

The Louisiana Statewide Transition Plan for Compliance with the CMS Home and Community-Based Services Settings Rule

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I. OVERVIEW

Effective March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) issued new regulations that require home and community-based waiver services to be provided in community-like settings. The new rules define settings that are not community-like and cannot be used to provide federally-funded home and community-based services. The purpose of these rules is to ensure that people who live in the community and who receive home and community-based waiver services have opportunities to receive services in the most integrated settings. This includes opportunities to seek employment and work in competitive settings, engage in community life, control personal resources and participate in the community just as people who live in the community and do not receive home and community-based services do. The new rules stress the importance of ensuring that people choose service settings from options and are able to exercise rights and optimize independence. Services must reflect individual needs and preferences as documented by a person-centered plan.

As part of the five-year transition period, states must submit Transition Plans to CMS that document their plan for compliance. This plan, referred to as the Statewide Transition Plan (STP), is in accordance with requirements set forth in the CMS Home and Community-Based Services (HCBS) Settings Rule released on January 16, 2014 (see 42 C.F.R. § 441.301(c)). This amended STP builds on the originally proposed STP submitted in March 2015. The amended plan contains updates on activities, information from technical assistance provided by CMS providing further details about the systemic assessments and remediation strategies, and significant public response and input.

II. BACKGROUND OF LOUISIANA MEDICAID AGING AND DISABILITY WAIVERS

The Louisiana Department of Health (LDH) administers all eight Home and Community-Based Waivers. Under the auspice of LDH, three operating agencies provide the day-to-day oversight of the waivers.

- ***The Office of Aging and Adult Services (OAAS)*** administers home and community-based long-term care services (HCBS) through various waiver and state plan programs for individuals who are elderly or have adult onset disabilities, assisting them to remain in their homes and in the community. The intent of these HCBS programs is to provide services and supports that are not otherwise available and that assist an individual in remaining or returning to the community. These programs do not individually, or in combination, provide 24-hour-per-day supports.

The two waivers operated by OAAS include:

- *Community Choices Waiver*: The Community Choices Waiver (CCW) serves seniors and persons with adult onset disabilities as an alternative to nursing facility care. Basing its action on a standardized assessment, OAAS awards each participant a budget based on acuity to create an individual service package. The CCW contains a variety of services including: support coordination, nursing and

skilled therapy assessments and regimens, in-home monitoring systems, home modifications and assistive technologies, personal care, home-delivered meals, and caregiver respite.

- *Adult Day Health Care Waiver*: The Adult Day Health Care Waiver (ADHC) is a community-based service delivered in an adult day health center which provides supervised care to adults in a supportive and safe setting during part of a day. Services provided by staff at licensed ADHC centers include personal care assistance, health education, health screening, medication management, and others.
- ***The Office for Citizens with Developmental Disabilities (OCDD)*** operates Louisiana’s Medicaid Waiver Program for persons with developmental disabilities. OCDD serves approximately 16,000 people including approximately 8569 receiving the New Opportunities Waiver (NOW), about 1200 receiving Children’s Choice Waiver, 1577 receiving the Supports Waiver (SW), and 31 receiving the Residential Options Waiver (ROW).
 - *The New Opportunities Waiver* is OCDD’s most comprehensive waiver and it offers services to persons ages 3 and older support options include: individual and family supports (day, night, and shared options); community integration/development; environmental accessibility adaptations; specialized medical equipment and supplies; supported living, substitute family care; day habilitation with transportation options; supported employment with transportation options; employment related training; professional services; personal emergency response systems; skilled nursing services; center-based respite; permanent supportive housing transition and stabilization; and one-time transitional services. Support Coordination is provided for this waiver through Louisiana’s State Plan.
 - *The Children’s Choice Waiver* offers services and support options to children including family supports; center-based respite; environmental accessibility adaptations (includes vehicle modifications); permanent supportive housing transition and stabilization; Support Coordination; and family training. At the age of 19 Children receiving this waiver option are transitioned to an appropriate adult waiver.
 - *Supports Waiver* offers services to people ages 18 and older support options include: supported employment; day habilitation; prevocational services; respite; habilitation; permanent supportive housing transition and stabilization; Support Coordination; and personal emergency response systems.
 - *Residential Options Waiver* offers services to people of all ages and includes a range of supports including: individual and family supports options; permanent supportive housing transition and stabilization; employment/habilitation options; skilled nursing; Support Coordination; and professional, behavioral, and other specialize services.

- ***The Office of Behavioral Health (OBH)*** operates home and community-based services that provide a comprehensive system for behavioral health services to eligible children and youth. The intent is to keep Louisiana children/youth with severe emotional disturbances in their home with their families and out of institutional care.
 - *Coordinated System of Care (CSOC)* offers services to children and youth who are at risk of out-of-home placement in an effort to preserve their placement in the community with their family under the authority of Section 1915(c) of Title XIX of the Social Security Act. The CSOC services include parent support and training, youth support and training, independent living/skills building, and short-term respite care.

III. TRANSITIONING TO MANAGED CARE

Over the past decade, LDH has engaged stakeholders in a comprehensive effort to reform long-term support and services (LTSS) by striking the appropriate balance between providing care in institutional and community settings, improving quality of care, expanding service options, and addressing financial sustainability. In December 2012, LDH issued a Request for Information seeking innovative strategies to move forward with its next phase of delivering coordinated care through the creation of a new managed long-term supports and services (MLTSS) program. On August 30, 2013, LDH published its initial concept paper to outline the principles and foundation of the LTSS transformation and to provide a framework for ongoing stakeholder feedback and engagement.

OBH, through the creation of the Louisiana Behavioral Health Partnership, has operated in a managed care environment since March, 2012. Effective December 1, 2015 specialized behavioral health services were integrated into Healthy Louisiana with the goal of improving care and care coordination for individuals with physical and behavioral health needs. The CSOC program is currently carved out of Healthy Louisiana and managed by the CSOC Contractor, who operates as a Pre-Paid Inpatient Health Plan (PIHP).

OAAS is currently preparing for its transition from a fee-for-service model to managed long term supports and services, however; an implementation date has not been established at this time.

Final decisions about program design will be made with guidance from the CMS and in conjunction with significant stakeholder input. The concept paper outlines areas where the Department is seeking guidance, including options on benefit design, populations to be included, coordination of care, consumer protection, provider requirements, desired outcomes and quality measures, choosing effective partners and ensuring accountability.

Former LDH Secretary Kathy Kliebert noted: "When we design systems to provide long-term care for those in our communities, we must prioritize quality of life. By creating a comprehensive, managed system of care, we can care for more individuals in high-quality settings and

produce better health outcomes. This process is going to involve extensive involvement from consumers, family members, advocates and providers. We want their input as we begin this process so that we create a system that works best for communities throughout Louisiana."

During the infusion of managed care into the Louisiana system, the State will provide written guidance on the HCBS Setting Rule for each Health Plan, making it a contractual obligation to ensure all settings meet the new Rule.

IV. NEW CMS HCBS RULES REQUIREMENTS

The final rule does not specifically define HCBS settings; rather it describes characteristics of HCBS vs. non-HCBS settings. The final rule requires that "community-like" settings be defined by the nature and quality of the experiences of the individual receiving services, the rule applies to both residential and day services settings.

The HCBS Settings Rule and the State's plan will include certain qualifications. Settings:

- Must be integrated in and support full access to the greater community;
- Must be selected by the individual from among setting options;
- Must ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Must optimize autonomy and independence in making life choices; and
- Must facilitate choice regarding services and who provides them.

There are additional requirements for provider-owned or controlled HCBS residential settings. These requirements include:

- The individual must have a lease or other legally enforceable agreement providing protections similar to those provided in a lease;
- The individual must have privacy in his or her unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- The individual must control his/her own schedule including having access to food at any time;
- The individual can have visitors at any time; and
- The setting must be physically accessible.

V. INTRODUCTION TO THE LOUISIANA WORK PLAN

The following represents the *Louisiana Work Plan*. The purpose of this plan is to guide the development and implementation of a Transition Plan to: 1) provide for a robust input and engagement process for consumers and stakeholders; 2) identify areas of non-compliance; 3) seek intervention strategies to comply with the new setting requirements; 4) implement strategies to maintain continuous compliance; and 5) ensure quality components are designed into each phase of the Transition Plan to ensure continued compliance. Our review strategies include: 1) a

comprehensive provider self-assessment for residential settings; 2) a comprehensive provider self-assessment for non-residential settings; 3) a participant survey (individual experience survey) that asks questions about with whom the participant resides and their level of choice and opportunities for community inclusion; and/or 4) support coordination/wraparound monitoring to assess compliance and identify potential isolation issues. Revisions will be made to protocols, policy and procedures, and monitoring tools to ensure support coordinators and Wraparound Facilitators approach the HCBS Settings Rule with consistency and thoroughness. Person-centered planning remains an essential component to assure that persons are living where they choose to live, they are participating in activities of their choosing, they have choice in terms of which service providers will support them, they understand their rights/responsibilities, and they have access to the greater community in the same way as persons not receiving Medicaid waiver services.

The following represents an outline of the Plan.

1. Public & Stakeholder Engagement

- Convene an interagency group to manage the planning process.
- Identify all potential stakeholders including consumers, providers, family-members, and state associations.
- Establish ongoing stakeholder communications.
- Reach out to providers and/or provider associations to increase understanding of regulations and to maintain open and continual lines of communication.
- Create a method to track and respond to public comments.
- Release a draft Transition Plan to the web portal for public comments. Post the plan and accept comments for at least 30 days.
- Collect, summarize, and respond to all public comments.

2. Systemic Assessment & Analysis

- Review licensure and certification rules and operations.
- Evaluate additional requirements to certification standards, processes and frequency of review in order to comply with the HCBS Setting Rule
- Complete remediation activities identified through the systemic assessment process to align state standards with the HCBS Settings Rule
- Prepare a list of services subject to the new rule. This list should be classified as :1) Settings presumed to be fully compliant with HCBS characteristics; 2) Settings may be compliant or with changes will comply with HCBS characteristics; 3) Settings are presumed non-HCBS but evidence may be presented to CMS for heightened scrutiny review; and 4) Settings do not comply with HCBS characteristics.

3. Site Specific Assessment & Validation

- Draft an assessment tool that familiarizes providers with the new settings rule and affords the opportunity to measure compliance with the new requirements. The assessment tool will identify areas of the new rule for which the provider is non-compliant and will allow providers to target compliance efforts. The tool will present criteria with which to assess provider compliance as well as methods to quantify provider assessment results.
- Determine the method of distribution and identify the parties responsible for conducting the assessment.
- Draft a participant survey to collect information about the members' experience.
- Modify the self-assessment tool and participant survey in accordance with stakeholder comments.
- Distribute self-assessment instructions to providers and participant surveys to consumers.
- Provide education to providers.
- Conduct site reviews to validate the self-assessment findings.
- Collect self-assessment information, aggregate and analyze. Include findings and analysis on the program website and begin preparing a report for CMS.
- Analyze the results of the on-site survey assessment to identify specific issues that will need to be addressed throughout the transition phase.
- Analyze the results of the participant survey. Include findings and analysis on the Website.
- Analyze and aggregate assessment and validation results of the site specific assessment process and prepare a final report to share with stakeholders and CMS.

4. Site Specific Remediation

- Identify, send letters, and issue/track corrective action plans to providers who are not compliant with the HCBS Setting Rule.
- Providers who are not in compliance and wish to remain enrolled as waiver providers will submit a corrective action plan. Non-compliance may not extend beyond March 17, 2019.
- Technical assistance will be available to providers to ensure that the interpretation of the HCBS setting rule is the same and the provider is implementing necessary changes to meet compliance.
- Louisiana will conduct on-site reviews and other validation activities to evaluate validity of remediation compliance.
- A disenrollment process of non-compliant providers will be developed and consist of: 1) a mechanism for dis-enrolling providers; 2) a Transition Plan for participants; and 3) an appeal process for participants and providers.

- Implement Transition Plan for those needing to transfer to an appropriate HCBS setting. Individuals will be given timely notice and a choice of alternative providers.
- Transition of individuals will be tracked to ensure successful placement and continuity of service.

5. Ongoing Monitoring & Quality Assurance

- Applicable rules, policy and procedures, standards, and other documents will be revised to reflect the HCBS Setting Rule.
- Service definitions will be modified to reflect the qualities of the HCBS Setting Rule.
- The provider enrollment process will be reviewed to collect information on the proposed service setting to ensure it conforms to the HCBS Setting Rule.
- Specified quality assurance and improvement strategies will be developed to ensure providers are evaluated against the HCBS Setting Rule prior to enrollment as well as after attaining enrollment.
- Develop a monitoring instrument to ensure setting compliance.
- Practice performance measures will be created to ensure providers continue to meet the HCBS Setting Rule.
- A participant survey will be conducted at least annually to monitor the participant’s experience with the HCBS Setting Rule.

VI. LOUISIANA TRANSITION PLAN NARRATIVE

In preparation for development of the Statewide Transition Plan, Louisiana has worked across agencies, with individuals receiving services, and with stakeholders and providers in order to assess the current status of the HCBS setting compliance.

1. Public and Stakeholder Engagement

At the direction of the LDH, an interagency group was created to develop and manage the Statewide HCBS Settings Transition Plan. This team is responsible for ensuring the State’s compliance with the new Settings Rule by evaluating current settings and developing a plan to demonstrate how Louisiana will comply and continue complying with the Settings Rule. Staff from OAAS, OBH, and OCDD began meeting on September 22, 2014. The group has continued monthly meetings to oversee the development of the Statewide Plan and to work in concert with each other and other associated State Agencies to complete the plan.

To meet the Transition Plan requirements, Louisiana must provide, at a minimum, a 30-day public notice and comment period. At least two forms of public notice must be provided (including electronic methods and non-electronic methods), along with at least two ways for the public to provide input. Louisiana considers comments it receives and, as appropriate, will modify the Transition Plan to account for public comment.

The LDH strives to make this ongoing Transition Plan process transparent to the public, including members served through HCBS. Information related to the Transition Plan process is included on the website, the hub for information on the Settings Rule and associated Transition Plan. Other approaches to ensure consumers, family-members and providers are notified and are offered the ability to have meaningful input include listening sessions, newspaper notices, fact sheets, community forums, and provider and stakeholder meetings. Consumers, family-members, providers and other stakeholders are encouraged to offer comments via e-mail, open forum discussions, telephone conversations, and mail.

The LDH provided a minimum of 30 days for its comment period. Comments have been analyzed and summaries of comments are attached to this plan. See Master Work Plan (Appendix A) for detailed action steps and information related to public stakeholder engagement activities.

2. Systemic Assessment

An initial State-level assessment of statutes, standards, rules, regulations, and other requirements to determine if they are consistent with the federal requirements has been accomplished. Louisiana staff conducted an initial review of licensure and certification rules and operational procedures and protocols. Staff reviewed such documents from October 1, 2014 through November 30, 2014. Each program office later developed a detailed crosswalk linking requirements of the Settings Rule to applicable state standards. During this review, processes were carefully examined and it was determined that modifications to licensure and certification rules and program operations were needed to ensure full compliance with the Rule. A thorough review of all waiver services to determine service setting status was conducted from October 1, 2014 through November 30, 2014.

The following charts depict the findings of the initial setting analysis and include service definitions. Each Program Office is described separately for analysis and reported activity. Detailed charting is illustrated in the Appendix Section by Program Office.

OAAS HCBS Settings Analysis

Non-Residential Services included in the review are as follows:

- *Adult Day Health Care:* Adult Day Health Care (ADHC) is a community-based service available in both the Adult Day Health Care and Community Choices Waivers. ADHC is delivered in an adult day health center which provides supervised care to adults in a supportive and safe setting during part of a day. Services provided by staff at licensed ADHC centers include personal care assistance, health education, health screening, medication management, and others.

SETTINGS PRESUMED TO BE FULLY COMPLIANT WITH HCBS CHARACTERISTICS

Participant owns housing or leases housing which is not provider owned or operated
Participant resides in housing which is owned or leased by a family member
SETTINGS MAY BE COMPLIANT, OR WITH CHANGES WILL COMPLY WITH HCBS CHARACTERISTICS
Adult Day Health Care Centers
SETTINGS ARE PRESUMED NON-HCBS BUT EVIDENCE MAY BE PRESENTED TO CMS FOR HEIGHTENED SCRUTINY REVIEW
Adult Day Health Care centers located on the grounds of, or adjacent to, a public institution
Adult Day Health Care centers located in a publicly or privately-owned inpatient facility treatment
SETTINGS DO NOT COMPLY WITH HCBS CHARACTERISTICS
N/A

OCDD HCBS Settings Analysis

Residential Services included in the review are as follows:

New Opportunities Waiver (NOW) services

- *Individual and Family Support Day/Night (IFS)*—Services are defined as direct support and assistance provided to an individual in his/her home or in the community that allows the individual to achieve and/or maintain increased independence, productivity, enhanced family functioning, and inclusion in the community for relief of the primary caregiver. Supports included in this service option are assistance with activities of daily living; assistance in participating in the community, health, and leisure activities; assistance and support in developing relationships with neighbors and others in the community to strengthen existing informal social networks as well as natural supports; and enabling and promoting individualized community supports targeted toward inclusion and meaningful integrated experiences such as volunteer work and community awareness activities.
- *Shared Supports (IFS Day/IFS Night)*—Services are defined as noted above; however, services can be share up to 3 individuals who may or may not live together. Services are to be provided in the home of the individual (s) or the community. Sharing supports is based on individual choice and preference and must be agreed upon by all individuals agreeing to this type of support.
- *Residential Habilitation-Supported Independent Living*—services are designed to assist individuals age 18 years or older to acquire, improve, or maintain social and adaptive skills necessary to enable them to reside in the community and to participate as independently as possible. Services include assistance and/or training in the performance of tasks such as personal grooming,

housekeeping, money management, and bill paying. These services may serve to reinforce skills or lessons taught in school, therapy, and/or other settings. In addition to the above noted activities, these services also assist individuals in obtaining financial aid, housing, advocacy/self-advocacy training as appropriate, emergency support, trained staff, and accessing other programs for which he/she qualifies. Provision of this service includes oversight, administration, and development of service plans for the enhancement of socialization with age-appropriate activities that provide enrichment and promote wellness.

- *Substitute Family Care*—is a stand-alone family living arrangement for individuals age 18 years of age or older, in which the substitute family house parents assume the direct responsibility for the individual’s physical, social, and emotional well-being and growth, including family ties.

Children’s Choice Waiver Services

- *Family Support Services* –Family Support services are provided by a personal care attendant that enables a family to keep their child or family member in the with a developmental disability at home and also enhances family functioning. Services may be provided in the child’s home or outside of the child’s home in such settings as after school programs, summer camps, or other places as specified in the approved plan of care.

Family support includes assistance and/or prompting with eating, bathing, dressing, personal hygiene and essential housekeeping incidental to the care of the child. It also includes assistance with participation in the community including activities to maintain and strengthen existing informal and natural support networks including transportation to those activities.

Residential Options Waiver (ROW) services

- *Community Living Supports*—services are provided by a personal care attendant. The overall goal for each individual is to obtain or maintain their level of independence, level of productivity, and involvement in the community as outlined in each individual’s plan of care. Based on the needs of the individual the services can be provided in the family home or in their own residence if the individual lives independently.
Community Living supports include self-help skills, such as, bathing, grooming, dressing, nutrition, money management, laundry, safety skills and to participate in community activities.
- *Community Living Supports Shared*—supports may be shared up to 3 persons who may or may not live together and who have a common direct support provider. The services are provided by a personal care attendant and the health and welfare of each person must be assured. The overall goal is the same as identified for Community Living Supports.
- *Host Home Services*—option available to individuals who wish to live in a family setting when residing with their immediate family is not an option. It is available to individuals of any age and take into account individual compatibility which includes individual interests, age, privacy needs, and supervision/support needs. The Host Home family provides the individual with a

welcoming, safe, and nurturing family environment. In addition, the individual is provided any assistance needed with activities of daily living and support. Community activities identified in the plan of care are encouraged and supported.

- *Companion Care Services*—service option available to individuals who do not typically require 24-hour support. Individuals receive supports provided by a companion who lives in the residence as the individual’s roommate. The companion provides supports and assistance as identified in the individual’s plan of care. An agreement is developed between the individual and the companion that outlines the specifics of the arrangement. This option is designed to support individuals that live independently who own or rent their home and that are able to manage their own household with the need for only limited supports.

Supports Waiver Services

- *Habilitation*—Services are designed to assist individuals in acquiring, retaining, and improving self-help, socialization and adaptive skills necessary to reside successfully in home and/or in community settings. The 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. The service can be provided in the individual’s home or in the community.
- *Respite*—Provided on a short-term basis to an individual unable to care for him/herself because of the absence of or need for relief of those unpaid caregivers/persons normally providing care for the individual. Services may be provided in the individual’s home or private residence or in a licensed respite care facility.

Non-Residential Services included in the review are as follows:

New Opportunities Waiver (NOW) services

- *Supported Employment*—is competitive work, for individuals age 18 or older, in an integrated work setting, or employment in an integrated work setting in which the individuals are working toward competitive work that is consistent with the strengths, resources, priorities, interests, and informed choice of individuals for whom competitive employment has not traditionally occurred. This service consists of intensive, ongoing supports that enable individuals for whom competitive employment at or above minimum wage is unlikely absent the provision of supports, and who because of their disabilities need supports to perform in a regular work setting. These services are available for Individual Placement or One-to One model, Follow Along, and Mobile Work Crew/Enclave.
- *Employment Related Training*—Consists of paid employment for individuals age 18 or older, for whom competitive employment at or above minimum wage is unlikely, and who need intensive ongoing support to perform in a work setting because of their

disability. Services include teaching such concepts as compliance, task completion, problem solving, and safety to address underlying generalized habilitation goals that are associated with performing compensated work.

- *Day Habilitation*—services provide individuals 18 years of age or older, with assistance in developing social and adaptive skills necessary to enable them to participate as independently as possible in the community. This service allows for peer interaction, meaningful and age-appropriate activities, community and social integration, which provide enrichment and promote wellness. This service includes the assistance and/or training in the performance of tasks related to acquiring, maintaining, or improving skills including but not limited to: personal grooming, housekeeping, laundry, cooking, shopping and money management. Service is to be provided outside of the individual's residence.

Residential Options Waiver (ROW) services

- *Supported Employment*- this is intensive, ongoing supports and services necessary for an individual to achieve desired outcome of employment in a community setting where the majority of the persons employed do not have disabilities. Individuals utilizing Supported Employment services may need long-term supports for the life of their employment due to the nature of their disability and where natural supports would not meet their needs. These services are available for Individual, Self-Employment, Microenterprise, or Group Employment in the following areas: Job Assessment, discovery, and development; and initial job support and job development.
- *Prevocational Services*—these services are designed to prepare an individual for paid or unpaid employment in the community and includes teaching concepts such as compliance, attendance, task completion, problem solving, and safety that associated with performing compensated work. These services are not job task oriented but instead are aimed at a generalized result and are directed to habilitation rather than explicit employment objectives. These services are provided to persons not expected to join the general work force within one year of service initiation. Services are provided outside of the individual's private residence.
- *Day Habilitation*—services that provide individuals with assistance in developing social and adaptive skills necessary to enable them to participate as independently as possible in the community. This service allows for peer interaction, meaningful and age-appropriate activities, community and social integration, which provide enrichment and promote wellness. This service includes the assistance and/or training in the performance of tasks related to acquiring, maintaining, or improving skills including but not limited to: personal grooming, housekeeping, laundry, cooking, shopping and money management. Service is to be provided outside of the individual's residence. Activities and environments are structured and designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice which will increase the individual's self-sufficiency and maximize his/her use of the community. Community inclusion activities occur in any community setting alongside peers without disabilities and may be educational and/or recreational in nature and cover a wide range of opportunities to allow the individual to be a part of the community and allow the individual to contribute to his or her community.

Supports Waiver Services

- *Supported Employment*—this is intensive, ongoing supports and services necessary for an individual to achieve desired outcome of employment in a community setting where the majority of the persons employed do not have disabilities. Individuals utilizing Supported Employment services may need long-term supports for the life of their employment due to the nature of their disability and where natural supports would not meet their needs. These services are available for Individual, Self-Employment, Microenterprise, or Group Employment in the following areas: Job Assessment, discovery, and development; and initial job support and job development.
- *Prevocational Services*—these services are designed to prepare an individual for paid or unpaid employment in the community and includes teaching concepts such as compliance, attendance, task completion, problem solving, and safety that associated with performing compensated work. These services are not job task oriented but instead are aimed at a generalized result and are directed to habilitation rather than explicit employment objectives. These services are provided to persons not expected to join the general work force within one year of service initiation. Services are provided outside of the individual’s private residence.
- *Day Habilitation*—services that provide individuals with assistance in developing social and adaptive skills necessary to enable them to participate as independently as possible in the community. This service allows for peer interaction, meaningful and age-appropriate activities, community and social integration, which provide enrichment and promote wellness. This service includes the assistance and/or training in the performance of tasks related to acquiring, maintaining, or improving skills including but not limited to: personal grooming, housekeeping, laundry, cooking, shopping and money management. Service is to be provided outside of the individual’s residence. Activities and environments are structured and designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice which will increase the individual’s self-sufficiency and maximize his/her use of the community. Community inclusion activities occur in any community setting alongside peers without disabilities and may be educational and/or recreational in nature and cover a wide range of opportunities to allow the individual to be a part of the community and allow the individual to contribute to his or her community.

SETTINGS PRESUMED TO BE FULLY COMPLIANT WITH HCBS CHARACTERISTICS
Participant owns housing or leases housing which is not provider owned or operated
Participant resides in housing which is owned or leased by a family member
Individual Competitive Employment

SETTINGS MAY BE COMPLIANT, OR WITH CHANGES WILL COMPLY WITH HCBS CHARACTERISTICS

Prevocational Settings

Day Habilitation Settings

Supported Employment – Group/mobile crew

SETTINGS ARE PRESUMED NON-HCBS BUT EVIDENCE MAY BE PRESENTED TO CMS FOR HEIGHTENED SCRUTINY REVIEW

Provide Owned or Controlled Settings

SETTINGS DO NOT COMPLY WITH HCBS CHARACTERISTICS

None Identified

OBH HCBS Settings Analysis

CSoC non-residential services included in this review are as follows:

- *Parent Support and Training* - This service is designed to provide the training and support necessary to support and to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.
- *Youth Support and Training* – This service is designed to be child/youth centered and provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Youth Support and Training services have a recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills.
- *Independent Living/Skills Building* – This service is designed to assist children who are or will be transitioning to adulthood with support in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to be successful in the domains of employment, housing, education, and community life and to reside successfully in home and community settings. Independent Living/Skills Building activities are provided in partnership with young children to help the child/youth arrange for

the services they need to become employed, access transportation, housing, and continuing education. Services are individualized according to each youth’s strengths, interests, skills, and goals.

- *Short-Term Respite* - provides temporary direct care and supervision for the child/youth in the child’s home or a community setting that is not facility-based (i.e., not provided overnight in a provider-based facility). The primary purpose is relief to families/caregivers of a child with a serious emotional disturbance or relief of the child. The service is designed to help meet the needs of the primary caregiver as well as the identified child. Respite services help to de-escalate stressful situations and provide a therapeutic outlet for the child.

Residential services included in this review:

- *Therapeutic Foster Care* - Defined as community-based services for children whose emotional or behavioral health needs can be met through services delivered primarily by certified therapeutic foster parents. These services are offered through partnership with the child, the child’s family, and other persons identified by the placing agency, towards the goals outlined in the family and/or child’s case plans. These services allow the child to benefit from a home environment and community-based setting while receiving intensive treatment and clinical services through community providers. These placements are not meant to be a long-term placement options but should serve to meet a child’s specific treatment needs until he/she is ready to be stepped down to a lower level of placement.

SETTINGS PRESUMED TO BE FULLY COMPLIANT WITH HCBS CHARACTERISTICS
Member owns the housing or leases housing, which is not provider owned or controlled
Member resides in housing, which is owned or leased by a family member
Therapeutic Foster Care
CSoC Services including Parent Support and Training, Youth Support and Training, Independent Living/Skills Building, and Short-Term Respite Care services
SETTINGS MAY BE COMPLIANT, OR WITH CHANGES WILL COMPLY WITH HCBS CHARACTERISTICS
None Identified

SETTINGS ARE PRESUMED NON-HCBS BUT EVIDENCE MAY BE PRESENTED TO CMS FOR HEIGHTENED SCRUTINY REVIEW

None Identified

SETTINGS DO NOT COMPLY WITH HCBS CHARACTERISTICS

Group Homes

Estimates of the Number of Settings by Category for Each Program Office

This chart represents Office setting estimates:

Description of Settings	OAAS	OCDD	OBH
Setting presumed to be fully compliant with HCBS Characteristics	5,132	11,360	2,200
Settings may be compliant, or with changes will comply with HCBS Characteristics	32 – Adult Day Health Care Centers	97 Non-Residential Sites	None
Settings are presumed non-HCBS but may be presented to CMS for heightened scrutiny review	1 – Adult Day Health Care Center located on the grounds of, or adjacent to a public institution	1 Vocational Program	0
Do not comply with the new rule	0	0	4

Crosswalk of Regulation and Associated Documents

From October 1, 2014 to September 1, 2016, the three Program Offices conducted an internal, detailed examination of state statutes, rules, regulations, policies, protocols, practices and contracts. These in-depth reviews compared state systems, residential settings, and non-residential settings to current practices to the requirements set forth with the CMS regulation. Current service definitions and provider qualifications across Louisiana's HCBS system were reviewed also to determine level of compliance with the HCBS regulation. To provide additional information on the State's review of State statutes, regulations, certifications, policy and procedures and other associated documents, we offer detailed action steps in Appendices (B), (C), and (D). The results of each Office's review can be found in Appendix B for OAAS, Appendix C for OBH, and Appendix D for OCDD. This crosswalk provides updated information from the original submission in December 2015.

3. Site Specific Assessment and Validation

After completing the service setting analysis, each Program Office within LDH established specific processes to address site specific assessments and validation strategies.

Below are detailed descriptions identifying the approach taken by each Office. Additional detail related to specific actions steps taken by each Office can be found in the Master Work Plan (Appendix A).

OAAS Self-Assessment Process

The site specific assessment component was completed using a provider self-assessment tool (<http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/HCBS/ADHC-Provider-Self-Assessment-Questions.pdf>). The tool was drafted using CMS' guidance for non-residential settings and incorporated stakeholder comment that was received after it was circulated and posted for review. Self-assessments were made available online following a training with providers where OAAS provided an overview of the HCBS Settings Rule and instructions for completing the assessment. ADHC providers completed self-assessments in two phases (May-June 2015 and April 2016) with all providers submitting completed surveys by May 2016. A summary analysis of the self-assessment process and results was posted to the OAAS website and circulated for public review in May 2016.

OAAS required each provider to assemble a workgroup to both assess the ADHC setting and complete the survey. Members included provider staff, participants and family members, other providers (e.g. support coordinators), advocates, and other community stakeholders.

OAAS Validation Process

Following completion of the site specific assessment (self-assessments), OAAS will conduct site visits on all ADHC centers (100%, 33 ADHC centers) as its primary method to validate the self-assessment data submitted by providers (see Appendix B.4) and here is the link: <http://dhh.louisiana.gov/index.cfm/page/2030>. OAAS regional office staff will be responsible for conducting site visits for each ADHC setting to both verify the accuracy of the self-assessment data and to provide technical assistance with completing any necessary remediation. Furthermore, OAAS will ensure that regional office staff are trained on the various aspects of the HCBS Settings Rule, particularly its requirements and assessing these requirements from the participant's experience, prior to conducting site visits.

Additionally, OAAS staff will interview a representative, statistically valid (95% CI) sample of all waiver participants (composite sample of ADHC and CCW) as part of its annual 1915(c) quality assurance monitoring. OAAS monitors will visit participants in their homes and interview them about their experience with their services as it pertains to the Settings Rule. Using the person-centered process will ensure questions about choice of setting, service package, and integration into the community will be identified and will become a part of the OAAS continuous monitoring strategy.

An analysis of the findings will be completed by 1/31/17 and posted to the website.

OBH Provider Assessment

OBH will be determining provider compliance with the HCBS settings rule utilizing the existing credentialing/re-credentialing process and this will occur on an ongoing basis beginning 3/1/16 forward. Initial provider applicants will be expected to be fully compliant with the HCBS settings rule prior to rendering waiver services. Current providers who are not fully in compliance will be required to submit a corrective action plan.

In addition, the CSoC Contractor will conduct quarterly site visits to at least 5% of CSoC providers beginning 3/1/16 to assess compliance with the HCBS setting rule

OBH Validation Process

OBH developed a survey tool, largely based on the exploratory questions provided by CMS, to be completed by the Wraparound Facilitators on a 100% of participants during their quarterly face-to-face visits. The survey was developed to evaluate the individual's living environment to assure that it aligns with the HCBS settings rule. Wraparound Facilitators were educated by the CSoC Contractor on the process for assessing the living environment and have been instructed to document findings. Any violations are to be immediately reported to the CSoC Contractor. The CSoC Contractor will review a representative, statistically valid sample (95% confidence level, +/- 5% margin of error) of Wraparound Facilitator documentation.

OCDD Self-Assessment Process

In addition to the review of current rules/regulations, policies and procedures, service definitions and provider qualifications, OCDD developed a provider self-assessment tool to be completed by all Residential and Non-Residential Service Providers (<http://new.dhh.louisiana.gov/index.cfm/page/2314>). The tool developed to assess compliance with HCBS settings criteria were based largely upon the exploratory questions provided by CMS. The self-assessment was posted online for public comment and feedback. Feedback was received and is summarized in the public comment section of this plan. OCDD responded to all feedback and where appropriate made modifications to the provider self-assessment tool and process. The tool was distributed to all service providers with instructions for how it should be completed and training was provided related to completion of the tool. In addition to training, OCDD with assistance from the Local Governing Entities has provided technical assistance where requested to assist service providers with completion of the tool. Below is a detailed description of the approach taken for Residential and Non-Residential providers to complete this process.

Residential

- A. For agencies providing in home services to persons that live with their families, own or lease their own residences independent of providers, the service provider will be presumed to be in compliance. Agencies providing this type of service were asked to evaluate their agency using the tool and complete the demographic page detailing the service types they provide. After evaluating the various areas, service providers were asked to select the appropriate option at the end of the tool indicating level of compliance. They were further instructed that if they believed they were in compliance that they should select that option, sign the document and submit to the local office.
- B. For agencies providing in home services for all waiver types where the service provider owns, leases or operates the living setting (this includes Substitute Family Care and Host Home service options), the service provider was asked to complete the tool in its entirety, select appropriate response indicating level of compliance and submit appropriate documentation to the local office.
 1. At least 1 self-assessment per provider per region for each location in the region was to be completed. While a separate tool was not required for each service type, OCDD encouraged providers to consider completion of a separate tool for each service type (i.e., IFS, Host Home, Substitute Family Care, etc.).
- C. If a provider self-identified that they were not in compliance, they must complete a Transition Plan, using the OCDD approved template providing detailed action steps for how they will bring all settings into compliance. The Transition Plan is to be submitted to the Local Governing Entity (LGE) office for review/approval. The service provider must submit updates to the LGE office on a quarterly basis detailing progress made in terms of the implementation of their Transition Plan. Updates may be requested more frequently by the LGE office.

Non-Residential

- A. For all agencies providing services to individuals that are working in individualized/integrated community based settings, the service provider will be presumed in compliance. Agencies providing this type of service were asked to evaluate their agency using the tool and complete the demographic page detailing the service types they provide. After evaluating the various areas, service providers were asked to select the appropriate option at the end of the tool indicating level of compliance. They were further instructed that if they believed they were in compliance that they should select that option, sign the document and submit to the local office.
- B. For agencies providing center-based and/or group types of employment including prevocational activities, supported employment mobile crews, and day habilitation, the service provider was asked to complete the tool in its entirety, select appropriate response indicating level of compliance and submit appropriate documentation to the local office.
 - 1. At least 1 self-assessment per provider per region for each location in the region was to be completed. While a separate tool was not required for each service type, OCDD encouraged providers to consider completion of a separate tool for each service type.
 - 2. For agencies that operate multiple locations an assessment must be completed for each location
- C. If a provider self-identified that they were not in compliance, they must complete a Transition Plan, using the OCDD approved template providing detailed action steps for how they plan to bring the settings into compliance. The Transition Plan is to be submitted to the LGE office for review/approval. The service provider must submit updates to the LGE office on a quarterly basis detailing progress made in terms of the implementation of their Transition Plan. Updates may be requested more frequently by the LGE office.

OCDD Preliminary Results based on Provider Self-Assessments

Residential Settings:

- 1. Settings Presumed to be fully Compliant with HCBS Characteristics.

OCDD partnered with the LGE offices to evaluate the self-assessments submitted by service providers. Certain settings, including those in which the individual resides alone or with family, or in circumstances where an individual has chosen to share supports with 1 to 2 people and the provider does not own or lease the home/apartment were presumed to be in compliance with the regulation. All providers regardless of the presumption were expected to submit an attestation indicating their compliance.

Based on this criteria, the estimated target number of service providers include is approximately 494 active residential service providers. A total of 470 or 95% of residential providers submitted responses. 421 of residential providers or 85% reported compliance with the regulation. 24 residential providers or 5% did not submit their assessments.

2. Settings May be Compliant or with Changes will Comply with HCBS Characteristics.

Based on this criteria, the estimated target number of service providers included in the survey was 494 active residential service providers statewide. A total of 421 residential providers or 85% submitted responses. 49 of residential providers or 10 % self-reported the need to make improvements. 24 residential providers or 5% did not submit their assessments.

Those providers that have self-identified areas of non-compliance will be required to submit a Transition Plan to come into compliance with the regulation. Validation activities will be conducted to confirm results and assure that all areas in terms of the regulation are identified and addressed in each individual Transition Plan. OCDD has also developed a process to address compliance with submission of the provider self-assessment. This information will be detailed in the remediation section of this plan.

3. Settings are Presumed Non-HCBS but Evidence may be Presented to CMS for Heightened Scrutiny Review.

CMS describes settings “presumed to have the qualities of an institution” as those located in a public or private facility that provides inpatient treatment, settings located on the grounds of, or adjacent to a public institution, or other settings with the effect of isolating individuals. It has been reported by the LGE offices that 8 residential service providers have been identified statewide that own/operate apartment complexes and/or living settings; however, these settings are located in the community.

Remediation section will include information in terms of OCDD’s methodology for handling heightened scrutiny settings.

Non-Residential Settings:

1. Settings Presumed to be fully Compliant with HCBS Characteristics.

OCDD partnered with the LGE offices to evaluate the self-assessments submitted by service providers. Certain settings, including those in which the individual is competitively employed in the community were presumed to be in compliance with the regulation. Many of the service providers in Louisiana provide an array of vocational services including facility based options. All providers regardless of the presumption were expected to submit an attestation indicating their compliance.

Based on this criteria, the estimated target number of service providers included in the survey was 97 active service providers statewide. A total of 92 non-residential providers submitted responses. 69 of non-residential providers or 71% reported compliance with the regulation. 5 non-residential providers or 5% did not submit their assessments.

OCDD believes that these initial results in terms of compliance are inaccurate. Validation activities will be conducted to confirm results and where non-compliance is identified service providers will be asked to complete Transition Plans to come into compliance with the settings rules. OCDD has also developed a process to address compliance with submission of the provider self-assessment. This information will be detailed in the remediation section of this plan.

2. Settings May be Compliant or with Changes will Comply with HCBS Characteristics.

Based on this criteria, the estimated target number of service providers included in the survey was 97 active service providers statewide. A total of 92 non-residential providers submitted responses. 23 of non-residential providers or 24 % self-reported the need to make improvements. 5 non-residential providers or 5% did not submit their assessments.

Those providers that have self-identified areas of non-compliance will be required to submit a Transition Plan to come into compliance with the regulation. Validation activities will be conducted to confirm results and assure that all areas in terms of the regulation are identified and addressed in each individual Transition Plan. OCDD has also developed a process to address compliance with submission of the provider self-assessment. This information will be detailed in the remediation section of this plan.

3. Settings are Presumed Non-HCBS but Evidence may be Presented to CMS for Heightened Scrutiny Review.

CMS describes settings “presumed to have the qualities of an institution” as those located in a public or private facility that provides inpatient treatment, settings located on the grounds of, or adjacent to a public institution, or other settings with the effect of isolating individuals. It was reported that 1 setting was on the grounds or adjacent to a public/private institution or have the effect of isolating the individuals supported.

OCDD Validation Process

OCDD has opted to take a multifaceted approach to validating the self-assessments submitted by service providers. The first component of this approach is to conduct site visits on both residential and non-residential service providers and the second component involves participant experience surveys.

In order to accomplish the task of completing validation, OCDD has partnered with two contracted entities. The first being the Local Governing Entities (LGE offices). The LGE offices are an extension of the State Office. They serve as the operating arm of State Office in that they manage the day to day operations of waiver services. We have 10 regional areas and 10 LGE offices that operate and oversee waiver functions in their respective areas.

In addition to the LGE offices, OCDD also partnered with existing contracted Support Coordination agencies to assist in the validation process. Each individual that is receiving waiver services has a Support Coordinator that is responsible for facilitating plan of care development, locating resources, and monitoring implementation of individualized plan of care. As such, OCDD requested their participation/assistance in conducting Individual Experience Surveys.

1. Site Specific Review

- a. Phase 1 sampling methodology (Residential)

1. All service providers for all identified service types were included in the sample pool
 2. A sample size of 20% was selected for Residential Services
 - a. 10% received a desk audit
 - b. 10% received a site visit
 - c. A validation tool was developed by State Office to utilize during visits that aligned with elements identified on the provider self-assessment (Appendix D.4)
 - d. Samples were forwarded to the LGE offices identifying agencies selected for site visit or desk audit
 - e. LGE offices scheduled site visits and/or requested supporting documentation to demonstrate compliance as noted on the provider self-assessment
 - f. State Office left it at the discretion of the LGE office to conduct additional visits with service providers not included in the sample
 - g. A tracking mechanism was developed to be used by the LGE office to identify all active providers in their respective areas, receipt of assessment, and results of their review
 - h. Letters were drafted to be used to forward results to service provider agencies (Appendix D.5)
 - i. For all providers identified as being out of compliance with the regulation, the LGE office requested a Transition Plan with specific strategies detailing how the provider will come into compliance with the regulation as well as a timeline to complete actions (<http://new.dhh.louisiana.gov/index.cfm/page/2314>)
 - i. Training was initially conducted related to completion of the Transition Plan; however, OCDD will be providing refresher training and technical assistance to support this process.
 - j. The LGE offices are responsible for review/approval of all Transition Plans
 - k. The LGE offices will monitor implementation of Transition Plan. Updates will be required by the provider agency to the LGE office on a quarterly basis. (More frequently as identified by the LGE office)
 - l. LGE offices will provide State Office with updates in terms of progress by service providers coming into compliance with regulation and identify any areas/agencies they have concerns about as well as recommendations.
 - m. Any agency identified as possible heightened scrutiny situation will be forwarded to State Office

- i. OCDD will review information submitted and conduct site visits as appropriate
 - b. Phase I sampling methodology (Non-Residential)
 1. All service providers for all identified service types were included in the sample pool
 2. A sample size of 20% was selected for Residential Services
 - a. 10% received a desk audit
 - b. 10% received a site visit
 - c. A validation tool was developed by State Office to utilize during visits that aligned with elements identified on the provider self-assessment (Appendix D.4)
 - d. Samples were forwarded to the LGE offices identifying agencies selected for site visit or desk audit
 - e. LGE offices scheduled site visits and/or requested supporting documentation to demonstrate compliance as noted on the provider self-assessment
 - f. State Office left it at the discretion of the LGE office to conduct additional visits with service providers not included in the sample
 - g. A tracking mechanism was developed to be used by the LGE office to identify all active providers in their respective areas, receipt of assessment, and results of their review
 - h. Letters were drafted to be used to forward results to service provider agencies (Appendix D.5)
 - i. For all providers identified as being out of compliance with the regulation, the LGE office requested a Transition Plan with specific strategies detailing how the provider will come into compliance with the regulation as well as a timeline to complete actions (<http://new.dhh.louisiana.gov/index.cfm/page/2314>)
 - i. Training was initially conducted related to completion of the Transition Plan; however, OCDD will be providing refresher training and technical assistance to support this process.
 - j. The LGE offices are responsible for review/approval of all Transition Plans
 - k. The LGE offices will monitor implementation of Transition Plan. Updates will be required by the provider agency to the LGE office on a quarterly basis. (More frequently as identified by the LGE office)
 - l. LGE offices will provide State Office with updates in terms of progress by service providers coming into compliance with regulation and identify any areas/agencies they have concerns about as well as recommendations.
 - m. Any agency identified as possible heightened scrutiny situation will be forwarded to State Office
 - i. OCDD will review information submitted and conduct site visits as appropriate
 - c. Phase II sampling methodology
 1. Based on feedback from CMS during Technical Assistance calls/webinars, OCDD realized that the phase I sampling methodology did not result in a statistically significant sample for the non-residential services. As

such, OCDD has opted to conduct site visits on all 97 active non-residential providers statewide. This will be accomplished by partnering with the LGE offices and utilizing resources within OCDD to conduct site visits.

2. Individual Experience Survey

The secondary approach that OCDD opted to implement in terms of validating the service provider self-assessments included conducting Individual Experience Surveys. OCDD partnered with Support Coordination in order to have these assessments conducted. The Survey was developed for individual's receiving Medicaid-reimbursed HCBS for residential and/or non-residential services and the questions posed requested individual feedback on all service types (residential and non-residential services) being received by the individual.

a. Phase I sampling methodology

1. An individual Experience Survey was developed for Residential/Non-Residential types of services and posted for public comment. Public input received and Survey modified to address public comments (<http://new.dhh.louisiana.gov/index.cfm/page/2318>)
2. Crosswalk of survey questions to provider self-assessment was developed (<http://new.dhh.louisiana.gov/index.cfm/page/2318>)
3. A 95 % +/-5 sample across waiver types was randomly selected to complete the survey
4. Sample was sent to each Support Coordination Agency and instruction was provided on how to complete the survey and how to submit the survey to OCDD
5. OCDD is in process of consolidating the information and cross walking the results to the provider self-assessment results
6. Based on survey results in comparison to provider self-assessments when a provider is identified as out of compliance a Transition Plan will be requested to remediate areas that have been identified as out of compliance.

b. Phase II Sampling methodology

1. Based on feedback from CMS during Technical Assistance calls/webinars, OCDD realized that the phase I sampling methodology did not result in a statistically significant sample for the non-residential services. As such, OCDD has opted to continue partnership with Support Coordination and have the Individual Experience Survey conducted with all individuals accessing services in all waivers (100% sampling). As such the timeframe to complete the survey had been extended through the end of the Calendar Year 2016 to complete the process
2. Individual Experience Survey instruction has been updated to reflect the change in timeframe (Appendix D.6)
3. OCDD will cross walk results of surveys to service providers

4. Based on survey results in comparison to provider self-assessments when a provider is identified as out of compliance a Transition Plan will be requested to remediate areas that have been identified as out of compliance.

4. Site Specific Remediation

Information from the self-assessment will be returned by providers to the respective Program Office for a compliance review. Office staff determine whether: 1) the setting is in compliance; 2) the setting will be in compliance with additional modifications; or 3) the setting is out of compliance. Each Office will utilize a multi-faceted approach including site visits, desk audits, participant interviews, or other evidence (e.g. photographs) to verify compliance following remediation activities.

Once the determination of non-compliance is made, the provider will be notified in writing of the issue(s) and will have an opportunity to seek technical assistance from the State. Providers who are not in compliance will be required to submit and implement a State approved corrective action plan. If the corrective action is not received or is inadequate to address the compliance issue, the provider will be disenrolled and another appropriate setting for the participant will be located. The disenrollment process will consist of: 1) provider disenrollment as a Medicaid provider; 2) a Transition Plan for participants; and 3) an internal appeal mechanism for participants and providers. Individuals will be given timely notice and a choice of alternate providers. The transition of each individual will be tracked to ensure successful transition and continuity of services. Information in the Master Work Plan includes details related to remediation milestones for each office (Appendix A). Detailed action steps related to this area can be found in the Master Work Plan (Appendix A).

OCDD Remediation Activities (Appendix D.1 includes detailed Work Plan with timelines)

A. Systemic Assessment

1. OCDD has already started the process of aligning service definitions across all waiver programs. In addition to aligning the definitions, OCDD intends to strengthen the language in application, rule, policy, operational instructions where appropriate to align with regulations. Process has started with the renewal of the NOW application.

B. Site Specific Assessments/Participant Experience Survey

1. Follow up process for those providers that have not submitted their self-assessment
 - a.LGE Offices to identify all providers in their area that needs to submit self-assessment.
 - b.LGE Offices to follow up with those providers requesting in writing the self-assessment with a deadline for submission
 - c.If provider still does not submit requested information, the LGE will submit information to OCDD for follow up
 - d.OCDD will follow up with each individual service provider agency
 - e.If the provider fails to comply appropriate action will be taken

1. Action to be followed removal from freedom of choice
2. If determined to be out of compliance with regulation individual's supported will be offered freedom of choice to select a new provider.
2. Validation Activities
 - a. OCDD will begin phase II of validation activities to be completed by 3/2016
 1. Includes both site visits to all non-residential providers
 2. Participant Surveys completed with all participants receiving waiver services
 3. Consolidation of results to identify providers that may be out of compliance
 4. Transition Plans to be completed by all providers out of compliance
 5. Training/Technical Assistance/Educational Opportunities to be offered to assist all families/providers regarding the regulation and to develop processes/actions to comply with regulation
 6. Transition Plans to be approved/monitored by the LGE Offices-regular updates to be submitted. Additional visits and/or monitoring to be conducted to assure that Transition Plans are being implemented.
3. Heightened Scrutiny
 - a. Confirm that all possible Heightened Scrutiny settings/services have been identified
 - b. Training/Technical Assistance/Education provided related defining Heightened Scrutiny
 - c. For those settings identified as Heightened Scrutiny settings-OCDD to partner with LGE and the service provider to determine if the presumption of institutional qualities can be overcome
 - d. If the presumption can in fact be overcome, OCDD will submit appropriate evidence/action plan to CMS for approval
 - e. All activities related to this area to be completed no later than 3/2018-If the presumption cannot be overcome than OCDD will initiate process to relocate persons to other settings/service providers.

5. Ongoing Monitoring and Quality Assurance

Monitoring for ongoing compliance will employ a variety of quality assurance and monitoring practices and will build on the current quality system. Louisiana will ensure compliance with the HCBS Settings Rule by March 2019 through the use of systemic Quality Assurance and Improvement strategies. Public input will provide feedback to guide Louisiana's remediation and quality steps. The following strategies have been implemented:

- A. Ongoing scrutiny of all new and amended certification and licensing standards, rules, policies and procedures, and other documents will continue to ensure compliance with the HCBS Settings Rule. Action steps detailing the timeframe to both complete systemic assessment and remediation strategies along with continued review of new or amended policies to ensure ongoing compliance are identified in the Louisiana Work Plan Master (located in the "Systemic Assessment & Remediation" and "Ongoing Monitoring and Quality Assurance" sections).

- B. Support Coordinators and Wraparound Facilitators will play a critical role in ensuring the State is compliant with the HCBS Settings Rule following the initial assessment and validation phase. Staff will be trained on the HCBS Settings Rule and modifications will be made to the person-centered planning process to include discussion about a participant’s experience with his or her environment as it relates to the HCBS Settings Rule and information to assure the setting has HCBS Characteristics. Assessment items will be added to support coordinators/wraparound facilitators’ quarterly, in-home contacts to determine whether the participant’s living environment is compliant. If support coordinators/wraparound facilitators identify non-compliance, they will report the possible non-compliance to the Program Office and assist with remediation and/or transition of the participant to alternate setting, if necessary. Each Office will work with the Bureau of Health Services Financing to resolve the settings issue. These strategies are addressed in the remediation plan of the STP. New policies and procedures specific to the role of the support coordinators and wraparound facilitators will be developed to ensure staff is knowledgeable about the HCBS Settings Rule and how to monitor various settings through a person-centered planning process. Program Offices will also conduct training and continuous training on the new protocols and expectations.
- C. A complete analysis of self-assessment and validation data will be completed by each Program Office. The analysis will be presented to the Bureau of Health Services Financing and settings will be identified by: 1) setting presumed to be compliant with HCBS Characteristics; 2) Settings will be compliant with changes to the HCBS Characteristics; 3) Settings are presumed non-HCBS but evidence may be presented to CMS for heightened scrutiny review; and 4) Settings do not comply with HCBS Characteristics. A specific plan to achieve compliance for categories 2 and 3, including review of any settings to be submitted for heightened scrutiny review, will be submitted to the Bureau of Health Services Financing through quarterly reports submitted by each Office.
- D. All appropriate staff associated with HCBS Settings Rule will be trained on the regulations and the Louisiana Statewide Transition Plan. Changes to enhance support of the HCBS Settings Rule will continue to be considered and adopted. Louisiana will assess ongoing provider compliance through participant interviews, on-site visits, support coordinator/wraparound facilitators contacts, and /or monitoring that will gather information from providers and individuals receiving services.
- E. The Statewide Transition Plan’s milestones and timelines will continuously monitor and each Program Office will issue a quarterly report on its progress. Each quarterly report will be posted online for review to facilitate public input and keep stakeholders informed of Louisiana’s progress. Stakeholder engagement and sharing public information will continue through the completion of the plan. Each Office will issue a final report to CMS in March 2019.
- F. The original workgroup from each Program Office and the Bureau of Health Services Financing will continue to meet

regularly through 2019 to track milestone progress, share strategies, review quarterly Program Office reports, and troubleshoot any barriers/problems that may affect the completion of milestones and timelines.

- G. Interagency Executive Management Committee meets monthly and has a standing agenda item to provide oversight and administrative support to the workgroup to ensure compliance.

- H. The monitoring plan for the STP will be overseen by the Medicaid Agency Bureau of Health Services Financing, LDH. This Office will ensure each Program Office meets their timelines as specified in the Louisiana Work Plan Master through the submission of quarterly reports, routine internal meetings, and Interagency Executive Management Committee monthly meeting. The Department developed a new waiver performance measure to further advance the HCBS Settings Rule and the associated Transition Plan and will incorporate this measure into all upcoming 1915(c) waiver amendments.

VII Appendices

Appendix A: Louisiana Master Work Plan (Includes all Programs)-Updated 9/6/16

Current Louisiana Work Plan Master – Public & Stakeholder Engagement

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Convene Interagency group to manage planning process	Began 9/22/14 and continuing through 3/2019	9/22/14 and continuing	9/22/14 and continuing	9/22/14 and continuing	9/22/14 and continuing	9/22/14 and continuing	2015 Q4 OCDD Update II.A 2015 Q4 OAAS Update I.A 2015 Q4 OBH Update III.A
Identify all potential stakeholders including consumers, providers, family-members, state associations; advocacy organizations, and self-advocates.	Began 10/1/14 Completed 10/15/14.	All stakeholders identified on 10/31/14.	All stakeholders identified on 10/6/14 to 11/15/14	All stakeholders identified on 10/6/14 to 11/15/14	All stakeholders identified on 10/6/14 to 11/15/14	All stakeholders identified on 10/6/14 to 11/15/14	
Create portal on State Medicaid website. Provide transition information and plan. List end of comment period. OAAS website: http://new.dhh.louisiana.gov/index.cfm/page/2030 OBH website: http://www.dhh.louisiana.gov/index.cfm/page/1973 OCDD website: http://new.dhh.louisiana.gov/index.cfm/page/2313	Website created and transition plan posted on 10/29/14. Comments due 3/13/15.	Website created on 9/30/14. Issued white paper and transition plan. Public notice appeared in major newspapers on 10/10/14. Comments due 11/10/14. Appeared in major	Website created on 10/6/14 with transition postings. Comments due 12/17/14.	Website created on 10/6/14 with transition postings. Comments due 12/17/14.	SW Plan was posted on 11/21/14 and comments are accepted until through 2/28/15	Website created on 2/11/15 with transition postings. Comments due 4/10/15	

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
		newspapers on 10/19/14.					
Support ongoing stakeholder communications.	Held public forum (including OAAS stakeholders) on 11/19/14 and continuing as needed through 3/2019. Stakeholders are informed of STP's progress through provider association meetings, OAAS quarterly provider meetings, and support coordination executive meetings	Held public forum on 11/17/14. Presented information about the new HCB setting at the following: 1) 9/29/14 Statewide Coordinating Council; 2) 10/22/14 CSoC Governance Board meeting; 3) 10/23/14 Affinity call with CSoC Wraparound Facilitators, & 4) 11/3/14 Louisiana Behavioral Health Advisory Committee. Updating website as needed.	Held public forum on 11/17/14 in Baton Rouge. Using the LA System's Transformation/MLTSS to continue discussion. Update website as needed. Held listening session on 10/28/14. Additionally, 2 public forums were held on 2/11/15 in Shreveport and 2/20/15 in Houma. All notices will appear in newspapers with details on	Held public forum on 11/17/14. Using the LA System's Transformation/MLTSS to continue discussion. Update website as needed. Held listening session on 10/28/14 Additionally, 2 public forums were held on 2/11/15 in Shreveport and 2/20/15 in Houma. All notices will appear in newspapers with details on how to access non-electronic format	Held public forum on 11/17/14 in Baton Rouge. Using the LA System's Transformation/MLTSS to continue discussion. Update website as needed. Held listening session on 10/28/14. Additionally, 2 public forums were held on 2/11/15 in Shreveport and 2/20/15 in Houma. All notices will appear in newspapers with details on	Held public forum on 11/17/14 in Baton Rouge. Using the LA System's Transformation/MLTSS to continue discussion. Update website as needed. Held listening session on 10/28/14. Additionally, 2 public forums were held on 2/11/15 in Shreveport and 2/20/15 in Houma. All notices will appear in newspapers with details on how to	2015 Q4 OCDD Update II. A

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
			how to access non-electronic format via the LGE offices	via the LGE offices	how to access non-electronic format via the LGE offices	access non-electronic format via the LGE offices	
Reach-out to providers and provider associations to increase understanding of rule and maintain open lines of communication.	<p>ADHC providers were sent letters describing the new rule on 3/13/15</p> <p>Meeting with ADHC providers held 4/30/15 to review the rule, STP, and assessment process.</p> <p>Provider outreach continued through April 2016 for the self-assessment process and will continue through February 2017 to complete validation and remediation work.</p>	<p>Distribute letters to providers describing the transition, criteria for HCB setting, deadlines for compliance and availability of TA. Begin 4/1/15 and ends 5/1/15.</p> <p>Completed 4/1/15</p>	<p>Held 5 provider meetings with OCDD providers, stakeholders and Support Coordinators on 10/20/14 in Lafayette, 11/6/14 in Houma, 1/13/15 in Baton Rouge and 1/14/15 in Alexandria and 2/12/15 in Covington.</p> <p>Providers were notified of the meetings through the Local Governing Entities.</p> <p>Sent e-mail blasts to all</p>	<p>Held 5 provider meetings with OCDD providers, stakeholders and Support Coordinators on 10/20/14 in Lafayette, 11/6/14 in Houma, 1/13/15 in Baton Rouge and 1/14/15 in Alexandria and 2/12/15 in Covington.</p> <p>Providers were notified of the meetings through the Local Governing Entities.</p> <p>Sent e-mail blasts to all providers and associations</p>	<p>Held 5 provider meetings with OCDD providers, stakeholders and Support Coordinators on 10/20/14 in Lafayette, 11/6/14 in Houma, 1/13/15 in Baton Rouge and 1/14/15 in Alexandria and 2/12/15 in Covington.</p> <p>Providers were notified of the meetings through the Local Governing Entities.</p> <p>Sent e-mail blasts to all</p>	<p>Held 5 provider meetings with OCDD providers, stakeholders and Support Coordinators on 10/20/14 in Lafayette, 11/6/14 in Houma, 1/13/15 in Baton Rouge and 1/14/15 in Alexandria and 2/12/15 in Covington.</p> <p>Providers were notified of the meetings through the Local Governing Entities.</p> <p>Sent e-mail blasts to all</p>	

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
			providers and associations of upcoming remaining public forums on 2/3/15. Otherwise notices listed on the website.	of upcoming remaining public forums on 2/3/15. Otherwise notices were listed on the website.	Sent e-mail blasts to all providers and associations of upcoming remaining public forums on 2/3/15. Otherwise notices were listed on the website.	providers and associations of upcoming remaining public forums on 2/3/15. Otherwise notices were listed on the website.	
<p>Collect all public comments. Synthesize comments and develop responses to comments.</p> <p>See Appendix B for Comments received by OAAS</p> <p>See Appendix C for Comments received by OBH</p> <p>See Appendix D for Comments received by OCDD</p>	<p>Began 11/13/14 and completed 3/13/15. Comments and responses are included in the Statewide transition plan.</p> <p>Second round of public notice: 9/14/16-10/14/16. Responses to comments and incorporation into STP will be completed by 10/30/16.</p>	<p>Completed 11/12/14 and included in the Statewide Transition Plan.</p> <p>Second round of public notice: 9/14/16-10/14/16. Responses to comments and incorporation into STP will be</p>	<p>Began 11/15/14 and completed on 3/13/15. Comments and responses are included in the Statewide Transition Plan.</p> <p>Second round of public notice: 9/14/16-10/14/16. Responses to comments and incorporation into STP will be</p>	<p>Completed on 3/13/15. Comments and responses are included in the Statewide Transition Plan.</p> <p>Second round of public notice: 9/14/16-10/14/16. Responses to comments and incorporation into STP will be completed by 10/30/16.</p>	<p>Completed on 3/13/15. Comments and responses are included in the Statewide Transition Plan.</p> <p>Second round of public notice: 9/14/16-10/14/16. Responses to comments and incorporation into STP will be</p>	<p>Comments are due 4/10/15. Comments and responses will be forwarded to CMS once they are finalized.</p> <p>Second round of public notice: 9/14/16-10/14/16. Responses to comments and incorporation into STP will be</p>	

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
		completed by 10/30/16.	completed by 10/30/16.		completed by 10/30/16.	completed by 10/30/16.	
Continued Community Outreach	Continue to meet with participants, family members, providers, support coordinators, stakeholders, and providers to provide updates on the progress of STP activities. Contact methods include provider quarterly meetings, support coordinator executive meetings, conferences, correspondence, website, newspaper announcements and general meetings		Continue to meet with participants, family members, providers, support coordinators, stakeholders, and providers to provide updates on the progress of STP activities. Contact methods include provider quarterly meetings, support coordinator executive meetings, conferences, correspondence, website, newspaper announcements	Continue to meet with participants, family members, providers, support coordinators, stakeholders, and providers to provide updates on the progress of STP activities. Contact methods include provider quarterly meetings, support coordinator executive meetings, conferences, correspondence, website, newspaper announcements and general meetings (See Appendix D for additional detail and activities held with stakeholders)	Continue to meet with participants, family members, providers, support coordinators, stakeholders, and providers to provide updates on the progress of STP activities. Contact methods include provider quarterly meetings, support coordinator executive meetings, conferences, correspondence, website, newspaper announcements and general meetings	Continue to meet with participants, family members, providers, support coordinators, stakeholders, and providers to provide updates on the progress of STP activities. Contact methods include provider quarterly meetings, support coordinator executive meetings, conferences, correspondence, website, newspaper announcements and general meetings (See Appendix D for additional	

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
			and general meetings (See Appendix D for additional detail and activities held with stakeholders)		(See Appendix D for additional detail and activities held with stakeholders)	detail and activities held with stakeholders)	

Current Louisiana Work Plan Master – Systemic Assessment & Remediation

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Review licensure, certification, policy and procedures, and provider qualifications	10/17/14 – 11/30/14 Crosswalk created 11/16/15 – 12/11/15 Crosswalk revised 7/22/16 and 9/1/16 incorporating guidance from CMS (See Appendix B for systemic review)	10/17/14-11/30/14 Determined changes to review documents not needed. Crosswalk revised 12/11/15 (See appendix C for systemic review)	10/17/14 – 11/30/14 Crosswalk created 11/16/15 – 12/11/15 Crosswalk revised 7/22/16 and 9/1/16 incorporating guidance from CMS (See Appendix D for systemic review)	10/17/14 – 11/30/14 Crosswalk created 11/16/15 – 12/11/15 Crosswalk revised 7/22/16 and 9/1/16 incorporating guidance from CMS (See Appendix D for systemic review)	10/17/14 – 11/30/14 Crosswalk created 11/16/15 – 12/11/15 Crosswalk revised 7/22/16 and 9/1/16 incorporating guidance from CMS (See Appendix D for systemic review)	10/17/14 – 11/30/14 Crosswalk created 11/16/15 – 12/11/15 Crosswalk revised 7/22/16 and 9/1/16 incorporating guidance from CMS (See Appendix D for systemic review)	- 2015 Q4 OCDD Update II.A - 2015 Q4 OAAS Update I.A - 2015 Q4 OBH Update III.A - 2016 Q2 OAAS Update I. A

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Prepare list of services subject to new rule. Classified as: 1) clearly meets HCBS setting rule; 2) with modifications, will meet new settings rule; 3) meets CMS close scrutiny review; 4) unclear if new setting rule will be met; and 5) services meet the definition of an institution.	Completed 10/17/14. Only waiver service impacted is ADHC	Completed 10/17/14 Crosswalk revised 12/2015	Completed 10/6/14 12/2015	Completed 10/6/14 12/2015	Completed 10/6/14 12/2015	Completed 10/6/14 12/2015	
Complete remediation identified through systemic assessment process	Completed by 12/30/17	Completed by 12/30/17	Completed by 12/30/17	Completed by 12/30/17	Completed by 12/30/17	Completed by 12/30/17	

Current Louisiana Work Plan Master – Site Specific Assessment and Validation

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Draft a self-assessment tool that familiarizes providers with the new settings rule and allows an opportunity to measure compliance with the new requirements. The assessment tool will identify areas for the new rule for which the provider is non-compliant and will allow providers to target compliance efforts. The tool will include questions that accurately assess	Develop a draft self-assessment tool that assesses non-residential settings – 3/13/15	Develop a draft self-assessment tool that assesses residential settings and non-residential settings 3/25/15 – 3/31/15	Develop a draft self-assessment tool that assesses non-residential settings – 3/13/15	Develop a draft self-assessment tool that assesses non-residential settings – 3/13/15 Completed 2/1/15	Develop a draft self-assessment tool that assesses residential settings and non-residential settings 3/25/15 – 3/31/15	Develop a draft self-assessment tool that assesses non-residential settings – 3/13/15	2015 Q4 OBH Update III.A

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
provider compliance; and methods to quantify provider assessment results.		Completed 3/31/15 Assessment tool revised 12/22/15	Completed 2/1/15		Completed 2/1/15	Completed 2/1/15	
Post assessments on the website.	Completed 3/16/15	Completed 4/1/15 Revised assessment posted 1/12/16	3/18/15 Completed 3/18/15	3/18/15 Completed 3/18/15	3/18/15 Completed 3/18/15	3/18/15 Completed 3/18/15	2015 Q4 OBH Update III.A
Circulate self-assessments to stakeholder groups	3/16/15 – 4/15/15 Completed	4/1/15 – 5/1/15 Completed 5/1/15 Revised assessment circulated 1/12/16	3/18/15-5/2015	3/18/15-5/2015	3/18/15-5/2015	3/18/15-5/2015	-2015 Q2 OCDD Update II. A
Modify self-assessment tool and participant survey based on stakeholder comments.	4/15/15 4/15/15 –Self-Assessment Completed 4/22/15; Participant Survey Completed 2/1/16	Assessment modified 2/2016	4/19/15 - 4/30/15 Completed	4/19/15 -4/30/15 Completed	4/19/15 -4/30/15 Completed	4/19/15 - 4/30/15 Completed	-2015 Q2 OAAS Update I. A -2015 Q2 OCDD Update II. A - 2016 Q1 OAAS Update I. A

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Provide Training to Providers	Completed 4/30/15	Completed 2/23/16	Big Picture Training 6/30/15 Self-Assessment Training 7/13 and 7/20/15 Completed	Big Picture Training 6/30/15 Self-Assessment Training 7/13 and 7/20/15 Completed	Big Picture Training 6/30/15 Self-Assessment Training 7/13 and 7/20/15 Completed	Big Picture Training 6/30/15 Self-Assessment Training 7/13 and 7/20/15 Completed	
Distribute assessment to providers	Completed Round One: 5/4/15 to 6/12/15 Round Two: 3/14/16 to 4/1/16	Begin 3/1/16 forward	7-13-15 & 7-20-15 Service providers to begin conducting assessments after completion of trainings.	7-13-15 & 7-20-15 Service providers to begin conducting assessments after completion of trainings.	7-13-15 & 7-20-15 Service providers to begin conducting assessments after completion of trainings.	7-13-15 & 7-20-15 Service providers to begin conducting assessments after completion of trainings.	-2015 Q2 OBH Update III. A -2015 Q2 OCDD Update II. A - 2016 Q1 OAAS Update I. A
Assessment due from providers	4/1/16	3/1/16 forward	2/5/16	2/5/16	2/5/16	2/5/16	-2015 Q2 OCDD Update II. A 2015 Q4 OCDD Update II. A

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Conduct site visits	10/1/16 to 1/13/17	Begin 3/1/16 forward	1/1/16 – 3/31/17	1/1/16 – 3/31/17	1/1/16 – 3/31/17	1/1/16 – 3/31/17	-2015 Q2 OCDD Update II. A - 2015 Q4 OAAS Update I.A - 2016 Q1 OAAS Update I.A - 2016 Q2 OAAS Update I. A
Analyze findings from site visits and assessments	Self-Assessment 4/1/16 – 5/1/16 Site Visits 1/31/17	3/1/16-4/30/17	6/1/16-4/30/17	6/1/16-4/30/17	6/1/16-4/30/17	6/1/16-4/30/17	2016 Q2 OAAS Update I.A
Post Findings on Website	Self-Assessments 5/2/16 Site Visits 1/31/17	5/1/17 – 5/30/17	5/1/17-5/30/17	5/1/17-5/30/17	5/1/17-5/30/17	5/1/17-5/30/17	2016 Q2 OAAS Update I.A
Submit report to CMS	1/31/17	6/30/17	6/30/17	6/30/17	6/30/17	6/30/17	
Draft participant survey for public review	ADHC specific survey: Completed 8/1/15 Survey for all waiver participants: Completed 1/11/16	Completed 4/30/15 Revised survey drafted 12/22/15	1/1/16-4/15/16	1/1/16-4/15/16	1/1/16-4/15/16	1/1/16-4/15/16	-2015 Q2 OAAS Update I. A -2015 Q2 OCDD Update II. A 2015 Q4 OCDD

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
							Update II.A 2015 Q4 OBH Update III.A
Post participant survey on the website and circulate to all stakeholders	ADHC specific: 8/6/15-9/9/15 All waiver participants: 1/12/16-2/11/16 Completed	1/12/2016	4/20/16-5/20/16	4/20/16-5/20/16	4/20/16-5/20/16	4/20/16-5/20/16	-2015 Q3 OAAS Update I. A -2015 Q2 OCDD Update II. A 2015 Q4 OBH Update III.A
Modify participant survey based on comments	N/A - no comments received for both surveys	2/2016	4/20/16-5/20/16	4/20/16-5/20/16	4/20/16-5/20/16	4/20/16-5/20/16	-2015 Q2 OCDD Update II. A
Provide training on participant survey	1/14/16 – 2/29/16 Completed	2/23/16	5/25/16-5/31/16	5/25/16-5/31/16	5/25/16-5/31/16	5/25/16-5/31/16	-2015 Q2 OCDD Update II. A 2015 Q4 OCDD

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
							Update II.A 2015 Q4 OAAS Update I.A 2016 Q1 OAAS Update I.A
Distribute participant survey	Completed 3/1/16-6/30/16 Will occur annually beginning in 2016 during our 1915c QA monitoring period (Jan-Jun)	3/1/16 forward	6/1/16	6/1/16	6/1/16	6/1/16	-2015 Q2 OCDD Update II. A - 2016 Q2 OAAS Update I.A
Participant Survey Due	6/30/16 Survey will be due June 30 th every year	3/1/16 forward	6/1/16-7/15/16 (phase 1) 7/15/16-3/31/16 (phase 2)	6/1/16-7/15/16 (phase 1) 7/15/16-3/31/16 (phase 2)	6/1/16-7/15/16 (phase 1) 7/15/16-3/31/16 (phase 2)	6/1/16-7/15/16 (phase 1) 7/15/16-3/31/16 (phase 2)	-2015 Q2 OCDD Update II. A
Analyze findings of participant survey	7/1/16-7/29/16	3/1/16-4/30/17	7/15/16-4/30/17	7/15/16-4/30/17	7/15/16-4/30/17	7/15/16-4/30/17	-2015 Q2 OCDD Update II. A
Post Findings on the website	1/31/17 (will be posted in report)	5/1/17 – 5/30/17	5/1/17-5/30/17	5/1/17-5/30/17	5/1/17-5/30/17	5/1/17-5/30/17	-2015 Q2 OCDD

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
	concurrently with site visit results)						Update II. A
Submit final report to CMS on assessments and participant surveys	1/31/17	6/30/17	6/30/17	6/30/17	6/30/17	6/30/17	

Current Louisiana Work Plan Master – Site Specific Remediation

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Identify and send letters to providers who are not compliant with HCB settings rule	6/1/15-11/13/17 Identified through self-assessments and site visits	3/1/16 – 3/31/17	2/5/16-3/31/17	2/5/16-3/31/17	2/5/16-3/31/17	2/5/16-3/31/17	2016 Q2 OAAS Update I.A
Providers who are not in compliance and wish to remain enrolled as waiver providers will submit a corrective action plan. Non-compliance may not extend beyond March 17, 2019.	3/1/16 – 3/31/17	3/1/16 – 5/31/17	2/5/16-5/31/17	2/5/16-5/31/17	2/5/16-5/31/17	2/5/16-5/31/17	2016 Q1 OAAS Update I.A
Technical assistance will be available to providers to ensure that the interpretation of the HCB setting rule is the same and the provider is implementing necessary changes to meet compliance.	5/1/15 – 3/2019	3/1/16 – 3/2019	Reports will be due at least quarterly TA will be available upon request Completion date will not	Reports will be due at least quarterly TA will be available upon request Completion date will not extend beyond 3/17/2019	Reports will be due at least quarterly TA will be available upon request Completion date will not extend	Reports will be due at least quarterly TA will be available upon request Completion date will not	2015 Q4 OCDD Update II.A

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
			extend beyond 3/17/2019		beyond 3/17/2019	extend beyond 3/17/2019	
Louisiana will complete validation of remediation activities.	By 6/30/17	7/1/16 – 5/31/17	2/5/16-3/31/17	2/5/16-3/31/17	2/5/16-3/31/17	2/5/16-3/31/17	
A disenrollment process of non-compliant providers will be developed and consist of: 1) provider disenrollment; 2) transition plan for participants; and 3) appeal rights for participants and providers.	Developed: 10/1/15 – 12/1/15 Implemented by 3/1/18	1/1/17 – 5/31/17	1/1/17-5/31/17	1/1/17-5/31/17	1/1/17-5/31/17	1/1/17-5/31/17	2016 Q1 OAAS Update I.A
Implementation of a transition plan will be developed for those needing to transfer to an appropriate HCB setting. Individuals will be given timely notice and a choice of alternative providers. Transition of individuals will be tracked to ensure successful placement and continuity of service.	11/1/17-11/30/17	3/1/18 – 3/1/19	3/1/18 – 3/1/19	3/1/18 – 3/1/19	3/1/18 – 3/1/19	3/1/18 – 3/1/19	

Current Louisiana Work Plan Master –Ongoing Monitoring & Quality Assurance

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
Continuous scrutiny will be provided to licensing, certification, policy and procedures, to ensure all document are compliant with the HCB Settings Rule.	Completed 9/1/16 Scrutiny of new rules and regulations will continue to ensure compliance	Completed 10/31/14 Scrutiny of new rules and regulations will continue to ensure compliance	12/15 – ongoing	12/15 – ongoing	12/15 – ongoing	12/15 – ongoing	-2015 Q4 OCDD Update II.A -2016 Q2 OAAS Update I.A
Specific quality assurance and improvement strategies are developed to ensure providers are evaluated against the HCB Setting Rule prior to enrollment.	Completed 1/23/15	Completed 10/31/15	Begin 7/1/16	Begin 7/1/16	Begin 7/1/16	Begin 7/1/16	
Practical performance measures are created to ensure providers continue to meet the HCB Settings Rule.	Completed 1/23/15 Measure drafted and will be included in upcoming 191(c) waiver amendments.	Completed 12/1/15 Measures have been included in the CSoC 1915(c) waiver document	Begin 1/1/16	Begin 1/1/16	Begin 1/1/16	Begin 1/1/16	
Develop monitoring instrument to ensure ongoing setting compliance.	Begins 8/1/15 and ends 11/30/16.	Completed 2/16	Begin 7/1/16	Begin 7/1/16	Begin 7/1/16	Begin 7/1/16	-2015 Q3 OAAS Update I.A -2015 Q4 OAAS Update I.A

Action Step	OAAS Both Waivers	OBH CSoC	OCDD Children's Choice Waiver	OCDD NOW	OCDD Supports Waiver	OCDD ROW	Change Note Reference
							-2016 Q2 OAAS Update I.A
A participant survey is developed to be administered at least annually to monitor the individual's experience with the HCB Settings Rule.	Conducted annually beginning in 2016 during 1915c QA monitoring period –(Jan-Jun)	Begin 3/1/16	Begin 4/1/16	Begin 4/1/16	Begin 4/1/16	Begin 4/1/16	-2015 Q2 OCDD Update II. A
Full compliance is achieved for all Louisiana HCBS Wavier Programs. Final Report to CMS.	March 2019	March 2019	March 2019	March 2019	March 2019	March 2019	

Appendix B: Office of Aging and Adult Services

B.1—Stakeholder Feedback/Input and OAAS Response

OAAS Public Comments Received at time of original submission of STP--

<http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/HCBS/Response-to-Comments-HCBS-Settings-Transition-Plan.pdf>

OAAS Public Comments Received 3/18/15-6/30/15 (Quarter 2 2015 Update Section B. and C. page 3

<http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/HCBS/2015-Quarter-2-Progress-Tracking-for-Louisiana-Transition-Plan.pdf>

OAAS Public Comments Received 7/1/15-9/30/15 – (Quarter 3 2015 Update—No Comments Received)

OAAS Public Comments Received 10/1/15-12/31/15 (Quarter 4 2015 Update-No Comments Received)

OAAS Public Comments Received 1/1/16-3/31/16 (Quarter 1 2016 Update-No Comments Received)

B.2—Systemic Review and Remediation

Description of Service/Setting: Non-Residential (Adult Day Health Care centers)

Staff from the Office of Aging and Adult Services (OAAS) conducted a thorough review of HCBS regulations/statutes, policy and procedure documents, provider manuals, and its waiver applications. A complete list of items assessed in this review are included below the following crosswalk. This systemic review was drafted in November 2015. An email was sent out to OAAS’ stakeholder group inviting them to review the assessment on our website. While no comments were received for the initial posting, the final draft of the systemic assessment (along with the entire transition plan) will be posted again on 9/14/16 to allow participants, stakeholders, and the public to access both electronically and non-electronically for review prior to the plan’s submission to CMS on 10/30/16.

Our review indicated that some changes were needed to bring current rules and documents into compliance with the HCBS Settings Rule. Rules, provider manuals, and OAAS’ participant rights and responsibilities document will be amended to address non-compliant language or strengthen existing language that is partially compliant or silent. In its upcoming 1915(c) waiver application amendments, OAAS will edit its service definitions to align with the HCBS Settings Rule. Additionally, a request for proposals has been drafted to transition OAAS’ long term care services (including 1915(c) waiver services) into a managed care system. Language was included in the RFP to require each managed care organization to work with OAAS to ensure that all providers/service settings are compliant as part of their credentialing process and prior to contracting. OAAS’s Policy staff

participated in the drafting of this assessment and will review all applicable new rules, amendments to existing rules, or changes to policy or procedures to ensure they are compliant moving forward.

	HCBS Setting Requirement	Systemic Assessment		Outcome	Remediation	Timeline
		Regulation/Statute	Other Document			
1	The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	N/A	Adult Day Health Care Waiver (ADHC) Provider Manual (October 2013), Section 9.1.	Partially Compliant Currently, the ADHC provider manual addresses the requirement to provide transportation to and from medical and social activities. To ensure full compliance with this requirement, additional language (see remediation column) will be added to the provider manual to reflect this requirement.	The following language will be added to the ADHC provider manual Chapter 9, §9.3, pg. 9: <i>Each ADHC shall ensure that its setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including the option to seek employment in integrated settings if desired, engaging in community life, and to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</i>	12/1/17
2	The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, and preferences.	Louisiana Administrative Code: – LAC 48:I.4239	Rights and Responsibilities for Applicants/Participants of HCB Waiver Services (OAAS-RF-10-005, EFF. 9-2-14), p.1.	Compliant Current rules and participant rights ensure participants are afforded choice in provider and service settings.	N/A	N/A

	HCBS Setting Requirement	Systemic Assessment		Outcome	Remediation	Timeline
		Regulation/Statute	Other Document			
3	Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Louisiana Administrative Code: – LAC 48:I.4237 – LAC 48:I.4239 – LAC 48:I.4261 – LAC 48:I.5029 – LAC 48:I.5049	1915(c) HCBS Waiver: LA.0866.R01.00 – Community Choices (CC) Waiver – Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions Rights and Responsibilities of HCBSW (OAAS-RF-10-005, EFF. 9-2-14), p. 1.	Partially Compliant Current rule language (§4237, 4239) ensures participant rights of dignity, respect, and privacy while at the ADHC. Additionally, the right to privacy will be added to the participant rights and responsibilities document which already lists both dignity and respect. Rules and the participant rights and responsibilities document will be amended to prohibit all forms of restraint use and coercion. The title of the restraint training topic (§5049.C.19) will be amended to clarify the intent of the training – that participants remain free from restraints.	1) The following rules will be amended: – §4239.C.6 (Statement of Rights) - strike language and replace with “the right to be free from coercion and restraints” – §4261.B.8 (Orientation & Training) – Clarify training module title to “Ensuring participants remain restraint free” – §5049.C.19 2) The OAAS participant rights and responsibilities document will be amended – Change 1 st bullet to “Ensure rights of dignity, privacy, and respect” – Change 8 th bullet to “To be free from restraints”	12/1/17
4	Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Louisiana Administrative Code: – LAC 48:I.4239 – LAC 48:I.5039	Rights and Responsibilities of HCBSW (OAAS-RF-10-005, EFF. 9-2-14), p.1. Adult Day Health Care Waiver (ADHC) Provider Manual (October 2013).	Partially Compliant The setting’s support for participants’ autonomy and independence in making choices is referenced throughout §4239 (C.1, D.2,	ADHC provider manual revised language 10/31/16. The OAAS participant rights and responsibilities document will be amended to reflect this requirement.	by 10/31/16

HCBS Setting Requirement	Systemic Assessment		Outcome	Remediation	Timeline		
	Regulation/Statute	Other Document					
		Section 9.1: Covered Services, p.8.	<p>D.3, D.9, and F). Additionally, per §4239.A, participants are both informed of their rights and must acknowledge receipt of these rights as part of the care planning process.</p> <p>Recently, language was modified in the ADHC provider manual to better support the participants' ability to exercise choice/preference in their dining options.</p> <p>Language will be added to the participants' rights and responsibilities document to ensure that participants' autonomy and independence are supported and not infringed upon.</p>				
5	Facilitates individual choice regarding services and supports, and who provides them.	<p>Louisiana Administrative Code:</p> <ul style="list-style-type: none"> - LAC 48:I.4255 - LAC 48:I.4273 - LAC 48:I.4277 - LAC 48:I.4279 - LAC 48:I.4281 - LAC 48:I.4283 - LAC 48:I.5035 	<p>Rights and Responsibilities of HCBSW (OAAS-RF-10-005, EFF. 9-2-14)</p>	Compliant	<p>Current rules and participant rights ensure participants are afforded choice in provider and service settings.</p>	N/A	N/A

	HCBS Setting Requirement	Systemic Assessment		Outcome	Remediation	Timeline
		Regulation/Statute	Other Document			
6	The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	N/A	N/A	N/A According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as ADHC is a non-residential setting.	N/A	N/A
7	Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	N/A	N/A	N/A According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as ADHC is a non-residential setting.	N/A	N/A

	HCBS Setting Requirement	Systemic Assessment		Outcome	Remediation	Timeline
		Regulation/Statute	Other Document			
8	Individuals sharing units have a choice of roommates in that setting.	N/A	Rights and Responsibilities of HCBSW (OAAS-RF-10-005, EFF. 9-2-14), p.1.	<p>N/A</p> <p>According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as ADHC is a non-residential setting. However, as stated in the OAAS Rights and Responsibilities, participants have the right “to decide how, where and with whom you live”.</p>	N/A	N/A
9	Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	N/A	N/A	<p>N/A</p> <p>According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as ADHC is a non-residential setting. However, as stated in the OAAS Rights and Responsibilities, participants have the right “to decide how, where and with whom you live”.</p>	N/A	N/A
10	Individuals have the freedom and support to control their own schedules and activities	<p>Louisiana Administrative Code:</p> <ul style="list-style-type: none"> - LAC 48:I.4241 - LAC 48:I.4243 - LAC 48:I.4253 - LAC 48:I.5029 		<p>Compliant</p> <p>Individual control of schedule and activities are supported in rules through participant’s active involvement in the care</p>	N/A	N/A

	HCBS Setting Requirement	Systemic Assessment		Outcome	Remediation	Timeline
		Regulation/Statute	Other Document			
				planning and individual service plan development process. These specify that activities and recreation/exercise programs are tailored to the individual's goals and preferences.		
11	Meals must be served in a manner suitable for the client and prepared and offered with regard for individual preference.	Louisiana Administrative Code: – LAC 48:I.4253 – LAC 48:I.4273	Adult Day Health Care Waiver (ADHC) Provider Manual (October 2013), Section 9.1: Covered Services, p.8.	Compliant (Remediation Completed)	Supported in current documents and policies; however, additional language is scheduled to be added to the ADHC provider manual (reissued with changes late October 2016) strengthening individual preference with regard to participant's selection of food and dining options.	by 10/31/16
12	Individuals are able to have visitors of their choosing at any time.	N/A	N/A	N/A According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as ADHC is a non-residential setting. However, this requirement is supported in rule. As stated in LAC 48:I.4239.D.9, participants have the right to communicate, associate, and meet privately with individuals of his/her choice while at the ADHC center.	N/A	N/A

	HCBS Setting Requirement	Systemic Assessment		Outcome	Remediation	Timeline
		Regulation/Statute	Other Document			
13	The setting is physically accessible to the individual.	Louisiana Administrative Code: – LAC 48:I.5073		Compliant Current rule specify that the service setting shall be accessible to and functional for those cared for, the staff, and the public. All necessary accommodations shall be made to meet the needs of the client.	N/A	N/A

The following items were reviewed to assess the degree of compliance for current standards related to Adult Day Health Care settings:

- Adult Day Health Care provider Manual
- Participant Rights and Responsibilities document
- Adult Day Health Care waiver application
- Louisiana Administrative Code – The Louisiana Administrative Code (LAC) is a state-certified publication of rules which have been formally adopted or amended by Louisiana agencies. <http://www.doa.la.gov/Pages/osr/lac/Code.aspx>. A table listed all referenced rules is included below.

Title	Section #	Chapter	Subchapter Title	Section Title
48	4201	ADHC Licensing and Certification	General Provisions	Introduction
48	4233	ADHC Licensing and Certification	Administration and Organization	Participant Case Records
48	4237	ADHC Licensing and Certification	Administration and Organization	Confidentiality and Security of Records
48	4239	ADHC Licensing and Certification	Participant Rights	Statement of Rights

48	4241	ADHC Licensing and Certification	ADHC Center Services	Mandatory Daily Program Components
48	4253	ADHC Licensing and Certification	Participant Care	Nutrition Services
48	4255	ADHC Licensing and Certification	Participant Care	Social Work Services
48	4261	ADHC Licensing and Certification	Human Resources	Orientation and Training
48	4265	ADHC Licensing and Certification	Center Responsibilities	General Provisions
48	4273	ADHC Licensing and Certification	Direct Service Management	Admissions
48	4277	ADHC Licensing and Certification	Direct Service Management	Interdisciplinary Team Responsibilities
48	4279	ADHC Licensing and Certification	Direct Service Management	Interdisciplinary Team Composition
48	4281	ADHC Licensing and Certification	Direct Service Management	Individualized Service Plan
48	4283	ADHC Licensing and Certification	Direct Service Management	Individualized Service Plan Review
48	5029	HCBS Licensing Standards	Administration and Organization	Policy and Procedures
48	5031	HCBS Licensing Standards	Administration and Organization	Business Location
48	5035	HCBS Licensing Standards	Admission, Transfer, and Discharge Criteria	Voluntary Transfers and Discharges
48	5039	HCBS Licensing Standards	Service Delivery	General Provisions
48	5041	HCBS Licensing Standards	Service Delivery	Individual Service Plan
48	5049	HCBS Licensing Standards	Client Protections	Client Rights
48	5079	HCBS Licensing Standards	Personal Care Attendant Module	General Provisions

B.3—Provider Assessment

<http://new.dhh.louisiana.gov/index.cfm/page/1973>

B.4—Member Assessment

<http://new.dhh.louisiana.gov/index.cfm/page/1973>

Appendix C: Office of Behavioral Health

C.1—Stakeholder Feedback/Input and OBH Response

OBH Public Comments Received at time of original submission of STP pages 46-49

http://www.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/2014_RFP_Procurement_Library/HCBS-Transition/FinalLATransitionPlan.pdf

HCBS SURVEY FEEDBACK

Date	Stakeholder	Comment/Question	Response
1/12/2016	Robert Tolbert, Contemporary Family Services Inc	“I understand the rules and regulations that are put into place. Will there be a reporting system if some if the unauthorized places do occur? What if a potential recipient does not meet the guide lines in relation to place of residence where/who do we refer them to?”	For any setting questions that are scored “not met,” the member survey provides guidelines for follow-up questions, including listing the name and location for the provider. Magellan and OBH will review this information and will then contact the provider regarding remediation strategies as outlined in the Statewide Transition Plan.

1/20/2016	Landry Pat, Gulf Coast Social Services	Responded “No” that the proposed questions adequately assessed settings. Comment: “If consumer is not a minor, ensuring if they understand and were offered informed choice.”	We ensure members are provided choice of service providers and services through the freedom of choice process, which includes a form for participants or their authorized representative to sign off on during the initial and semi-annual plan of care meetings.
1/29/2016	Curtis Eberts, Wraparound Services of Northeast Louisiana	“If all CSoC services are presumed to be compliant with the HCBS setting rule, why is Magellan being asked to work specifically with the Wraparound Agencies to administer member surveys? Is there a different strategy in place to administer member surveys for youth residing in a setting that is presumed to NOT be in compliance with the HCBS setting rule?”	To ensure compliance, 100% of participants will be surveyed. Other compliance strategies being implemented include provider assessments and site visits by Magellan.
2/2/2016	Jacqueline Nwufoh, New Heights	“The community settings need to take into account that some of the neighborhoods do not have community rooms and use the outdoor settings to act as recreation and socializing.”	We agree. Scoring guidance for question 5 includes: “The intent of the question is to determine if the member is being integrated into the community and not be isolated to only interacting with CSoC members. For instance, is the member attending church activities, activities at the community center, playing with non-CSoC friends in the neighborhood, attending after-school activities with non-CSoC members, etc.?”

OBH Public Comments Received 3/18/15-6/30/15 (Quarter 2 2015 Update—No Comments Received)

OBH Public Comments Received 7/1/15-9/30/15 – (Quarter 3 2015 Update—No Comments Received)

OBH Public Comments Received 10/1/15-12/31/15 (Quarter 4 2015 Update-No Comments Received)

C.2—Systemic Review and Remediation

OBH compiled a list of regulations, administrative procedures, service manuals, and policy documents that provide guidance and directives for the services included in the Coordinated System of Care (CSoC). These documents were compared to the HCBS setting rule requirements to determine what policies support the requirements or what policies conflict with the requirements.

- [LBHP Service Definitions Manual](#)
- [CSoC Member Handbook](#)
- [CSoC Provider Handbook](#)
- [CSoC Member’s Freedom of Choice](#)
- Louisiana Administrative Code, [Title 50, Public Health – Medical Assistance](#)
- Louisiana Administrative Code, [Title 48, Public Health – General](#)

Description of Service/Setting: HCBS CSoC SED Waiver Services and 1915(b)(3) Services for CSoC Children

Specific Requirement	Regulation	Other	Outcome
<p>The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>N/A</p>	<p>The Member Bill of Rights, as found in the CSoC Member Handbook, indicates that members have the right to receive rehabilitative services in a community or home setting.</p> <p>Further, the CSoC waiver includes Independent Living/Skills Building services, which are designed to assist children who, are or will be, transitioning to adulthood with support in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to be successful in the domains of employment, housing, education and community life and to reside successfully in home and community settings. (<i>LBHP Service Definitions Manual</i>, p. 8)</p>	<p>Compliant. This requirement is supported by policy.</p>
<p>The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>N/A</p>	<p>The CSoC Member Handbook indicates that members have freedom of choice of providers and services.</p> <p>The CSoC Member's Freedom of Choice form is signed by members or their parents to attest that they have been provided choice of institutional or waiver services, choice of providers, and between services.</p>	<p>Compliant. This requirement is supported by policy.</p>

Specific Requirement	Regulation	Other	Outcome
<p>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>Louisiana Register, Title 50, Part XXXIII, Chapter 3, Section 305D, 1-3</p> <p>Louisiana Administrative Code, Title 50, Public Health – Medical Assistance</p>	<p>The Member Bill of Rights, as found in the CSOC Member Handbook, indicates that members have the right to be treated with respect, treated with respect for your privacy, and be free from any form of control used in a hostile way. The CSOC Member’s Freedom of Choice form is signed by participants to indicate that their Wraparound Facilitator helped them to know how to report abuse, neglect, and exploitation, and their right to be free from restraints, seclusion, and harm.</p> <p>The CSOC Provider Handbook also states that “licensed enrolled providers of waiver services 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 restroom facilities and any cruel, severe, unusual or unnecessary punishment.”</p>	<p>Compliant. This requirement is supported by policy and regulation.</p>

Specific Requirement	Regulation	Other	Outcome
<p>Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>N/A</p>	<p>The CSoc Member Handbook indicates that “the values of recovery and resiliency guide us...recovery means getting better. Your recovery may not be like someone else’s. There are many roads to recovery. Each person has his or her own path...Recovery includes having choices about your services and supports. This helps you gain control over your life. Your recovery plan is something you develop for yourself.”</p> <p>CSoc members receive Wraparound Facilitation which is “an intensive, individualized care planning and management process...The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family...wraparound also aims to develop the problem-solving skills, coping skills and self-efficacy of the young people and their family members.” (LBHP Service Definition Manual)</p>	<p>Compliant. This requirement is supported by policy.</p>
<p>Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>N/A</p>	<p>The CSoc Member Handbook indicates that members have freedom</p>	<p>Compliant. This requirement is supported</p>

Specific Requirement	Regulation	Other	Outcome
		<p>of choice of providers.</p> <p>The CSoc Member’s Freedom of Choice form is signed by members or their parents to attest that they have been provided choice of institutional or waiver services, choice of providers, and between services.</p>	<p>by policy.</p>
<p>The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.</p>	<p>N/A</p>	<p>According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as CSoc is a non-residential setting.</p>	<p>Compliant; however, OBH will modify applicable rules and the CSoc Member Handbook to indicate the member must reside with their family in order to be eligible to enroll in the CSoc waiver.</p>
<p>Units have entrance doors lockable by the individual, with only appropriate staff having keys to the doors.</p>	<p>N/A</p>	<p>According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as CSoc is a non-residential setting.</p>	<p>Compliant; however, OBH will modify applicable rules and the CSoc Member Handbook to indicate the member must reside with their family in order to be eligible to enroll in the CSoc waiver.</p>
<p>Individual sharing units have a choice of roommates in that setting.</p>	<p>N/A</p>	<p>According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as CSoc is a non-residential setting.</p>	<p>Compliant; however, OBH will modify applicable rules and the CSoc Member Handbook to indicate the member must reside with their family in order to be eligible to enroll in the CSoc</p>

Specific Requirement	Regulation	Other	Outcome
			waiver.
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	N/A	According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as CSoC is a non-residential setting.	Compliant; however, OBH will modify applicable rules and the CSoC Member Handbook to indicate the member must reside with their family in order to be eligible to enroll in the CSoC waiver.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	N/A	According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as CSoC is a non-residential setting.	Compliant; however, OBH will modify applicable rules and the CSoC Member Handbook to indicate the member must reside with their family in order to be eligible to enroll in the CSoC waiver.
Individuals are able to have visitors of their choosing at any time.	N/A	According to 42 CFR §441.301(c)(4)(vi), this requirement is not applicable as CSoC is a non-residential setting.	Compliant; however, OBH will modify applicable rules and the CSoC Member Handbook to indicate the member must reside with their family in order to be eligible to enroll in the CSoC waiver.
The setting is physically accessible to the individual.	LAC 48:I, Chapter 56, Subchapter I		Compliant. This requirement is supported by regulation.

C.3 OBH Provider Survey

HCBS Setting Rule Provider Survey

The intent of this survey is to ensure provider facilities meet regulations promulgated by the Centers for Medicare & Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid home and community-based services (HCBS). The purpose of these regulations is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS. The regulations also aim to ensure that individuals have free choice of where they live and who provides services to them, as well as ensuring that individual rights are not restricted.

The survey should be completed as part of initial credentialing, annually thereafter, and at recredentialing for CSoC Waiver Service Providers. Survey can be completed as part of credentialing packet or verbally by Network staff if you are being credentialed/recruited for any of the following services: Parent Support & Training; Youth Support & Training; Short-term Respite; Independent Living Skills and Skills Building; and Crisis Stabilization. Magellan will monitor compliance annually as part of onsite visits.

Demographic Information

Provider Information			
Provider Name		MIS Number	
Provider Physical Address:			
Completed By			
Printed Name:		Title:	
Signature:			
Date:			

Survey Questions

Question Number	Question	Scoring Guidance	Met/ Not Met	Follow- up Questions
1	Provider service setting is located among other residential buildings, private businesses, retail businesses, restaurants, doctor’s office, etc. that facilities participant integration within the greater community.	Score Met if the physical provider site integrated within the community of the members being served.		If this question is scored NOT MET, please describe the setting of the provider site in detail.
2	The provider service setting is NOT located in a building that also provides inpatient institutional treatment (such as a nursing facility/nursing home Institute for Mental Disease (IMD), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), or a hospital).			If this question is scored NOT MET, please describe the setting of the provider site in detail.
3	Provider service setting is NOT located in a building on the grounds of or immediately adjacent to a public institution.	Public institution doesn’t include schools or universities or private entities, but rather means a public institution such as a nursing facility/home, IMD, ICF/IID, or hospital.		If this question is scored NOT MET, please describe the setting of the provider site in detail.
4	Provider service setting is physically accessible.	Physically accessible means that clients served by the providers are able to comfortably receive services in the provider’s location according to the client’s individual needs.		If this question is scored NOT MET, please describe the setting of the provider site in detail.

Question Number	Question	Scoring Guidance	Met/ Not Met	Follow- up Questions
5	Member information is kept private.	<p>Magellan expectations for privacy include:</p> <ul style="list-style-type: none"> • Comply with applicable state and federal laws and regulations that address member privacy and confidentiality of PHI; • Utilize HIPAA-compliant authorization forms and consent for treatment forms that comply with applicable state and federal laws; • Use only secure email (secure messaging) when requesting member PHI; • Establish office procedures regarding communication with members (e.g., telephone and cell phone use, and written, fax and Internet communication); and • Establish a process that allows members access to their records in a confidential manner. <p>Please see the Magellan National Provider Handbook for more details available at www.magellanprovider.com.</p>		If this question is scored NOT MET, please include corrective action plan of how this will be addressed, responsible party, and anticipated date of completion. Credentialing application will not be processed until documentation of compliance is submitted.

Question Number	Question	Scoring Guidance	Met/ Not Met	Follow- up Questions
6	Provider has policy requirements that assure staff do not talk to other staff about an individual in the presence of other persons or in the presence of the individual as if s/he were not present.			If this question is scored NOT MET, please include corrective action plan of how this will be addressed, responsible party, and anticipated date of completion. Credentialing application will not be processed until documentation of compliance is submitted.

Form Finalized: 3/10/2016

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C.4 OBH Participant Survey

HCBS Setting Rule Member Survey Instructions

The intent of this survey is to ensure member’s home residence meets regulations promulgated by the Centers for Medicare & Medicaid Services (CMS) that define the settings in which it is permissible for states to pay for Medicaid home and community-based services (HCBS). The purpose of these regulations is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree as individuals who do not receive HCBS. The regulations also aim to ensure that individuals have free choice of where they live and who provides services to them, as well as to ensure that individual rights are not restricted.

The survey should be complete at least once every six months at the time of the evaluation. The survey should not be given to the member but rather the questions should be scored by direct observation of the home or as part of member interviews conducted in the evaluation/assessment process, the Plan of Care (POC) development or Child and Family Team (CFT) meeting. The questions could be directed at a member, if the member is above 18 years of age, or a parent, if the child is a minor. The surveys should be kept in the member’s treatment record.

If member is in an institution and receiving Wraparound Facilitation services for the purposes of transitioning back to the community within 90 days, do not complete survey questions, but complete the “Institution Exception” section on page 5. If member is homeless but is currently residing with a family member or friend, please answer the survey questions for the member’s current residence. If member is homeless and has no temporary residence (e.g., living on the streets) or is living in a shelter, do not complete survey questions, but complete the “No Current Residence” section on page 5.

If the member scores “**Not Met**” to any of the survey questions or “**Yes**” to “No Current Residence” section, please complete follow-up questions and submit form to Magellan by fax or email. Magellan will then collaborate with the Office of Behavioral Health (OBH) and Medicaid to address next steps with the goal of ensuring Medicaid members being served in a way that will enable them to live and thrive in truly integrated community settings.

HCBS Setting Rule Member Survey

Demographic Information:

Member Information			
First Name:		Last Name:	
Date of Birth:		Medicaid Number:	
Member Address:			
Completed By			
Signature			
Printed Name:		Title:	
Wraparound Agency:		Region:	
Date:			

Survey Questions

Question Number	Question	Scoring Guidance	Met/Not Met	Follow- up Questions
1	The member's home setting is not located in a building that also provides inpatient institutional treatment (such as a nursing facility/nursing home, Institute for Mental Disease (IMD), Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD), or a hospital).	Question can be answered using WAA observation of the member's residence.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET, please list the name and location of the facility.
2	The member's home setting is not located in a building on the grounds of or immediately adjacent to a public institution.	Question can be answered using WAA observation of the member's residence. Public institution doesn't include schools or universities or private entities, but rather means a public institution such as a nursing facility/home, IMD, ICF/DD, or hospital.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET, please list the name and location of the facility.

Question Number	Question	Scoring Guidance	Met/Not Met	Follow- up Questions
3	The member's home setting is not owned by a service provider.	Information for this question can be obtained as part of the evaluation, assessment, POC development or CFT meeting. Service provider includes any provider type in the Service Definition Manual (e.g., CPST, PSR, ILSB, STR, etc.). There are no provider types excluded and this can include Permanent Supportive Housing or Therapeutic Foster Care (TFC)/Foster Care (FC). In the case of TFC/FC, the question would be scored met if the member is living with a foster family in a home that is not owned by the provider (DCFS or the entity who pays/oversees the family). If member is residing in a Therapeutic Group Home (TGH)/Non-Medical Group Home (NMGH), this question would be scored not met.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET and the member resides in TGH/NMGH, please list the name and location of the group home. If the question is scored NOT MET and they are residing with a service provider other than TGH/NMGH, please complete home setting owned by service provider section below.
4	The member's home is located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices etc. that facilitates integration within the greater community	Question can be answered using WAA observation of the member's residence. If member's home is located within 30 miles of other residential buildings, private businesses, retail businesses, restaurants, doctor's offices etc., score with question has met.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET, then please provide details regarding the home environment.

Question Number	Question	Scoring Guidance	Met/Not Met	Follow- up Questions
5	The member participates in community outings to the same degree as children/youth who don't receive HCBS services. If not, HCBS services are working to address barriers and to increase the member's participation in the community.	Information for this question can be obtained as part of the evaluation, assessment, POC development or CFT meeting. The intent of the question is to determine if the member is being integrated into the community and not being isolated to only interacting with CSoC members. For instance, is the member attending church activities, activities at the community center, playing with non-CSoC friends in the neighborhood, attending after-school activities with non-CSoC members, etc.? They can interact with other CSoC members (e.g., their sibling is also in CSoC); however, it should not be exclusive to only CSoC members. If HCBS services are addressing barriers, score MET. Documentation of this can be on the POC or progress notes. If HCBS Services are not addressing barriers, score not met.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored Not Met, please document why barriers are not able to be addressed.
6	The member does not reside with 3 or more unrelated persons (step families are considered related).	Information for this question can be obtained as part of the evaluation, assessment, POC development or CFT meeting. This does not include foster family members.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	If this question is scored NOT MET, please list name and relationship of non-related persons.

Home Setting Owned by Service Provider	
Follow-up Question	Response
Did the participant or his/her parent choose where they live and receive services?	
Does the participant or his/her parent have a lease?	
Does the participant or his/her parent know their rights as a tenant and protections from eviction?	
Does anyone else besides the participant or his/her parent have a key to their home?	

Institution Exception		
Member is in an institution and receiving Wraparound Facilitation services for the purposes of transitioning back to the community within 90 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please document current placement and estimated date of discharge:

No Current Residence Section		
Member is currently not residing in a home (e.g., living on the streets) or is living in a shelter.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please document current placement and what actions are being taken to locate permanent residence.

If any survey questions scored "NOT MET" or answered "Yes" to "No Current Residence" Section, please complete follow-up questions and submit form by secure fax or email:

Email: LACSoCQI@Magellanhealth.com

Fax: 1(888)656-3857

Form Finalized: 2/25/2016

C.5 OBH HCBS Survey Feedback

HCBS survey feedback

Date	Stakeholder	Comment/Question	Response
1/12/2016	Robert Tolbert, Contemporary Family Services Inc	"I understand the rules and regulations that are put into place. Will there be a reporting system if some of the unauthorized places do occur? What if a potential recipient does not meet the guidelines in relation to place of residence where/who do we refer them to?"	For any setting questions that are scored "not met," the member survey provides guidelines for follow-up questions, including listing the name and location for the provider. Magellan and OBH will review this information and will then contact the provider regarding remediation strategies as outlined in the Statewide Transition Plan.
1/20/2016	Landry Pat, Gulf Coast Social Services	Responded "No" that the proposed questions adequately assessed settings. Comment: "If consumer is not a minor, ensuring if they understand and were offered informed choice."	We ensure members are provided choice of service providers and services through the freedom of choice process, which includes a form for participants or their authorized representative to sign off on during the initial and semi-annual plan of care meetings.
1/29/2016	Curtis Eberts, Wraparound Services of Northeast Louisiana	"If all CSoC services are presumed to be compliant with the HCBS setting rule, why is Magellan being asked to work specifically with the Wraparound Agencies to administer member surveys? Is there a different strategy in place to administer member surveys for youth residing in a setting that is presumed to NOT be in compliance with the HCBS setting rule?"	To ensure compliance, 100% of participants will be surveyed. Other compliance strategies being implemented include provider assessments and site visits by Magellan.
2/2/2016	Jacqueline Nwufoh, New Heights	"The community settings need to take into account that some of the neighborhoods do not have community rooms and use the outdoor settings to act as recreation and socializing."	We agree. Scoring guidance for question 5 includes: "The intent of the question is to determine if the member is being integrated into the community and not be isolated to only interacting with CSoC members. For instance, is the member attending church activities,

			activities at the community center, playing with non-CSoC friends in the neighborhood, attending after-school activities with non-CSoC members, etc.?"
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Appendix D: Office for Citizens with Developmental Disabilities

D.1—OCDD Master Work Plan (denotes a change in dates from previous submissions)*

Action Step	Start	End	Status/Comments
Stakeholder Engagement			
Convene Interagency group to manage planning process	9/22/14	Ongoing	<ul style="list-style-type: none"> • Ongoing quarterly meetings with MPSW Section • OCDD updated partner agencies/stakeholders about transition plan on 3/27/15 (Work Pays meeting) • 9/23/15—Work Pays Meeting—updated partner agencies/stakeholder about transition plan and employment initiatives • Memorandum of Understanding meeting held with Louisiana Rehabilitation Services (LRS) on 4/20/15 and 5/28/15. <ul style="list-style-type: none"> ○ Meeting held on 7/16/15-working on draft MOU ○ 9/10/15-OCDD met with LRS, OBH and Medicaid to make final edits to draft MOU. Next steps related to MOU are to have each agencies legal department review the document. • DHH, with representation from OAAS, OCDD, OBH and Medicaid attended the Community Provider Association Legislative and Public Policy Conference on 7/8/15. Representatives from each program office sat on a panel for the HCBS Settings Rule, provided updates on their transition plans and participated in Q&A session with providers. • OCDD also meets and provides updates regarding STP to groups such as the DD Council, Provider quarterly meetings, SC/LGE quarterly meetings, SILC, and other identified groups as appropriate. <p>12/31/2015 Update:</p>

			<ul style="list-style-type: none"> • 10/13/2015—Presented information and answered questions regarding the HCBS rule changes to the Executives of the ARC quarterly meeting • 10/27/2015-State Use Council meeting discussing changes being made to the workshops and integration of rule from CMS and how it will affect the program • 11/30/2015-Finalizing draft MOU with LRS and OBH • 12/2/2015-LC Vocational Provider Meeting to answer questions along with LRS • The STP workgroup met on 11/13; 11/20; 12/1; 12/4; 12/7; 12/11; and 12/16 to discuss responses to CMS and revise the STP to meet CMS requirements. • 12/18-Updates regarding transition plan and status given to the Provider Association Group <p>3/31/2016 Update:</p> <ul style="list-style-type: none"> • 1/29-Louisiana Rehabilitation Council Meeting presentation. Mark Thomas presented initiatives, HCBS, and working with WIOA • 2/22-2/23-State Independent Living Council Quarterly Meeting • Based on input/feedback from providers – OCDD updated the HCBS website to better organize and facilitate ease of use for those persons accessing it. New website went live on 2/24/16. The following link goes to the new website: http://new.dhh.louisiana.gov/index.cfm/page/2313 • STP workgroup met on 2/4/16 and 3/1, and 3/7—meetings on 3/1 and 3/7 were to discuss response to CMS related to milestones • 3/4-Work Pays/APSE quarterly meeting • 3/21-Updates regarding transition plan and status given to the Provider Association Group. <p>6/30/16 Update:</p>
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			<ul style="list-style-type: none"> • 4/4/16-OCDD met internally to discuss Individual Experience Survey. • 4/27/16-HCBS quarterly planning progress meeting • 5/5/16-OCDD met internally to discuss validation visit progress. • 5/9/16-STP cross office workgroup met to discuss and plan for STP resubmission • 5/10/16-STP cross office workgroup met to discuss systemic assessment with consultant and determine next steps in terms of formatting information for resubmission with STP • 6/7/16, 6/14, 6/16 and 6/20/16 -OCDD and Medicaid meetings to discuss NOW renewal-discussions including incorporation of language associated with HCBS rule. • 6/22/16 and 6/27/16-OCDD met internally to discuss changes to be included in NOW renewal • 6/23/16-STP workgroup met with consultant to prep for phone conference with CMS -TA call related to addressing all areas to receive initial approval on STP • 6/24/16-TA call with CMS team regarding resubmission of STP <p>9/30/2016 Update</p> <ul style="list-style-type: none"> • Cross office workgroup met on the following dates to address feedback and revisions needed to the STP: 7/13, 7/20/16, 7/27/16, 8/3/16, 8/10/16, 8/31/16, 9/6/16 and 9/7/16
Identify all potential stakeholders including participants, providers, family members, state associations, advocacy organizations, and self-advocates.	10/6/14	11/15/14	All stakeholders identified

Create portal on State Medicaid website. Provide transition information and plan. List end of comment period	2/11/15-posted	4/10/15-comments due	2/11/2015-posted 4/10/2015 comments due
Support ongoing stakeholder communications	11/2014	Ongoing	<p>Initial stakeholder engagement/communications noted on the initial plan. Since the submission of the State wide transition plan-OCDD has engaged in the following:</p> <ul style="list-style-type: none"> • Representative from OCDD conducted onsite meeting with Lafayette ARC on 3/11/2015 and continues to provide assistance as needed via email correspondence. • Onsite visit with Assumption ARC on 3/12/2015 to evaluate and provide assistance with meeting compliance with rule. On April 12, 2015-pilot/discussion on completing non-residential assessment. • OCDD updated partner agencies/stakeholders about transition plan on 3/27/2015 (Work Pays Meeting) • Memorandum of Understanding Meeting held with Louisiana Rehabilitation Services on 4/20/2015 and 5/28/2015. Next meeting scheduled for 7/16/2015 • Onsite visit with Rapides ARC on 5/18/2015 • Round table employment meeting in New Orleans with employment providers and LGE office to discuss strategies for compliance with settings rule/employment initiatives on 6/2/2015 • Technical assistance phone conference with St. Mary ARC on 6/10/2015 • Presentation at Provider Quarterly meeting related to employment initiatives and compliance with settings rule in Lafayette on 6/25/2015 • Technical assistance onsite and electronic correspondence with Evangeline ARC 2/2015-present

			<ul style="list-style-type: none"> • OCDD will be scheduling Round Table discussions with every LGE and employment provider in their area. This schedule should be available by 9/1/2015 <p>9/30/15 quarterly update included the following:</p> <p>OCDD has engaged in the following:</p> <ul style="list-style-type: none"> • Additional feedback internally received related to the transition plan process/documents. Modifications made to the documents based on this feedback. Final assessments posted online 8/10/15 • Notifications sent to service providers, support coordination agencies, and LGE offices clarifying the process as well as identifying where information can be found online (8/2015) • Roundtable meetings with vocational service providers, LRS and LGE offices held: Monroe (7/16/15), Florida Parishes (8/11/15), Shreveport (8/13/15), Lake Charles (8/26/15) and Baton Rouge (9/15/2015). Additional meetings are being scheduled • Met with LRS, Bossier Parish Community College and LGE office to discuss referral process and the program offered at the community college to prepare people for Supported Employment. Internal discussion/consideration being given to establishing a partnership with the programs at the community colleges and the prevocational programs to consider options for job readiness training. • Presented at employment summit hosted by LRS on 8/28/15 • Information/updates provided at the local AAIDD Conference held September 15-18th, 2015 related to the transition process • Multiple phone calls and email communications with various service providers across the state to answer questions about the provider self-assessment process
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			<p>and provision of technical assistance as needed. Additional information/updates related to public comment to be provided with this update</p> <p>Update for 12/31/15 submission:</p> <ul style="list-style-type: none"> • 10/6/2015—Employment Roundtable in Lafayette • 10/7/2015—Employment Roundtable in Region 3 • 10/8/2015—OCDD staff attended opening of Options new program in Hammond. This is where they rolled out their “volunteer” program and their “arts” program in the community-it was held at the Theatre in Hammond • 10/15/15-Alexandria Employment Roundtable • 11/16/2015-Received questions from a vocational provider group regarding changes • 11/17/15-Visit to LADD and CARC in Region 6 • 11/24/2015-Phone call with WARC in region 8 and the LGE office to answer questions regarding changes to waiver application • 11/30/2015-SW training with providers to discuss the changes being made to SW which are moving us toward compliance with settings rule • 12/3-4/2015-Attended LA APSE conference to learn more about WIOA changes • 12/11/15-Meeting with JPHSA (LGE office) regarding pairing with them to complete validation visit and assist selected provider with completing a transition plan to come into compliance <p>Update for 3/31/2016 Submission:</p> <ul style="list-style-type: none"> • 1/12/16-Meeting with LGE offices about provider self-assessment process and their role. Addressed follow up action for those providers that have not submitted information to the LGE office. • 1/25-1/26 Technical Assistance with providers (West Carol ARC and Precision Caregivers)
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			<ul style="list-style-type: none"> • 1/20-Lake Charles employment roundtable on transitioning to HCBS compliance • 2/17-Refresher training with LGEs on their role in the provider validation process • 2/24-Refresher training for providers related to changes made to the Supports Waiver • 2/26-Meeting with JPHSA/MHSD to discuss validation visits • 2/29-Meeting with family stakeholder group to discuss/develop participant experience survey • 3/3-Meeting with AAHSD to discuss validation visits • 3/8-CAHSD quarterly provider meeting to discuss HCBS final rule and Supports Waiver changes • 3/15-Meeting with JPHSA/MHSD to review each element on the provider assessment and validation tool • 3/16-Conducted site visit with AAHSD of Ageless Day Program • 3/17-Meeting with IMCAL to review each element on the provider assessment and validation tool • 3/17-Phone conference with CLHSD to review elements on the provider assessment and validation tool. <p>6/30/16 Update:</p> <ul style="list-style-type: none"> • 4/7/16-State Office assisted Central Louisiana Human Services District (region 6 local office) with completing site visit at a service provider day program. • Technical assistance provided to Florida Parishes Human Services Authority (region 9 local office) regarding validation visits. • 4/11/16-State Office assisted South Central Louisiana Human Services (region 3 local office) with completing site visit as service provider day program • 4/15/16-Coordinated Social Security Presentation/broadcast with the CWICs
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			<ul style="list-style-type: none"> • 4/20/16-State Office assisted South Central Louisiana Human Services (region 3 local office) with completing site visit at service provider day program • 4/19, 4/25, and 5/16-Stakeholder workgroup regarding person centered planning and format options. • 4/26/16-Presentation with Families Helping Families in Jefferson Parish about CMS rule/changes • 4/27/16-HCBS quarterly planning progress meeting • 5/3/16-Meeting with Support Coordination Alliance regarding Individual Experience Survey • 5/3/16-State Office assisted Florida Parishes Human Services Authority (region 9 local office) with completing site visit for day program service provider. • 5/10-5/12-State Office assisted Northwest Louisiana Human Services District (region 7 local office) with completing site validation visits for day program providers. • 5/16/16-State Office assisted Florida Parishes Human Services Authority (region 9 local office) with completing site visit with day program service provider. • 6/8/16-State Office assisted Capital Area Human Services (region 2 local office) with completing site visit with day program service provider • 5/24/16-Work Pays meeting • 5/27/16-5/30/16-State Office assisted Northeast Human Service Authority (region 8 local office) with completing site visits for multiple day program and residential service provider agencies. • 6/14/16-Update provided regarding STP at a meeting with the Louisiana Council of Executives. • 6/22/16-Update provided regarding STP for DD Council report
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			<ul style="list-style-type: none"> • Presentation at South Central Louisiana Human Services Authority quarterly provider meeting regarding STP progress. <p>9/30/2016 Update</p> <ul style="list-style-type: none"> • OCDD has begun holding monthly provider calls. Invited to participate in these meetings are all service providers, support coordination agencies, and the LGE offices. Agenda items are determined based on feedback from stakeholders as well as areas that OCDD needs to provide updates on. Questions are submitted via email prior to and post meeting. OCDD responds to these questions and posts responses after the meeting. The Statewide Transition Plan was included on the agenda for both the 7/7/16 meeting and the 9/1/16 meeting. OCDD provided an overview of progress on revisions, when stakeholders could anticipate posting of document for review, and responded to questions received prior to calls. See stakeholder question and responses for additional information regarding this area. • 7/20/2016-presented updates at the DD Council meeting with a focus around employment. Presented overview of the regulation and Louisiana’s approach to evaluating compliance and progress in terms of revision to STP and process to come into compliance. Present for this meeting were advocates, self-advocates, family members, provider representatives, and OCDD staff. <p>OCDD will continue to provide technical assistance to all service provider agencies as requested (will partner with LGE offices where appropriate).</p>
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Create method to track and respond to public comments	1/1/15	1/31/15	Created spreadsheet. Internal discussions needed potentially related to modifying tracking mechanism.
Collect all public comments. Synthesize comments and develop responses to comments (Will go into transition plan for CMS).	Begin 9/2014	Ongoing	<ul style="list-style-type: none"> • 5/12/2015, 5/21/2015, 6/1/2015-6/2/2015-internal meeting to review and respond to questions from advocates on non-residential/residential assessment (see attached questions/responses) • 6/24/2015-Met with MPSW representative to review IRAI received related to Supports Waiver amendment. OCDD was asked to develop a summary of comments/responses for the questions submitted with transition plan. Summary completed on 6/26/2015 (see attached) <p>6/30/15-submitted summary of public comments</p> <p>9/30/15-submitted summary of comments with update</p> <p>12/31/15-No comments received during this period</p> <p>3/31/16-No comments received during this period</p> <p>Update 6/30/16:</p> <p>4/20/16-Individual Experience Survey posted for public comment (public comment period 4/20/16-5/20/16)</p> <p>5/2/16-Comments/Questions received from SC Alliance regarding Individual Experience Survey.</p> <p>5/3/16-Conference call to respond to questions and Comments-Summary of comments included with 6/30/16 update.</p> <p>Update 9/30/16: Comments/questions and the State's response received for the July call can be found by clicking the following link and information is on page 2 http://new.dhh.louisiana.gov/assets/docs/OCDD/waiver/NO W/Q&AforProviderCallUpdated08292016.pdf</p>

			Attached are the questions received for the September call and OCDD's responses.
Program Review and Assessment			
Review licensure, certification, policy/procedure and provider qualifications	10/1/14- initial review In depth analysis- 2/2016	10/31/14- initial review In depth analysis- 3/20/2016 Adjusted timeline: 9/30/16*	<ul style="list-style-type: none"> • 10/2014—Determined changes to review documents not needed. • 12/9/15-per feedback from CMS a crosswalk is being developed to identify specific findings associated with this activity. Information will be submitted with STP response to CMS and will be incorporated in the overall statewide transition plan. • Based on guidance during CMS call on 12/9-OCDD will complete a more in depth analysis of all areas, update crosswalk, and develop remediation strategies based on findings. • 3/18/16 In-depth analysis Completed-Attached with this submission • 8/12/16-Received feedback from CMS/NORC related to systemic review. In response to the feedback received, OCDD performed additional review for all waivers and updated crosswalk as appropriate. Areas requiring remediation have been identified and a timeline for completion provided. Draft information will be incorporated in the revised STP and posted for public comment on 9/14/16.
Prepare list of settings subject to new rule. Classified as:	10/14	12/15	<ul style="list-style-type: none"> • Completed the initial list in 10/2014

<ol style="list-style-type: none"> 1. Clearly meets HCBS settings rule 2. With modifications, will meet new settings rule 3. Meets CMS close scrutiny review 4. Unclear if new setting rule will be met 			<ul style="list-style-type: none"> • 12/9/15-per feedback from CMS setting analysis is being updated to reflect settings not services. Information will be submitted with STP response to CMS and will be incorporated in the overall statewide transition plan.
<p>Draft a self-assessment tool that familiarizes providers with the new settings rule and allows opportunity to measure compliance with the new requirements. The assessment tool will identify areas for the new rule for which the provider is non-compliant and will allow providers to target compliance efforts. The tool will include questions that accurately assess provider compliance; and methods to quantify provider assessment results.</p>	2/1/15	Completed	Completed for all 4 waivers
<p>Post assessments on the website</p>	3/18/15	4/30/15	Completed for all 4 waivers
<p>Circulate self-assessments to stakeholder groups</p>	3/18/15	4/30/15 Extended public comment period through 5/2015	6/30/15 update—Met internally on 5/12/2015, 5/21/2015, 6/1/2015, and 6/2/2015 to review and develop responses to stakeholder’s questions/comments on provider self-assessment.
<p>Modify self-assessment tool based on stakeholder comment</p>	4/19/15	4/30/15	6/30/15—Based on feedback from stakeholders, OCDD reviewed the assessments and incorporated changes where

		Actual completion 6/15	<p>appropriate as well as clarifying questions/statements in the assessments.</p> <p>In addition to reviewing and incorporating stakeholder feedback, OCDD also evaluated existing processes/initiatives that would further move the State in the direction of complying with the overall settings rule.</p> <ul style="list-style-type: none"> • The Workforce Innovation and Opportunity Act (WIOA) initiatives are being included as part of the office’s strategies to comply with settings rule. • OCDD is incorporating provider self-assessment/transition planning (compliance plan) as well as initiation/ongoing compliance into existing Quality Enhancement structures. It is the office’s intent to build on the existing service provider QE structure to do this.
Provide training to providers	6/2015	<p>Big Picture Training 6/15/15</p> <p>Self-Assessment Training 7/13 and 7/20/15- Completed</p>	<p>Training:</p> <ul style="list-style-type: none"> • OCDD provided training for service providers specific to the self-assessment process on 7/15 and 7/20. LGE offices, support coordination and service providers all invited to attend. This training opportunity was available to attend in person or participate via web live broadcast. OCDD presented the assessment tool and developed a format to be used for service providers to develop a transition plan for their agencies if out of compliance with any component of the CMS rule. • Document has been drafted detailing expectations as it relates to completion of the self-assessment.

Distribute assessment to providers	7/2015	7/31/15	<p>Service Providers to begin conducting assessments after completion of training 7/13/2015-7/20/2015</p> <p>Provider self-assessments available on OCDD’s website. Developed provider transition plan format for providers to utilize if corrective action is needed.</p>
Provider assessments due to LGE offices	9/30/15	<p>9/30/15</p> <p>Adjusted timeframe- 2/5/2016</p>	<p>12/9/2015—Based on feedback from the LGE offices not all providers have complied with submission of their assessments. OCDD will work partner with LGE offices to draft another communication to providers explaining the process and how to submit where and how to submit assessments. In addition to this a tracking mechanism has been developed to assure that each LGE office to identify all service providers in their area and the submission of their self-assessments.</p> <ul style="list-style-type: none"> • Follow up strategies will be developed to assure that all assessments are received <p>Update 3/31/2016</p> <ul style="list-style-type: none"> • 1/28/16-follow up letter sent to all providers regarding submission of provider self-assessments to the local office • The following process was developed to address compliance by Providers to submit self-assessments: <ul style="list-style-type: none"> -Send general letter out to all providers requesting submission of assessment if it has not been done (OCDD state office to send letter)-completed this on 1/28/16 -LGE offices to identify all providers in their area that needs to submit assessment. If the assessment has not

			<p>been received by date noted in general letter, LGE offices to follow up with provider specific letter (template provided to LGE offices to be put on their letterhead).</p> <p>-If the provider still does not comply with request from LGE office, LGE should submit names of those providers to OCDD</p> <p>-OCDD to follow up with those providers</p> <p>-If provider fails to comply OCDD will take appropriate action.</p> <p>Update 6/30/16</p> <ul style="list-style-type: none"> • During this quarter continued follow up by both LGE offices and Central Office staff to get all provider agencies to submit their provider self-assessments. In process of consolidating report to identify any remaining providers that have not complied with request. OCDD to take appropriate action. <p>Update 9/30/16</p> <ul style="list-style-type: none"> • There is approximately 5% of Residential and 5% Non-Residential providers that have not submitted their self-assessments. OCDD will be partnering with the LGEs to follow up on these agencies and take appropriate action.
Training for LGE visits regarding rule and method for conducting site visits/desk audits	10/2015	10/5/15	<p>OCDD provided training to all LGEs related to their role and the expectations for completing validation visits. A tool has been created to document these validation visits.</p> <p>2/17-refresher training provided</p>
OCDD to provide LGE offices with sample of service provider agencies for review	12/2015	2/2015 Completed	<p>Per CMS feedback, OCDD has drafted a document detailing the office's intent related to sampling methodology, site validation, data validation, etc. Document is attached for</p>

			<p>review and will be incorporated into CMS response as well as the STP.</p> <p>OCDD will pull a random sample for all agencies providing the following services:</p> <ul style="list-style-type: none"> • Residential <ol style="list-style-type: none"> 1. S5125-IFS type services (day, night, shared, family support, community living supports) 2. S5136-SIL 3. S5140-Host Home/Substitute family care • Non-Residential <ol style="list-style-type: none"> 1. T2014-Prevocational services/Employment Related Training 2. T2019-Habilitation Supported Employment 3. T2020-Day Habilitation 4. H2023-Supported Employment Individual Job 5. H2024-Individual Job Self-Employment or 6. H2025-Supported Employment Mobile Crew 7. H2026-Group Employment <p>OCDD intends to pull a 10% site visit sample for Residential providers and 10% desk audit sample for each area of the state. OCDD has 10 LGE offices and each area will be given the sample for their area.</p> <p>OCDD intends to pull a 10% site visit sample for Non-Residential providers and 10% desk audit sample for each area of the state. OCDD has 10 LGE offices and each area will be given the sample for their area.</p>
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			Discretion built into the process so that the LGE office may conduct additional sites should they deem it appropriate.
Conduct site visits	1/1/16	3/31/17*	Update 3/31/16-the LGE offices have started to complete site visits. State Office has participated when requested. Update 6/30/16 -Per recent technical assistance/feedback from CMS (reference letter/date) it is OCDD's understanding that the validation component of the STP does not have to be completed for initial approval. OCDD is revisiting validation process to assure that appropriate sample size is being evaluated for all service types. Extending timeline for site visits to account for these changes.
Monthly progress reported by LGE offices related to site visits/desk audits	1/1/16	3/31/17*	Beginning in January of 2016, it is OCDD's expectation that the LGE offices will provide status updates related to progress on site visits/desk audits. Mechanism for reporting will be provided to the LGE offices. OCDD is also planning to establish ongoing conference calls with the LGE offices to identify and address issues/concerns as we go through this process.
Analysis of findings from site visits and assessments	6/1/16	4/30/17*	Beginning the process of analyzing the information; however, as noted previously additional validation to be completed, thus timeframe for this activity to be extended.
Identify any settings that require heightened scrutiny	1/1/16	4/30/17*	Throughout the provider self-assessment and site validation visits – identify any settings that require this level of review. Submit updates and follow process for making this request throughout the process.

Draft participant survey for public review	1/1/16	4/15/2016 Completed	Develop participant survey to measure satisfaction and overall experience as it related to CMS rule. Information to be used to validate information reported by provider agencies and site visits conducted. Identify self-advocates, family members, etc. to assist with development of this. Update 6/30/16—Completed
Post participant survey on the website and circulate to all stakeholders	4/20/16	5/20/16 Completed	Survey developed. Circulated internally for feedback. Awaiting approval to post online. Dates will be adjusted to assure appropriate timeframe for stakeholder input. (Attached is the draft participant experience survey). Update 6/30/16—Completed
Modify participant survey based on comments	4/20/16	5/25/16 Completed	Modifications made based on stakeholder input throughout the posting period Update 6/30/16—Completed
Provide training on participant survey	5/25/16	5/31/16 Completed	Conduct training with SC agencies to complete survey. Pull a 95% +/- confidence level sample of participants receiving waiver services Update 6/30/16—Completed ; however, concerned that sample size was not representative of all waiver types. As part of submission of revised STP OCDD will propose option to enhance this area as part of validation process.
Distribute participant survey	6/1/16	6/1/16	Update 6/30/16—Completed ; however, concerned that sample size was not representative of all waiver types. As part of submission of revised STP OCDD will propose option to enhance this area as part of validation process.
Participant survey due	6/1/16	7/15/16	Update 6/30/16—Completed ; however, concerned that sample size was not representative of all waiver types. As part of

		Completed first phase 3/31/17 for next phase	submission of revised STP OCDD will propose option to enhance this area as part of validation process.
Analysis of participant survey findings	7/15/16	4/30/17*	Update 6/30/16—Completed; however, concerned that sample size was not representative of all waiver types. As part of submission of revised STP OCDD will propose option to enhance this area as part of validation process.
Analysis of other available OCDD participant data (NCI results)	6/1/16	3/31/17*	Review existing NCI data, SC monitoring data, etc. in order to evaluate whether reported experiences align with settings expectations. Crosswalk where appropriate information that can be utilized in the process. Identify areas that may be modified to better assess this area long term. Update 9/30/16- OCDD intends to look at data available to compare overall results; however, since the data is not able to be cross walked to a specific provider-it will only be able to be used from a comparison perspective.
Completion of all preliminary assessment activities		3/31/17*	
Analysis of findings from preliminary assessment process	6/1/16	5/30/17*	Update 6/30/16- per recent TA with CMS-systemic assessment will be completed by date noted. Update 9/30/16- Systemic Review of rules, licensure, etc. completed and ready to be posted for public review and submitted to CMS by 10/31/16 (extension requested due to flooding in areas of the state of Louisiana). All other assessment activities (site specific visits and validation activities will be completed by March, 2017)

Draft report of findings	4/1/17	4/30/17*	<p>Update 6/30/16-per recent TA with CMS-systemic assessment will be completed by date noted.</p> <p>Update 9/30/16-Systemic Review of rules, licensure, etc. completed and ready to be posted for public review and submitted to CMS by 10/31/16 (extension requested due to flooding in areas of the state of Louisiana). All other assessment activities (site specific visits and validation activities will be completed by March, 2017)</p>
Post report of findings on website and circulate for stakeholder feedback	8/15/16*	<p>Systemic review information posted 9/14/16*</p> <p>All other results will be posted 5/1/2017*</p>	<p>Update 6/30/16-per recent TA with CMS-systemic assessment will be completed by date noted.</p> <p>Update 9/30/16-Systemic Review of rules, licensure, etc. completed and ready to be posted for public review and submitted to CMS by 10/31/16 (extension requested due to flooding in areas of the state of Louisiana). All other assessment activities (site specific visits and validation activities will be completed by March 2017)</p>
Respond/address stakeholder input	9/14/16*	<p>10/14/16* for Systemic Review</p> <p>6/15/17* all other activities associated with Site</p>	Respond to feedback as received throughout posting period

		specific visits/ validation	
Submit final report to CMS related to preliminary assessment activities	7/1/16	10/31/16* Systemic review 6/30/17* for all other assessment activities	Will work on final report throughout the analysis period and stakeholder feedback period.
Ensuring Providers are Compliant/Remediation			
Identify and send letters to providers who are not compliant with HCBS settings rule	1/1/16	3/31/17*	<p>Standard letter format will be utilized to inform providers of the receipt of their assessment as well as the outcome of the review. Letter will be drafted and provided to LGE offices by 1/1/2016</p> <p>LGE offices will acknowledge receipt of the assessments and for those selected to have a site visit a letter will be sent to them to schedule visit, request information, etc. After the review is completed the LGE office will provide a letter detailing outcome and need for transition plan. This will occur throughout the timeframe that these reviews are being conducted.</p> <p>3/23/16-Letter template drafted-awaiting approval to send to LGE offices to use</p>

<p>Providers who are not in compliance and wish to remain enrolled as waiver providers will submit a transition plan (corrective action plan). Non-compliance may not extend beyond March 17, 2019</p>	<p>1/1/16</p>	<p>5/31/17*</p>	<p>The expectation is that all providers during the self-assessment process that identify areas that need to be addressed within their organization will complete a transition plan and submit to the LGE office by 9/30/2016</p> <p>During site visits/desk audits, the LGE offices will request transition plans for the areas that need to come into compliance throughout the process with the expectation that all plans be submitted by the provider agency by 6/30/2016.</p> <p>Update 6/30/16—Completed; however, concerned that sample size was not representative of all waiver types. As part of submission of revised STP OCDD will propose option to enhance validation process. Timeline for submission of transition plans by providers will be extended as needed.</p> <p>Update 9/30/16 - As per recent STP submission, OCDD had a very low percentage of providers self-reporting the need for a transition plan. Validation visits completed in phase I of OCDD’s process has identified additional providers that need to complete a transition plan. OCDD is planning to conduct additional training/technical assistance related to transition plans for providers, thus the timeline will be extended in order to better equip providers with necessary information to complete the process. In addition to the above, OCDD will embark on phase 2 of site specific visits and validation via the</p>
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			individual experience survey results that will likely result in providers having to complete transition plans. For this reason, OCDD will allow for submission of transition plans as identified with a completion date of no later than 3/2017.
Technical assistance will be available to providers to ensure that the interpretation of the HCB setting rule is the same and the provider is implementing necessary changes to meet compliance.	12/1/16 Reports will be due at least quarterly	Completion date will not extend beyond 3/17/19	<p>Provider agencies will be required to send updates related to transition plan process at least quarterly to the LGE office for review. LGE will make recommendations as appropriate to the plans based on updates. If the LGE determines updates are needed more frequently they will have the discretion to require updates more frequently. Reports will be submitted to OCDD related to progress in terms of achieving compliance. Technical assistance will be available as requested or if determined that it is needed.</p> <p>Update 6/30/16-OCDD to provide refresher presentation regarding transition plan completion at the beginning of August 2016</p> <p>Update 9/30/16-Due to multiple issues during the quarter, OCDD was not able to schedule refresher training. Focus during this quarter has been on needed revisions to the STP to address feedback/recommendations provided by CMS. In addition to the above, some parts of the state experienced flooding during this timeframe diverting most of our resources to addressing issues related to this with persons served within our programs.</p>
Process to address relocation of participants that providers do not meet compliance will be developed	1/1/17	6/1/17	OCDD will draft a proposal identifying a process to address relocation of participants that providers do not meet compliance on. Once drafted, the proposal will be posted for public comment and stakeholder input. Within the draft

			proposal, timelines will be addressed to assure continuity of care.
Implementation of a transition plan will be developed for those needing transfer to appropriate HCB settings Individuals will be given timely notice and a choice of alternative providers. Transition of individuals will be tracked to ensure successful placement and continuity of service.	3/1/18	2/2019	
Develop monitoring instrument to be utilized on an ongoing basis to ensure setting compliance. May include random unannounced site visits. (Look at SC monitoring tool and other quality processes as well)	7/1/16	12/31/16*	OCDD will work to establish a standard format for SCs to utilize on an ongoing basis to evaluate compliance on a regular basis
Post monitoring instrument for stakeholder feedback	1/1/2017	1/31/17*	
Modify monitoring instrument as appropriate based on stakeholder feedback	2/1/17	2/15/17*	
Finalize monitoring instrument and identify automation options	2/1/17	2/28/17*	
Training on monitoring instrument	3/1/17	6/30/17*	
Full Implementation	7/1/2017	Ongoing	“Ongoing” meaning that this process will be implemented to occur moving forward in order to monitor ongoing compliance with the HCBS rule
Ensuring a Quality System			
Based on crosswalk outcomes of all licensing, certification, policy/procedures, and provider qualifications address any areas of concern to strengthen language to align with CMS rule	1/1/16	12/31/17*	OCDD believes that these areas are not in conflict with the settings rule; however, the office does acknowledge there may be areas that language could be strengthened to align with CMS expectations. We will initiate processes to update

			<p>identified areas beginning in 2016 with the intent to complete this by the end of 2016</p> <p>3/31/2016 Update:</p> <p>OCDD has initiated discussions internally to begin addressing these areas as part of our NOW application renewal. Service definitions and other areas will be updated to address HCBS rule.</p> <p>6/30/16 Update:</p> <p>OCDD has begun addressing these areas as part of the NOW renewal. Once the NOW renewal is completed, OCDD will work on aligning language across waivers and submitting amendments to the other 3 waivers.</p> <p>9/30/16 Update:</p> <p>Based on recent revisions to the STP and discussions related to systemic review, OCDD intends to have all updates needed to rule, policy, manuals, etc. completed by December 2017.</p>
Continuous scrutiny will be provided to licensing, certification policy/procedures, and provider qualifications to ensure all documents remain compliant with HCB setting rule.	12/2015		OCDD intends to evaluate through regular processes (i.e., waiver amendments, renewals, etc.) areas that could be enhanced. Moving forward as the State implements initiatives and updates existing processes these areas will be evaluated and updated as appropriate.
Evaluate current plan of care format/process, rights/responsibilities, other waiver forms and update as appropriate to align with the rule	3/14/16	12/31/17*	3/7/2016-initiated discussions internally in preparation to begin work with stakeholder workgroup. Workgroup will begin meeting in April 2016. Anticipated completion of preliminary phase May 2016.

			<p>Update 6/30/16-OCDD completed 3 meetings with stakeholder group to address this area. During the course of the meeting, it was determined that additional meetings/work would need to be held. In addition to the work done with this stakeholder group, OCDD is evaluating options to better engage individuals and/or their families to obtain feedback related to this area.</p> <p>Update 9/30/16-Stakeholder group comprised of Support Coordination representatives, LGE representatives, Provider Group representatives, and OCDD central office staff have agreed to continue meeting on a regular basis in order to discuss necessary modifications/training needed regarding the person centered planning process, guidelines for planning document, and other areas associated with planning in an effort to improve the service delivery system as well as incorporate identified areas to align with CMS regulation. This group met on 8/1/2016.</p>
Specific quality assurance and improvement strategies are developed to ensure providers are evaluated against HCB Setting prior to enrollment	3/16	12/31/17*	Evaluate provider enrollment processes and identify areas that may need to be enhanced to assure that they are evaluated against HCB setting prior to enrollment.
Practical performance measures are created to ensure providers continue to meet the HCB Settings rule	1/1/2016	6/30/17*	<p>Will begin to look at this as part of our renewal process for the NOW and amend other waivers as appropriate.</p> <p>3/31/16-Meetings initiated with Medicaid Program and Service related to establishing practical performance measures as part of the NOW renewal. Group met on 2/24/16, 3/1/16 and 3/15/16</p>

			<p>Update 6/30/16-OCDD and Medicaid section began meeting in 6/2016 (specific dates noted in Stakeholder Engagement section of this plan-in the Convene Interagency group to manage planning process action item) to begin the NOW renewal process.</p> <p>Update 9/30/16-Adjusted timeline to account for changes needed in other waiver applications related to this area.</p>
A participant survey is administered at least annually to monitor the individual's experience with the HCBS Settings Rule	5/16	Annually	<p>6/30/2015 update—OCDD has developed a tool 'Path to Employment' that support coordinators will complete and submit on a quarterly basis. This tool is designed specifically to address employment discussion and progress in terms of goals. This is scheduled to be implemented during the 7/1/2015 quarter as a pilot. This tool is being programmed by our data contractor to be completed electronically beginning 10/1/2015 by SC agencies.</p> <p>9/30/2015—Electronic version will not be ready by 10/1/15- SCs will continue to complete paper version.</p> <p>12/31/15—Implementation of electronic version scheduled to begin 1/1/2016</p> <p>Beginning in 4/2016 will conduct initial participant surveys. OCDD will work on drafting ongoing process to evaluate this at least annually and incorporate into quality framework.</p>

Evaluation of existing quality framework and identify mechanisms to measure long term ongoing compliance	7/1/16	12/31/17*	This would include annual SC monitoring tool and provider quality framework. OCDD believes additional time outside of the preliminary assessment period will be needed to complete an in depth analysis of this area. 3/31/16-Meetings initiated with Medicaid Program and Service related to modifications to monitoring processes via the SC monitoring tool. Group met on 2/24/16, 3/1/2016 and 3/15/2016
Identify and propose enhancements to the above noted processes based on the above evaluation.	7/1/16	12/31/17*	Allow time to for evaluation, propose changes, possible piloting of the process may take extended period of time before able to implement
Implementation of any enhanced processes in terms of quality framework	1/1/17	12/31/17	See note above.
Full compliance is achieved for all Louisiana HCBS waiver programs. Final Report to CMS	3/19	3/19	

D.2—Stakeholder Feedback/Input and OCDD Response

OCDD Public Comments Received at time of original submission of STP (Appendix B-comment and responses pages 35-45 <http://new.dhh.louisiana.gov/assets/docs/OCDD/waiver/LA-Statewide-Transition/StatewideTransitionPlanFinal3171512revised33115.pdf>)

*OCDD Public Comments Received 3/18/15-6/30/15 (Quarter 2 2015 Update Section B. and C. pages 13-37
<http://new.dhh.louisiana.gov/assets/docs/OCDD/waiver/LA-Statewide-Transition/Quater2ProgressTrackingForLouisianaTransitionPlan2015.pdf>)*

*OCDD Public Comments Received 7/1/15-9/30/15 (Quarter 3 2015 Update Section B. and C. pages 7-17
<http://new.dhh.louisiana.gov/assets/docs/OCDD/waiver/LA-Statewide-Transition/2015Qtr3ProgressTrackingLATransitionPlan.pdf>)*

OCDD Public Comments Received 10/1/15-12/31/15 (Quarter 4 Update-No Comments Received)

OCDD Public Comments Received 1/1/16-3/31/16 (Quarter 1 2016 update-No Comments Received)

*OCDD Public Comments Received 4/1/2016-6/30/16—**noted below***

OCDD Public Comments Received 4/1/2016-6/30/16—OCDD posted the Individual Experience Survey during this timeframe. The Support Coordinator Alliance submitted questions/comments concerning the identified process for completing this activity. State Office held a conference call to address all areas of concern and submitted responses in writing to their questions/concerns. See below for detailed information regarding their questions/comments related to the process.

The Support Coordination Alliance would like to submit the following items for discussion for the telephone conference scheduled May 3, 2016, from 10:00 am to 12:00 pm:

1. Discuss OCDD's timeline with this initiative so that we can work together to get the information needed for OCDD deliverables.

State Office Response:

Timeline-We appreciate that we are asking you all to complete this task in a very short timeframe. We had hoped to allow additional time to complete these surveys; however, we have to allow time to complete the surveys, crosswalk the information to the provider self-assessment and consolidate into an overall report identifying where we are at as a State. This report will have to be posted for stakeholder feedback for a minimum of 30 days and must be submitted to CMS with 9/30/16 update.

7/15-8/1/16—timeframe for State Office to consolidate and finalize overall report

8/1/16-8/31/16—Post overall report for stakeholder feedback

9/1/16-9/30/16—address public input and finalize report for submission to CMS

2. Timelines for the support coordination agency to complete the Individual Experience Assessment (Participant Experience Survey) and how it impacts the delivery of support coordination to individuals and their family two-thirds into a quarter. In some situations, an individual could have 3 home visits this quarter.

- Unannounced visit completed this quarter not part of the quarterly

- Quarterly visit completed this quarter
- Face-to-face visit for survey this quarter

State Office Response:

See note above. To meet our established timelines, we have to accomplish in the above noted timeframe. In the future we will work diligently to align with your typical practices.

3. This is the heart of when people take vacation so it may impact the person agreeing to schedule another appointment with their Support Coordinator this quarter.

State Office Response:

State Office will maintain a secondary list of participants. Once identified that someone will not be able to participate in the survey, the SC agency will send an email to State Office and a replacement will be identified and sent to the SC agency.

Resources: It will be up to the SC agency to determine the best way to accomplish this task. State Office is not requiring that the assigned SC has to complete the survey. This means your agency can opt to have the supervisors complete these surveys, assign the task to a specific set of SCs or have the assigned SC complete the task.

3. We would like to work with OCDD on future initiatives and the timelines for completion to minimize the impact on Home and Community Based participants and the operation of the Support Coordination Agency.

State Office Response:

We agree and would like to work collaboratively with SC agencies, Service Providers, and other Stakeholders to identify timelines for completion of future initiatives.

4. How large is the sample? What is 95 +/- statewide sample? Will the sample include largely the people that attend day habilitation or receive some type of employment services?

State Office Response:

95 +/- 5% confidence level are approximately 373 participants statewide. Of course it would not necessarily breakdown exactly like this, but we are looking at about 37 surveys per region to be completed over a 6-week period.

5. Can some groups of individuals be eliminated from the sample?

- Children's Choice Waiver only receive support coordination
- Supports Waiver only receive support coordination
- Non-verbal, severe/profound intellectual disability where caretaker makes all decisions for the individual
- Children's Choice Waiver where family oversees delivery of services in their home

State Office Response:

If a person selected does not receive in home services or vocational services, you will simply complete the demographic information and select the box N/A as they are not receiving any of the services. We cannot exclude children and/or more complex people to support. We will have to rely on their family or primary support care person to respond to the survey. We will discuss how questions might be modified when verbally asked during training opportunity that we will provide to SC agencies at the end of May.

6. Can a certain percentage be completed over the phone and not 100% of sample? Can we work together to determine the percentage that would be completed via telephone?

State Office Response:

The survey is designed to be completed face to face. We believe to get better information and assure that the person understands the questions being asked that the survey should be conducted face to face. The statewide sample is also not a large sample. So if we were to look at percentages to be completed by phone, we believe this would likely result in only allowing for a very small number to be completed by phone. We would like to propose that we plan to complete all of these face to face, but if the agency runs into a problem with scheduling any of the surveys face to face they can contact state office to discuss completion by phone.

7. Will it be acceptable for the Support Coordinator to interview individuals in day program/employment setting on-site if provider is willing to provide a private room to interview the person?

State Office Response:

Yes, you all can certainly conduct the interview on-site if you have agreement from the participant and the service providers as well as a private location to discuss the survey with them.

7. Instructions state that the provider can be present if person agrees. In some situations, we may not get accurate information as the person is unwilling to respond that their rights are restricted, or they don't like their current setting in front of the provider. The approach to this will dictate how/when the Support Coordinator schedules the appointment.

State Office Response:

Who is present for the survey is completely up to the participant. We are not requiring that the provider be present and the SCA should proceed with setting up the visits as appropriate. As a reminder, for instances in which the person is interdicted, etc. the SCA should make sure that the appropriate person is present for this meeting.

8. Some questions appear to want a specific answer for instance health may impact food choices. Do not see how that is captured in this survey.

State Office Response:

For many of the questions where these types of issues may arise there is a third response No, but supported by the person centered plan. For instances in which people do not have free access to food or other issues associated with health or safety reasons, these things should be noted in the plan of care. Responding by marking the box as no, but supported by plan of care the provider would not be considered non-compliant since they are following the plan of care. We plan to discuss this more in depth when we conduct webinar/training opportunity with the SCA.

9. In what format do we return the surveys to OCDD?

State Office Response:

The Survey itself is a word document with clickable checkboxes. Once completed, you can scan it if handwritten and email it or if completed in the actual word document the word doc can be emailed to Christy Johnson.

The Support Coordination Alliance would like to thank OCDD for this meeting to discuss the Support Coordination Agency role in the evaluation of the Home and Community Based Settings Rule. We want to assist in showing that Louisiana providers are in compliance with the new federal HCBS Setting rules that went into effect March 17, 2014.

OCDD Public Comments/Questions received during Monthly Provider Calls noted below:

July 7, 2016—Monthly Provider Call (page 2)

<http://new.dhh.louisiana.gov/assets/docs/OCDD/waiver/NOW/Q&AforProviderCallUpdated08292016.pdf>

July 9, 2016 Monthly Provider Call—noted below

Questions received with OCDD's responses:

Statewide Transition Plan

- When will the licensing standards and program manuals be updated to reflect the changes occurring as a result of the CMS Settings Rule?
We are in process of updating our transition plan for stakeholder input. As part of those updates we are including timelines to address the above noted areas. Manuals typically do not take a great deal of time for us to update. On average anything that has to be changed in rule can take us up to 9 months.
- Guidance on Day Hab/ERT/SE Providers Transitioning or Changing Services to Comply with CMS Settings Rule: It would be helpful if guidance was afforded to help providers, implement smooth transitions in making significant changes to frequency, duration, intensity, and scope of participant's services. This includes giving adequate timelines for participant participation and compliance, adequate notice to participants/families of impending changes, ensuring compliance with person centered planning during the process, and working with the SCA to ensure participants know all of their options.

Per the rule implemented by CMS, person centered planning was not an area to be included in the transition plan as the expectation is that it is already in place. There is a workgroup established that is in process of reviewing areas surrounding person centered planning. We are hoping to provide training/technical assistance in this area in the coming months.

In terms of frequency, duration, intensity and scope of service CMS does not identify specific amount of a particular service that must be provided to meet the expectations of the rule. CMS has indicated that how much someone goes out in the community or participates in a particular activity should be driven by the person and included in the person centered plan. We agree that through the person centered planning process, the team should be meeting to discuss all options and adequate notice and timelines should be allowed for making changes.

D.3—Systemic Review and Assessment

Residential Systemic Review

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
<p>The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS</p>	<p>DD Law RS28:451.1 thru RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093</p>		<p>Partially compliant – does not address control of personal resources</p>	<p>None- this law is not specific to HCBS waivers</p>	<p>N/A</p>
	<p>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2) Go to page 10 of TOC</p>		<p>§5079 PCA Module – Partially compliant, addresses development of relationships with and inclusion in meaningful, integrated experiences §5089 C. 3 – SFC Module – partially compliant – support individuals in home environment in community - similar to those enjoyed by most individuals living in community in all stages of life §5093 – SIL Module – Partially compliant in that it requires access to community services, client choice, proximity to client’s family and friends, access to transportation, proximity to health care services and place of employment when selecting setting §5107 –MIHC. This section is silent on access to greater community; however, it is specifically required to be a private residence</p>	<p>Language overall is weak on describing setting requirements. Will put residential requirement language in each HCBS waiver versus licensing Will include statement in this Licensing Rule that client has right to control personal resources in Client Assets section.</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			§5059, Client Funds and Assets- Partially compliant. Does not specifically state that person has right to control personal resources, but does state that provider cannot require that they manage the client’s funds		
	<p>Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 24 of TOC.</p>		<p>§13701 – This section applies to all services in NOW. Partially compliant. Language states that mission is to supplement the family and/or community supports that are available to maintain the individual in the community</p> <p>§13901 – IFS – partially compliant</p> <p>§13905 – CID – compliant</p> <p>§13907 – SIL - partially compliant</p> <p>§13909 – SFC – silent</p> <p>§13929 – One time transitional expenses partially compliant</p> <p>§13931 – ACC – compliant</p> <p>§13935/13937 – Housing Stabilization – partially compliant</p>	<p>Rule is silent on controlling personal resources. Need to add to residential settings (SIL, SFC, Housing Stabilization and One time transitional expenses)</p> <p>Insert overall language to support these setting requirements in each waiver rule or overall HCBS rule</p>	December 2017
		NOW Manual	Section 32.0 Overview – Partial Compliance –Does not mention	Insert overall language to support	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/NOW/NOW.pdf	<p>integrated setting. It does promote independence and community inclusion for recipients through the provision of services</p> <p>Section 32.1 pg IFS – compliant – services provided in the home or the community that allow the participant to achieve and/or maintain increased independence, productivity, enhanced family functioning and inclusion in the community</p> <p>Section 32.1 pg 9 CID – compliant – entirety of service is to assist individuals to have access to greater community and experience community inclusion</p> <p>Section 32.1 pg 10 SIL – partially compliant - assists the participant to acquire, improve or maintain those social and adaptive skills necessary to enable a participant to reside in the community and to participate as independently as possible</p> <p>Section 32.1 pg12 Substitute Family Care – Silent</p>	<p>these setting/service requirements in each waiver manual</p> <p>Add control of personal resources to SIL, SFC, Housing Stabilization, and One Time Transitional Expenses</p>	

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			<p>Section 32.1 pg 34 Housing Stabilization - partially compliant - maintain their own housing as set forth in the participant’s approved POC. Services must be provided in the home or a community setting</p>		
	<p>ROW Rule Title 50, Part XXI, Subpart 13, Chapter 161 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50”, page 25 of TOC</p>		<p>§16101-Introduction to ROW - Partially compliant - promote independence through strengthening the individual’s capacity for self-care, self-sufficiency and community integration</p> <p>§16103 – CLS - designed to utilize the principles of self-determination and to supplement the family and/or community supports that are available to maintain the individual in the community</p> <p>§16303 C –CLS -compliant - Place of Services live in a home that is leased or owned by the participant or his family. Services may be provided in the home or community, with the place of residence as the primary setting.</p> <p>§16305 Companion Care – compliant - assist the participant to achieve and/or maintain the outcomes of increased independence, productivity and inclusion</p>	<p>Insert overall language to support these setting/service requirements in each waiver manual</p> <p>Add control of personal resources to CLS, Companion Care, Host Home, and Shared Living as these are residential settings.</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			<p>in the community and provides services in the participant's home</p> <p>Host Home – partial compliance – services are provided in a private family home environment. Services include supports in accessing community services, activities and pursuing /developing recreation and social interests outside the home</p> <p>§16329 - Shared Living Services – Silent on all aspects except that the setting is a shared setting within the community.</p> <p>§16343 Adult Day Health Care Services - not compliant – facility based and no community integration</p> <p>Silent on control of personal resources in all settings.</p>		
		<p>ROW Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manual</p>	<p>Section 38.0 Overview – Partially compliant – Creates community based alternatives in home settings, and supports the integration of recipients within their community.</p>	<p>Insert overall language to support these setting/service requirements in each waiver manual</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		s/ROW/ROW.pdf	<p>Section 38.1, page 3 – CLS –Partially compliant - Setting is living with family or independently in their own residence. Goal is to maintain involvement in the community as outlined in the POC. Transportation to the community is included in this service.</p> <p>Section 38.1, Page 6, Host Home – Partially compliant – Setting is integrated in community because it is a private family residence. Community activities in POC are encouraged and supported in this services</p> <p>Section 38.1, Page 7 – Companion Care– Services are delivered in the recipient’s home and in the community as indicated in the POC.</p> <p>Section 38.1, Page 9 – Shared Living – Partial compliance/silent – place of service can be in person’s residence in the community or can be owned by the provider in the community. Does not address integration into the community, although the setting may exist in the community.</p>	<p>Add control of personal resources to CLS, Companion Care, Host Home, and Shared Living as these are residential settings.</p>	

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Supports Waiver Rule</p> <p>Title 50, Part XXI, Subpart 5, Chapter 53</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”, Go to page 22 of TOC.</p>		<p>§5301 – Introduction -compliant – create options and provide meaningful opportunities through vocational and community inclusion. Provide services and supports that promote community inclusion and independence.</p> <p>§5707 – Respite – partially compliant – provided in participant’s home which is a private residence or in a respite care facility. Rule silent on integration and access to community regarding facility.</p> <p>§5709 – Habilitation – compliant – Is provided in the home or community.</p> <p>§5717 & §5719 – Housing Stabilization services – compliant - Allow participant to maintain their own housing in the community.</p>	<p>Insert overall language to support these setting requirements in each waiver rule or overall HCBS rule</p>	<p>December 2017</p>
		<p>Supports Waiver Manual</p> <p>http://www.lamedicaid.com/providerweb1/Provider</p>	<p>Section 43.0 – Overview –Compliant - Mission is to create options and provide meaningful opportunities through vocational and community inclusion. Provides supports necessary for individual to achieve desired community</p>	<p>Insert overall language to support these setting/service requirements in each waiver manual</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		manuals/manuals/SW/SW.pdf	<p>living and work experiences. Objective is to promote independence, provide supports that promote community inclusion.</p> <p>Section 43.4, Page 28 – Respite – partially compliant - For relief of primary caregiver. May be provided in recipient’s home, a private residence, or in a respite facility. Silent on access to community and inclusion in community.</p> <p>Section 43.4 , page 32 Housing Stabilization Services – enable recipients to transition into permanent supportive housing. Implies private home setting with lease. Ability to secure housing is the service in the community is the service.</p> <p>Silent on control of personal resources</p>	<p>Add control of personal resources to Housing Stabilization (only true residential service)</p>	
	<p>Children’s Choice Rule</p> <p>Title 50, Part XXI, Subpart 9, Chapters</p>		<p>§11101 – Introduction - Compliant – Setting is for children who live at home with their families. This is the same as</p>	<p>Insert overall language to support these setting requirements in each</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>111 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 23 of TOC.</p>		<p>setting for individuals without developmental disabilities.</p> <p>§11303 F – Family Support -Compliant – Services are provided in home or community (school programs, summer camps, etc.) Includes assistance with participating in community</p> <p>§11303 M & N – Compliant - Housing Stabilization services - enable waiver participants to maintain their own housing as set forth in the participant’s approved plan of care. Services must be provided in the home or a community setting</p> <p>Silent on control of personal resources</p>	<p>waiver rule or overall HCBS rule.</p> <p>Control of personal resources is not applicable to children, and should not be hindered for the family for these services.</p>	
		<p>Children’s choice Manual http://www.lamedicaid.com/providermanuals/manuals/CCW/CCW.pdf</p>	<p>Section 14.0, page 1 Overview – implied compliance – services are for children who live at home with their families or leave an institution to return home. Service package designed for maximum flexibility.</p> <p>Section 14.1 Page 2, Family Support Services – services provided at home or</p>	<p>Insert overall language to support these setting/service requirements in each waiver manual</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			<p>other settings as normal children attend (after school programs, summer camps, and other places designated in the POC). Services cannot be delivered in school setting. Includes participation in community including transportation to community activities.</p> <p>Section 14.1, page 10 Housing Stabilization Services –Partially compliant - Services must be provided in home or community setting. Silent on community integration.</p>	Control of personal resources is not applicable to children, and should not be hindered for the family for these services.	
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are	DD Law RS28:451.1 – RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093		Partially compliant, silent on settings being identified and documented in service plan	None- this law is not specific to HCBS waivers	N/A
	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards - Partially Compliant		§5094 A. – Supervised Independent Living Module – Partially compliant – living situation is freely selected by client. No mention of documenting setting options in service plan except agreement for shared living.	Insert overall language to support these setting requirements in each waiver rule or overall HCBS rule.	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
<p>based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on Title 48, Public Health – General</p> <p>Click on Title 48:I, Public Health – General (Book 1 of 2)</p>		<p>§5094 10b. Each client shall have the right to choose whether or not to share a bedroom and a bed with another client.</p> <p>§5094 D. 2 – No clients shall be placed together in a living situation against their choice. The consent of each client shall be documented in the client’s record (for shared living).</p> <p>§5094 G. Selecting the location must be based on client choice and consider client cost, risks, proximity to family, friends, work, health care, community</p> <p>§5089 – Substitute Family Care – silent</p> <p>§5071- Adult Day Care – silent</p> <p>§5079 – Personal Care Attendant – partially compliant –identifies services to be provided in community and promoting individualized community supports targeted towards inclusion into meaningful integrated experiences.</p> <p>§5107 – Monitored In Home Caregiving – compliant – requires setting to be a private residence occupied by the client and cannot be any type of licensed facility. Selection of the setting occurs when the service is requested, Adult</p>	<p>Require all residential settings offered to be documented in service plan.</p>	

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”, Page 24 of TOC.</p>		<p>Companion Care which is in the NOW rule</p> <p>§13701 Introduction – Partially compliant / mostly silent. Plan of Care for services is developed using a person centered process. All services must be delivered in accordance with the approved plan of care (POC). No mention of listing setting options or including in the POC</p> <p>§13901 – Individualized and Family Support – silent – addressed in the person centered plan process</p> <p>§13905 Community Integration Development – Silent – addressed in the person centered plan process</p> <p>§13907 – Supported Living – Silent</p> <p>§13909 – Substitute Family Care – Silent</p> <p>§13911 – Day Habilitation – Silent</p> <p>§13913 – Supported Employment – Silent</p> <p>§13917 – Employment Related Training – Silent</p> <p>§13925 – Professional Services - Silent</p>	<p>Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.</p> <p>The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document.</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			<p>§13927 – Skilled Nursing – Silent</p> <p>§13929 – Transitional Expenses – Silent</p> <p>§13931 – Adult Companion Care – partially compliant – setting is the individual’s home, is identified in the Plan of Care, service is based on individual needs but does not require all options to be documented in the POC.</p> <p>§13935 – Housing Stabilization Transition Services – Partially Compliant – does not require all options to be documented in POC</p> <p>§13937 – Housing Stabilization Service – Partially Compliant – does not require all options to be documented in POC</p>		
		<p>NOW Manual</p> <p>http://www.la.medicaid.com/provweb1/Providermanuals/manuals/NOW/NOW.pdf</p>	<p>Manual is silent</p>	<p>Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
				The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document	
	<p>ROW Rule</p> <p>Title 50, Part XXI, Subpart 13, Chapters 161</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 25 of TOC.</p>		Silent	Same as NOW remediation	Same as NOW remediation
		<p>ROW Manual:</p> <p>http://www.lamedicaid.com/providerweb1/Providermanuals/manual</p>	Silent	Same as NOW remediation	Same as NOW remediation

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		s/ROW/ROW.pdf			
	<p>Children’s Choice Rule</p> <p>Title 50, Part XXI, Subpart 9, Chapters 111</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <ul style="list-style-type: none"> • Click on “Title 50” • Go to page 23 of TOC. 		Silent	Same as NOW remediation	Same as NOW remediation
		<p>Children’s choice Manual</p> <p>http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/CCW/CCW.pdf</p>	Silent	Same as NOW remediation	Same as NOW remediation

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 22 of TOC.		Silent	Same as NOW remediation	Same as NOW remediation
		Supports Waiver Manual http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/SW/SW.pdf	Silent	Same as NOW remediation	Same as NOW remediation
		Guidelines for Support Planning http://new.dhhlouisiana.gov/assets/docs/OCDD	Silent	Same as NOW remediation	Same as NOW remediation

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		/waiver/NOW/Guidelines_Support_Planning.pdf			
Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	DD Law RS28:451.1 – RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093		Partially compliant. Does not address dignity, freedom from coercion or restraint	None- this law is not specific to HCBS waivers	N/A
	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		§5049 – Client Rights – Compliant – privacy, dignity, respect, freedom from restraint §5021D – Revocation of license – compliant – cannot intimidate, threaten, coerce	Will update client’s rights language to include freedom from coercion	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 24 of TOC</p>		NOW rule is silent	Clients rights will be documented in licensing rule and in program manual	December 2017
		<p>NOW Manual</p> <p>http://www.la.medicaid.com/provweb1/Providermanuals/manuals/NOW/NOW.pdf</p> <p>http://new.dhh.louisiana.gov/assets/docs/OCDD/waiver/CC/OCDDWSS-R-14-001OCDDRightandResponsibilitiesform021814.pdf</p>	<p>NOW manual is partially compliant on dignity and respect, silent on privacy and coercion, and is non-compliant because it indicates use of restraints may be allowed within the definition of Critical Incident</p> <p>Clients’ rights form includes dignity and respect but is silent on all others.</p>	<p>Update Clients Rights and responsibilities to include right to privacy, freedom from coercion and restraint.</p> <p>Revise policy on restraints</p> <p>Update residential settings to include right to privacy</p>	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>ROW Rule</p> <p>Title 50, Part XXI, Subpart 13, Chapters 161</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”, page 25 of TOC</p>		<p>§16329 Shared Living Services – Setting selected by participant including privacy in the shared setting</p> <p>§16313 -Host Home – setting takes into account needs for privacy</p> <p>Silent on all other aspects</p>	<p>Clients rights will be documented in licensing rule and in program manual</p>	<p>December 2017</p>
		<p>ROW Manual:</p> <p>http://www.lamedicaid.com/providerweb1/Providermanuals/ROW/ROW.pdf</p> <p>http://new.dhh.louisiana.gov/assets/docs/OCDD/waiver/CC/OCDDWSS-R-14-001OCDDRightandResponsibil</p>	<p>Clients’ rights form includes dignity and respect but is silent on all others.</p>	<p>Update Clients Rights and responsibilities to include right to privacy, freedom from coercion and restraint.</p> <p>Update residential settings to include right to privacy</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		itiesform021814.pdf			
	<p>Children’s Choice Rule</p> <p>Title 50, Part XXI, Subpart 9, Chapters 111</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Page 23 of TOC</p>		Silent on all	Clients rights will be documented in licensing rule and in program manual	December 2017
		<p>Children’s choice Manual</p> <p>http://www.lamedicaid.com/providermanuals/manuals/CCW/CCW.pdf</p> <p>http://new.dhh.louisiana.gov/assets/docs/OCDD/waiver/CC/OC</p>	Silent on all except dignity and respect which are contained in “Rights and Responsibilities” document.	<p>Update Clients Rights and responsibilities to include right to privacy, freedom from coercion and restraint.</p> <p>Update residential settings to include right to privacy</p>	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		DDWSS-R-14-001OCDDRight sandResponsibilitiesform021814.pdf			
	<p>Supports Waiver Rule</p> <p>Title 50, Part XXI, Subpart 5, Chapter 53</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 22 of TOC.</p>		Silent on all	Clients rights will be documented in licensing rule and in program manual	December 2017
		<p>Supports Waiver Manual</p> <p>http://www.lamedicaid.com/provweb1/Providermanuals/manuals/SW/SW.pdf</p>	Silent on all except dignity and respect which are contained in “Rights and Responsibilities” document.	Update Clients Rights and responsibilities to include right to privacy, freedom from coercion and restraint.	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		http://new.dhh.louisiana.gov/assets/docs/OCDD/waiver/CC/OCDDWSS-R-14-001OCDDRightandResponsibilitiesform021814.pdf		Update residential settings to include right to privacy	
Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	DD Law RS28:451.1 – RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093		Partially compliant in 452.2. Weak in autonomy and daily activities language.	None- this law is not specific to HCBS waivers	N/A
	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – Partially Compliant		§5049 – Client Rights – partially compliant – 10 – ability to refuse services or activities which optimizes independence and choice. Is silent in other areas	Update in program rule.	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)				
	Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 24 of TOC.		§13701 – broad statement of principle of self-determination, but does not specifically address autonomy and independence in choice. Partially compliant but not specific to the entirety of this requirement.	Update program rule and manual in introduction to require all services to meet this requirement.	December 2017
		NOW Manual http://www.lamedicaid.com/providermanuals/manuals/NOW/NOW.pdf	Click on overview – Broad statements on principles of self-determination and services designed to promote independence and community inclusion. Partially compliant but not specific to the entirety of this requirement.	Update program rule and manual in introduction to require all services to fully meet this requirement.	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>ROW Rule</p> <p>Title 50, Part XXI, Subpart 13, Chapters 161</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 25 of TOC</p>		<p>Partially compliant</p> <p>§16101 - to promote independence through strengthening the individual’s capacity for self-care, self-sufficiency and community integration</p> <p>§16103 - to utilize the principles of self-determination and to supplement the family and/or community supports that are available to maintain the individual in the community. Partially compliant but not specific to the entirety of this requirement.</p>	<p>Update program rule and manual in introduction to require all services to fully meet this requirement.</p>	<p>December 2017</p>
		<p>ROW Manual:</p> <p>http://www.lamedicaid.com/providermanuals/manuals/ROW/ROW.pdf</p>	<p>Section 38.0 – Overview – Broad statement of program is to assist recipients to live productive lives to fullest extent possible and promote full exercise of rights as citizens. Supports the integration of recipients within their communities. Provides opportunity for community based alternatives in home settings. Partially compliant but not specific to the entirety of this requirement.</p>	<p>Update program rule and manual in introduction to require all services to fully meet this requirement.</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Children’s Choice Rule</p> <p>Title 50, Part XXI, Subpart 9, Chapters 111</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to 23 of TOC</p>		<p>§11101 - program that offers supplemental support to children with developmental disabilities who currently live at home with their families. Silent on the flexibility of the services based on parent choice</p>	<p>Update program rule and manual in introduction to require all services to fully meet this requirement.</p>	<p>December 2017</p>
		<p>Children’s choice Manual</p> <p>http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/CCW/CCW.pdf</p>	<p>Section 14.0 – Overview - offers supplemental support to children with developmental disabilities who currently live at home with their families. The service package is individually designed for maximum flexibility. Partially compliant but not specific to the entirety of this requirement.</p>	<p>Update program rule and manual in introduction to require all services to fully meet this requirement.</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Supports Waiver Rule</p> <p>Title 50, Part XXI, Subpart 5, Chapter 53</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 22 of TOC</p>		<p>§5301 - Purpose -The mission is to create options and provide meaningful opportunities that enhance the lives through vocational and community inclusion, promote independence for individuals with a developmental disability, and provide an alternative through services and supports that promote community inclusion and independence by enhancing and not replacing existing informal networks – Partial compliance</p>	<p>Update program rule and manual in introduction to require all services to fully meet this requirement.</p>	<p>December 2017</p>
		<p>Supports Waiver Manual</p> <p>http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/SW/SW.pdf</p>	<p>Overview - The mission is to create options and provide meaningful opportunities for those individuals through vocational and community inclusion. The SW is available to provide the supports necessary in order for individuals to achieve their desired community living and work experience by providing the services needed to acquire, retain, and/or improve self-help, socialization and adaptive skills as well as providing the recipient an opportunity to contribute to his/her community.</p>	<p>Update program rule and manual in introduction to require all services to fully meet this requirement.</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
Facilitates individual choice regarding services and supports, and who provides them.	DD Law RS28:451.1 – RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093		452.1 – partial compliance – (4) to receive services consistent with personal needs and choices, does not address freedom of who provides the supports but could be implied	None- this law is not specific to HCBS waivers	N/A
	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – Partially Compliant http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		§5049 Compliant - #10 – refuse specific services or participate in any activity, #23 discontinue services with one provider and freely choose another provider	None	N/A
	Title 50, Part XXI, Subpart 11, Chapters		Silent	Update rule to include this	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	137 and 139 (NOW) http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 24 of TOC			requirement or add this requirement to Rights and Responsibilities document	
		NOW Manual http://www.lamedicaid.com/providermanuals/manuals/NOW/NOW.pdf	Compliant Section 32.4, page 1, Freedom of choice of program, Section 32.4, page 2, Choice of SC and Providers Section 32.4, page 2, Voluntary Participation – Recipients have right to refuse services and be informed of alternative services.	No action required	NA
		Guidelines for Support Planning http://new.dhh.louisiana.gov/assets/docs/OCDD/waiver/NOW/	<u>Compliant</u> <u>Page 19, 1.1 A. 5. a. plan is unique and focused on things important to participant</u> <u>Page 33 -2.4.A.2 – Support Coordination choice</u> <u>Page 83, 4.4.1, B – FOC of provider</u>	No action required	NA

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		Guidelines Support Planning.pdf			
	ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Page 25 of TOC		§16103 C Program Description – Partially compliant – Identifies freedom of choice for support coordination but not for provider. POC developed utilizing person-centered process.	Update rule to include FOC for service provider	December 2017
		ROW Manual: http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/ROW/ROW.pdf	38.4 Rights and Responsibilities – Page 2 – Compliant - Recipients have the right to choose direct service providers and support coordination agencies. Also have right to participate in person centered planning to develop services.	No remediation required	NA
	Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111		§11501 – families choose support coordination provider and service provider from those available in their region. Silent on changing support coordination and service providers.	Strengthen person centered planning language on family’s ability to choose services.	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 23 of TOC		Weak language on choice in selecting services		
		Children’s choice Manual http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/CCW/CCW.pdf	Compliant Section 14.2, page 4 – Recipients have freedom of choice to select support coordination agency and direct service provider. May change support coordination agency every 6 months or service provider after 12 months for good cause Section 14.3 page 1 – Person centered planning will be utilized in developing all services and supports to meet the recipient’s needs.	No remediation required	NA
	Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 http://www.doa.la.gov/Pages/osr/lac/books.aspx		Silent on this requirement	Update rule to include this requirement FOC of SC FOC of service provider	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	Click on “Title 50” Go to page 22 of TOC			FOC of services	
		Supports Waiver Manual http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/SW/SW.pdf	Compliant Section 43.3, page 1 -2, applicant/participant chooses Support Coordination agency and provider agency based on Freedom of Choice listing. Section 43.3 page 4 & 6 – applicant/participant may change Support Coordination agency and provider agency for good cause, or every 12 months. Section 43.2 – Page 2 - Support coordinators and service providers shall allow recipients/authorized representatives to participate in all person-centered planning meetings and any other meeting concerning their services and supports.	No action required	NA
The unit or dwelling is a specific physical place that can be	DD Law RS28:451.1 – RS28:452.2		Silent	Will not be updated. Law not specific to HCBS services	NA

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
<p>owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS</p>	<p>http://www.legis.la.gov/legis/law.aspx?d=321093</p>				
	<p>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards –</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on Title 48, Public Health – General</p> <p>Click on Title 48:I, Public Health – General (Book 1 of 2)</p>		<p>Note: Most residences are personal residences chosen by the participant or his/her family and are separate from the actual HCBS services provided. However, in the case of provider owned or controlled residences, the following is applicable.</p> <p>§5094 – Supported Independent Living - Silent - No requirement for a lease agreement for the participant.</p> <p>§5089 – Substitute Family Care – Silent - No requirement for a lease agreement for participant.</p> <p>Note: In both situations, the provider is required to give 30 days written notice and appeal rights as documented in §5037 Involuntary Transfers and Discharges.</p>	<p>Lease requirements will be addressed at the program level, not the licensing level</p>	<p>NA</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
<p>participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</p>			<p>§5101 – Monitored In-home caregiving – setting is a private, unlicensed residence, which presumes the residence to not be owner controlled or operated. Lease agreements would be between the individuals living in the residence and the owner of the residence, not the provider of services.</p>		
	<p>Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 24 of TOC.</p>		<p>Note: Most residences are personal residences chosen by the participant or his/her family and are separate from the actual HCBS services provided. However, in the case of provider owned or controlled residences, the following is applicable.</p> <p>§13907 – Supported Living – Silent</p> <p>§13909 – Substitute Family Care – Silent</p> <p>§13931 – Adult Companion Care – Services are provided in the participant’s home which is not owned or controlled by the provider. This is considered a private dwelling and not part of the service provided to the participant.</p>	<p>Update rule to require lease agreements for residential services.</p> <p>That includes SIL, SFC. Adult Companion Care will be revised to include language that does not allow the provider to own or control, and that the setting is chosen by the participant separate from any</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			§13935 and §13937 – Housing Stabilization services - Both require lease agreements	ACC services received.	
		NOW Manual http://www.lamedicaid.com/provweb1/Providermanuals/manuals/NOW/NOW.pdf	Section 32.1 – Covered Services: <ul style="list-style-type: none"> • Page 12 – Supported Independent Living - Partially compliant - Implies that a lease is required for provider owned/controlled property. Need more specific info on lease requirements in this section. • Page 13 – Substitute Family Care – silent • Pages 34-37 – Housing Stabilization services - compliant 	Update rule to require lease agreements for residential services.	December 2017
	ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 25 of TOC		Partially compliant §16303, E.3 – Community Living Supports – compliant -Services may not be furnished in home that is not leased or owned by participant or family §16305 Companion Care – Silent but implied compliance – Services are provided in the participant’s home, which implies a private residence.	Update rule to require lease agreements for residential services.	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			<p>§16329 – Shared living - Partially compliant – services can be provided in home leased by participant but also allows provider to own or lease the property. Silent on lease requirements for the participant if provider leased or owned.</p> <p>§16339 and §16341 – Housing Stabilization - – Compliant - lease agreements are implied as the service helps participants meet the terms of the lease.</p> <p>§16313 – Host home – silent on lease requirements for the participant</p>		
		<p>ROW Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/ROW/ROW.pdf</p>	<p>Chapter 38.1 , Page 3 – Community Living Supports – Compliant - silent on lease but setting must be with family or residing independently. The setting where the service is delivered is a private residence.</p> <p>Chapter 38.1, page 7 – Host Home – Silent - although setting is a private home, it is the home of the host family.</p>	<p>Update rule to require lease agreements for residential services.</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			<p>Manual is silent on lease agreement for participant.</p> <p>Chapter 38.1, page 8 – Companion Care Services –compliant - silent on lease but lease is implied because setting is in a private home the participant owns or rents</p> <p>Chapter 38.1, Page 10, Shared Living - Partially compliant – services can be provided in home leased by participant but also allows provider to own or lease the property. Silent on lease requirements for the participant if provider leased or owned.</p>		
	<p>Children’s Choice Rule</p> <p>Title 50, Part XXI, Subpart 9, Chapters 111</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 23 of TOC</p>		<p>Ctrl/Click §11101 –Compliant - Setting is home of parents or guardians. Implies that setting is private and parents own, rent, or lease the property</p> <p>Ctrl/Click 11303 – Housing Stabilization Services – Compliant - lease agreements are implied as the service helps participants meet the terms of the lease.</p>	No action required	NA

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		Children’s choice Manual http://www.lamedicaid.com/providermanuals/manuals/CCW/CCW.pdf	Section 14.0, Page 1, Overview - Setting is home of parents or guardians. Implies that setting is private and parents own, rent, or lease the property Section 14.1, Page 11 – Housing Stabilization Service – lease agreements are implied as the service helps participants meet the terms of the lease	No action required	NA
	Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 22 of TOC.		Compliant – No residential options except Housing Stabilization services §5717 & §5719 Housing Stabilization Services- lease agreements are implied as the service helps participants meet the terms of the lease.	No action required	NA
		Supports Waiver Manual http://www.lamedicaid.com/providermanuals/Manuals/CCW/CCW.pdf	Compliant Section 43.4, Page 32 – Housing Stabilization Services - lease agreements are implied as the service helps participants meet the terms of the lease.	No action required	NA

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		manuals/manuals/SW/SW.pdf			
Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	DD Law RS28:451.1 – RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093		Silent	Will not be updated. Law not specific to HCBS services	NA
	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		Silent	Update SIL and SFC requirements for doors lockable by individual	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 24 of TOC.</p>		Silent	Update SIL and SFC requirements for doors lockable by individual	December 2017
		<p>NOW Manual</p> <p>http://www.lamedicaid.com/provweb1/Providermanuals/manuals/NOW/NOW.pdf</p>	Silent	Update SIL and SFC requirements for doors lockable by individual	December 2017
	<p>ROW Rule</p> <p>Title 50, Part XXI, Subpart 13, Chapters 161</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p>		Silent	Update Host Home, Shared Living, and Companion Care requirements for doors lockable by individual	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	Click on “Title 50” Go to page 25 of TOC				
		ROW Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/ROW/ROW.pdf	Silent	Update Host Home, Shared Living, and Companion Care requirements for doors lockable by individual	December 2017
	Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 23 of TOC		Silent -	No residential settings	NA
	Children’s choice Manual	Silent	No residential settings	NA	

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		http://www.lamedicaid.com/provweb1/Providermanuals/manuals/CCW/CCW.pdf			
	<p>Supports Waiver Rule</p> <p>Title 50, Part XXI, Subpart 5, Chapter 53</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 22 of TOC.</p>		Silent	No residential settings	NA
		<p>Supports Waiver Manual</p> <p>http://www.lamedicaid.com/provweb1/Providermanuals/SW/SW.pdf</p>	Silent	No residential settings	NA

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
Individuals sharing units have a choice of roommates in that setting.	DD Law RS28:451.1 – RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093		Silent	Will not be updated. Law not specific to HCBS services	NA
	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		§5094 D. 2 Supervised Independent Living - Compliant– Consent for sharing is documented in participant’s record §5089 Substitute Family Care – silent §5101 – Monitored In Home Caregiving - silent	Selection of roommates will be addressed in program rule and manual	NA

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 24 of TOC.</p>		<p>§13901 – B. Individual and family support – Services may be shared when agreed to by participants.</p> <p>§13907 – Supported living – service is not the living arrangement, but the supervision of the home. The living arrangement is defined in the licensing standard, not the NOW program rule.</p> <p>Silent on roommate</p> <p>§13909 – Substitute Family Care – Silent on roommate</p> <p>§13931 – Adult companion care – Silent on roommate</p>	<p>Update rule to require consent for roommates for SIL, SFC and ACC.</p>	<p>December 2017</p>
		<p>NOW Manual</p> <p>http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/NOW/NOW.pdf</p>	<p>Covered Services Section 32.1</p> <p>Individual and Family Support – Page 3 – Individual must agree to share services</p> <p>Supported Independent Living – silent on roommates</p> <p>Substitute Family Care – silent on roommates</p>	<p>Update Manual for consent on roommates for SIL and SFC</p> <p>Add ACC</p>	<p>December 2017</p>
	<p>ROW Rule</p> <p>Title 50, Part XXI, Subpart 13, Chapters 161</p>		<p>Silent</p>	<p>Update rule for consent for roommates on</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 25 of TOC.			Shared Living, Community Living Supports, Host Home, and Companion Care	
		ROW Manual: http://www.lamedicaid.com/providermanuals/manuals/ROW/ROW.pdf		Update manual for consent for roommates on Shared Living, Community Living Supports, Host Home, and Companion Care	December 2017
	Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 23 of TOC.		Silent – there are no shared living options in this waiver	No action required	NA

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		Children’s choice Manual http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/CCW/CCW.pdf	Silent – there are no shared living options in this waiver	No action required	NA
	Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 http://www.doa.la.gov/Pages/osr/lac/books.aspx <ul style="list-style-type: none"> Click on “Title 50” Go to page 22 of TOC.		Silent – there are no shared living options in this waiver	No action required	NA
		Supports Waiver Manual http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/CCW/CCW.pdf	Silent – there are no shared living options in this waiver	No action required	NA

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		vweb1/Provider manuals/manuals/SW/SW.pdf			
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	DD Law RS28:451.1 – RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093 Silent		Silent	Will not be updated. Law not specific to HCBS services	NA
	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)		Silent	Will be addressed in program rules and manuals	NA

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on "Title 50"</p> <p>Go to page 24 of TOC.</p>		Silent	Update program rule/manual to comply with this requirement	December 2017
		<p>NOW Manual</p> <p>http://www.lamedicaid.com/provweb1/Providermanuals/manuals/NOW/NOW.pdf</p>	Silent	Update program rule/manual to comply with this requirement	December 2017
	<p>ROW Rule</p> <p>Title 50, Part XXI, Subpart 13, Chapters 161</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p>		Silent	Update program rule/manual to comply with this requirement	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	Click on “Title 50” Go to page 25 of TOC.				
		ROW Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/ROW/ROW.pdf	Silent	Update program rule/manual to comply with this requirement	December 2017
	Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 23 of TOC.		Silent	Update program rule/manual to comply with this requirement	December 2017
		Children’s choice Manual	Silent	Update program rule/manual to	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		http://www.lamedicaid.com/providermanuals/CCW/CCW.pdf		comply with this requirement	
	<p>Supports Waiver Rule</p> <p>Title 50, Part XXI, Subpart 5, Chapter 53</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <ul style="list-style-type: none"> Click on “Title 50” <p>Go to page 22 of TOC.</p>		Silent	Update program rule/manual to comply with this requirement	December 2017
		<p>Supports Waiver Manual</p> <p>http://www.lamedicaid.com/providermanuals/SW/SW.pdf</p>	Silent	Update program rule/manual to comply with this requirement	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
<p>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	<p>DD Law RS28:451.1 – RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093 Silent</p>		<p>Silent</p>	<p>Will not be updated. Law not specific to HCBS services</p>	<p>NA</p>
	<p>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)</p>		<p>Partially compliant §5049 20. Broadly states right to receive services that are respectful of client’s wishes, but does not specifically address freedom to control schedules and activities. Silent on access to food at any time</p>	<p>Update in client’s rights in licensing rule as well as client’s rights in program rules</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 24 of TOC.</p>		Silent	Update in client’s rights in licensing rule as well as client’s rights in program rules	December 2017
		<p>NOW Manual</p> <p>http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/NOW/NOW.pdf</p>	<p>Section 32.8, Page 8, - Partially compliant – Allows for deviation from typical schedule and services if recipient driven, person-centered, and prior authorized.</p> <p>Silent on access to food</p>	Update in client’s rights in licensing rule as well as client’s rights in program rules	December 2017
	<p>ROW Rule</p> <p>Title 50, Part XXI, Subpart 13, Chapters 161</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p>		Silent	Update in client’s rights in licensing rule as well as client’s rights in program rules	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	Go to page 25 of TOC.				
		ROW Manual: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/ROW/ROW.pdf	Silent	Update in client's rights in licensing rule as well as client's rights in program rules	December 2017
	Children's Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on "Title 50" Go to page 23 of TOC.		silent	Update in client's rights in licensing rule as well as client's rights in program rules	December 2017
	Children's choice Manual	Silent	Update in client's rights in licensing rule as well as	December 2017	

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		http://www.lamedicaid.com/provweb1/Providermanuals/manuals/CCW/CCW.pdf		client's rights in program rules	
	<p>Supports Waiver Rule</p> <p>Title 50, Part XXI, Subpart 5, Chapter 53</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <ul style="list-style-type: none"> Click on "Title 50" <p>Go to page 22 of TOC.</p>		Silent	Update in client's rights in licensing rule as well as client's rights in program rules	December 2017
		<p>Supports Waiver Manual</p> <p>http://www.lamedicaid.com/provweb1/Providermanuals/manuals/SW/SW.pdf</p>	Silent	Update in client's rights in licensing rule as well as client's rights in program rules	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		Guidelines for Support Planning NOW	Section 5.3, page 8, Partially compliant – any deviation in the participant’s schedule must be “consumer driven” or requested by the recipient or family. Silent on access to food	Update in client’s rights in licensing rule as well as client’s rights in program rules	December 2017
Individuals are able to have visitors of their choosing at any time.	DD Law RS28:451.1 – RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093 Silent		RS28:452.1 (8) – partially compliant. Can have visitors but does not indicate at any time	Will not be updated. Law not specific to HCBS services	NA
	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on Title 48, Public Health – General		Silent	Update in client’s rights in licensing rule as well as client’s rights in program rules	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	Click on Title 48:I, Public Health – General (Book 1 of 2)				
	Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 24 of TOC.		Silent	Update in client’s rights in licensing rule as well as client’s rights in program rules	December 2017
		NOW Manual http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/NOW/NOW.pdf	Silent	Update in client’s rights in licensing rule as well as client’s rights in program rules	December 2017
	ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161		Silent	Update in client’s rights in licensing rule as well as	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 25 of TOC.			client’s rights in program rules	
		ROW Manual: http://www.lamedicaid.com/providermanuals/manuals/ROW/ROW.pdf	Silent	Update in client’s rights in licensing rule as well as client’s rights in program rules	December 2017
	Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 23 of TOC.		Silent	Update in client’s rights in licensing rule as well as client’s rights in program rules	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		Children’s choice Manual http://www.lamedicaid.com/providermanuals/manuals/CCW/CCW.pdf	Silent	Update in client’s rights in licensing rule as well as client’s rights in program rules	December 2017
	Supports Waiver Rule Title 50, Part XXI, Subpart 5, Chapter 53 http://www.doa.la.gov/Pages/osr/lac/books.aspx <ul style="list-style-type: none"> Click on “Title 50” Go to page 22 of TOC.		Silent	Update in client’s rights in licensing rule as well as client’s rights in program rules	December 2017
		Supports Waiver Manual http://www.lamedicaid.com/providermanuals/manuals/CCW/CCW.pdf	Silent	Update in client’s rights in licensing rule as well as client’s rights in program rules	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		vweb1/Provider manuals/manuals/SW/SW.pdf			
<p>The setting is physically accessible to the individual.</p>	<p>DD Law RS28:451.1 – RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093</p>		<p>Refers to ADA</p>	<p>None</p>	<p>NA</p>
	<p>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on Title 48, Public Health – General Click on Title 48:I, Public Health – General (Book 1 of 2)</p>		<p>Partial compliance §5073 Adult Day Care – E.3 facility shall be accessible to and functional for participants, silent on setting for supported employment §5091 Substitute Family Care – H.5.h – accessible to all members of household §5094 – Supervised Independent Living – A.1 – accessible and functional considering any physical limitation or other disability §5107 Monitored in-home caregiving – B.2 – accessible to meet specific functional, health, and mobility needs of client</p>	<p>Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”</p> <p>Go to page 24 of TOC.</p>		Silent	Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	December 2017
		<p>NOW Manual</p> <p>http://www.lamedicaid.com/providerweb1/Providermanuals/manuals/NOW/NOW.pdf</p>	<p>Partial compliance</p> <p>Section 32.1 – Provider owned or recipient leased property must be compliant with Americans with Disabilities Act.</p> <p>Section 32.6 – Providers must comply with ADA requirements</p>	Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	December 2017
	<p>ROW Rule</p> <p>Title 50, Part XXI, Subpart 13, Chapters 161</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p>		Silent	Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	Click on “Title 50” Go to page 25 of TOC.			physically accessible by the participants.	
		ROW Manual: http://www.lamedicaid.com/providermanuals/manuals/ROW/ROW.pdf	Silent	Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	December 2017
	Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 23 of TOC.		Silent	Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	December 2017
		Children’s choice Manual	Silent	Revise Licensing Rule, Program Rules	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		http://www.lamedicaid.com/providermanuals/CCW/CCW.pdf		and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	
	<p>Supports Waiver Rule</p> <p>Title 50, Part XXI, Subpart 5, Chapter 53</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <ul style="list-style-type: none"> Click on “Title 50” <p>Go to page 22 of TOC.</p>		Silent	Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be physically accessible by the participants.	December 2017
		<p>Supports Waiver Manual</p> <p>http://www.lamedicaid.com/providermanuals/SW/SW.pdf</p>	Silent	Revise Licensing Rule, Program Rules and Program Manuals to require all settings in which HCBS services are provided to be	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
				physically accessible by the participants.	

Non-Residential Systemic Review

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	DD Law RS28:451.1 thru RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093		Partially compliant – does not address control of personal resources	None- this law is not specific to HCBS waivers	N/A
	LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on Title 48, Public Health – General		Ctrl/click on §5071 – Adult Day Care Module General Provisions (page 200) -Not compliant – requires protective setting, restricts it to functionally impaired adults, describes setting as a “facility”. Is silent on integrated employment in this section	Revise language for ADC in Rule to comply with Settings	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	Click on Title 48:I, Public Health – General (Book 1 of 2) Go to page 10 of TOC				
	Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW) http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50” Go to page 24 of TOC		§13701 – This section applies to all services in NOW. Partially compliant. Language states that mission is to supplement the family and/or community supports that are available to maintain the individual in the community §13911 – Day Hab – Partially compliant - provided in community setting but silent on full access to greater community §13917 – ERT– silent on setting §13913 – SE Compliant – definition is employment or competitive work in an integrated work setting.	Insert overall language to support these setting requirements in each waiver rule or overall HCBS rule Need to add language on controlling personal resources if paid employment	December 2017
		NOW Manual http://www.la	Section 32.1 pg 14 - Day Habilitation – silent	Insert overall language to support	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		medicaid.com/provweb1/Providermanuals/manuals/NOW/NOW.pdf	<p>Section 32.1, pg 20 - Employment Related Training – Not compliant – training occurs at provider facility</p> <p>Section 32.1 – pg 16 Supported Employment – Compliant</p>	these setting requirements in each waiver manual	
		<p>Guidelines for Support Planning</p> <p>http://new.dhh.louisiana.gov/assets/docs/OCDD/waiver/NOW/Guidelines_Support_Planning.pdf</p>	Setting is only described in the definition of services. Is partially compliant, compliant, or non-compliant in definitions.	Update all definitions to ensure proper settings language is included	December 2017
	<p>ROW Rule</p> <p>Title 50, Part XXI, Subpart 13, Chapters 161</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”, Go to page 25 of TOC</p>		<p>§16307 Day Habilitation Services – silent</p> <p>§16323 Prevocational services – partial compliance – goals include regular community inclusion and development of work skills to improve</p>	Insert overall language to support these setting requirements in each waiver rule or overall HCBS rule	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			<p>employability. Actual setting is not described.</p> <p>§16335 – Supported Employment – compliant – competitive employment that occurs in an integrated work setting</p>	<p>Need to add language on controlling personal resources if paid employment</p>	
		<p>ROW Manual: http://www.la.medicaid.com/provweb1/Providermanuals/ROW/ROW.pdf</p>	<p>Section 38.0 Overview – Partially compliant – Creates community based alternatives in home settings, and supports the integration of recipients within their community.</p> <p>Section 38.1, page 3 – CLS – Partially compliant - Setting is living with family or independently in their own residence. Goal is to maintain involvement in the community as outlined in the POC.</p> <p>Transportation to the community is included in this service.</p>	<p>Insert overall language to support these setting requirements in each waiver manual</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			<p>Section 38.1, Page 6, Host Home – Partially compliant – Setting is integrated in community because it is a private family residence. Community activities in POC are encouraged and supported in this services</p> <p>Section 38.1, Page 7 – Companion Care– Services are delivered in the recipient’s home and in the community as indicated in the POC.</p> <p>Section 38.1, Page 9 – Shared Living Services – Partial compliance/silent – place of service can be in person’s residence in the community or can be owned by the provider in the community. Does not address integration into the community, although the setting may exist in the community.</p>		

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Supports Waiver Rule</p> <p>Title 50, Part XXI, Subpart 5, Chapter 53</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”, Go to page 22 of TOC.</p>		<p>§5301 – Introduction - compliant – create options and provide meaningful opportunities through vocational and community inclusion. Provide services and supports that promote community inclusion and independence.</p> <p>§5701 Support Employment – compliant – intensive and ongoing supports and services to achieve outcome of employment in a community setting where majority of persons employed are without disabilities.</p> <p>§5703 Day Habilitation – compliant – setting is not limited to a fixed site, but provided in community settings. Service is to assist participant to gain desired community living experience.</p> <p>§5705 Prevocational Services – compliant – are to be</p>	<p>Compliant. Need to add language on controlling personal resources if paid employment.</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			provided in a variety of location in the community and not limited to a fixed site facility. Prepares individual for paid employment or volunteer opportunity in the community		
		Supports Waiver Manual http://www.la.medicaid.com/provweb1/Providermanuals/manuals/SW/SW.pdf	Section 43.0 – Overview – compliant Mission is to create options and provide meaningful opportunities through vocational and community inclusion. Provides supports necessary for individual to achieve desired community living and work experiences. Objective is to promote independence, provide supports that promote community inclusion. Section 43.4, Page 1 – Supported employment – compliant – Designed to support individual in	Compliant. Need to add language on controlling personal resources if paid employment.	December 2017

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			<p>community based employment who require support to obtain and maintain a job in integrated competitive work setting.</p> <p>Section 43.4 page 17 – Day Habilitation – compliant - Time spent exploring the community experiences and activities available to the individual. Integration with individuals without disabilities is expected. Individuals should participate in activities already established in the community. Services are not limited to a fix site facility</p> <p>Section 43.4, Page 22 – Prevocational Services – Compliant-Time limited. Services are provided in a variety of locations in the community with individuals without disabilities. Activities</p>		

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
			are not limited to a fixed site facility. Every participant must have a career goal.		
	<p>Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50”, Go to page 23 of TOC.</p>		No “non-residential” services in rule or manual	N/A	N/A
The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	<p>DD Law RS28:451.1 – RS28:452.2 http://www.legis.la.gov/legis/law.aspx?d=321093</p>		Partially compliant, silent on settings being identified and documented in service plan		
	<p>LAC Title 48, Part I, Chapter 50, HCBS Providers Licensing Standards – Partially Compliant http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on Title 48, Public Health – General</p>		Rule is silent on non-disability specific settings	Will be addressed in program office policy or manuals, not at licensing level	NA

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Click on Title 48:I, Public Health – General (Book 1 of 2)</p>				
	<p>Title 50, Part XXI, Subpart 11, Chapters 137 and 139 (NOW)</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”, Page 24 of TOC.</p>		<p>§13701 Introduction – Partially compliant / mostly silent. Plan of Care for services is developed using a person centered process. All services must be delivered in accordance with the approved plan of care (POC). No mention of listing setting options or including in the POC</p> <p>§13911 – Day Habilitation – Silent</p> <p>§13913 – Supported Employment – Silent</p> <p>§13917 – Employment Related Training – Silent</p>	<p>Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services.</p>	<p>December 2017</p>

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		NOW Manual http://www.la.medicaid.com/provweb1/Providermanuals/manuals/NOW/NOW.pdf	Silent	Program office policy or manual will be revised to require documentation of choice of non-disability specific setting for these services. The person centered process documentation is currently under review and these requirements will be incorporated into the most appropriate document	December 2017
	ROW Rule Title 50, Part XXI, Subpart 13, Chapters 161 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on "Title 50"		Silent	Same as NOW remediation	Same as NOW remediation

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	Go to page 25 of TOC.				
		ROW Manual: http://www.la.medicare.com/provweb1/Providermanuals/Manuals/ROW/ROW.pdf	Silent	Same as NOW remediation	Same as NOW remediation
	Children’s Choice Rule Title 50, Part XXI, Subpart 9, Chapters 111 http://www.doa.la.gov/Pages/osr/lac/books.aspx Click on “Title 50”, Page 23 of TOC.		Silent	Same as NOW remediation	Same as NOW remediation
		Children’s choice Manual http://www.la.medicare.com/provweb1/Providermanuals/CCW/CW.pdf	Silent	Same as NOW remediation	Same as NOW remediation

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
	<p>Supports Waiver Rule</p> <p>Title 50, Part XXI, Subpart 5, Chapter 53</p> <p>http://www.doa.la.gov/Pages/osr/lac/books.aspx</p> <p>Click on “Title 50”, Go to page 22 of TOC.</p>		Silent	Same as NOW remediation	Same as NOW remediation
		<p>Supports Waiver Manual</p> <p>http://www.lamedicaid.com/provweb1/Providermanuals/manuals/SW/SW.pdf</p>	Silent	Same as NOW remediation	Same as NOW remediation
		<p>Guidelines for Support Planning</p> <p>http://new.dhh.louisiana.gov/assets/docs/OC</p>	Silent	Same as NOW remediation	Same as NOW remediation

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
		DD/waiver/NO W/Guidelines Support Planning.pdf			
Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	See Residential Settings – Systemic assessment – No changes for Non-residential services				
Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	See Residential Settings – Systemic assessment – No changes for Non-residential services				
Facilitates individual choice regarding services and supports, and who provides them.	See Residential Settings – Systemic assessment – No changes for Non-residential services				

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
<p>The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant</p>	<p>See Residential Settings – Systemic assessment – No changes for Non-residential services</p>				

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
law.					
Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.	See Residential Settings – Systemic assessment – No changes for Non-residential services				
Individuals sharing units have a choice of roommates in that setting.	See Residential Settings – Systemic assessment – No changes for Non-residential services				

Specific Requirement	Regulation	Other	Outcome of Review By Waiver	Remediation Required by Waiver	Timeline
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.	See Residential Settings – Systemic assessment – No changes for Non-residential services				
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.	See Residential Settings – Systemic assessment – No changes for Non-residential services				
Individuals are able to have visitors of their choosing at any time.	See Residential Settings – Systemic assessment – No changes for Non-residential services				
The setting is physically accessible to the individual.	See Residential Settings – Systemic assessment – No changes for Non-residential services				

D.4—Site Visit Validation Tool

Service Provider Validation Visit

Provider Agency:

Date of Validation:

LGE Office:

Type of Validation (Select One): Desk Audit Site Visit

(Select one) _____ Residential or _____ Non-Residential

For each area noted below: Physical Location, Choice of Setting/Person Centered Planning, Community Integration, Rights/Privacy (Individual Initiative, Autonomy, and Independence), Employment, Living Arrangements, and Policy Enforcement you will rate each area a 1, 2, or 3. The reviewer will check the appropriate box next to the area identified and where appropriate provide recommendations/comments related to that area. The description noted in each area does not include every question on the assessment; it is a summary of some of the questions. The LGE will review the completed assessment and review the evidence identified and validate those findings. If a provider answered ‘No’ to any of the questions on their assessment, then that area will be rated a ‘1’ and the expectation is that the agency will need to develop goals/strategies within a transition plan to come into compliance (a transition plan for this process is a corrective action plan). See the descriptions below for each rating.

- 3 = Information is present to support rating of being in compliance, best practices are being followed, thus no recommendations are being made at this time.
- 2 = Information is present to support being in compliance with settings rule; however, there is opportunity to enhance or make improvements.
- 1 = Information is missing or there is no evidence to support a rating of compliance and a transition plan will be required by the service provider for this area.

Validation Review Checklist

Physical Location	3	2	1	<u>Recommendations/Comments</u>
<p>The evidence provided clearly supports that the location where services are being provided are in the community among other private residences or retail businesses; have the same access to goods/services as persons not receiving HCBS; and do <u>NOT</u> have the following characteristics:</p> <ul style="list-style-type: none"> • Located in a building that is also publically or privately operated facility that provides inpatient institutional treatment • Located on the grounds of or immediately adjacent to a public or private institution owned by the service provider • Own or operate multiple homes located on the same street (excluding duplexes and multiplexes, unless there is more than one on the same street. • Located in a gated/secured “community” for people with disabilities • Designed specifically for people with developmental disabilities 				<p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> • notes/minutes where there is agreement between various stakeholders that this is true • A copy of licenses inclusive of lack of license for private ICF/DD • If the agency does own/operate housing is it done under a separate board and/or budget? If so, this could support it as a separate entity and be considered in compliance. • Specifically, for site visits-LGE staff would be able to verify location in person and could visit some participant homes to assure compliance.
Choice of Setting/Person-Centered	3	2	1	<u>Recommendations/Comments</u>
<p>Evidence provided supports that individuals have been given choice as to where they will live and receive services. This includes:</p> <ul style="list-style-type: none"> • Choice of provider, services, and settings • Opportunity to visit/understand options available • Individual has opportunity to regularly update or change preferences • Opportunity to participate in both work/non-work activities in the most integrated setting • Opportunity and support to develop and update plans of care that reflect individual needs and preferences • Individual understands how/when to request planning meetings 				<p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> • Review a sample individual’s plans of care for agency • Review applicable policy/procedures for the agency • Review a sample of individual’s schedules • Interview some of the individual’s supported by the agency • If the agency completes satisfaction survey’s with the individual’s, they support could review a sample of those

<ul style="list-style-type: none"> The staff that support the individual are knowledgeable about their capabilities, interests, preferences and needs 				
Community Integration	3	2	1	<u>Recommendations/Comments</u>
<p>Evidence provided supports that individuals have choice and are able to access services in the community in the same way that persons not receiving Medicaid funded services have choice and are able to access the community:</p> <ul style="list-style-type: none"> Individual is afforded opportunity to have knowledge of or access to information regarding age appropriate activities including competitive work, shopping, attending religious services, scheduling appointments, meeting with families/friends, etc. Individual is able to come and go in the same manner as person's not receiving Medicaid funded services Individual regularly accesses the community and/or is engaged in activities/organizations of their choosing Individual and/or their representative is able to describe how he or she accesses the community, the type of assistance they need to access the community, and who will assist them in the community <p>Individual has access to transportation</p>				<p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> Review a sample individual's plans of care for agency Review applicable policy/procedures for the agency Review a sample of individual's schedules Interview some of the individual's supported by the agency If the agency completes satisfaction survey's with the individual's, they support could review a sample of those
Rights and Privacy/Individual Initiative, Autonomy, and Independence *** To rate this item you will need to look at appropriate description. If the assessment, you are looking at is for Residential you will look at the first description and if assessment is for vocational program look at non-residential description (second description).	3	2	1	<u>Recommendations/Comments</u>
<p>Residential Settings: evidence supports that the individual has the same rights/protections and privacy as person's not receiving Medicaid services:</p> <ul style="list-style-type: none"> Individuals who do not own their home have a legally enforceable agreement Agreement offers same responsibilities/protections from eviction 				<p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> Review a sample individual's plans of care for agency Review applicable policy/procedures for the agency Review a sample of individual's schedules Interview some of the individual's supported by the agency If the agency completes satisfaction survey's with the individual's, they

<ul style="list-style-type: none"> • There is a lease, resident agreement or other written agreement in place • Individuals know how to relocate or request new housing • Individual's health information is kept private 	<p>support could review a sample of those</p>			
<p>Non-Residential: evidence supports that the individual has the same rights/protections as person's not receiving Medicaid Services:</p> <ul style="list-style-type: none"> • Information is kept private • Setting assures that staff interact/communicate with individuals respectively and in a way the person would like to be addressed • Each individual's support plan is person centered and reflective of their individual needs/preferences and is not the same as everyone else in the setting • Setting offers a secure place to store belongings • The setting supports individuals who need assistance with their personal appearance to appear as they desire and if assistance is needed it is provided in private • Setting is free from gates, Velcro strips, locked doors or other barriers that might prevent entering/exiting certain areas • Free from restrictive measures • Setting offers a variety of meaningful non-work activities that are responsive to individual goals, interests and needs of the Individual • Individuals are able to choose with whom to do activities • Options are available to have meals/snacks at the time and place of their choosing 	<p><u>Recommendations/Comments</u></p> <p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> • Review a sample individual's plans of care for agency • Review applicable policy/procedures for the agency • Review a sample of individual's schedules • Interview some of the individual's supported by the agency • If the agency completes satisfaction survey's with the individual's, they support could review a sample of those 			
<p>Living Arrangements **This section is only addressed on the Residential Assessment; you can enter N/A for this item and move to the next if you are reviewing a Non-Residential Assessment.</p>	<p>3</p>	<p>2</p>	<p>1</p>	<p><u>Recommendations/Comments</u></p> <p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> • Review a sample individual's plans of care for agency • Review applicable policy/procedures for the agency • Review a sample of individual's schedules
<p>Evidence provided supports that individuals have choice and access to privacy within their living setting:</p> <ul style="list-style-type: none"> • Individual is able to have privacy-lockable doors, close and lock bedroom/bathroom doors, private cell phone, computer, or other communication device, and has space around to ensure privacy 				

<ul style="list-style-type: none"> • Individuals have freedom to decorate home as they desire • Assistance is provided as needed in private and as appropriate • Visitors are allowed at any time • Individuals have a choice in how their day is structured-when they get up, get dressed, eat, etc. • Individual's schedule varies from others in the same setting • Individual has access to funds • Individual's setting/access to their home and the things in their home are accessible • Individual knows how to request new staff • Setting is free from gates, Velcro strips, locked doors or other barriers that might prevent entering/exiting certain areas 				<ul style="list-style-type: none"> • Interview some of the individual's supported by the agency • If the agency completes satisfaction survey's with the individual's, they support could review a sample of those
<p>Employment ***This section is only addressed on the Non-Residential Assessment. If you are reviewing a Residential Assessment, you can enter N/A for this item and move to the next section.</p>	3	2	1	<p>Recommendations/Comments</p> <p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> • Review a sample individual's plans of care for agency • Review applicable policy/procedures for the agency • Review a sample of individual's schedules • Interview some of the individual's supported by the agency • If the agency completes satisfaction survey's with the individual's, they support could review a sample of those
<p>Evidence provided supports that individuals have choice and are able to access employment services in the community in the same way that persons not receiving Medicaid funding:</p> <ul style="list-style-type: none"> • Setting offers choices for individual schedules that focus on needs/desires of an individual and an opportunity for individual growth • Individual has knowledge of and access to information regarding competitive work outside of the setting • Individual is able to freely move around inside/outside of the building and is not restricted to one specific room or area • Building is located among other residential buildings, private businesses, retail businesses, restaurants, etc. • Visitors from the greater community are encouraged to visit and there is evidence that visitors have been present at regular frequencies • Individuals have the opportunity to participate/negotiate schedule, break/lunch time, and leave and medical benefits 				

<ul style="list-style-type: none"> • If money management is part of the service, the Individual has the opportunity to have checking/savings account or other mechanisms to control funds • Individuals have contact information and training on how to access and use public transportation and transportation schedules and telephone numbers available in a convenient location • Tasks/activities are comparable to tasks/activities for people of similar ages • Setting is accessible • Setting provides ongoing career planning • Goals/Strategies/Outcomes reflect individual needs/preferences • Individual has opportunity to pursue community employment 							
Policy Enforcement	3	2	1	Recommendations/Comments			
<p>Evidence provided supports that policies are in place and enforced as it relates to the following:</p> <ul style="list-style-type: none"> • Paid/Unpaid staff receive new hire training and continuing education related to individual rights and experience as outlined in HCBS rules • Policies are in place outlining individual rights/experience and are available to the individual • Provider policies related to individual rights/experience and HCBS rules are regularly reassessed for compliance and effectiveness and are amended as appropriate 				<p>Acceptable evidence of support may include:</p> <ul style="list-style-type: none"> • Review a sample individual's plans of care for agency • Review applicable policy/procedures for the agency • Review applicable operational instructions/documents created by the agency to address these areas • Employee handbook • Interview some of the individual's supported by the agency • If the agency completes satisfaction survey's with the individual's, they support could review a sample of those 			

Process Scoring

Area	Rating (1, 2, 3)	Transition Plan required addressing this area Yes or No
Physical Location		

Choice of Setting/Person-Centered		
Community Integration		
Rights and Privacy/Individual Initiative, Autonomy, and Independence		
Living Arrangements (only for Residential-if reviewing Non-Residential enter N/A)		
Employment (only for Non-Residential-if reviewing Residential enter N/A)		
Policy Enforcement		
Validation Determination: <input type="checkbox"/> No recommendations at this time (select this option only if all areas were rated a 3) <input type="checkbox"/> Transition Plan not required at this time recommendation provided (select this option if there are any ratings of 2 and the service provider should evaluate these areas and address as part of their quality enhancement plan) <input type="checkbox"/> Transition Plan required (select this option if any area has a rating of 1)		

Provider Self-Assessment falls into the following category (select one):

Select One	Category
	Setting fully complies with CMS requirements
	Setting, with changes, will comply with CMS requirements
	Setting is presumed to have qualities of an institution but for which the State will provide evidence to show that it does have qualities of HCBS setting (Heightened Scrutiny)

	Setting cannot meet the requirements and/or chooses not to come into compliance
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LGE office representative completing review Name/Title:

D.5—Notification letters to Service Providers

D.5a—Response letter –not selected for site visit

Date
Service Provider Agency Executive Name
Professional Title
Service Provider Agency Name
Mailing Address
City, State and Zip Code

Dear Insert Agency Director Name,

Thank you for submitting your [insert appropriate assessment Residential/Non-Residential] Provider Self-Assessment. Based on the information provided your agency:

Select one

- Does not require any follow-up action at this time. You are strongly encouraged to continue monitoring and improving performance to align with CMS regulations and expectations as it relates to Home and Community Based Services.

- Does require further action. Your agency is required to submit a Transition Plan addressing each area of concern to [Insert team member that this information should be submitted to] no later than [insert due date]. Please use the OCDD approved format for submission of your Transition Plan. If you need further instruction or assistance, please contact [Insert appropriate contact information].

If you have any questions or would like additional information, please contact [insert name, phone number and / or email address]

Sincerely,

[LGE Representative/Title]

D.5b—Response letter-selected for Desk Audit

Date
Service Provider Agency Executive Name
Professional Title
Service Provider Agency Name
Mailing Address
City, State and Zip Code

Dear Insert Agency Director Name,

Thank you for your cooperation with submission of requested information to complete the desk audit for your agency. Attached you will find the summary report of results derived from all the information gathered during your agency review. Included in this report you will find detailed information about the various areas evaluated and notes pertaining to the information reviewed. Based on the results your agency:

Select one

- Does not require any follow-up action at this time. You are strongly encouraged to continue monitoring and improving performance to align with CMS regulations and expectations as it relates to Home and Community Based Services.
- Does require further action. Your agency is required to submit a Transition Plan addressing each area of concern to [Insert team member that this information should be submitted to] no later than [insert due date]. Please use the OCDD approved format for submission of your Transition Plan. If you need further instruction or assistance, please contact [Insert appropriate contact information].

If you have any questions or would like additional information, please contact [insert name, phone number and / or email address]

Sincerely,

[LGE Representative/Title]

D.5c—Response Letter-Site Visit

Date
Service Provider Agency Executive Name
Professional Title
Service Provider Agency Name
Mailing Address

City, State and Zip Code

Dear Insert Agency Director Name,

Thank you for your cooperation during our site visit to your agency. Attached you will find the summary report of results derived from all the information gathered during your agency review. Included in this report you will find detailed information about the various areas evaluated and notes pertaining to the observations made during the visit. Based on the results your agency:

Select one

- Does not require any follow-up action at this time. You are strongly encouraged to continue monitoring and improving performance to align with CMS regulations and expectations as it relates to Home and Community Based Services.

- Does require further action. Your agency is required to submit a Transition Plan addressing each area of concern to [Insert team member that this information should be submitted to] no later than [insert due date]. Please use the OCDD approved format for submission of your Transition Plan. If you need further instruction or assistance, please contact [Insert appropriate contact information].

If you have any questions or would like additional information, please contact [insert name, phone number and / or email address]

Sincerely,

[LGE Representative/Title]

D.6—Revised Individual Experience Survey (phase 2 with modified instructions)

Individual Experience Survey

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new federal HCBS Setting rules that went into effect March 17, 2014. These rules were developed to ensure that individuals receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The following individual survey is intended to measure each individual's level of awareness of and access to the residents' rights, privacy requirements and member experience expectations, as outlined in the HCBS requirements.

Instructions

Individual Experience Survey process: June 1, 2016-December 31, 2016. Each Support Coordination Agency will be responsible for conducting and submitting the survey on all individuals within your agency who receive residential and/or non-residential (day or employment) services

Conducting the survey: The Individual Experience Survey must be conducted in person before December 31, 2016. Use this Word document to record the individual's responses during the face-to-face survey. The survey can be conducted as part of the individual's annual review, quarterly or monthly visit, or as a separate face-to-face survey as long as it is conducted before December 31, 2016. The survey must include the individual and also may include a family member or representative, as appropriate. Service provider staff may participate as requested by the individual and his/her family member/representative. As the Support Coordinator conducting the survey, *do not influence the individual's responses*. Certain questions include an option to explain when "No" is actually an appropriate response and is not indicative of non-compliance.

OCDD will analyze the individuals' responses and be responsible for identifying follow up actions. Your responsibility is to complete the surveys and submit your responses to OCDD before December 31, 2016. Your responses should be submitted to Christy Johnson at OCDD. The information can be emailed to Christy.Johnson@LA.GOV or faxed to 225-342-8823.

Filling out the survey:

Each identified individual receiving Medicaid-reimbursed HCBS for residential or non-residential (day or employment) services must receive an individual survey measuring their awareness of and access to the residents' rights and privacy requirements outlined in the HCBS requirements. Each section on the following pages will walk you through characteristics that are expected to be present in all home and community-based settings that individuals in those settings might experience. These questions are based on guidance from the federal government, the Centers for Medicare and Medicaid. If the person is NOT receiving the types of services indicated in the questions below, then choose "N/A" at the start of the section and do not fill out any questions in that section. Only fill out questions related to the services received by the individual you are assessing.

Section A – Individual, Support Coordinator, Service Provider Information
Individual ID # (this is a number assigned by OCDD to each person for the purposes of this survey):
Waiver Type (Select appropriate waiver type) <input type="checkbox"/> Children's Choice Waiver <input type="checkbox"/> Residential Options Waiver <input type="checkbox"/> Supports Waiver <input type="checkbox"/> New Opportunities Waiver
Region: Support Coordination Agency Name:

Support Coordinator's Name:

Number of Months Support Coordinator Assigned to Individual:

Introduction to read to the person you are assessing:

The following survey will take us about 30 minutes. We are going to talk about how you experience the [insert services the person receives: day/employment/residential] services you get from [name provider]. The reason we are talking about this is because the State of Louisiana is trying to make sure that you have all the rights and freedoms of people who live in the community but do not receive those services. Every state is doing a similar survey. The State is randomly selecting who receives [insert service(s)] and they will be answering these same questions you are. Please be honest in your answers, it's ok to say 'no'.

Section B.1 – Individual Experience Survey – Employment and Day Services

N/A (Check this box if person does NOT participate in Employment or Day Services and skip to Section C).

Note: Individuals with more than one Employment/Day Services provider will be asked to complete surveys on both of their providers in sections B.1 and B.2. Both sections contain the same questions and will allow the individual to provide feedback on their experience with each provider. For purposes of completing sections B.1 and B.2, ask questions specific to one provider in B.1 and the second provider in B.2.

Information about services:

1. Name of the individual's Employment /Day Services Provider Agency?

2. Which service(s) does the individual participate in? Select all that apply:

- Supported Employment (individual)
- Supported Employment (group)
- Prevocational Services
- Day Habilitation

Survey Questions

1. Does your staff at the Day Program give you information or tell you how you can request changes to the services they provide? For example, do you know how to ask your staff to update information in your plan of care?
Yes
No
2. Does your day program staff allow you to leave during the day if you need to (i.e., can a family member/staff check you out)?
Yes
No
N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)
3. Does your day program staff discuss with you the type of activities that you might like to do and do they help you plan for these types of activities?
Yes
No
N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)
4. If you want to can you have a job? For example, do you have the help you need to look for a job if you want to?
Yes
No
5. Does your staff regularly and periodically talk to you about other activities that you might be interested in? For example, do they ask you if you would like to try any new activities (non-work activities) or if you would like to explore work options?
Yes
No
N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)
6. Do the people that help you treat you with respect and speak to you in a kind and respectful manner?
Yes
No
7. Can you be alone if you want/need to be while participating in day activity?
Yes
No
N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

8. Can you have a private conversation without others listening in?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

9. Does your day program offer a variety of activities throughout the day and allow you to visit different parts of the center?
For example, does the setting provide for larger group activities as well as activities you can do alone?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

10. Do you get the opportunity to choose who you talk to or participate in activities with while at the day program?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

11. During meal/snack times at your day program, can you choose where you dine and the people you would like to dine with?

Yes

No

N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

Section B.2– Individual Experience Survey –Employment and Day Services provider

N/A (Check this box if person does NOT have more than one Employment or Day Services Provider and skip to section C)

Information about services:

1. Name of the individual's Employment /Day Services Provider Agency?

2. Which service(s) does the individual participate in? Select all that apply:

- Supported Employment (individual)
- Supported Employment (group)
- Prevocational Services
- Day Habilitation

Survey Questions

1. Does your staff at the Day Program give you information or tell you how you can request changes to the services they provide? For example, do you know how to ask your staff to update information in your plan of care?

- Yes
- No

2. Does your day program staff allow you to leave during the day if you need to (i.e., can a family member/staff check you out)?

- Yes
- No
- N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

3. Does your day program staff discuss with you the type of activities that you might like to do and do they help you plan for these types of activities?

- Yes
- No
- N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

4. If you want to can you have a job? For example, do you have the help you need to look for a job if you want to?

- Yes
- No

5. Does your staff regularly and periodically talk to you about other activities that you might be interested in? For example, do they ask you if you would like to try any new activities (non-work activities) or if you would like to explore work options?

- Yes
- No

<input type="checkbox"/> N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)
<p>6. Do the people that help you treat you with respect and speak to you in a kind and respectful manner?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Can you be alone if you want/need to be while participating in day activity?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)
<p>8. Can you have a private conversation without others listening in?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)
<p>9. Does your day program offer a variety of activities throughout the day and allow you to visit different parts of the center? For example, does the setting provide for larger group activities as well as activities you can do alone?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)
<p>10. Do you get the opportunity to choose who you talk to or participate in activities with while at the day program?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)
<p>11. During meal/snack times at your day program, can you choose where you dine and the people you would like to dine with?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A –Not applicable (the individual participates in employment services only; does not participate in Day Services)

Section C.1 – Individual Experience Survey – Residential Services (Personal Care in home service provider)

N/A (Check this box if person does NOT participate in Residential Services) Note: Individuals with more than one Residential Services provider (Personal Care in home service provider) will be asked to complete surveys on both of their providers in sections C.1 and C.2. Both sections contain the same questions and will allow the individual to provide feedback on their experience with each provider. For purposes of completing sections C.1 and C.2, ask questions specific to one provider in C.1 and the second provider in C.2.

Information about services:

1. Name of the individual's Residential Provider Agency? _____

2. Which service does the individual participate in? Select all that apply:

- Family Support
- IFS Day/Night
- IFS Day/Night Shared
- Habilitation
- Community Living Supports
- Community Living Supports Shared
- In Home Respite

Survey Questions

1. Did you choose where you live and receive your services? For example, did you visit other places before choosing where you live now?

- Yes
- No

2. If you want to move, do you know how to find and request new housing and do you have people that help you with this?

- Yes
- No

<p>3. Do you own your home or have a lease?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>
<p>4. Do you have adequate privacy in your home? For example, can you close and lock your front door? Do you have a key to your home? Are you comfortable with the people who have keys to your home? Do you have a key to your mailbox? Does your mail come to your home?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p> <p><input type="checkbox"/>No, but supported by the person-centered plan</p>
<p>5. Do others knock before entering your home?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>
<p>6. Can you close and lock your bedroom door?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p> <p><input type="checkbox"/>No, but supported by the person centered plan</p>
<p>7. Can you close and lock your bathroom door?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p> <p><input type="checkbox"/>No, but supported by the person centered plan</p>
<p>8. Do you have a roommate? If yes, did you get to choose your roommate and the person you share your home with?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p> <p><input type="checkbox"/>N/A –Not applicable-person does not have a roommate</p>

<p>9. Do you know how to ask for a new roommate?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p> <p><input type="checkbox"/>N/A –Not applicable-person does not have a roommate</p>
<p>10. Is your home set-up/decorated in a way that you choose? For example, can you move the furniture where you want it? Can you hang things on the walls? Can you change things in your home?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>
<p>11. Do you participate in activities that you enjoy? For example, shopping, church, lunch, other activities noted on the CPOC.</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>
<p>12. Do you know how to find out about upcoming events/activities?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>
<p>13. Do you have the help you need to participate in the activities that you choose to? For example, are you able to get to the activities you want to go to?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>
<p>14. Can you eat what you choose to and when you want to eat it?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p> <p><input type="checkbox"/>No, but supported by the person centered plan</p>
<p>15. Can you have visitors when you want to have visitors? For example, can you invite friends or family over whenever you want? Can you have private visits if you want to?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p> <p><input type="checkbox"/>No, but supported by the person centered plan</p>
<p>16. Do you have the supports you need to move around your home as you choose?</p>

Yes

No

17. If you have a roommate, do you have full access to common areas such as the kitchen, dining area, laundry, and shared living areas?

Yes

No

No, but supported by the person centered plan

18. Do you have access to a phone, computer or other technology?

Yes

No

No, but supported by the person centered plan

19. Do you have access to transportation to get to the places you would like to go?

Yes

No

20. Can you make decisions about your schedule, where you go, when you go, who you see and when you see them?

Yes

No

No, but supported by the person centered plan

21. Do you have access to your money? For example, can you buy the things you need? Can you use your money when you choose to?

Yes

No

No, but supported by the person centered plan

Section C.2– Individual Experience Survey –Residential Services (Personal Care in home service provider)

N/A (Check this box if person does NOT have more than one Employment or Day Services Provider and skip to section C)

Information about services:

1. Name of the individual's Residential Provider Agency? _____

2. Which service does the individual participate in? Select all that apply:

- Family Support
- IFS Day/Night
- IFS Day/Night Shared
- Habilitation
- Community Living Supports
- Community Living Supports Shared
- In Home Respite

Survey Questions

1. Did you choose where you live and receive your services? For example, did you visit other places before choosing where you live now?

- Yes
- No

2. If you want to move, do you know how to find and request new housing and do you have people that help you with this?

- Yes
- No

3. Do you own your home or have a lease?

- Yes
- No

4. Do you have adequate privacy in your home? For example, can you close and lock your front door? Do you have a key to your home? Are you comfortable with the people who have keys to your home? Do you have a key to your mailbox? Does your mail come to your home?

- Yes

<input type="checkbox"/> No <input type="checkbox"/> No, but supported by the person-centered plan
5. Do others knock before entering your home? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Can you close and lock your bedroom door? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but supported by the person-centered plan
7. Can you close and lock your bathroom door? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but supported by the person-centered plan
8. Do you have a roommate? If yes, did you get to choose your roommate and the person you share your home with? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A –Not applicable-person does not have a roommate
9. Do you know how to ask for a new roommate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A –Not applicable-person does not have a roommate
10. Is your home set-up/decorated in a way that you choose? For example, can you move the furniture where you want it? Can you hang things on the walls? Can you change things in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you participate in activities that you enjoy? For example, shopping, church, lunch, other activities noted on the CPOC. <input type="checkbox"/> Yes

<input type="checkbox"/> No
12. Do you know how to find out about upcoming events/activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you have the help you need to participate in the activities that you choose to? For example, are you able to get to the activities you want to go to? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Can you eat what you choose to and when you want to eat it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but supported by the person centered plan
15. Can you have visitors when you want to have visitors? For example, can you invite friends or family over whenever you want? Can you have private visits if you want to? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but supported by the person centered plan
16. Do you have the supports you need to move around your home as you choose? <input type="checkbox"/> Yes <input type="checkbox"/> No
17. If you have a roommate, do you have full access to common areas such as the kitchen, dining area, laundry, and shared living areas? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but supported by the person centered plan
18. Do you have access to a phone, computer or other technology? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but supported by the person centered plan
19. Do you have access to transportation to get to the places you would like to go?

Yes

No

20. Can you make decisions about your schedule, where you go, when you go, who you see and when you see them?

Yes

No

No, but supported by the person centered plan

21. Do you have access to your money? For example, can you buy the things you need? Can you use your money when you choose to?

Yes

No

No, but supported by the person centered plan