

Monthly Provider Call

2017

Criminal Background Checks – March 2, 2017

1. If the DSW's background result has a felony charge, but there is a disposition noted on the result indicating a change in the conviction (ex: changed from a felony to a misdemeanor) can the DSW be considered for hire?

Answer: If a conviction of felony theft is shown to have been reduced to a misdemeanor theft on the background check, the provider should also ask the worker to bring in the actual court documents showing that this occurred. The worker could be hired if this is the only conviction of misdemeanor theft on the person's record. Any subsequent convictions of theft regardless of the amount, would bar employment.

2. It is understood that if a background check result shows more than one misdemeanor the person is barred from employment; however, if there are two or more misdemeanors on the record and letters from the court are provided indicating the charges were dropped, is the person eligible for hire? Please explain again the statutes for barring an individual from employment with an HCBS/ICF provider (ex: felony theft, misdemeanors).

Answer: Individuals are only barred from employment due to convictions, not arrests. However, it is the provider's responsibility to follow through on the disposition of any offense on the background check until that offense is either upheld (conviction) or dismissed. If an offense has been expunged or pardoned, the provider must obtain documented court evidence substantiating the expungement/pardon and maintain such documentation in the employee's personnel file.

If an individual is convicted of felony theft, he/she is barred from employment. If an individual is convicted of theft of assets of an aged person or a person with a disability in excess of \$500 he/she is barred from employment. A single conviction of misdemeanor theft would not bar employment, however; a second conviction of misdemeanor theft, regardless of the amount, bars employment.

The addition of criminal convictions of theft that bar employment was signed into law effective June 4, 2014. The law is applicable to all unlicensed persons or ambulance personnel applying for employment on or after June 4, 2014. Employees with a conviction of theft on their record who were working for an employer prior to June 4, 2014 can continue to work for that employer however, if they seek employment with another employer, the new employer would be restricted from hiring them.

3. Where can the 2014 updated legislative statutes for background checks be found? Please post the statute numbers referenced on the provider call. Please direct me to the most current site to get the list of DO NOT HIRE offenses.

Answer: The revised statutes can be accessed through the Louisiana State Legislature website under "Laws". The current revised statutes for this topic are available at:

RS 40:1203.2

<http://www.legis.la.gov/legis/Law.aspx?p=y&d=964763>

RS 40:1203.3

<http://www.legis.la.gov/legis/Law.aspx?p=y&d=964764>

4. Where can I find the list of approved background check providers?

Answer: That list is maintained by the Louisiana State Police. Please contact them at 225-925-6006.

5. Should a background be completed every year on the DSW?

Answer: This is currently not a requirement in regulations. Providers must comply with state law found at RS 40:1203.2 which requires a back ground check of unlicensed persons and ambulance personnel prior to making an offer of employment.

6. What is the status of the new licensing standards published in December 2016? Are any changes being considered?

Answer: Health Standards is still in the process of collecting and reviewing comments received during the public hearing held on January 26, 2017. At this time, there is no projection regarding when the rule will become final. Providers will be notified when they are expected to be in compliance.

7. How far back do we need to go on background check? For example do we hold against an individual who commits a crime 20-30 years ago or do we look back just for certain amount of years, like seven.

Answer: If employment is barred due to the conviction, then the individual cannot be hired, regardless of when the offense occurred.

Critical Incident Reporting – March 2, 2017

Subject: OTIS replacement

The software program LDH contracted for is a COTS (Commercial off the shelf) package that is highly configurable. You may hear references to 'Harmony' during the period when we are building and testing the system, since the name of the vendor was Harmony Information Systems at the time of contract. A final name for the Louisiana Department of Health configured system has not been settled at this time.

LDH offices in this project include all Medicaid waiver programs with participants in OCDD, OAAS (Office of Aging & Adult Services), APS (protective services for adults and elderly) and Behavioral Health, as well as Health Standards, which oversees licensing and investigation of waiver provider regulatory allegations, as well as state operated facilities and non-public ICFs/DD.

The new system will capture most of the same information OCDD now expects service providers, support coordinators, and District or Authority offices to include in OTIS reports. In fact, the hard copy incident report will look very familiar to you as the initial point of reporting incidents.

What will be different are:

1. Hard copy reports will no longer be forwarded to support coordinators to be entered into OTIS. The direct service provider will be entering almost all, if not all, incident reports directly into the incident reporting system via a web-based application.

2. Service provider agencies will each be granted 2 subscriptions for the purpose of entering and following up on incidents as well as viewing reports about the participants linked to their agency through SRI. It is very important for each provider agency to begin thinking about which 2 people in their organizations they want to assign the 2 subscriptions, as well as any executive management and back-up personnel they want to be familiar with the use of the system. (Direct care workers will not be accessing the web site; they will still have to submit a hard copy incident report to the provider office.) The 2 staff per agency with access to the website will be assigned user names and passwords by LDH. Obviously, providers will want to consider choosing personnel within their organizations who are competent in computer skills, who have familiarity with waiver and Health Standards requirements, and who are in positions that traditionally have a high stability history. Providers will be asked to submit their 2 names and positions to OCDD when we get closer to setting up the subscriptions and training events. Additional key personnel may attend the training but will not be issued subscriptions.
3. Training events will be mandatory. The system will also have a 'tutorial' component for ongoing refresher training as time goes on. The dates for training events have not been determined, as we are still working out some configuration issues.
4. OCDD is expecting to Go Live with the new system no later than the end of October 2017. (Health Standards and Adult Protective Services should already be fully using the new system by the time OCDD goes on line.) At that time OTIS will no longer accept new incidents, but will remain operational for a certain period of time to allow closure of any open incident reports that were entered prior to the transition date to the new system. It will be even more important for provider agencies to identify and forward critical incidents to SCs in a timely fashion and to supply any follow up information if the incident occurred before the transition date.
5. Computer hardware and software minimum requirements for providers are being provided at this time (separate PDF attachment) and will again be conveyed prior to Go Live, since upgrades or new releases may be scheduled between now and the Go Live date.

CMS Settings – January 5, 2017

1. Will letter go out to families regarding the settings rules? Want to know if changes would be explained to families, what the changes are, and when changes will take place.

Answer: Yes, OCDD has drafted a proposed letter to be shared with families related to the HCBS rule. The letter will be circulated within OCDD for a final review in January 2017. We will be asking Support Coordination to hand deliver these letters and explain the content of the letters to families during their scheduled visits in 2017. OCDD is open to suggestions from stakeholders related to other opportunities to educate families regarding the CMS rule.

CPOC Documents/Revisions Discussion – January 5, 2017

1. Is a signature required on the provider documents (backup plan, evacuation plan, seizure plan, etc.)?

Answer: The provider documents should be presented and discussed at the CPOC planning meeting with the entire IDT. The signatures of the IDT during the CPOC planning meeting may serve as the signature for the provider documents. All provider documents must be dated to indicate when the document was developed/revised. The LGE has the latitude to require IDT signatures on the provider documents.

2. Is a provider plan of care required even though the CPOC can be used for the plan of care per licensing standards?

Answer: All OCDD Waiver Manuals currently require both a POC and a completed Individualized Service Plan (ISP).

3. Can providers wait until the end of a PA period to request additional units instead of calling SC for revision every time a participant misses day hab, etc.?

Answer: As has been discussed and explained multiple times, the provider based on individual needs has the ability to flex units within the specified PA timeframe. If units have been shifted and additional units are needed for the remainder of the quarter than a revision should be completed in appropriate timeframes at the end of the quarter (i.e., routine revisions should be submitted at least 10 days prior to the end of the quarter).

4. Explain ability of providers to flex 100% of IFS units versus requesting a revision.

Answer: OCDD has worked with SRI to allow for flexibility based on individual needs. This means that if an individual would like to convert IFS supports from single supports to shared supports, this can be accomplished without a revision working within the budgeted dollar amounts associated with the approved units. Converting service units from day program to IFS hours is not able to be done without completing a revision.

Overlapping Services – January 5, 2017

1. How providers should address billing overlaps with other providers. Not always sure how to handle or who to contact if there are problems or unable to resolve between provider agencies.

Answer:

- A. If the overlap is for a recipient, then the EVV will not block the Day Hab, Prevoc, SE provider. Only the PCA provider will be blocked. If the Day Hab, Prevoc, or SE provider is not using the EVV for electronic clock in/out, then the providers need to work together to resolve the overlap. For overlaps prior to 3/1/16, please contact Kim Kennedy at kim.kennedy@la.gov and provide the following:
 - a. Specific overlaps that need resolution
 - b. Date you contacted the other provider agency to resolve the overlap.
 - c. Who you spoke to
 - d. Any agreement made by the other provider.
 - e. Kim Kennedy will follow up with the other provider. Please do not request assistance until you have made three attempts to resolve the overlap with the other provider.
- B. If the overlap is for a DSW, then both agencies should be talking to the DSW immediately to find out which billing is correct. You can always conference call with the other provider with the DSW in the room to determine whose information is correct. You do not have to reveal the participant's name in the call, just the hours worked by the DSW. The state expects the provider whose information is not accurate based on this call to immediately correct the information in LAST so the billing can be released for the provider whose information is correct.
- C. As a reminder to all providers, overlaps are expected to be resolved within 60 days from the date of service per the Memo from Mark Thomas/Tara Leblanc dated 11/16/15.

New Opportunities Waiver Renewal – January 5, 2017

1. Approved effective 1/1/17
2. 90-L is being revised to allow a PCP's Nurse Practitioner or Physician's Assistant sign off on 90-L
3. Employment Related Training renamed Prevocational Services to be consistent with Supports Waiver and Residential Options Waiver
 - A. All are the same service
 - B. Core Service Definition – Services that provide learning and work experiences, including volunteer work, where the individual can develop general, non-job-task-specific strengths and skills that contribute to the employability in paid employment in integrated community settings. Not primarily directed at teaching skills to perform a particular job, but habilitative goals associated with building skills necessary to perform work. Prevocational services are not an end point, but a time limited service for the purpose of helping someone obtain competitive employment.
 - i. Waiver funding is not available for the provision of vocational services delivered in facility based or sheltered work settings, where individuals are supervised for the primary purpose of producing goods or performing services. The distinction between vocational and pre-vocational services is that prevocational services, regardless of setting, are delivered for the purpose of furthering habilitation goals such as attendance, task completion, problem solving, interpersonal relations, and safety as outlined in the individuals' person-centered plan. Prevoc services should be designed to create a path to integrated community based employment.
 - C. Time limited to four years. The four year clock starts for CPOCs renewed 7/1/17 and later.
4. Companion Care Services – is in the renewal. Billing mechanism is being developed.
5. NOW Rule is in revision and incorporates some of the settings language. Expected to go out for NOI in February/March 2017.