

**Appendix C: Participant Services**

**C-1: Summary of Services Covered (1 of 2)**

a. **Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service		
Statutory Service	Day Habilitation		
Statutory Service	Habilitation		
Statutory Service	Prevocational Services		
Statutory Service	Respite		
Statutory Service	Support Coordination		
Statutory Service	Supported Employment		
Other Service	Housing Stabilization Service		
Other Service	Housing Stabilization Transition Service		
Other Service	Personal Emergency Response System		

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service

**Service:**

Day Habilitation

**Alternate Service Title (if any):**

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**Service Definition (Scope):**

•Day habilitation should focus on the person centered planning process, which would allow the participant a choice in how they spend their day. Day Habilitation is furnished in a variety of community settings, (i.e. local recreation department, garden clubs, libraries) other than the person's residence and is not to be limited to a fixed-site facility.

Day habilitation activities should assist the participant to gain their desired community living experience, including the acquisition, retention or improvement in self-help, socialization and adaptive skills, and/or to provide the individual an opportunity to contribute to his or her community. Day Habilitation activities should be educational or recreational in nature, which would include activities that are related to the individual's interests, hobbies, clubs, or sports.

For individuals with degenerative conditions, day habilitation may include training and supports designed to maintain skills and functioning and to slow or prevent regression rather than acquiring new skills or improving existing skills. Day Habilitation Services may be coordinated with needed therapies in the individual's person-centered Plan of Care.

The individual of retirement age may also be supported in senior community activities or other meaningful retirement activities in the community, such as the local council on aging or senior centers. This may also involve altering schedules to allow for more rest time throughout the day. Career planning activities may be a component of the participant's plan and may be used to develop learning opportunities and career options consistent with the person's skills and interests.

Day habilitation may not provide for the payment of services that are vocational in nature – for example, the primary purpose of producing goods or performing services.

Assistance with personal care may be a component part of day habilitation services as necessary to meet the needs of a participant, but may not comprise the entirety of the service.

Volunteer activities are provided under the guidelines of the United States Fair Labor Standards Act of 1985 as amended.

Providers of Day Habilitation services are not required to provide meals for participants. Payment for any meals provided does not include a full nutritional regimen of 3 meals per day.

Participants receiving Day Habilitation Services may also receive Prevocational or Supported Employment services, but these services cannot be provided during the same time period and cannot equal more than 5 hours per day.

Day Habilitation activities may occur with a one staff to one participant if the participant has specific behavioral or medical issues that warrant this staff ratio. Day Habilitation activities may also occur with a one staff to two to four participants or one staff to five to eight participants. Choice of this service, and staff ratio needed to support the participant must be documented on the service plan.

Participants receiving Day Habilitation Services may also receive Prevocational or Supported Employment services, but these services cannot be provided during the same time period and cannot equal more than 5 hours per day.

All transportation costs are included in the reimbursement for Day Habilitation services. Transportation needed by the participant must be documented on service plan. Participant must be present to receive this service. If participant needs transportation, Provider must physically provide, arrange for, or pay for appropriate transport to and from a central location convenient for the participant agreed upon by the Team; this location shall be documented in the service plan.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

•Day Habilitation is services provided on a regularly scheduled basis and may be scheduled on a Plan of Care for 1 or more days per week and may be prior authorized for up to 4800 units of service in a plan of care year with appropriate documentation. A standard unit is 15 minute increment. Post authorization may be approved upon verification of services rendered.

Participants receiving Day Habilitation Services may also receive Prevocational or Individual Supported

Employment services, but these services cannot be provided during the same time period and can not total more than 5 hours combined.

**Service Delivery Method** (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

**Specify whether the service may be provided by** (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Adult Day Care

### Appendix C: Participant Services

#### C-1/C-3: Provider Specifications for Service

**Service Type:** Statutory Service  
**Service Name:** Day Habilitation

**Provider Category:**

Agency

**Provider Type:**

Adult Day Care

**Provider Qualifications**

**License** (*specify*):

Adult Day Care

Louisiana Revised Statutes

40.2006(E)(2)(m)-(u) & 10.2120.11-40:2120.16

**Certificate** (*specify*):

**Other Standard** (*specify*):

LDH Standards of Participation:

LR Vol. 29, No. 09 September 20, 2003

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Louisiana Department of Health ,Health Standards Section

**Frequency of Verification:**

Initially and Annually

### Appendix C: Participant Services

#### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service 

**Service:**

Habilitation 

**Alternate Service Title (if any):**

Habilitation

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

 

**Category 2:**

**Sub-Category 2:**

 

**Category 3:**

**Sub-Category 3:**

 

**Category 4:**

**Sub-Category 4:**

 

**Service Definition (Scope):**

Habilitation is provided in the home or community, with the participant's place of residence as the primary setting. Habilitation offers services designed to assist participants in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community settings in the State of Louisiana. Habilitation services may be provided at any time of day or night on any day of the week as needed by the participant to achieve a specified goal, and may only be provided on a one staff to one participant ratio. Habilitation services are educational in nature, and focus on achieving a goal utilizing specific teaching strategies. Goals may cover a wide range of opportunities including but not limited to learning how to clean house; do laundry; wash dishes; grocery shop; bank; cook meals; shop for clothing and personal items; become involved in community recreational and leisure activities; do personal yard work; and utilize transportation to access community resources.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Habilitation shall not exceed 285 standard units of service in a plan year.

Participants receiving Habilitation may use this service in conjunction with other Supports Waiver services as long as services are not provided during the same period in a day. To ensure that there is no duplication of service when a participant chooses both Habilitation and Day Habilitation services the Support Coordinator will facilitate development of a service plan that clearly specifies the training supports, staff ratio and time lines that will be provided for each service. In addition, the Provider(s) of each service must submit a detailed plan to the Support Coordinator that provides information on the specific educational strategies and time lines for those strategies that will be used to achieve the goals and time lines on the service plan.

Habilitation services may be provided at any time of day or night on any day of the week as needed by the participant to achieve a specified goal, and may only be provided on a one staff to one participant ratio.

**Service Delivery Method (check each that applies):**

- Participant-directed as specified in Appendix E  
 Provider managed

**Specify whether the service may be provided by (check each that applies):**

- Legally Responsible Person  
 Relative

Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Personal Care Attendant
Individual	Therapeutic Recreational Specialist
Individual	Occupational Therapist
Agency	Adult Day Care
Individual	Physical Therapist

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**  
**Service Name: Habilitation**

**Provider Category:**

Agency

**Provider Type:**

Personal Care Attendant

**Provider Qualifications**

**License (specify):**

Personal Care Attendant Services:

Louisiana Revised Statutes

40.2006(E)(2)(m)-(u) & 40:2120.1-40:2120.7

**Certificate (specify):**

**Other Standard (specify):**

LDH Standards of Participation;

LR Vol. 29, No. 09, September 20, 2003

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Louisiana Department of Health (Health Standards Section)

**Frequency of Verification:**

Initially, annually and as needed

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**  
**Service Name: Habilitation**

**Provider Category:**

Individual

**Provider Type:**

Therapeutic Recreational Specialist

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

National Council for Therapeutic Recreation Certification (NCTRC)

**Other Standard (specify):**

NCTRC Standards, Policies and Procedures, December 2005 and as amended

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

National Council for Therapeutic Recreation Certification  
 Department of Health and Hospitals (Health Standards Section)

**Frequency of Verification:**

Initially and Every 5th year thereafter

Initially and annually

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**

**Service Name: Habilitation**

**Provider Category:**

Individual ▾

**Provider Type:**

Occupational Therapist

**Provider Qualifications**

**License (specify):**

Occupational Therapy  
 Louisiana Revised Statute: RS 37:3001-3014

**Certificate (specify):**

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Louisiana State Board of Medical Examiners  
 Department of Health and Hospitals (Health Standards Section)

**Frequency of Verification:**

Initially, annually and as needed

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**

**Service Name: Habilitation**

**Provider Category:**

Agency ▾

**Provider Type:**

Adult Day Care

**Provider Qualifications**

**License (specify):**

Adult Day Care  
 Louisiana Revised Statutes  
 40.2006(E)(2)(m)-(u) & 40.2120.11-40:2120.16

**Certificate (specify):**

**Other Standard (specify):**

LDH Standards of Participation;  
LR Vol. 29, No. 09, September 20, 2003

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Louisiana Department of Health (Health Standards Section)

**Frequency of Verification:**

Initially, annually and as needed

### Appendix C: Participant Services

#### C-1/C-3: Provider Specifications for Service

**Service Type: Statutory Service**

**Service Name: Habilitation**

**Provider Category:**

Individual

**Provider Type:**

Physical Therapist

**Provider Qualifications**

**License (specify):**

Physical Therapy Practice Act:  
Louisiana Revised Statutes  
37.2401-2421 as amended through 2004

**Certificate (specify):**

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Louisiana State Board of Medical Examiners  
Department of Health and Hospitals (Health Standards Section)

**Frequency of Verification:**

Initially, annually and as needed

### Appendix C: Participant Services

#### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service

**Service:**

Prevocational Services

**Alternate Service Title (if any):**

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**Service Definition (Scope):**

•Participants receiving prevocational services **MUST** have an employment related goal as part of their Plan of Care (POC) and service plan. The general habilitation activities must support their employment goals. Prevocational Services are designed to create a path to integrated community based employment for which an individual is compensated at or above minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Prevocational services are expected to last no longer than 4 years, (unless approved for an extension) with employment at the individual's highest level of work in the most integrated setting, with the job matched to the individual's interests, strengths, priorities, abilities and capabilities, while following applicable federal wage guidelines.

Prevocational services are intended to prepare a participant for paid employment or volunteer opportunities in the community to the participant's highest level. Prevocational services are where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Prevocational services are intended to develop and teach general skills such as ability to communicate effectively with supervisors, co-workers, and customers; accepted community workplace conduct and dress; ability to follow directions and attend to tasks; workplace problem solving skills and general workplace safety and mobility training. Prevocational Services are to be provided in a variety of locations in the community and are not to be limited to a fixed site facility.

Career Planning **MUST** be a major component of prevocational services and should include activities focused on the participant becoming employed to their highest ability. Examples of these activities include but are not limited to the following: vocational assessment and discovery process, ongoing career counseling, including benefits planning, assessments as needed (i.e. assistive technology in the work place), job shadowing, and other activities that may assist the individual in deciding upon an employment goal. All career planning activities should be focused on building a plan for a path to community employment at the highest level for each participant.

Assistance with personal care may be a component of prevocational services, but may not comprise the entirety of the service.

Volunteer activities are provided under the guidelines of the United States Fair Labor Standards Act of 1985 as amended.

Providers of prevocational services are not required to provide meals for participants. Payment for any meals



provided does not include a full nutritional regimen of 3 meals per day.

Individuals receiving prevocational services may choose to pursue employment opportunities at any time.

All transportation costs are included in the reimbursement for Prevocational services. Transportation needed by the participant must be documented on the service plan. Participant must be present to receive this service. If participant needs transportation, Provider must physically provide, arrange, or pay for appropriate transport to and from a central location convenient for the participant agreed upon by the Team; this location shall be documented in the service plan.

Prevocational services are provided on a regularly scheduled basis and may be scheduled on a Plan of Care for 1 or more days per week and may be prior authorized for up to 4800 units of service in a plan of care year with appropriate documentation. A standard unit is 15 minutes. Post authorization may be approved upon verification of services rendered.

Participants receiving Prevocational Services may also receive Day Habilitation or Supported Employment services, but these services cannot be provided during the same time period and the total of the services cannot equal more than 5 hours per day.

There must be documentation in the participant's file that this service is not available from programs funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

•Prevocational services are limited to 4 years in duration unless approved for an extension under extenuating circumstances as outlined.

Prevocational services are provided on a regularly scheduled basis and may be scheduled on a Plan of Care for 1 or more days per week and may be prior authorized for up to 4800 units of service in a plan of care year with appropriate documentation. A standard unit is 15 minute increment. Post authorization may be approved upon verification of services rendered.

Participants receiving Prevocational Services may also receive Day Habilitation or Individual Supported Employment services, but these services cannot be provided during the same time period and the total of the services cannot equal more than 5 hours per day.

**Service Delivery Method** (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

**Specify whether the service may be provided by** (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Adult Day Care

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type:** Statutory Service  
**Service Name:** Prevocational Services

**Provider Category:**

Agency

**Provider Type:**

Adult Day Care

**Provider Qualifications**

**License (specify):**

Adult Day Care:

Louisiana Revised Statutes

40.2006(E)(2)(m)-(u) & 40.2120.11-40:2120.16

**Certificate (specify):**

**Other Standard (specify):**

Site supervisor must have 15 hours of employment based training annually

LDH Standards of Participation;

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**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Louisiana Department of Health , Health Standards Section

**Frequency of Verification:**

Initially and Annually

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service

**Service:**

Respite

**Alternate Service Title (if any):**

Respite

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**



**Service Definition (Scope):**

Respite can be provided in the participant’s home or private residence, or in a licensed respite care facility determined appropriate by the participant or responsible party. Respite in the participant’s home or private residence can be utilized to assist the participant in their home or in the community and to provide direct care as needed to complete everyday personal tasks. Center-based respite care is a service provided to participants who are unable to care for themselves; furnished on a short-term basis due to the absence or need for relief of those persons normally providing the care. Respite care will only be provided in a licensed center-based respite care facility. It is most commonly used when families take vacations, go away for the weekend, or have a sudden emergency such as a death in the family. It is not substitute family care.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Respite shall not exceed 428 standard units of service in a plan year.

Participants receiving Respite may use this service in conjunction with other Supports Waiver services as long as services are not provided during the same period in a day.

**Service Delivery Method (check each that applies):**

- Participant-directed as specified in Appendix E
- Provider managed

**Specify whether the service may be provided by (check each that applies):**

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Personal Care Attendant
Agency	HCBS- Center Based Respite Module

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**

**Service Name: Respite**

**Provider Category:**

Agency 

**Provider Type:**

Personal Care Attendant

**Provider Qualifications**

**License (specify):**

Personal Care Attendant Services:

Louisiana Revised Statutes

40.2006(E)(2)(m)-(u) & 40:2120.1-40:2120.7

**Certificate (specify):**



**Other Standard (specify):**

LDH Standards of Participation;

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**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Louisiana Department of Health (Health Standards Section)

**Frequency of Verification:**

Initially, annually and as needed

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**

**Service Name: Respite**

**Provider Category:**

Agency

**Provider Type:**

HCBS- Center Based Respite Module

**Provider Qualifications**

**License (specify):**

Home and Community Based Services Provider Licensing Standards-

LAC 48:1.Chapter 50

**Certificate (specify):**

**Other Standard (specify):**

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Louisiana Department of Health (Health Standards Section)

**Frequency of Verification:**

Initially, annually and as needed

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service

**Service:**

Case Management

**Alternate Service Title (if any):**

Support Coordination

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

**Service Definition (Scope):**

Support Coordination consists of the coordination of supports and services that will assist participants who receive Supports Waiver services in gaining access to needed waiver and other Medicaid services, as well as needed medical, social, educational and other services, regardless of the funding source. The support coordinator is responsible for convening the person-centered planning team comprised of the participant, participant's family, direct service providers, medical and social work professionals, as necessary, and advocates, who assist in determining the appropriate supports and strategies to meet the participant's needs and preferences. The support coordinator shall be responsible for the ongoing coordination of supports and services included in the participant's plan of care.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**  
at least monthly contact and quarterly face to face visits

Billed in a monthly unit for 12 months.

**Service Delivery Method (check each that applies):**

- Participant-directed as specified in Appendix E
- Provider managed

**Specify whether the service may be provided by (check each that applies):**

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Case Management

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**  
**Service Name: Support Coordination**

**Provider Category:**

**Provider Type:**

Case Management

**Provider Qualifications**

**License (specify):**

Case Management Licensing Standards:  
LAC 48:I. Chapter 49 4901-4981 LR Vol. 20 No. 8 August 20, 1994.

**Certificate (specify):**

**Other Standard (specify):**

Providers must enroll as a Medicaid Case Management provider.

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

Support coordination agencies are required to perform the activities

- Intake,
- Assessment,
- Plan of Care Development and Implementation,
- Follow-Up/Monitoring,
- Reassessment, and
- Transition/Closure

All support coordinator/case management supervisors must meet one of the following education and experience requirements:

1. Bachelor or master's degree in social work from a program accredited by the Council on Social Work Education and two years of paid post degree experience in providing case management services, or
2. Bachelor or master's degree in nursing (RN) (one year of experience will substitute for the degree) and two years of paid post degree experience in providing case management services, or
3. A bachelor' or master's degree in a human service related 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 and two years of paid post degree experience in providing case management services.
4. Bachelor's degree 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 and two years of paid post degree experience in providing case management services.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Louisiana Department of Health (Health Standards Section)

**Frequency of Verification:**

Initially, annually, and as necessary

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service ▼

**Service:**

Supported Employment ▼

**Alternate Service Title (if any):**

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

03 Supported Employment

03021 ongoing supported employment, individual ▼

**Category 2:**

**Sub-Category 2:**

03 Supported Employment	03022 ongoing supported employment, group	▼
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**Category 3:****Sub-Category 3:**
 ▼
**Category 4:****Sub-Category 4:**
 ▼
**Service Definition (Scope):**

•Supported Employment - Individual

Individual Employment support services are the ongoing supports provided to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment or self-employment in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

The outcome of this service is sustained paid employment in an integrated setting in the general workforce in the community in a job that meets personal and career goals. May also include support to establish or maintain self-employment, including home based self-employment.

Supported employment services may include any combination of the following services: vocational/job related discovery or assessment, person centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instructions, job coaching, benefits support, training and planning, transportation, asset development, and career advancement services, and other workplace support services including services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.

Participants who have the most significant disabilities may also need long-term employment supports to successfully maintain a job due to the ongoing nature of the waiver participant's support needs, changes in life situations or evolving and changing job responsibilities and where natural supports would not meet this need.

Career Planning may be a component of supported employment services and should include activities focused on the participant becoming employed to their highest ability. Examples of these activities include but are not limited to the following: vocational assessment and discovery process, ongoing career counseling, including benefits planning, assessments as needed (i.e. assistive technology in the work place), job shadowing, and other activities that may assist the individual in deciding upon an employment goal. All career planning activities should be focused on building a plan for a path to community employment at the highest level for each participant.

SE individual employment supports does not include volunteer work.

SE individual employment supports does not include facility based or other types of vocational services furnished in specialized facilities that are not a part of the general work place.

Supported Employment is broken down into the following categories:

- 1) Job Assessment, Discovery and Development for Individual Jobs or Self Employment
  - 2) Initial Job Support, Job Retention and Follow along for Individual Jobs or Self Employment
- Personal care/assistance may be a component part of supported employment individual employment supports, but may not comprise the entirety of the service.

Transportation is included in Supported Employment services, but whenever possible, family, neighbors, friends, co-workers or community resources that can provide needed transportation without charge should be utilized.

Participants receiving Supported Employment Services may also receive other services including Prevocational

or Day Habilitation services, but these services cannot be provided in the same service day.

There must be documentation in the participant's file that these services are not available from programs funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

#### Supported Employment-Group:

Are services and training activities provided in regular business, industry, and community settings for groups of two to eight workers with disabilities. SE group must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces.

The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment for which an individual is compensated at or above minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Career Planning may be a component of supported employment group employment services and should include activities focused on the participant becoming employed to their highest ability. Examples of these activities include but are not limited to the following: vocational assessment and discovery process, ongoing career counseling, including benefits planning, assessments as needed (i.e. assistive technology in the work place), job shadowing, and other activities that may assist the individual in deciding upon an employment goal. All career planning activities should be focused on building a plan for a path to community employment at the highest level for each participant.

Personal care/assistance may be a component part of supported employment small group employment support services, but may not comprise the entirety of the service.

Group employment does not include vocational services provided in facility based work settings.

Group employment does not include volunteer work.

Services are broken down as follows:

- 1) Job Assessment, Discovery, and development for group:
- 2) Initial job support, Job Retention, and follow along for group:

All transportation costs are included in the reimbursement for small group employment support. Transportation needed by the participant must be documented on the service plan. Participant must be present to receive this service. If participant needs transportation, Provider must physically provide, arrange, or pay for appropriate transport to and from a central location convenient for the participant agreed upon by the Team; this location shall be documented in the service plan.

Participants receiving Supported Employment, Group Services may also receive other services including Prevocational or Day Habilitation services, but these services cannot be provided in the same day.

There must be documentation in the participant's file that these services are not available from programs funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

#### Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- 1) For Job Assessment, Discovery and Development for Individual Jobs or Self Employment, A standard unit is defined as 15 minute increments. 2880 standard units of service are allowed in a plan year.
- 2) For Initial Job Support, Job Retention and Follow along for Individual Jobs or Self Employment, a standard unit is defined as 15 minute increment. 960 standard units of service are allowed in a plan year.
- 3) For Job Assessment, Discovery and Development for Group Employment, a standard unit is defined as 15 minute increment. 480 standard units of service are allowed in a plan year.



4) For Initial Job Support, Job Retention and Follow along for Group Employment, a standard unit is defined as 1 or more hours a day. Providers must provide at least 1 hour of service in order to receive reimbursement. 240 standard units of service are allowed in a plan year.

Participants receiving Individual Supported Employment Services may also receive other services including Prevocational or Day Habilitation services, but these services cannot be provided during the same time period of the day and the total number of hours can not exceed 5 hours of service in a day.

Participants receiving Group Employment Supported Services may also receive prevocational services and day habilitation services, however they can not be provided in the same service day.

**Service Delivery Method** (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

**Specify whether the service may be provided by** (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Adult Day Care
Agency	Community Rehabilitation Programs (CRP) who are enrolled Medicaid providers of Supported Employment Services

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type:** Statutory Service  
**Service Name:** Supported Employment

**Provider Category:**

Agency ▼

**Provider Type:**

Adult Day Care

**Provider Qualifications**

**License** (*specify*):

Adult Day Care:

Louisiana Revised Statutes

40.2006(E)(2)(m)-(u) & 40.2120.11-40:2120.16

**Certificate** (*specify*):

Completion Certificate of the approved Supported Employment initial 40 hour training program by an approved vendor and the annual training - (same training that is completed by the CRP)

**Other Standard** (*specify*):

Adult Day Care Site Supervisor must have 15 hours of employment based training annually.

LDH Standards of Participation;

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**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Louisiana Department of Health , Health Standards Section

OCDD Provider Relations

**Frequency of Verification:**  
Initially and annually

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type: Statutory Service**  
**Service Name: Supported Employment**

**Provider Category:**

Agency

**Provider Type:**

Community Rehabilitation Programs (CRP) who are enrolled Medicaid providers of Supported Employment Services

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Louisiana Rehabilitation Services (LRS) Community Rehabilitation Program Vendor Compliance Certification

**Other Standard (specify):**

LDH Standards of Participation;  
LR Vol. 29, No. 09, September 20, 2003

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Louisiana Workforce Commission,  
Louisiana Rehabilitation Services

**Frequency of Verification:**

Initially and Annually

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Housing Stabilization Service

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

**Service Definition (Scope):**

Housing Stabilization Service enables waiver participants to maintain their own housing as set forth in the participant’s approved plan of care (POC). Services must be provided in the home or a community setting. The service includes the following components:

1. Conduct a housing assessment identifying the participant’s preferences related to housing (type, location, living alone or with someone else, accommodations needed, other important preferences) and needs for support to maintain housing (including access to, meeting terms of lease, and eviction prevention), budgeting for housing/living expenses, obtaining/accessing sources of income necessary for rent, home management, establishing credit and understanding and meeting obligations of tenancy as defined in lease terms.
2. Assist participant to view and secure housing as needed. This may include arranging or providing transportation. Assist participant to secure supporting documents/records, completing/submitting applications, securing deposits, locate furnishings.
3. Develop an individualized housing stabilization service provider plan based upon the housing assessment that includes short and long-term measurable goals for each issue, establishes the participant’s approach to meeting the goal, and identifies where other provider(s) or services may be required to meet the goal.
4. Participate in the development of the plan of care, incorporating elements of the housing stabilization service provider plan. Participate in plan of care renewal and updates as needed.
5. Provide supports and interventions per the individualized housing stabilization service provider plan. If additional supports or services are identified as needed outside the scope of Housing Stabilization Services, communicate the needs to the Support Coordinator.
6. Communicate with the landlord or property manager regarding the participant’s disability, accommodations needed, and components of emergency procedures involving the landlord or property manager.
7. If at any time the participant’s housing is placed at risk (eg.,eviction, loss of roommate or income), Housing Stabilization Services will provide supports to retain housing or locate and secure housing to continue community based supports including locating new housing, sources of income, etc.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Available only to participants who:

- Are residing in a State of Louisiana Permanent Supportive Housing unit or
- Are linked for the State of Louisiana Permanent Supportive Housing selection process

Limited to:

- No more than 165 combined units of this service and the Housing Stabilization Transition service (units can only be exceeded with written approval from OCDD)

**Service Delivery Method (check each that applies):**

- Participant-directed as specified in Appendix E
- Provider managed

**Specify whether the service may be provided by (check each that applies):**

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Permanent Supportive Housing Agency

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

**Service Type:** Other Service  
**Service Name:** Housing Stabilization Service

**Provider Category:**

Agency

**Provider Type:**

Permanent Supportive Housing Agency

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

Community Psychiatric and Support Team

**Other Standard (specify):**

Permanent Supportive Housing (PSH) Agency under contract and enrolled with the Department of Health and Hospitals Statewide Management Organization for Behavioral Health Services plus either:

1. meeting requirements for completion of training program as verified by the PSH director; or
2. have at least one year of completion of housing support team experience in the PSH program as verified by the PSH director.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Office of Adult and Aging Services, (OAAS), the program office housing the PSH director

**Frequency of Verification:**

Initially and annually

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Housing Stabilization Transition Service

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

**Category 2:**

**Sub-Category 2:**

**Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

Housing Stabilization Transition Service enables participants who are transitioning into a PSH unit, including those transitioning from institutions, to secure their own housing. The service is provided while the participant is in an institution and preparing to exit the institution using the waiver. The service includes the following components:

1. Conduct a housing assessment identifying the participant's preferences related to housing (type, location, living alone or with someone else, accommodations needed, other important preferences) and needs for support to maintain housing (including access to, meeting terms of lease, and eviction prevention), budgeting for housing/living expenses, obtaining/accessing sources of income necessary for rent, home management, establishing credit and understanding and meeting obligations of tenancy as defined in lease terms.
2. Assist participant to view and secure housing as needed. This may include arrangin

## 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:*

- 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):

Linkage to support coordination through certification for waiver services takes up to 90 days. During the 90 day period, the following activities occur:

- Initial support coordinator (SC) contact with the participant
- The support coordinator contacts the participant/family to arrange a face-to-face meeting at a location requested by the participant/family.
- The support coordinator will schedule a time to assess the participant's needs utilizing the SIS/LAPLUS. This assessment, coupled with the person-centered planning process will be used to determine which OCDD waiver meets the needs of the participant and that is the one that is offered.
- The POC is developed through a person centered process that includes the participant and whomever the participant chooses which could include family, vocational providers, and whomever makes up the support team for the participant.
- The approvable POC must be approved within 90 days after linkage. An exception to this timeline will be made if the participant files an appeal as to the results of the SIS/LA Plus assessments which determines the OCDD Waiver offered, or if housing cannot be secured with a reasonable time period.
- The LGE staff have ten working days in which to review the POC 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 receipt of the Medicaid eligibility determination to approve the POC. Waiver services cannot begin prior to the approved POC.
- The entire team meets at least annually or as needed to review and revise the POC for the upcoming service year.

#### b. 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 the person centered planning process for individualized supports and services. The needs-based assessments described below are completed within the discovery process for all applicants who have received an OCDD waiver 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. Conducting a personal outcomes assessment, which assists in determining what is important to the participant and his/her satisfaction or dissatisfaction with different life domain areas.
3. The completion and review of the Supports Intensity Scale (SIS) and Louisiana PLUS (LA PLUS) assessments.

a. The Supports Intensity Scale (SIS) is a standardized assessment tool designed to evaluate the practical support requirements of people with developmental disabilities. The SIS measures support needs for 85 different activities in the areas of home living, community living, lifelong learning, employment, health and safety, social activities, and protection and advocacy. The SIS then rates each activity according to frequency, amount, and type of supports needed.

b. The Louisiana PLUS (LA PLUS) is a complimentary assessment tool designed to identify support needs and related information not addressed by the SIS. The LA PLUS is used to evaluate a person's support needs based on information and data collected from four areas of the person's life, including:

i. Other support needs; material supports; hearing-related supports; supports for communicating needs; and stress and risks factors.

ii. Living arrangements

iii. Medical and diagnostic information

iv. Personal satisfaction reports; supports at home; work/day programs; living environment; family relationships; and social relationships.

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 determination is made as to which OCDD waiver is offered and a POC is developed.

The participant or his/her representative may request a reconsideration and present supporting documentation if he/she disagrees with the results of the initial needs based assessment and person-centered planning process which is used to determine the OCDD waiver that is offered. If the participant disagrees with the reconsideration decision, he/she may request a fair hearing through the formal appeals process (Louisiana Department of Health, Division of Administration Law (DAL) process as referenced in Appendix F-1, Opportunity to Request a Fair Hearing).

#### 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, SIS/LA Plus assessment completed at waiver entry is reviewed to ensure continued accuracy. If significant changes are needed, the SIS/LA Plus is revised.

The participant or his/her representative may request a reconsideration and present supporting documentation if he/she disagrees with the specific OCDD waiver offered as a result of the initial needs based assessment and person-centered planning process. If the participant disagrees with the reconsideration decision, he/she may request a fair hearing through the formal appeals process (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 person centered POC:

i. 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 person centered 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 takes the lead in guiding the support team in developing a POC that the participant is driving through the person centered process.

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 or their 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 or their 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 the participant and visit the participant 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 quarterly visit should occur where services are being delivered so the support coordinator can observe service delivery.

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) 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 as needed or requested by the participant.

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 for approval. To be considered timely, the plan of care must be approved prior to the expiration of the previous plan of care.

OCDD uses the Guidelines for Support Planning, Chapter 9, Review and Modification of the Participant's Support Plan for HOW AND WHEN PLAN IS UPDATED.

At any time that the participant, 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 re-assessment of the SIS and LA PLUS 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

### 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**

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### **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**

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### 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 with the participant. 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 = 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"/>	
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**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"/> Other



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

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<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: <input type="text"/>

**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 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:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis(check each that applies):</b>
<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

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<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
	<input type="checkbox"/> Other Specify: <input type="text"/>

**Performance Measure:**

**D.a.i.d.2 Number and percent of participants who received services in the scope, amount, frequency and duration specified in the plan of care. Numerator = Number of participants who received services in the scope, 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**

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

e. *Sub-assurance: Participants are afforded choice: 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:

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<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.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"/> 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"/>

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.

ii. 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)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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E-1: Overview (2 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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E-1: Overview (3 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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E-1: Overview (4 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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E-1: Overview (5 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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E-1: Overview (6 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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**Appendix E: Participant Direction of Services**

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

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

**Appendix E: Participant Direction of Services**

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

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

**Appendix E: Participant Direction of Services**

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

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

**Appendix E: Participant Direction of Services**

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

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

**Appendix E: Participant Direction of Services**

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

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

**Appendix E: Participant Direction of Services**

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

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

**Appendix E: Participant Direction of Services**

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

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

**Appendix E: Participant Direction of Services**

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

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

**Appendix E: Participant Direction of Services**

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

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

**Appendix E: Participant Direction of Services**

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

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

**Appendix E: Participant Direction of Services**

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

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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**Appendix E: Participant Direction of Services**

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

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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**Appendix E: Participant Direction of Services**

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

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## 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 enrollee of Louisiana Medicaid benefits has the right to appeal any agency action or decision and has the right to a fair hearing 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. In accordance with La. R.S. 28.454.16, a person may file an administrative appeal to the Division of Administrative Law - LA Department of Health Section regarding the following determinations:

- 1) A finding by the office that the person does not qualify for system entry;
- 2) Termination of a support or service;
- 3) Discharge from the system; and/or
- 4) 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:*

- No. This Appendix does not apply
- Yes. The State operates an additional dispute resolution process

- b. **Description of Additional Dispute Resolution Process.** Describe the additional dispute resolution process, including: (a) the State agency that operates the process; (b) the nature of the process (i.e., procedures and timeframes), including the types of disputes addressed through the process; and, (c) how the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.

## Appendix F: Participant-Rights

### Appendix F-3: State Grievance/Complaint System

- a. **Operation of Grievance/Complaint System.** *Select one:*

- No. This Appendix does not apply
- Yes. The State operates a grievance/complaint system that affords participants the opportunity to register grievances or complaints concerning the provision of services under this waiver

- b. **Operational Responsibility.** Specify the State agency that is responsible for the operation of the grievance/complaint system:

LDH Health Standards Section is responsible for receiving, responding to and determining the necessity of and/or scope of investigation for all complaints in which the allegations involve potential non-compliance of Home and Community Based (HCBS) licensing standards by the direct service provider.



The LGEs are responsible for receiving, reporting, and responding to complaints received for individuals supported through the waiver in which the allegations involve alleged violations of waiver policy by the direct service provider and/or non-regulatory matters that are not handled by Health Standards.

- c. **Description of System.** Describe the grievance/complaint system, including: (a) the types of grievances/complaints that participants may register; (b) the process and timelines for addressing grievances/complaints; and, (c) the mechanisms that are used to resolve grievances/complaints. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

•The Office for Citizens with Developmental Disabilities (OCDD) is responsible for receiving, reporting and responding to customer complaints received for people supported through their office including those supported through the SW in which the allegations involve alleged violations of waiver policy by the direct service provider and/or non-regulatory matters that are not handled by Health Standards. A complaint is a concern, dissatisfaction, or dispute expressed through written or verbal communication or expressed through other means, such as assistive devices, regarding: care, supports and services, action or inaction of staff, department or agency requirement, regulation or policy or other circumstances affecting quality of care or quality of life, including allegations of rights of violations. Each OCDD entity including LGEs or State Office are responsible for receiving, reporting, and responding to customer complaints. Each OCDD entity is responsible for training their staff, participants, their families, and providers regarding OCDD's policy on complaints. A complaint may be made in person or by phone, fax, e-mail or mail to an OCDD entity. When a complaint is received by an OCDD entity the complaint is reviewed to determine if the complaint can be resolved by OCDD or if the complaint needs to be referred to another agency (Bureau of Health Services Financing, Protective Services, etc.) for action/resolution. The initiation of the complaint review and follow-up occurs within two business days of receipt of the complaint. Actions to resolve the complaint will be completed within fifteen calendar days of receipt of the complaint, unless an extension is granted. A written response describing the actions in response to the complaint, is mailed to the complainant within five (5) business days of the complaint resolution/action. OCDD entities will continue to follow up with other agencies regarding complaint action/resolution. All complaints are entered into a database for tracking of complaints and quality management purposes.

Each OCDD entity will utilize complaint data from the complaint database to conduct quality reviews. A sample size of complaints is reviewed based on the number of complaints received and resolved each quarter. The reviews shall include contacting the complainants to assure their satisfaction with the resolution. The reports generated from the complaints database shall be evaluated to identify trends and patterns for determining appropriate strategies for improving services.

OCDD State Office shall conduct oversight activities to assure that OCDD entities comply with policy guidelines. At least five percent of the total complaints from OCDD entities are reviewed quarterly to assess whether the complaints were addressed according to requirements. Reports are evaluated to identify trends and patterns and to make recommendations for training, technical assistance or strategies for improving services. The Health Standards Section (HSS) is responsible for the operation of grievance/complaints that involve the potential non-compliance of Home and Community Based licensing standards by the direct service provider.

• The HSS State Office maintains a toll free complaint line for receipt of complaints involving waiver participants as well as other home and community based services such as those provided through Medicaid State plan.

• The nature and scope of the complaint is at the discretion of the individual registering the complaint.

• The Health Standards toll free complaint line number, the LGE complaint line number and the number for protective services is printed on business cards, brochures, and fact sheet along with directions on what number to call depending upon the allegations being reported. It is given to participants and their legal representative(s) at intake by their support coordinator. During the pre-certification visit the LGE staff checks to make sure that the information has been given to them. The support coordinator reviews the information during quarterly face to face visits, and each year at the annual service plan team meeting, or whenever it is requested by the participant and his/her legal representative(s).

• HSS and LGE staff, as well as support agencies such as Families Helping Families distribute the HSS, LGE and protective services contact information when assisting participants and their legal representative(s). Direct service providers are also required to give the toll free numbers to all participants.

• Support coordinators are responsible for informing participants and their legal representative(s) initially, annually or whenever information about the system is requested that filing a grievance or complaint is not a pre-requisite or substitute for a Fair Hearing. LGE staff checks to make sure that this information has been relayed to them during the pre-certification visit.

• If LGE or State Office Staff is contacted by a participant/legal representative (s), other state agency, support coordinator or provider wishing to file a complaint, the entity staff will review and consider the information provided by the complainant and make a determination as to whether the complaint can be resolved by the LGE or

whether additional action is required by HSS. If it is determined that there is evidence of non-compliance of the HCBS Licensing Standards, the LGE will refer the complainant to the HSS Complaint line within 24 hours.

- HSS and the LGE triages all complaints in the following manner:
- Provider non-compliance licensing issues are resolved by HSS.
- Complaints identified as abuse, neglect, exploitation or extortion are referred immediately to the applicable protective services agency.
- All other types of complaints are referred to OCDD State Office for incident resolution. Complaints identified as critical events or incidents are investigated by the appropriate office within thirty days of receipt of such report.
- Pursuant to Louisiana Revised Statutes 40:2009.14 if the complaint involves provider non-compliance with HCBS licensing standards, HSS will investigate by on site visit or administrative desk review. A written report is sent to the complainant within 45 days of receipt of the completed investigation, if a response to the complaint is requested by the complainant.

## Appendix G: Participant Safeguards

### Appendix G-1: Response to Critical Events or Incidents

- a. **Critical Event or Incident Reporting and Management Process.** Indicate whether the State operates Critical Event or Incident Reporting and Management Process that enables the State to collect information on sentinel events occurring in the waiver program. *Select one:*

**Yes. The State operates a Critical Event or Incident Reporting and Management Process** (complete Items b through e)

**No. This Appendix does not apply** (do not complete Items b through e)

If the State does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the State uses to elicit information on the health and welfare of individuals served through the program.

- b. **State Critical Event or Incident Reporting Requirements.** Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the State requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Critical events or incidents that are required to be reported as required by Louisiana Revised Statute 14:403.2, which defines reporting criteria pertaining to any known or suspected abuse, neglect, exploitation or extortion, by the discoverer of the incident immediately upon discovery to the appropriate protective services agency for review and follow-up action are:

- Abuse (adult), as defined in Louisiana Revised Statute 15:503.
- Abuse (child), as defined in Louisiana Children's Code, Article 1003.
- Exploitation (adult), as defined in Louisiana Revised Statute 15:503.
- Extortion (adult), as defined in Louisiana Revised Statute 15:503.
- Neglect (adult), as defined in Louisiana Revised Statute 15:503.
- Neglect (child), as defined in Children's Code, Article 1003.

The following categories of incidents as defined in OCDD Operational Instruction #F-5: Critical Incident reporting, Tracking and Follow-up Activities for Waiver Services are required to be reported in the LDH incident reporting system by the provider :

- Death
- Fall
- Involvement with Law Enforcement
- Loss or Destruction of Home
- Major Behavioral Incident
- Major Illness
- Major Injury
- Missing
- Restraint Use
- Medication Errors

The provider must verbally notify the support coordinator of a critical incident as soon as possible after taking all necessary actions to protect the participant from further harm and responding to the emergency needs of the participant.

The provider must submit a written critical incident report via the LDH incident reporting system by the next business day after incident discovery.

- c. **Participant Training and Education.** Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation,

including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

During the initial assessment and plan of care development process, the support coordinator explains the participant's right to be free from abuse and neglect and gives the telephone number for the protective services toll-free lines and the Health Standards Section (HSS) complaint line to the participant and his/her legal representatives. The support coordinator reviews the participant's rights and responsibilities and gives the participant a copy of the OCDD Rights and Responsibilities for Applicants/Recipients of a Home and Community Based Waiver. The support coordinator confirms that the participant and his/her legal representative(s) have the protective services toll-free lines and HSS complaint line number at the quarterly face-to-face visits. The support coordinator also provides this information at any other time the participant or his/her authorized representative request it.

During the Pre-Certification Visit the Local Governing Entity (LGE) staff will review information about the right to be free of abuse and neglect with the participant and his/her legal representative, make sure that they have telephone numbers for the protective services toll-free lines, HSS complaint line, the LGE office number, and the support coordination agency number for reporting purposes; and that they understand their rights and responsibilities and have been given a copy of the OCDD Rights and Responsibilities for Applicants/Recipients of a Home and Community Based Waiver.

Each provider is required by HSS licensing regulations to have a written orientation program for participants being admitted to their programs that include participant rights and responsibilities, grievance and appeal procedures, and information on abuse and neglect.

- d. **Responsibility for Review of and Response to Critical Events or Incidents.** Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

When a critical incident occurs, the following actions are taken:

Provider:

- Takes immediate action to assure that the participant is protected from further harm and must respond to any emergency needs of the participant. The provider must review each critical incident and record remedial actions taken in response to the incident within twenty-four (24) hours of the discovery of the incident, including reports made to protective services or law enforcement.
- Enters critical incident report information into the incident reporting system by close of business the next business day after notification of a critical incident;
- Cooperates with the appropriate protective service agency once an investigation commences if abuse/neglect/exploitation/extortion is reported. Supplies relevant information, records, and access to members of the agency conducting the investigation.
- Participates in planning meetings to resolve each critical incident or to develop strategies to prevent or mitigate the likelihood of similar incidents in the future.
- Tracks critical incidents and outcomes in order to identify remediation needs and quality improvement goals and to determine the effectiveness of strategies employed for incident resolution.

Support Coordinator:

- Monitors critical incidents entered into the incident reporting system by the provider on a daily basis;
- Contacts the DSP within two (2) hours of discovery if the incident is discovered by the Support Coordinator,
- Reports incidents involving abuse, neglect, exploitation, and extortion to Protective Services.
- Enters follow-up case note by close of the sixth (6th) business day after initial report;
- Continues to follow up with the DSP agency, the participant, the participant's family or natural supports, the LGE waiver office and any other entities involved, as necessary, and updates in the incident reporting system with case notes until the incident is resolved and the case is closed;
- Submits to the LGE waiver office a request for extension of open case in circumstances defined in OCDD Operational Instruction F-5;
- Convenes any planning meetings that may be needed to address remediation of the critical incident or develop strategies to prevent or mitigate the likelihood of similar critical incidents occurring in the future, and revise the POC accordingly;
- Conducts final supervisory review and closure of critical incidents within thirty (30) calendar days in the categories specifically authorized in OCDD Operational Instruction F-5, excluding incidents of death, abuse, neglect or risk management incidents that have crossed the threshold for referral to OCDD Clinical Review Committee as defined

in OCDD Operational Instruction F-5.

- Sends the participant and DSP a copy of the Incident Participant Summary within fifteen (15) days after support coordinator or LGE waiver office final supervisory review and closure. The Summary will not include the identity of the reporter or any sensitive or unsubstantiated allegations. The Participant Summary is not distributed in the event of deaths;
- For transfer of open cases, the transferring support coordination agency must supply the accepting support coordination agency with the incident number(s) at the time of transfer of records. Additionally, the transferring support coordination agency must notify the accepting LGE waiver office. The accepting agencies must review, assign, take actions to resolve the incident, and enter into the case record in the incident reporting system until closure of the incident.
- Tracks trends and patterns of critical incidents to identify remediation needs and quality improvement goals and to determine the effectiveness of strategies employed.

**Local Governing Entity (LGE):**

- Reviews all new incoming critical incident reports in the incident reporting system on a daily basis, , and assigns incidents with categories specified in OCDD Operational Instruction F-5 (abuse, neglect, death, and missing person) to staff within 1 business day for monitoring /follow-up.
- Identifies critical incidents as defined in OCDD Operational Instruction F-8, Risk Management Process for Waiver Services: Critical Incident Reviews that have crossed threshold for any participant and refers cases to the OCDD Clinical Review Committee.
- Assures that all activities occur within required timelines as detailed in OCDD Operational Instruction F-5 and F-8;
- Provides technical assistance to the support coordinator when timelines are not being met or the support coordinator reports an inability to identify necessary resources. Assists in making referrals to additional referral resources as needed;
- Immediately reports the incident to the appropriate protective service agency if the LGE suspects or becomes aware that a critical incident meets the definition of abuse, neglect, exploitation or extortion, and there is no documentation that the allegation has been reported to the appropriate protective services agency;
- Conducts follow-up monitoring of a sample of critical incidents where remedial actions required revision of the plan of care;
- Closes critical incident cases for abuse, neglect, death, attempted suicide and missing person after all necessary follow-up has occurred and documented in the critical incident report, within thirty (30) days.
- Grants extensions to timelines for closure to open incidents in categories as permitted in OCDD Operational Instruction F-5.
- Tracks trends and patterns of critical incidents to identify systemic remediation needs and quality improvement goals and to determine the effectiveness of strategies employed.

**Department of Children & Family Services/ Child Protective Services (DCFS/CPS):** Investigates allegations or reports of abuse, neglect or exploitation by a family member or legal guardian involving a waiver participant aged 0-17 years, based upon CPS policies and guidelines,

- Develops a protective plan and retains the authority to remove the minor participant from the home setting for his/her safety. The LGE waiver offices will coordinate continued waiver services contingent on CPS plan of protection.

**Office of Adult & Aging Services/Adult Protective Services (APS)** Investigates allegations of abuse, neglect, exploitation, or extortion involving a participant aged 18-59 when the alleged perpetrator is a family member, legal guardian, or other natural support person not employed by a licensed provider agency, based upon APS policies and guidelines.

APS develops a protective plan and retains the authority to remove the participant from the home setting for his/her safety. The LGE waiver offices will coordinate continued waiver services contingent on APS plan of protection.

**Elderly Protective Services (EPS):**

Investigates allegations of abuse, neglect, exploitation and extortion involving a participant aged 60 or older when the alleged perpetrator is a family member, legal guardian, or other natural support person not employed by a licensed provider agency, based upon EPS policies and guidelines.

EPS develops a protective plan and retains the authority to remove the participant from the home setting for his/her safety. The LGE waiver offices will coordinate continued waiver services contingent on EPS plan of protection.

**Health Standards Section (HSS):**

HSS investigates allegations or reports of abuse, neglect, exploitation, or extortion when the alleged perpetrator is a provider licensed agency owner or employee, based upon HSS internal policy and guidelines.

HSS determines the level of jeopardy to waiver participants, issues findings and deficiencies, and requires a plan of correction from the provider to remediate the conditions that caused the incident. The LGE and support coordination agency will coordinate waiver services contingent on the plan of correction.

**Law Enforcement:**

- The provider and support coordinator are required to ensure that they contact law enforcement in the event of any allegation of child abuse or neglect involving participants under the age of 18. Protective services contacts law enforcement in the event of a substantiated case of abuse or neglect according to their policies and procedures.
- In the event of a participant's arrest for a crime, the provider and support coordinator contact law enforcement to assure that information about the participant's health needs, medications or other risk factors are conveyed to assure safety while in police custody.

**OCDD State Office:**

- Provides technical assistance to LGEs when all attempts to mitigate harm have been exhausted;
- Collaborates with protective service agencies, Health Standards, law enforcement and the judicial system to assure coordination of activities to mitigate harm in individual cases;
- Monitors timely closure of critical incidents and adherence to OCDD critical incident operational instructions by the direct service providers, support coordinators and LGEs;
- Conducts Clinical Review Committee (CRC) case reviews for participants who experience repeated critical incidents as defined in OCDD Operational Instruction #F-8 Risk Management Process for Waiver Services: Critical Incident Reviews. CRC has the authority to issue recommendations for further action to providers, support coordination agencies and LGEs when it is discovered that practices by any one or combination of these entities have not sufficiently assured mitigation of potential harm. CRC may, at its discretion, request a follow-up report on progress towards mitigation within 60 day timeline;
- Conducts Mortality Review Committee (MRC) meetings to analyze deaths of waiver participants, as described in OCDD Operational Instruction #F-1 Mortality Review for Waiver Participants. MRC has the authority to issue a request for corrective action to providers, support coordination agencies and LGEs when it is discovered that practices by any one or combination of these entities could potentially affect other participants negatively. The MRC request for corrective action can be issued in conjunction with corrective action plans issued by HSS.

- e. **Responsibility for Oversight of Critical Incidents and Events.** Identify the State agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

OCDD is the State entity responsible for overseeing the operation of the incident management system.

A multi-agency Memorandum of Understanding between OCDD and LGEs delegates the day to day responsibility for oversight of the reporting and response to critical incidents or events that affect waiver participants.

OCDD maintains the services of support coordination agencies through contracts that stipulate the requirements for compliance with waiver regulations.

OCDD State Office Quality Section analyzes trends and patterns in critical incident reports to identify potential quality enhancement goals and utilizes the critical incident data to determine the effectiveness of OCDD Quality Enhancement strategies.

OCDD provides the State Medicaid Agency with aggregate quarterly reports which are used to identify trends and patterns.

The State Medicaid Agency oversees the maintenance and continual upgrading of the on-line critical incident reporting system.

**Frequency of oversight activities:**

The LGE, on a monthly basis, will pull a sample of critical incidents to review for adherence to policy including a review to determine if all necessary actions were taken to address and resolve critical incidents and perform annual analysis of data to determine the effectiveness of quality enhancement goals and activities.

OCDD State Office and the LGEs jointly participate in the Human Services Accountability and Implementation Plan (AIP) to measure performance, report outcome measures and develop and implement quality enhancement strategies. LGEs will report measures to OCDD quarterly and OCDD will conduct site visits to each LGE annually. The monitoring protocol and strategy for corrective action plans is described in OCDD Operational Instruction F-7: Quality Partnership: Reporting and Verification of Performance Measures and Quality Management Initiatives for Developmental Disability Services.

MPSW provides oversight and remediation enforcement of critical incident management through the Medicaid HCBS Oversight Committee which meets quarterly to review current performance reports for the all waiver assurances including health and welfare. Quality recommendations or issues which cannot be resolved at this level are placed on the agenda of the Medicaid/Program Offices Quarterly Meeting.

## Appendix G: Participant Safeguards

### Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 3)

- a. **Use of Restraints.** *(Select one): (For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

- The State does not permit or prohibits the use of restraints**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restraints and how this oversight is conducted and its frequency:

- The use of restraints is permitted during the course of the delivery of waiver services. Complete Items G-2-a-i and G-2-a-ii.**

- i. **Safeguards Concerning the Use of Restraints.** Specify the safeguards that the State has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

LDH BHSF HCBS Providers Minimum Licensing Standards(LAC 48:I.Chapter 50)§5029 establishes prohibitions to the use of chemical, physical & mechanical restraints,seclusion or any procedure which denies food, drink, visits with family,or use of rest room facilities. Enrolled providers of waiver services are required to ensure that non-intrusive positive approaches to address the meaning/origins of behaviors are used prior to the development of a restrictive plan,& cover any behavioral emergency & provide documentation of the event in an IR format. Restraint is a reportable CI as described in OCDD OI F-5: Critical Incident Reporting, Tracking & Follow-up Activities for Waiver Services.

•If a protective hold must be used,DSP staff will notify the SC verbally no later than 2 hours after the incident or discovery of the incident & report in writing via CIR system within 24 hours,following appropriate reporting procedures.

Restraint:any physical, chemical,or mechanical intervention used to control acute,episodic behavior that restricts movement or function of the person or a portion of the person's body must be reported as a CI.

Restraint use categories:

•Behavioral:restraints used to suppress a person's behavior & don't include restraints used when conducting a medical treatment. May be planned or unplanned. May involve personal, mechanical,or chemical restraints. Includes a protective hold.

•Medical:restraints applied as a health related protection that are prescribed by a licensed physician,licensed dentist,or licensed podiatrist.Used when absolutely necessary during the conduct of a specified medical or surgical procedure or when absolutely necessary for the protection of the person during the time that a medical condition exists. May be planned or unplanned. May involve personal, mechanical,or chemical restraints. The appropriate use of "light sedation" is not considered a medical restraint.

The OCDD provides MPSW with aggregate data & reports which are inclusive of any reported restraint use.

•Enrolled providers are prohibited by licensing regulations to inflict corporal punishment,use chemical restraints, psychological abuse,verbal abuse,seclusion,forced exercise,mechanical restraints,& any procedure which denies food, drink,or use of rest room facilities and any cruel, severe, unusual or unnecessary punishment.

•The only restraint that may be used in an emergency is a protective hold (falls under the definition of a behavioral restraint).

•Protective holds are only to be used in an emergency to prevent a person from causing harm to self or others & after other, less restrictive interventions/strategies have failed. Protective holds may only be implemented by trained staff & of short duration. OCDD has a Policy on Restraint & Seclusion #701 issued 3/6/03.

•Individual right to be free from restraints imposed for the purpose of coercion,discipline or convenience

of or retaliation by staff;

- When restraints are necessary in an emergency situation where the behavior of the individual represents an imminent risk of injury to the individual or others;

- Staff training & competence in methods for minimizing the use of restraint & safely applying restraint & in policies concerning the use of restraint.

- Enrolled providers are required by licensing regulations to ensure that non-intrusive, positive approaches to address the meaning/origin of behaviors that could potentially cause harm to self or others.

- DSP staff are required to have initial & annual training in the management of aggressive behavior, this includes acceptable & prohibited responses, crisis de-escalation, & safe methods for protecting the person & staff, including techniques for physically holding a person if necessary. When a participant becomes angry, verbally aggressive or highly excitable, staff will utilize this training.

- If a protective hold must be utilized, direct care staff will notify the SC verbally immediately or within 2 hours of discovery & report in writing via CIR within 24 hours following appropriate reporting procedures.

- The SC will contact the participant & his/her legal representatives within 24 hours of receiving the CIR involving a physical hold. Changes to the POC or living situation will be considered to support the person's safety & well-being. Follow-up visits with the participant & his/her legal representatives are conducted & include questions about any actions taken by a DSP that may qualify as unauthorized use or misapplication of physical restraints.

- Unauthorized use of restraints is detected through the licensing & surveying process that HSS conducts as a result of the SC's monthly contacts with participants & their legal representative(s), or as a result of receipt of a CIR or complaint.

OCDD does not support the use of restraint (which will be referred to as protective supports & procedures) as a true behavioral intervention with application contingent on exhibition of a specific problem behavior on a routine basis. It is only to be used in situations where there is immediate, imminent risk of harm to self or others if physical intervention does not occur. Protective supports & procedures are incorporated in the POC if use is anticipated based on the participant's behavioral trends & patterns. Behavioral challenges are addressed in an ongoing plan that utilize other appropriate & less restrictive techniques to prevent the problems, de-escalate them when they occur, & teach appropriate options/coping skills/replacement behaviors.

The DSP is responsible for reviewing incidents & trends while OCDD is responsible for reviewing DSP practices & use of protective supports & procedures. Incidents reaching a specified threshold will be reviewed by the OCDD CRC.

Almost any other technique is considered less restrictive than restraint use besides medication for the purposes of sedating the participant or use of aversive conditioning techniques which OCDD does not allow. Plans are written by private psychological service providers & as a result, the techniques will vary, but may include:

Preventive strategy examples:

1. Identification of triggers for the challenging behavior & avoidance of triggers (i.e., noise may be a trigger so efforts are made to avoid loud/crowded spaces); &
2. Identification of things the participant enjoys & times/activities during which the challenging behavior is least likely to occur & providing increased opportunities for accessing meaningful/enjoyable things (i.e., finding someone a job that they enjoy; spending more time with family if this is important, etc.)

Teaching examples:

1. Teaching the participant problem solving, anger management, or relaxation skills to avoid escalation of the challenging behavior & then teaching staff to recognize the early signs of agitation & how to prompt use of the new coping skills; &
2. Reinforcing exhibition of appropriate behavior identified in the plan & not reinforcing the challenging behavior so it is more likely that appropriate behavior alternatives will be chosen.

Intervention examples:

1. Blocking the participant from reaching an object he/she may throw or a person he/she may hit but not actually holding or restraining the participant; &
2. Removing objects that may be used aggressively.

It should be noted that these are only examples in each category of possible strategies. There are many other alternatives that may be used. Each plan is tailored to meet the participant's needs & is developed by various professionals.

Restraint use requires prior permission. Informed consent is obtained from the participant or his/her legal guardian relevant to the participant's consent for implementation of the plan. At a minimum,



informed consent includes the essential components necessary for understanding the potential risks & benefits of the plan. The participant or legal guardian shall be informed of the right to withhold or withdraw consent at any time. If a restraint is unplanned, as in emergency situations, prior permission is not obtained. Unplanned restraints are based on the fact that the restraint is a response to an emergent situation in which imminent risk of harm exists to person &/or others.

Strategies considered prior to restraint use include Positive Support Procedures (based on the individual support need), Desensitization, assessment by allied health professionals for alternate communication strategies, & identification of possible medical antecedents, etc.

When restraint is used for behavior support procedures, a licensed psychologist authorizes the use. When restraints are used for medical protective supports & procedures (as those applied as a health-related protection) a licensed physician, licensed dentist, or licensed podiatrist, authorizes the use.

The following practices are employed to ensure the health & safety of individuals when restraints are used:

- Staff training and competence: Staff must be competent in the use of restraint methods to avoid/prevent use of restraints & methods for implementing emergency restraints when necessary as a last resort. Required competencies include demonstration of OCDD's philosophy & policy re: use of restraints & knowledge concerning the conditions necessary for implementation of emergency restraints; competency in use of procedures taught in standard state approved programs for managing aggressive behaviors or an alternate crisis intervention system that does not use prone personal restraints; demonstration of competency in outlined support plan strategies relative to avoiding/preventing use of restraints & any methods for guiding the person more effectively, as well as the use of specific types of emergency restraints before applying them (inclusive of application, release, documentation, monitoring, and other information relative to safety of administering these procedures); staff responsible for visually & continually monitoring the person in behavioral restraints shall demonstrate competency in knowledge/implementation of agency protective support policies, application of protective supports, recognizing signs of distress, recognizing when to contact physician or emergency medical service so as to evaluate/treat the person's physical status, & documentation; demonstration of knowledge/competency in, and procedures for accessing emergency medical services rapidly; competency/training in all aspects of applying medical restraints as prescribed by the person's physician (inclusive of training on strategies for reducing time in which medical restraints are required as outlined in support plan and documentation of training on essential steps for applying mechanical restraints and for implementing support plan strategies).

- Implementation: Each agency must have a policy that defines minimum components include defining limitations on use of restraints within the agency in a manner that is consistent with OCDD policy/philosophy on protective supports; a system to identify who is qualified to implement restraints within the agency (with agency maintaining tracking of which staff are trained and when annual re-training is to occur); each agency must have a system for tracking the use of emergency restraints and mechanical restraints, if used; and each agency where emergency restraints are implemented must have safety procedures in place to protect the participant and staff (inclusive of provision of back up staff in the event of an emergency; procedures to check health of the person prior to, during and following implementation of emergent restraints, as well as safety actions to maximize safety of participant/others; procedures for addressing incidents that led to the use of emergency restraints (including development of a Positive Behavior Support Plan that include strategies to prevent/avoid future incidents and is integrated into the support plan); and procures to review incidents within 24 hours so as to prevent, to act quickly, or avoid future incidents).

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of restraints and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

Providers are required to report measures implemented to mitigate the use of restraints and follow-up in regards to referrals to protective services (if necessary), changes to behavior supports, or staff training. The provider is responsible for reviewing incidents for trends and patterns within its own agency caseload to determine what quality initiatives may be necessary to provide alternate means of addressing situations which result in restraint at least quarterly.

The support coordination agency is responsible for tracking trends in restraint incidents involving providers who serve participants on the support coordination agency caseload at least quarterly. The support coordinator is responsible for addressing behavioral needs on a quarterly basis and amending the plan of care to ensure positive support strategies are implemented.

LGEs are responsible for quarterly monitoring the reviews conducted by SCAs, to provide technical assistance and assist with referrals for additional services when necessary.  
 OCDD is responsible for reviewing aggregate data in the critical incident reporting system on the use of protective supports and procedures.  
 OCDD will present aggregate data to the OCDD Performance Review Committee to determine if any quality initiatives are necessary.  
 OCDD will provide MPSW with aggregate data and reports which are inclusive of any reported restraint use, remediation strategies and quality improvement initiatives and the results of quality improvement projects on a quarterly basis.

**Appendix G: Participant Safeguards**

**Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions**  
 (2 of 3)

**b. Use of Restrictive Interventions. (Select one):**

- The State does not permit or prohibits the use of restrictive interventions**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:

The State prohibits the use of restrictive interventions. The state strategies for detecting unauthorized use of restraints is through review of critical incident reports, complaints, support coordinator quarterly contacts with participants and families and support coordinator unannounced visits.

- The use of restrictive interventions is permitted during the course of the delivery of waiver services**  
 Complete Items G-2-b-i and G-2-b-ii.

- i. Safeguards Concerning the Use of Restrictive Interventions.** Specify the safeguards that the State has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

- ii. State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

**Appendix G: Participant Safeguards**

**Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions**  
 (3 of 3)

**c. Use of Seclusion. (Select one):** *(This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

- The State does not permit or prohibits the use of seclusion**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of seclusion and how this oversight is conducted and its frequency:

The State prohibits the use of seclusion. The state strategies for detecting unauthorized use of seclusion is through review of critical incident reports, complaints, support coordinator quarterly contacts with participants and families, and support coordinator unannounced visits.

- The use of seclusion is permitted during the course of the delivery of waiver services. Complete Items G-2-c-i and G-2-c-ii.**

- i. Safeguards Concerning the Use of Seclusion.** Specify the safeguards that the State has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- ii. State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of seclusion and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

## Appendix G: Participant Safeguards

### Appendix G-3: Medication Management and Administration (1 of 2)

*This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.*

- a. Applicability.** Select one:

- No. This Appendix is not applicable** (do not complete the remaining items)
- Yes. This Appendix applies** (complete the remaining items)

- b. Medication Management and Follow-Up**

- i. Responsibility.** Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

- ii. Methods of State Oversight and Follow-Up.** Describe: (a) the method(s) that the State uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the State agency (or agencies) that is responsible for follow-up and oversight.

## Appendix G: Participant Safeguards

### Appendix G-3: Medication Management and Administration (2 of 2)

- c. Medication Administration by Waiver Providers**

Answers provided in G-3-a indicate you do not need to complete this section

**i. Provider Administration of Medications. *Select one:***

- Not applicable. (do not complete the remaining items)**
- Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications. (complete the remaining items)**

**ii. State Policy. Summarize the State policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

^  
v

**iii. Medication Error Reporting. *Select one of the following:***

- Providers that are responsible for medication administration are required to both record and report medication errors to a State agency (or agencies).  
*Complete the following three items:***

(a) Specify State agency (or agencies) to which errors are reported:

^  
v

(b) Specify the types of medication errors that providers are required to *record*:

^  
v

(c) Specify the types of medication errors that providers must *report* to the State:

^  
v

- Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the State.**

Specify the types of medication errors that providers are required to record:

^  
v

**iv. State Oversight Responsibility. Specify the State agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.**

^  
v

**Appendix G: Participant Safeguards**

**Quality Improvement: Health and Welfare**

*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: Health and Welfare**

*The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. (For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")*

**i. Sub-Assurances:**

- a. *Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death. (Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

**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:**

**G.a.i.a.1. Number and percentage of substantiated abuse, neglect or exploitation cases where required remediation is completed, as measured by case closure in the incident reporting system. Numerator = Number of substantiated incidents of abuse, neglect or exploitation where required remediation was completed; Denominator = Total number of substantiated allegations.**

**Data Source (Select one):**

**Critical events and incident reports**

If 'Other' is selected, specify:

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<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 type="checkbox"/> Other Specify: <input type="text"/>	<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:	

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

**Performance Measure:**

G.a.i.a.2. Number and percentage of deaths requiring a corrective action plan where the corrective action plan was completed as measured by closure of the critical incident in the incident reporting system. Numerator = Number of deaths requiring a corrective action plan where the corrective action plan was completed; Denominator = Total number of deaths requiring corrective action plan.

**Data Source (Select one):**

Critical events and incident reports

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

- b. *Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.*

**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:**

**G.a.i.b.1. Number and percentage of critical incidents where all follow-up was completed and proper actions were taken as measured by closure of the critical incident within OCDD's specified timelines . Numerator = Number of critical incidents with completed follow-up and proper action were taken as measured by closure of the critical incident; Denominator = Total number of critical incidents.**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Incident Reporting system**

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<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 type="checkbox"/> Other Specify: <input type="text"/>	<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 type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually



<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis(check each that applies):</b>
<input type="text"/>	
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

c. **Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.**

**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:**

**G.a.i.c.1 Number & percent of reported use of restrictive interventions/seclusion where a prevention plan has been developed as a result of an incident.**

**Numerator= Number & percent of reported use of restrictive interventions/seclusion where a prevention plan has been developed as a result of an incident. Denominator= total # of incidents reporting use of restrictive interventions or seclusion**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:  
**incident reporting system**

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<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 type="checkbox"/> Other	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified

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

- d. *Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.*

**Performance Measures**

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

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

**Performance Measure:**

**G.a.i.d.1 Number and percent of participants who received the coordination and support to access health care services identified in their service plan. Numerator = Number of participants who received the coordination and support to access**

health care services identified in their service plan; Denominator = Total number of participants reviewed.

Data Source (Select one):

Other

If 'Other' is selected, specify:

LASCA

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

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

- 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.
  - ii. Support coordination agencies periodically conduct unannounced visits to participant homes. If a concern is identified during the unannounced visit, then the LGE is notified by the SCA, and the LGE may request a plan of correction from the provider agency. If a complaint is received by OCDD or the LGEs that has the potential to affect the health and welfare of a participant then the Support Coordinator is notified to conduct an unannounced health and welfare check of all SW participants served by the direct service provider. If additional problems are discovered that affect the health and safety of participants, then a complaint is reported to the Health Standards Section for follow-up.

**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.

For Performance Indicators G.a.i.a.1, G.a.i.a.2, G.a.i.b.1, G.a.i.c.1

There are several layers of remediation to address the issues identified in a Critical Incident Report (CIR). They include:

- Primary remediation occurs at the level of the provider agency, where immediate response is required in halting and correcting harmful, dangerous or potentially harmful or dangerous conditions at the time the condition is discovered.
- The support coordinator is responsible for determining any further remediation that can be implemented by way of strategies developed in team meetings with the participant and axillary support services.
- The LGE waiver offices are responsible for reviewing individual critical incidents on a daily basis involving death, attempted suicide, and major illness resulting in hospitalization for pneumonia, bowel obstruction, and uncontrolled seizures and assuring that support coordinators follow through as described in the previous paragraph. The LGE provides technical support to support coordinators as necessary.
- OCDD State Office Quality Section conducts individual reviews of incidents involving waiver participants that meet the threshold for involvement at that level as required in OCDD policy. OCDD State Office generates recommendations to the LGE where each participant resides to further assist in remediation. All critical incidents are tracked for closure by OCDD State Office. If during the OCDD periodic review an LGE fails to close a CIR within the appropriate timelines, then OCDD may request a Corrective Action Plan for improvement.

Performance Indicator G.a.i.a.1

- Remediation of individual cases of substantiated abuse, neglect or exploitation is determined by the appropriate protective services agency (dependent on the waiver participant’s age) and/or the DHH Health Standards Section as required in their policies and procedures.

Performance Indicator G.a.i.a.2

- The OCDD conducts individual reviews of all incidents resulting in the death of the waiver participant through the Mortality Review Committee. OCDD may determine the provider and/or support coordinator could improve services, and require a corrective action plan. Follow-up corrective action is also documented in the case file.

Performance Indicator G.a.i.d.1

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 checked="" 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 checked="" 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 Health and Welfare that are currently non-operational.

- No
- Yes

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

