative's signature, on the plan of care which verifies that available services were discussed with the waiver participants. Percentage = Number of participants with a valid signature on the plan of care/ Number of participants 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):
	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review

<input type="checkbox"/> State Medicaid Agency		
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95% +/- 5%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

**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):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- 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.  
For all performance measures except D.a.i.c.1(Updated prior to plan expire), D.a.i.d.1, and D.a.i.d.2, OCDD LGE staff perform monitoring of support coordination agencies at least annually utilizing the OCDD Support

Coordination Monitoring Tools: Participant Interview, Participant Record Review, Support Coordinator Interview, and Agency Review. The sample size will be large enough for a confidence level of 95% + or – 5%. The number of participants from the statewide sample to be included in each support coordination agency (SCA) sample will be proportional to the percentage of participants linked to each agency on the date the sample is generated. An SCA's sample size will be determined separately for each region in which the SCA operates.

For all performance measures except D.a.i.c.1, D.a.i.d.1 and D.a.i.d.2., the specific criteria for these measures are found in the OCDD Interpretive Guidelines for the OCDD Participant Record Review with a parallel set of guidelines entitled “Guidelines for Support Planning” for support coordinators.

D.a.i.c.1 measures the first part of sub-assurance c., whether the service plan was updated at least annually. The Medicaid Data contractor is responsible for prior authorization of services and authorizes services based up receipt of an approved service plan. Data is then entered into the contractor data system which provides 100% representativeness for this measure.

D.a.i.c.2 measures the second part of sub-assurance c., whether service plans are updated when warranted by changes in the waiver participant's needs. The data source is the OCDD Participant Record Review and the responsible party for data collection/generation is the LGE.

D.a.i.d.1, and D.a.i.d.2: the Medicaid data contractor prior authorizes services according the approved service plan and enters post authorization of service once a provider has verified service delivery. This data is utilized to determine whether the participant received the type, scope, amount, duration, and frequency specified in the service plan. The method for validating this information is collected by the Support Coordination Agency during the quarterly reviews in the home and entered into the Case Management Information System (CMIS) which is accessed by the Medicaid Data Contractor to validate if the services have been delivered in the type, amount, frequency, duration, of services identified in the plan of care. The Support Coordination Agency and the LGE review the data quarterly for these measures.

Regarding D.a.i.e.1 and D.a.i.e.2, a valid signature on the service plan is either the signature of a participant with the capacity to approve the plan or a person who has been designated on the OCDD Authorized Representative Form as such.

**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.

The State's method for addressing individual problems identified through performance measures D.a.i.c.1., D.a.i.d.1., D.a.i.d.2 is as follows:

D.a.i.c.1: The LGE receives quarterly reports from the Medicaid Data Contractor for review. If the participant's annual Plan of Care (POC) was not submitted within the required timeline, the LGE will contact the support coordination agency. The support coordination agency will have 10 days to respond identifying why the plans of care were not timely submitted. Depending upon the scope and persistence of such problems, OCDD may pursue sanctions as outlined in the Support Coordination Performance Agreement including withholding payment.

D.a.i.d.1: The LGE receives quarterly reports from the Medicaid Data Contractor in order to review trends and patterns of under-utilization of services. If this appears to be an isolated event, the LGE will follow up with the support coordination agency to determine the reason and the support coordinator shall revise the POC as necessary. If the POC revision is not submitted within the timeframe, OCDD shall pursue sanctions as outlined in the Support Coordination Performance Agreement. If this appears to be widespread, the LGE will consult with OCDD State Office who will then bring the issue to the Performance Review Committee and the OCDD Executive Management team for review and resolution.

D.a.i.d.2: The LGE receives quarterly reports from the Medicaid Data Contractor in order to review trends and patterns of under-utilization of services. If the LGE discovers under-utilization due to a particular agency, among certain services, lack of availability of services, etc., the LGE will consult with OCDD State Office who will then bring the issue to the Performance Review Committee and the OCDD Executive Management Team for review and resolution.

The State’s method for addressing individual problems identified through the remaining performance measures is as follows: LGE staff perform monitoring of Support Coordinator Agencies (SCA) at least annually utilizing the OCDD Support Coordination Monitoring Tools: Participant Interview; Participant Record Review; Support Coordinator Interview; and Agency Review. The processes for scoring and determining the necessity for corrective actions are located in the “Updated Guidelines for Scoring, Corrective Action and Follow-up Monitoring.” After all elements are assessed and scored, the LGE reviewer documents the findings, including the Statement of Determination which delineates every POC remediation required and required responses/plans of correction expected from the SCA. Based on the scope and severity of findings, the SCA is assigned a Statement of Determination at Level I, Level II, or Level III. The LGE and/or State Office follow-up according to timelines associated with each level to ensure that plans of correction are implemented and effective. Level III determinations are those having the actual or potential for immediate jeopardy. In these cases, the SCA must develop a plan of correction that includes the identification of the problem; full description of the underlying causes of the problem; actions/interventions that target each underlying cause; responsibility, timetable, and resources required to implement interventions; measurable indicators for assessing performance; and plans for monitoring desired progress and reporting results. In addition, OCDD takes enforcement action to assure the health and safety of participants. Actions include, but are not limited to: transfer of participants who are/may be in jeopardy; removal of SCA agency from the freedom of choice list; suspension of all new admissions; financial penalties; suspension of contract/certifications as a provider of SC services.

If a Plan of Correction, Progress Report and/or Follow-up Report remains unapproved by the time of the next annual review the agency placed on the next level with more stringent requirements. With a finding of satisfactory or a recommendation for improvement no remediation is required. These remediation activities will be documented through tracking events in the Support Coordination Monitoring database.

Training will be necessary when trends are detected in plans of care that do not address: participant goals, needs (including health care needs), and preferences; how waiver and other services are coordinated; and identification of responsibilities to implement the plan. The training requirements depend on the Support Coordination Monitoring findings and are based on the criteria found in OCDD Interpretive Guidelines for the OCDD Participant Record Review with a parallel set of guidelines entitled “Guidelines for Support Planning” for support coordinators.

An unsatisfactory plan of care is one with criteria "not met" according to the OCDD Interpretive Guidelines for the OCDD Participant Record Review and parallel set of guidelines entitled "Guidelines for Support Planning" for support coordinators.

ii. Remediation Data Aggregation

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

Responsible Party <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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 Service Plans that are currently non-operational.

- No  
 Yes

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

## Appendix E: Participant Direction of Services

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**Applicability** (from Application Section 3, Components of the Waiver Request):

- Yes. This waiver provides participant direction opportunities.** Complete the remainder of the Appendix.  
 **No. This waiver does not provide participant direction opportunities.** Do not complete the remainder of the Appendix.

*CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.*

**Indicate whether Independence Plus designation is requested** (select one):

- Yes. The State requests that this waiver be considered for Independence Plus designation.**  
 **No. Independence Plus designation is not requested.**

## Appendix E: Participant Direction of Services

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### E-1: Overview (1 of 13)

- a. Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.

Self-Direction is a service delivery option which allows participants (or their authorized representative) to exercise Employer Authority in the delivery of their authorized Individual and Family Support (IFS) services.

Participants are informed of all available services and service delivery options, including Self-Direction, at the time of the initial assessment, annually, or as requested by participants or their authorized representative. Participants, who are interested in Self-Direction, need only notify their support coordinator who will facilitate the enrollment process.

A contracted fiscal/employer agent is responsible for processing the participant's employer-related payroll, withholding and depositing the required employment-related taxes, and sending payroll reports to the participant or his/her authorized representative.

Support coordinators assists participants with the following activities:

- a. developing the participant's plan of care;
- b. organizing the unique resources the participant needs;
- c. training participants on their employer responsibilities;
- d. completing required forms necessary for participation in Self-Direction;
- e. back-up service planning;
- f. budget planning;

- g. verifying that potential employees meet program qualifications; and
- h. ensuring participants' needs are being met through services.

## Appendix E: Participant Direction of Services

### E-1: Overview (2 of 13)

- b. Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver. *Select one:*

- Participant: Employer Authority.** As specified in *Appendix E-2, Item a*, the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
- Participant: Budget Authority.** As specified in *Appendix E-2, Item b*, the participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
- Both Authorities.** The waiver provides for both participant direction opportunities as specified in *Appendix E-2*. Supports and protections are available for participants who exercise these authorities.

- c. Availability of Participant Direction by Type of Living Arrangement.** *Check each that applies:*

- Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.
- Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.
- The participant direction opportunities are available to persons in the following other living arrangements

Specify these living arrangements:

## Appendix E: Participant Direction of Services

### E-1: Overview (3 of 13)

- d. Election of Participant Direction.** Election of participant direction is subject to the following policy (*select one*):

- Waiver is designed to support only individuals who want to direct their services.
- The waiver is designed to afford every participant (or the participant's representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.
- The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.

*Specify the criteria*

To be eligible, the participant must:

1. Be able to participate in the Self-Direction option without a lapse in or decline in quality of care or an increased risk to health and welfare. Health and welfare safeguards are articulated in Appendix G of this document and include the application of a comprehensive monitoring strategy and risk assessment and management system.



2. Complete the training programs (e.g. initial enrollment training) designated by OCDD.

3. Understand the rights, risks, and responsibilities of managing his/her own care, effectively managing their service plans; or if unable to make decisions independently have a willing decision maker (authorized representative as listed on the participant's plan of care) who understands the rights, risks, and responsibilities of managing the care and supports of the participant within their individualized service plan.

## **Appendix E: Participant Direction of Services**

### **E-1: Overview (4 of 13)**

- e. Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

Participants are informed of the Self-Direction option at the time of the initial assessment, annually, or as requested by participants or their authorized representative. If the participant is interested, the support coordinator will then provide more information on the principles of self-determination, the services that can be self-directed, the roles and responsibilities of each service option, the benefits and risks of each service option, and the process for enrolling in Self-Direction.

Prior to enrolling in Self-Direction, the participant or his/her authorized representative is trained by the support coordinator on the material contained in the Self-Direction Employer Handbook. This includes training the participant (or his/her authorized representative) on the process for completing the following duties:

1. Best practices in recruiting, hiring, training, and supervising staff.
2. Determining and verifying staff qualifications;
3. The process for obtaining criminal background checks on staff;
4. Determining the duties of staff based on the service specifications;
5. Determining the wages for staff within the limits set by the state;
6. Scheduling staff and determining the number of staff needed.
7. Orienting and instructing staff in duties;
8. Best practices for evaluating staff performance;
9. Verifying time worked by staff and approving timesheets;
10. Terminating staff, as necessary;
11. Back-up planning.

This training also includes a discussion on the differences between Self-Direction and other service delivery options (which includes the benefits, risks, and responsibilities associated with each service option) and the roles and responsibilities of the employer, support coordinator, and fiscal/employer agent.

Participants who choose Self-Direction are provided with a copy of the Self-Direction Employer Handbook by the support coordinator or OCDD. Participants verify that they have received the required training from their support coordinator and a copy of the Self-Direction Employer Handbook by signing the "Service Agreement" form.

The Self-Direction Employer Handbook was developed through contribution and feedback from participants and families to ensure that the information included is easy-to-understand and addresses participants' perspectives.

## **Appendix E: Participant Direction of Services**

### **E-1: Overview (5 of 13)**

- f. Participant Direction by a Representative.** Specify the State's policy concerning the direction of waiver services by a representative (*select one*):

- The State does not provide for the direction of waiver services by a representative.
- The State provides for the direction of waiver services by representatives.

Specify the representatives who may direct waiver services: *(check each that applies):*

- Waiver services may be directed by a legal representative of the participant.
- Waiver services may be directed by a non-legal representative freely chosen by an adult participant.

Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

### Appendix E: Participant Direction of Services

#### E-1: Overview (6 of 13)

**g. Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3.

Waiver Service	Employer Authority	Budget Authority
Individual and Family Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Appendix E: Participant Direction of Services

#### E-1: Overview (7 of 13)

**h. Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

- Yes. Financial Management Services are furnished through a third party entity.** *(Complete item E-1-i).*

Specify whether governmental and/or private entities furnish these services. *Check each that applies:*

- Governmental entities
- Private entities
- No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used.**  
*Do not complete Item E-1-i.*

### Appendix E: Participant Direction of Services

#### E-1: Overview (8 of 13)

**i. Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

- FMS are covered as the waiver service specified in Appendix C-1/C-3

The waiver service entitled:

- FMS are provided as an administrative activity.**

Provide the following information

**i. Types of Entities:** Specify the types of entities that furnish FMS and the method of procuring these services:

Fiscal management services are provided by a contracted fiscal/employer agency, procured through the Department's Request for Proposal (RFP) process.

- ii. **Payment for FMS.** Specify how FMS entities are compensated for the administrative activities that they perform:

The charges for fiscal management services will be paid through a monthly fee per participant by the Bureau of Health Services Financing (BHSF).

- iii. **Scope of FMS.** Specify the scope of the supports that FMS entities provide (*check each that applies*):

**Supports furnished when the participant is the employer of direct support workers:**

- Assist participant in verifying support worker citizenship status**
- Collect and process timesheets of support workers**
- Process payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance**
- Other**

*Specify:*

Text input field with up/down arrow icons.

**Supports furnished when the participant exercises budget authority:**

- Maintain a separate account for each participant's participant-directed budget**
- Track and report participant funds, disbursements and the balance of participant funds**
- Process and pay invoices for goods and services approved in the service plan**
- Provide participant with periodic reports of expenditures and the status of the participant-directed budget**
- Other services and supports**

*Specify:*

Text input field with up/down arrow icons.

**Additional functions/activities:**

- Execute and hold Medicaid provider agreements as authorized under a written agreement with the Medicaid agency**
- Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency**
- Provide other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget**
- Other**

*Specify:*

Text input field with up/down arrow icons.

- iv. **Oversight of FMS Entities.** Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.

The Bureau of Health Services Financing (BHSF) is responsible for the monitoring of the performance and financial integrity of FMS and the terms of the contract. BHSF performs monitoring of the fiscal/employer

agent's claims payment activities, billing history, and adherence to the terms of the contract on an on-going basis. OCDD provides BHSF with any data or other relevant information regarding the fiscal/employer agent's performance. If any problems are identified (regardless of origination of issue), BHSF will require a corrective action plan from the fiscal/employer agent and will monitor its implementation.

Semi-monthly statements of participants' employer-related payroll activities are sent to the participant, BHSF, and the OCDD for review to monitor the utilization of service plan units and payments.

In addition, BHSF requires that the fiscal/employer agent submit an annual independent audit by a Certified Public Accountant (CPA) to verify that expenditures are accounted for and disbursed according to generally accepted accounting principles.

## Appendix E: Participant Direction of Services

### E-1: Overview (9 of 13)

- j. **Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

- Case Management Activity.** Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.

*Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:*

Support coordinators will inform participants of the Self-Direction option at the time of initial assessment, annually, and as requested by participants or their authorized representative. If participants or their authorized representative are interested, the support coordinators shall provide detailed information regarding the differences between service delivery options, roles and responsibilities in Self-Direction, and benefits and risks associated with Self-Direction. The Support Coordinator is responsible for providing the participant or their authorized representative with the Self-Direction Employer Handbook.

If the participant decides that he/she would like to participate in this option, the support coordinator shall notify the LGE, who then notifies OCDD State Office. Once the LGE is notified by OCDD SO that the participant is eligible to participate in Self-Direction, the LGE will notify the support coordinator who then facilitates the scheduling of the initial Self-Direction planning meeting.

The support coordinator will assist participants and their authorized representative with determining the number of direct care workers needed, preparing and completing of required forms as needed, determining what resources the participant will need to participate in Self-Direction, and arranging for other needed supports and services. The support coordinator will be responsible for training the participant (or his/her authorized representative) on the material contained in the Self-Direction Employer Handbook, which includes information on recruiting, hiring, and managing staff, with the participant.

The support coordinator will then facilitate planning and preparation of the plan of care/revision, which will be submitted to the Support Coordinator Supervisor or LGE as per OCDD policy for approval. Support coordinators are responsible for monitoring service delivery and implementation dates, and updating the participant's plan of care annually or as changes in service needs occur. The Support Coordination supervisor or LGE will approve changes as needed.

Support coordinators also act as a resource and advocate for the participant in identifying and obtaining formal and informal supports, assist the participant in working with the fiscal/employer agent, and provides employment support and training to participants inclusive of the duties specified in Appendix E-2-a-ii.

- Waiver Service Coverage.** Information and assistance in support of participant direction are provided through the following waiver service coverage(s) specified in Appendix C-1/C-3 (check each that applies):

Participant-Directed Waiver Service Information and Assistance Provided through this Waiver Service Coverage	
Individual and Family Support	<input checked="" type="checkbox"/>
Supported Independent Living	<input type="checkbox"/>
Day Habilitation	<input type="checkbox"/>
Personal Emergency Response	<input type="checkbox"/>
Specialized Medical Equipment and Supplies	<input type="checkbox"/>
Community Integration and Development	<input type="checkbox"/>
Prevocational Services	<input type="checkbox"/>
Environmental Accessibility Adaptations	<input type="checkbox"/>
Center-Based Respite	<input type="checkbox"/>
Housing Stabilization Service	<input type="checkbox"/>
Adult Companion Care	<input type="checkbox"/>
Supported Employment	<input type="checkbox"/>
One-Time Transitional	<input type="checkbox"/>
Skilled Nursing	<input type="checkbox"/>
Substitute Family Care (SFC)	<input type="checkbox"/>
Housing Stabilization Transition Service	<input type="checkbox"/>
Professional Services	<input type="checkbox"/>

**Administrative Activity.** Information and assistance in support of participant direction are furnished as an administrative activity.

*Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and, (e) the entity or entities responsible for assessing performance:*

## Appendix E: Participant Direction of Services

### E-1: Overview (10 of 13)

k. **Independent Advocacy** (select one).

- No. Arrangements have not been made for independent advocacy.
- Yes. Independent advocacy is available to participants who direct their services.

*Describe the nature of this independent advocacy and how participants may access this advocacy:*

All waiver participants have access to independent advocacy through the Advocacy Center in Louisiana.

The Advocacy Center has a multi-disciplinary staff of lawyers, paralegals, client advocates and support staff who provide the following services: Legal Representation, Advocacy Assistance, Information and Referral, Systems Advocacy, Education and Training, Self-Advocacy, Publications, and Outreach.

The Advocacy Center (AC) is Louisiana's protection and advocacy system. Federal law requires that a protection and advocacy system operate in every state to protect the rights of persons with mental or physical

disabilities. AC is also funded by the state to provide legal assistance to people residing in nursing homes in Louisiana and to advocate for the rights of group home and nursing home residents. Among the diverse services offered are legal representation, information and referral, outreach and training. AC also provides limited legal services as well as outreach and education to senior citizens of Orleans, Plaquemines and St. Tammany under contract with the Councils on Aging in those parishes.

The Advocacy Center helps to give individuals the skills and knowledge to act on their own behalf. The Advocacy Center provides a variety of booklets, reports, flyers, and other resources pertaining to elderly persons (60 years or older) and persons with disabilities. The Advocacy Center does not provide other direct services or perform waiver functions that have a direct impact on a participant.

Support coordinators are responsible for informing participants of the availability of independent advocacy.

## Appendix E: Participant Direction of Services

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### E-1: Overview (11 of 13)

- l. Voluntary Termination of Participant Direction.** Describe how the State accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and participant health and welfare during the transition from participant direction:

Selection of the Self-Direction option is strictly voluntary and the participant may choose at any time to withdraw and return to traditional payment option. Withdrawal requires a revision of the POC, eliminating the FMS and indicating the Medicaid-enrolled waiver service provider of choice. Procedures must follow those outlined in the Support Coordination Manual. Proper arrangements will be made by the support coordinator to ensure that there is no lapse in services.

Should the request for voluntary withdrawal occur, the participant will receive counseling and assistance from their support coordinator immediately upon identification of issues or concerns in any of the above situations.

## Appendix E: Participant Direction of Services

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### E-1: Overview (12 of 13)

- m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

Involuntary termination requires a revision of the plan of care, eliminating the fiscal/employer agency and indicating the Medicaid-enrolled waiver service provider of choice. Procedures must follow those outlined in the Support Coordination Manual.

Involuntary termination may occur for the following reasons:

1. If the participant does not receive self-directed services for ninety days or more.
2. If at any time OCDD determines that the health, safety, and welfare of the participant is compromised by continued participation in the Self-Direction option, the participant will be required to return to the traditional payment option.
3. If there is evidence that the participant is no longer able to direct his/her own care and there is no responsible representative to direct the care and the support coordinator agrees, then the participant will be required to return to the traditional payment option.
4. If the participant or the authorized representative/co-signer consistently:
  - a. Permits employees to work over the hours approved in the participant's plan of care or allowed by the participant's program
  - b. Places barriers to the payment of the salaries and related state and federal payroll taxes of direct support staff, as documented by the fiscal/employer agent.
  - c. Fails to provide required documentation of expenditures and related items, or fails to cooperate with the fiscal/employer agent or support coordinator in preparing any additional documentation of expenditures, as documented by the fiscal/employer agent and/or the support coordinator.
  - d. Violates Medicaid program rules or guidelines of the of the Self-Direction option.
5. If the participant becomes ineligible for Medicaid and/or home and community-based waiver services, the

applicable rule for case closure/discharge will be applied.  
 6. If there is proof of misuse of public funds.

When action is taken to terminate a participant from Self-Direction involuntarily, the support coordinator immediately assists the participant in accessing needed and appropriate services through the NOW and other available programs, ensuring that no lapse in necessary services occurs for which the participant is eligible. There is no denial of services, only the transition to a different payment option. The participant and support coordinator are provided with a written notice explaining the reason for the action and citing the policy reference.

**Appendix E: Participant Direction of Services**

**E-1: Overview (13 of 13)**

n. **Goals for Participant Direction.** In the following table, provide the State's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the State will report to CMS the number of participants who elect to direct their waiver services.

Table E-1-n

Waiver Year	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority	
	Number of Participants	Number of Participants	
Year 1	760		
Year 2	875		
Year 3	990		
Year 4	1105		
Year 5	1220		

**Appendix E: Participant Direction of Services**

**E-2: Opportunities for Participant Direction (1 of 6)**

a. **Participant - Employer Authority Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:**

i. **Participant Employer Status.** Specify the participant's employer status under the waiver. *Select one or both:*

- Participant/Co-Employer.** The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.

Specify the types of agencies (a.k.a., agencies with choice) that serve as co-employers of participant-selected staff:

- Participant/Common Law Employer.** The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

ii. **Participant Decision Making Authority.** The participant (or the participant's representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise:*

- Recruit staff**
- Refer staff to agency for hiring (co-employer)**
- Select staff from worker registry**
- Hire staff common law employer**
- Verify staff qualifications**
- Obtain criminal history and/or background investigation of staff**

Specify how the costs of such investigations are compensated:

The cost of criminal background checks are paid for by LDH.

- Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.**
- Determine staff duties consistent with the service specifications in Appendix C-1/C-3.**
- Determine staff wages and benefits subject to State limits**
- Schedule staff**
- Orient and instruct staff in duties**
- Supervise staff**
- Evaluate staff performance**
- Verify time worked by staff and approve time sheets**
- Discharge staff (common law employer)**
- Discharge staff from providing services (co-employer)**
- Other**

Specify:

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (2 of 6)

b. **Participant - Budget Authority** Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

i. **Participant Decision Making Authority.** When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more:*

- Reallocate funds among services included in the budget**
- Determine the amount paid for services within the State's established limits**
- Substitute service providers**
- Schedule the provision of services**
- Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3**
- Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3**
- Identify service providers and refer for provider enrollment**
- Authorize payment for waiver goods and services**



- Review and approve provider invoices for services rendered
- Other

Specify:

**Appendix E: Participant Direction of Services**

**E-2: Opportunities for Participant-Direction (3 of 6)**

**b. Participant - Budget Authority**

**Answers provided in Appendix E-1-b indicate that you do not need to complete this section.**

- ii. **Participant-Directed Budget** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

**Appendix E: Participant Direction of Services**

**E-2: Opportunities for Participant-Direction (4 of 6)**

**b. Participant - Budget Authority**

**Answers provided in Appendix E-1-b indicate that you do not need to complete this section.**

- iii. **Informing Participant of Budget Amount.** Describe how the State informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

**Appendix E: Participant Direction of Services**

**E-2: Opportunities for Participant-Direction (5 of 6)**

**b. Participant - Budget Authority**

**Answers provided in Appendix E-1-b indicate that you do not need to complete this section.**

**iv. Participant Exercise of Budget Flexibility. Select one:**

- Modifications to the participant directed budget must be preceded by a change in the service plan.
- The participant has the authority to modify the services included in the participant directed budget without prior approval.

Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (6 of 6)

#### b. Participant - Budget Authority

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

- v. **Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

## Appendix F: Participant Rights

### Appendix F-1: Opportunity to Request a Fair Hearing

The State provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) 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. The State provides notice of action as required in 42 CFR §431.210.

**Procedures for Offering Opportunity to Request a Fair Hearing.** Describe how the individual (or his/her legal representative) is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E. Specify the notice (s) that are used to offer individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.

The Louisiana Medicaid Eligibility Manual states, "Every applicant for and participant of Louisiana Medicaid benefits has the right to appeal any agency action or decision and has the right to a fair hearing of the appeal in the presence of an impartial hearing officer". (Medicaid Eligibility Manual, T-100/Fair Hearings/General Information).

Both applicants and participants are afforded the right to request a fair hearing for services which have been denied, not acted upon with reasonable promptness, suspended, terminated, reduced or discontinued, La. R.S. 46:107. A person may file an administrative appeal to the Division of Administrative Law - Health and Hospitals Section regarding the following determinations:

- 1) A finding by the office that the person does not qualify for system entry;
- 2) Denial of entrance into a home and community-based service waiver;
- 3) Involuntary reduction or termination of a support or service;
- 4) Discharge from the system; and/or
- 5) Other cases as stated in office policy or as promulgated in regulation.

During the initial assessment process, the Support Coordinator will give a participant and his/her legal representatives an OCDD information sheet entitled "Rights and Responsibilities for Applicants/Participants of a Home and Community Based Waiver" which includes information on how to file a complaint, grievance, or appeal with the Louisiana Department of Health. A copy of this information sheet is kept in the participant's record at the Support Coordination agency's physical location of business. In addition, the service plan contains a section that addresses the right to a fair hearing within ten days, and how to request a fair hearing, if the participant and his/her legal representatives disagree with any decision rendered regarding approval of the plan. Dated signatures of the participant, his/her legal representatives, and a witness are required on this section. Copies of the service plan, including this section are kept in the appropriate LGE and the Support Coordination agency's physical location of business.

If an individual does not receive the Louisiana Medicaid Long Term Care Choice of Service form offering the choice of

home and community based services as an alternative to institutional care, and/or the Freedom of Choice form for case management and/or direct service providers, he/she or his/her legal representatives may request a fair hearing with the Division of Administrative Law – Louisiana Department of Health section in writing, by phone or e-mail. The LGEs are responsible for giving information to the individual and his/her legal representatives of how to contact the Division of Administrative Law – Louisiana Department of Health Section by writing, phone or e-mail, and how to contact the Advocacy Center by phone or mail. This is done at the time of enrollment and at any other time the participant and his/her legal representative requests the number(s).

BHSF utilizes the Adequate Notice of Home and Community Based Services (Waiver) Decision Form 18-W to notify individuals by mail if they have not been approved for Home and Community Based Waiver services due to financial ineligibility. A separate page is attached to this form entitled “Your Fair Hearing Rights”. This page contains information on how to request a fair hearing, how to obtain free legal assistance, and a section to complete if the individual is requesting a fair hearing. If the participant does not return this form, it does not prohibit his/her right to appeal and receive a fair hearing.

In accordance with 42CFR 431.206, 210 and 211, participants receiving waiver services, and their legal representatives are sent a certified letter with return receipt to ensure the participant receives it by the appropriate LGE providing ten days advance and adequate notification of any proposed denial, reduction, or termination of waiver services. Included in the letter are instructions for requesting a fair hearing, and notification that an oral or written request must be made within ten days of receipt of a proposed adverse action by the LGE in order for current waiver services to remain in place during the appeal process. If the appeal request is not made within ten days, but is made within thirty days, all Medicaid waiver services are discontinued on the eleventh day; services that are continued until the final decision is rendered are not billable under the Medicaid waiver. If the final decision of the Administrative Law Judge is favorable to the appellant, services are re-implemented from the date of the final decision. An appeal hearing is not granted if the appeal request is made later than thirty days following receipt of a proposed adverse action sent by the LGE. Once a request for an appeal is received, the LGE must submit the request to the Division of Administrative Law – Department of Health section no later than seven calendar days after receipt. A copy of the letter and the response/request is kept in the participant’s record at the appropriate LGE.

During an appeal request and/or fair hearing, the Support Coordinator provides:

- Assistance as requested by the participant and his/her legal representatives;
- Documentation in progress notes of the status of the appeal; and
- Information the participant and his/her legal representatives need to complete the appeal or prepare for a fair hearing.

Anyone requesting an appeal has the right to withdraw the appeal request at any time prior to the hearing. The appellant may contact the Division of Administrative Law – Louisiana Department of Health section directly, or may request withdrawal through the LGE. Requests for withdrawal are kept in the participant’s record at the appropriate LGE.

Louisiana Administrative Code Title 48, Part I, Subpart 3, Chapter Home and Community Based Service Provider Licensing Standards, Subchapter C, Admission, Transfer and Discharge Criteria, require that enrolled providers of waiver services provide participants and their legal representatives notice in writing at least thirty days prior to the transfer or discharge from the provider agency with the proposed date of the transfer/discharge, the reason for the action, and the names of personnel available to assist the participant throughout the process. The enrolled provider of waiver services must also provide the participant and his/her legal representatives with information on how to request an appeal of a decision for involuntary discharge. A copy of the notice of intent to transfer/discharge, and information that was provided on how to access the appeal process is kept in the participant’s record at the enrolled provider of waiver services’ physical location of business.

All Administrative Hearings are conducted in accordance with the Louisiana Administrative Procedure Act, La. R.S. 49:950 et seq. Any party may appear and be heard at any appeals proceeding through an attorney at law or through a designated representative.

## **Appendix F: Participant-Rights**

### **Appendix F-2: Additional Dispute Resolution Process**

- a. **Availability of Additional Dispute Resolution Process.** Indicate whether the State operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair Hearing. *Select one:*