

Louisiana State Transition Plan January 1, 2023

The requested information from CMS regarding HCBS Settings Implementation is provided below.

State and provider compliance documentation with the regulatory criteria that must be met by the end of the transition period includes the following:

- Description of how Louisiana's oversight systems (licensure and certification standards, provider manuals, person-centered plan monitoring by case managers, etc.) have been modified to embed the regulatory criteria into ongoing operations:

Licensure/Certification standards, rules and provider manuals/policies have been updated to ensure compliance with the HCBS Settings Rule across program offices. Service definitions were reviewed and revised as needed so that they were applicable to the HCBS Settings Rule. This information was included in the development and revision of crosswalks along with CMS guidance to ensure compliance. Additionally, new waiver services have recently been added to the OCDD waivers to ensure support for community integration, individual choice and individual employment opportunities and are available to all participants. Ongoing review of licensing/certification, rules and provider manuals/policies will take place to ensure that compliance with the HCBS Settings Rule is maintained. Specific information related to the changes completed per program office/waiver is included in the Statewide Transition Plan which received CMS Final Approval on October 4, 2022. Changes to enhance support of the HCBS Settings Rule will continue to be reviewed and adopted as needed.

In addition to revised documents and processes, the person-centered plan which is developed and monitored by case managers (support coordinators/wraparound facilitators) has been modified to ensure all participants within the support coordinator's/wraparound facilitator's caseload receive choice in services delivered in environments that are compliant with the HCBS Settings Rule. Modifications made to the person-centered planning process include having a discussion about a participant's experience with his/her environment as it relates to the HCBS Settings Rule, along with information to ensure the setting has HCBS Characteristics. Support coordinators/wraparound facilitators have monthly contacts with each participant with quarterly contacts in the participant's home and/or day or employment setting. Non-compliance is to be documented and reported to the appropriate program office for follow-up. Once an occurrence of non-compliance is received, the program office is to review the issue, contact the participant and/or provider, conduct a site visit and assist the provider to come into compliance. If the provider does not come into compliance within an agreed upon time frame, a choice of alternate providers who are within compliance will be given to each participant and the provider will be removed from the Freedom of Choice list. Transition of participants will be tracked/monitored to ensure successful placement and continuity of service.

A monitoring instrument has been developed by each program office to ensure ongoing compliance for each provider setting. Ongoing scrutiny of all new and amended licensing/certification standards, rules, policies and procedures, and other documents will continue to ensure compliance with the HCBS Settings Rule.

- Description of how Louisiana assesses provider for initial compliance and conducts ongoing monitoring for continued compliance:

- Initial Compliance:

In order to ensure compliance with the HCBS Settings Rule, once a setting is identified by Health Standards and/or OCDD/OAAS program offices as a newly licensed Adult Day Health Care/Adult Day Care provider indicating the desire to provide nonresidential services to waiver participants, each program office will provide HCBS training in addition to the already required provider training.

For OAAS Adult Day Health Care Centers only, the program office will require each new Center to complete a self-assessment. This self-assessment will be followed by an onsite visit by OAAS staff to ensure compliance with the HCBS Settings Rule.

For OCDD providers only, the program office conducts an onsite visit prior to adding the provider to the OCDD Freedom of Choice list. Providers of residential provider owned or controlled settings will receive HCBS training to ensure that they understand the requirements in providing services.

For credentialing of new CSoC providers, the provider applicant/provider's proposed service location is assessed onsite to determine if it complies with the HCBS Settings Rule. Providers whose service setting does not comport with the rule shall not be permitted to provide CSoC services. The CSoC PIHP Contractor is required to provide training to provider and member enrollment staff on the HCBS Settings Rule and ensure staff are knowledgeable as to the settings that are permitted and prohibited.

- Ongoing Monitoring:

Louisiana will ensure compliance with the HCBS Settings Rule through the use of systemic Quality Assurance and Improvement strategies. Monitoring for ongoing compliance employs a variety of quality assurance and monitoring practices and builds on the current quality system.

Louisiana will assess ongoing provider compliance through participant interviews, on-site visits, support coordinator/wraparound facilitator contacts, and/or monitoring that will gather information from providers and individuals receiving services.

Continuous scrutiny is to be provided to licensing/certification ensuring compliance. At a minimum, onsite visits by OCDD and OBH program offices will occur at least annually with all nonresidential settings to ensure ongoing compliance. Providers will attest to continued compliance with the settings rule annually, as well as, part of the provider's continued status as a waiver provider. If at any point a setting is found to have fallen out of compliance, the provider will be notified and a plan of how compliance will be achieved again will be requested. A time frame will be provided based upon the issue and the program office will work with the provider to once again achieve compliance. If a provider chooses to not meet compliance, the participants who are receiving services at

the setting will begin a transition process to a provider who is within compliance. The program office will ensure this process is completed in a timely and sufficient manner to ensure each participant is receiving the services he/she chooses.

Support coordinators/wraparound facilitators will play a critical role in ensuring Louisiana continues to be compliant with the HCBS Settings Rule. Support coordinators/wraparound facilitators, on an ongoing basis, will assess compliance during in-home and or day/employment setting contacts with participants. 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 an alternate setting, if necessary. New policies and procedures specific to the role of support coordinators and wraparound facilitators will be developed and updated as needed to ensure staff are trained and knowledgeable regarding the HCBS Settings Rule and how to monitor settings through a person-centered planning process. Program offices will conduct training on any new protocols and expectations.

CSoC providers are re-credentialed every three years, and the CSoC PIHP Contractor conducts annual onsite audits of providers to monitor ongoing compliance between credentialing reviews. Compliance of both audit types is monitored using an approved assessment tool.

- Description of a beneficiary's recourse to notify Louisiana of setting non-compliance (grievance process, notification of case manager, etc.) and how Louisiana will address beneficiary feedback:

Participants can contact their support coordinator/wraparound facilitator, regional Local Governing Entity staff, LDH state program offices, the CSoC Contractor if applicable, and Medicaid regarding any questions, concerns and/or issues they may have with their services or the setting where they are receiving services. Review and follow-up will be completed and if transition to a provider who is within compliance is warranted, the participant will have their choice amongst providers on the Freedom of Choice list who are in compliance with the HCBS Settings Rule.

Support coordinators/wraparound facilitators make at least monthly phone contacts with each participant and meet in the participant's home and/or day or employment setting at least quarterly. If anything is observed that is questionable regarding compliance, the support coordinator/wraparound facilitator is to contact the program office for review and follow-up. The individual has the ability to contact their support coordinator/wraparound facilitator, service provider, Local Governing Entity, or program office to discuss any concern at any time.

In addition, a participant survey has been developed and will be administered, at least annually or more often as needed, by the state office staff, support coordinator, and/or wraparound facilitator to monitor waiver participant's experience and identify any issues with HCBS Settings Rule compliance. Those participants who reside in a provider owned/controlled setting will have a survey that has additional questions to ensure

compliance is continuing in their residential setting. The support coordinator/wraparound facilitator will complete onsite monitoring at least quarterly to ensure the setting remains in compliance.

For OCDD, the plan of care has been modified to include discussion related to what constitutes a compliant setting. If a participant has any questions, issues or concerns, he/she can discuss with his/her plan of care team which is facilitated by his/her support coordinator/wraparound facilitator. If participant survey data indicates the possibility of non-compliance, support coordinators/wraparound facilitators are to contact the program office for review and follow-up.

For CSoC members, plans of care are reviewed during every Child and Family Team (CFT) meeting, which are recommended to take place every 30 days. CSoC waiver services, as well as other services and supports that a person needs in order to live successfully in the community and, therefore, avoid institutionalization are identified on the POC. It must reflect the full range of a participant's service needs and include both the Medicaid services, along with informal supports that are necessary to address those needs. The POC must be revised, as necessary, to add or delete services or modify the amount and frequency of services. The POC must be reviewed at least every 30 days, or whenever necessary, due to a change in the participant's needs.