

Appendix B: Participant Access and Eligibility

B-8: Access to Services by Limited English Proficiency Persons

Access to Services by Limited English Proficient Persons. Specify the methods that the State uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003):

The PIHP is required to make real-time oral interpretation services available free of charge to each potential enrollee and enrollees, and must notify enrollees that oral interpretation is available for any language. The PIHP is also required to ensure that translation services are provided for all written member material for any language that is spoken as a primary language for four percent or more of enrollees, or potential enrollees of a PIHP. Material must be available at no charge in that specific language.

In addition, the DHH publishes all Medicaid application forms in English, Spanish, and Vietnamese; these forms are also available in alternative format upon request.

Appendix C: Participant Services

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

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

Service Type	Service		
Statutory Service	Independent Living/Skills Building		
Other Service	Parent Support and Training		
Other Service	Short-Term Respite		
Other Service	Youth Support and Training		

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Statutory Service

Service:

Habilitation

Alternate Service Title (if any):

Independent Living/Skills Building

HCBS Taxonomy:

Category 1:

13 Participant Training

Sub-Category 1:

13010 participant training

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:



Category 4:

Sub-Category 4:



Service Definition (Scope):

Independent Living/Skills Building services 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. 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, goals, and are included on an individualized transition plan (i.e. Waiver Plan of Care). It is expected that Independent Living/ Skills Building activities take place in the community. This service can be utilized to train and cue normal activities of daily living and instrumental activities of daily living. Housekeeping, homemaking (shopping, child care, and laundry services), or basic services solely for the convenience of a child receiving independent living / skills building are non covered. An example of community settings could encompass: a grocery or clothing store, (teaching the young person how to shop for food, or what type of clothing is appropriate for interviews), unemployment office (assist in seeking jobs, assisting the youth in completing applications for jobs), apartment complexes, (to seek out housing opportunities), Laundromats, (how to wash their clothes), Life safety skills, ability to access emergency services, basic safety practices and evacuation, Physical and mental health care (maintenance, scheduling physician appointments); recognizing when to contact a physician, self administration of medication for physical and mental health conditions, understanding purpose and possible side effects of medication prescribed for conditions; other common prescription and non-prescription drugs and drug uses, use of transportation (accessing public transportation, learning to drive, obtaining insurance), etc. These services may be provided in any other community setting as identified through the Plan of Care process. This is not an all inclusive list.

Transportation provided between the child/youth's place of residence and other services sites or places in the community and the cost of transportation is included in the rate paid to providers of this service. Independent Living /Skills Building does not duplicate any other Medicaid State Plan Service or service otherwise available to recipient at no cost.

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

- Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the participant's medical record.
- Independent Living / Skills Building will not duplicate any other Medicaid State Plan service or other services otherwise available to participant at no cost.

Service Delivery Method (check each that applies):

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Transition Coordination Agency
Individual	Transition Coordinator

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Independent Living/Skills Building****Provider Category:**Agency **Provider Type:**

Transition Coordination Agency

Provider Qualifications**License (specify):****Certificate (specify):****Other Standard (specify):**

Supervision shall be provided to the Transition Coordinator to provide back up, support, and/ or consultation. A LMHP shall be available at all times to provide back up, support, and/ or consultation.

Employ Transition Coordinators who have a high school diploma or equivalent.

- Must be 21 years of age and have a minimum of 2 years experience working with children with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of work experience and education with one year of education substituting for one year of experience;
- Pass criminal and professional background checks and motor vehicle screens.
- Completion of an approved training in the skills area(s) need by the transitioning youth according to a curriculum approved by the OBH prior to providing the service.

Verification of Provider Qualifications**Entity Responsible for Verification:**

PIHP

Frequency of Verification:

Upon contracting and annually thereafter

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Independent Living/Skills Building****Provider Category:**Individual **Provider Type:**

Transition Coordinator

Provider Qualifications**License (specify):****Certificate (specify):****Other Standard (specify):**

Have a high school diploma or equivalent.

- Must be 21 years of age and have a minimum of 2 years experience working with children with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of work experience and education with one year of education substituting for one year of experience;
- Pass criminal and professional background checks and motor vehicle screens.
- Completion of an approved training in the skills area(s) need by the transitioning youth according to a curriculum approved by the OBH prior to providing the service.
- A LMHP shall be available at all times to provide back up, support, and/ or consultation.

Verification of Provider Qualifications

Entity Responsible for Verification:

PIHP

Frequency of Verification:

Upon contracting and annually thereafter

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Other Service

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

Service Title:

Parent Support and Training

HCBS Taxonomy:

Category 1:

Sub-Category 1:

10 Other Mental Health and Behavioral Services 10050 peer specialist

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Parent Support and Training is designed to benefit the Medicaid eligible child/youth experiencing a serious emotional disturbance who without waiver services would require state psychiatric hospitalization or nursing facility institutionalization. This service provides 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. The specialist shall attend meetings with the family and assist in helping family members to effectively contribute to planning and

accessing services including assistance with removing barriers. The specialist assists in describing the program model and providing information as needed to assist the family. Support and training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child/youth (e.g., parenting children with various behavior challenges). This involves assisting the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the Medicaid eligible child/youth in relation to their mental illness and treatment; development and enhancement of the families specific problem-solving skills, coping mechanisms, and strategies for the child/youth's symptom/behavior management; assisting the family in understanding various requirements of the waiver process, such as the crisis/safety plan and plan of care process; training on understanding the child's diagnoses; understanding service options offered by service providers; and assisting with understanding policies, procedures and regulations that impact the child with mental illness/addictive disorder concerns while living in the community (e.g., training on system navigation and Medicaid interaction with other child serving systems). The specialist may also conduct follow-up with the families regarding services provided and continuing needs. For the purpose of the CSoc, family is defined as the primary care giving unit and is inclusive of the wide diversity of primary care giving units in our culture. Family is a biological, adoptive or self-created unit of people residing together consisting of adult(s) and/or child(ren) with adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family. For the purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, sibling, children, relatives, grandparents, guardians, foster parents or others with significant attachment to the individual. Services may be provided individually or in a group setting.

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

1. Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's medical record.
2. Parent Support and Training will not duplicate any other Medicaid State Plan Service or other services otherwise available to the recipient at no cost.
3. Services may be provided concurrent with development of the POC to ensure parent support and training and must be intended to address the needs identified in the assessment and to achieve the goals or objectives identified in the child's individualized plan of care.
4. The Parent Partner must be supervised by a person meeting the qualifications for a Family Support Supervisor.
5. The individuals performing the functions of the Wraparound Parent Partner may be full-time or part-time (e.g., Wraparound Parent Partner may be a part-time employee separate and distinct from a part-time Parent Trainer and/or Group Facilitator).

Service Delivery Method (check each that applies):

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Family Support Organizations

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Parent Support and Training

Provider Category:

Agency

Provider Type:

Family Support Organizations

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

- Have a high school diploma or equivalent.
- Must be 21 years of age and have a minimum of 2 years experience living or working with a child with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of life/work experience and education with one year of education substituting for one year of experience; (preference is given to Parents or caregivers of children with SED)
- Certification and completion of Parent Support Training according to a curriculum approved by the OBH prior to providing the service pass criminal and professional background check, and motor vehicle screens.
- A LMHP shall be available at all times to provide back up, support, and/or consultation.

Verification of Provider Qualifications

Entity Responsible for Verification:

PIHP

Frequency of Verification:

Upon contracting and annually thereafter

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

Other Service

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

Service Title:

Short-Term Respite

HCBS Taxonomy:

Category 1:

09 Caregiver Support

Sub-Category 1:

09012 respite, in-home

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Short Term Respite Care 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. Respite may be either planned or provided on an emergency basis. Normal activities of daily living are considered to be included in the content of the service when providing respite care and cannot be billed separately, these include: support in the home/ after school/or at night, transportation to and from school/medical appointments/ or other community based activities, and/or any combination of the above. The cost of transportation is also included in the rate paid to providers of this service. Short Term Respite Care can be provided in an Individual's home or place of residence or provided in other community settings such as at a relative's home or in a short visit to a community park or recreation center. Respite Services provided by or in an Institution for Mental Disease (IMD) are non-covered. The child must be present when providing Short Term Respite care. Short term Respite care may not be provided simultaneously with Crisis Stabilization Services and does not duplicate any other Medicaid State Plan Service or service otherwise available to recipient at no cost. The Medicaid rate does not include costs for room & board.

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

Short Term Respite Care pre-approved for the duration of 72 hours per episode with a maximum of 300 hours allowed per calendar year. These limitations can be exceeded through prior authorization by the PIHP or inclusion in the PIHP-approved Plan of Care.

1. Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's medical record.
2. Short Term Respite Care will not duplicate any other Medicaid State Plan Service or other services otherwise available to recipient at no cost.
3. Medicaid federal financial participation (FFP) will not be claimed for the cost of room and board.
4. Respite care may be provided by a Licensed respite care facility, with the availability of community outings. Community outings would be included on the approved POC and would include activities such as school attendance, or other school activities, or other activities the individual would receive if they were not receiving respite from a center-based respite facility. Such community outings would allow the individual's routine not to be interrupted. Respite is not provided inside a provider facility.
5. The provider must be at least three years older than an individual under the age of 18.

Service Delivery Method (check each that applies):

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Crisis Receiving Center
Agency	Personal Care Attendant
Individual	Direct Service Worker
Agency	Respite Care Services Agency

Provider Category	Provider Type Title
Agency	Child Placing Agency (Therapeutic Foster Care)
Agency	Supervised Independent Living (SIL) Agency

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Short-Term Respite

Provider Category:

Agency ▾

Provider Type:

Crisis Receiving Center

Provider Qualifications

License (specify):

Licensed per Revised Statutes (RS) 28:2180.12 and Louisiana Administrative Code 48:I.Chapters 53 and 54.

Certificate (specify):

Other Standard (specify):

Completion of state approved training according to a curriculum approved by the OBH prior to providing the service.

Verification of Provider Qualifications

Entity Responsible for Verification:

PIHP

Frequency of Verification:

Upon contracting and annually thereafter

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Short-Term Respite

Provider Category:

Agency ▾

Provider Type:

Personal Care Attendant

Provider Qualifications

License (specify):

Licensed as a HCBS provider/PCA agency per Revised Statute 40:2120.1 et seq. and Louisiana Administrative Code (LAC) 48:I.Chapter 50 found at the following website:
<http://www.doa.la.gov/osr/reg/register.htm>.

Certificate (specify):

Other Standard (specify):

DHH Standards of Participation; LR Vol. 29, No. 9, September 20, 2003
 Completion of state approved training according to a curriculum approved by the OBH prior to providing the service.

Verification of Provider Qualifications**Entity Responsible for Verification:**

PIHP

Frequency of Verification:

Upon contracting and annually thereafter

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Short-Term Respite****Provider Category:**

Individual ▾

Provider Type:

Direct Service Worker

Provider Qualifications**License (specify):****Certificate (specify):****Other Standard (specify):**

Direct service workers must enroll as providers directly with the PIHP. The following individual qualifications are required for the direct care staff person:

- 1) be at least 18 years of age;
- 2) have a high school diploma, GED, or trade school diploma in the area of human services, or demonstrated competency, or verifiable work experience in providing support to persons with disabilities;
- 3) criminal and professional background checks
- 4) not have a finding of abuse, neglect, mistreatment or misappropriation of a resident's property placed against them on the Direct Service Worker Registry;
- 5) possess a valid social security number;
- 6) provide documentation of current Cardiopulmonary Resuscitation and First Aid Certifications.
- 7) Completion of Respite Training according to the curriculum approved by the OBH prior to providing the service

Verification of Provider Qualifications**Entity Responsible for Verification:**

PIHP

Frequency of Verification:

Upon contracting and annually thereafter

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Short-Term Respite****Provider Category:**

Agency ▾

Provider Type:

Respite Care Services Agency

Provider Qualifications

License (specify):

Licensed as a HCBS provider/In Home Respite agency per Revised Statute 40:2120.1 et seq. and Louisiana Administrative Code (LAC) 48:I.Chapter 50 found at the following website:
<http://www.doa.louisiana.gov/OSR/reg/regs2012.htm>

Certificate (specify):

Other Standard (specify):

Completion of state approved training according to a curriculum approved by the OBH prior to providing the service.

Verification of Provider Qualifications**Entity Responsible for Verification:**

PIHP

Frequency of Verification:

Upon contracting and annually thereafter

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service

Service Name: Short-Term Respite

Provider Category:

Agency ▾

Provider Type:

Child Placing Agency (Therapeutic Foster Care)

Provider Qualifications**License (specify):**

Licensed as a Child Placing Agency by Department of Child and Family Services (R.S. 46:1401-142)

Certificate (specify):

Other Standard (specify):

Completion of state approved training according to a curriculum approved by the OBH prior to providing the service.

Verification of Provider Qualifications**Entity Responsible for Verification:**

PIHP

Frequency of Verification:

Upon contracting and annually thereafter

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service

Service Name: Short-Term Respite

Provider Category:

Agency ▾

Provider Type:

Supervised Independent Living (SIL) Agency

Provider Qualifications**License (specify):**

Licensed as a HCBS provider/PCA agency per Revised Statute 40:2120.1 et seq. and Louisiana Administrative Code (LAC) 48:I.Chapter 50 found at the following website
<http://www.doa.louisiana.gov/OSR/reg/regs2012.htm>

Certificate (specify):

Other Standard (specify):

Completion of state approved training according to a curriculum approved by the OBH prior to providing the service.

Verification of Provider Qualifications

Entity Responsible for Verification:

PIHP

Frequency of Verification:

Upon contracting and annually thereafter

Appendix C: Participant Services

C-1/C-3: Service Specification

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

Service Type:

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

Service Title:

Youth Support and Training

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Youth Support and Training services are child/youth centered support services that 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. Activities included must be intended to achieve the identified goals or objectives as

set forth in the child/youth's individualized POC. The structured, scheduled activities provided by this service emphasize the opportunity for youth to support other children and youth in the restoration and expansion of the skills and strategies necessary to move forward in recovery. Youth Support and Training services include face-to-face intervention with the child/youth present. Services can be provided individually or in a group setting. The majority of Youth Support and Training contacts must occur in community locations where the person lives, works, attends school and/or socializes. This service may include the following components:

- A. Helping the child/youth to develop a network for information and support from others who have been through similar experiences
- B. Assisting the child/youth to regain the ability to make independent choices and take a proactive role in treatment including discussing questions or concerns about medications, diagnoses or treating with their clinician.
- C. Assisting the child/youth to identify and effectively respond to or avoiding identified precursors or triggers that maintain or increase functional impairments.
- D. Assist the child/youth with the ability to address and reduce the following behaviors: reducing reliance on Youth Support and Training over time, rebelliousness behavior, early initiation of anti-social behavior (e.g., early initiation of drug use), attitudes favorable toward drug use (including perceived risks of drug use), antisocial behaviors toward peers, contact with friends who use drugs, gang involvement, and intentions to use drugs

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

Local Education Agencies may not provide this service.

Limit of 750 hours of Youth Support and Training services per calendar year. This limit can be exceeded when medically necessary through prior authorization.

1. Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's medical record.
2. The Youth Partner must be supervised by a person meeting the qualifications for a Youth Partner Supervisor and a Licensed Mental Health Professional.

Service Delivery Method (check each that applies):

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Family Support Organizations

Appendix C: Participant Services

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

Service Type: Other Service

Service Name: Youth Support and Training

Provider Category:

Agency

Provider Type:

Family Support Organizations

Provider Qualifications

License (specify):

Certificate (*specify*):

Other Standard (*specify*):

Must be at least 18 years old and have a high school diploma or equivalent. Certification in the State of Louisiana to provide the service, which includes criminal and professional background checks, and completion of a standardized basic training program approved by the OBH. Self-identify as a present or former child recipient of behavioral health services.

Verification of Provider Qualifications

Entity Responsible for Verification:

PIHP

Frequency of Verification:

Upon contracting and annually thereafter

Appendix C: Participant Services

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

b. Provision of Case Management Services to Waiver Participants. Indicate how case management is furnished to waiver participants (*select one*):

- Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
- Applicable** - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

- As a waiver service defined in Appendix C-3.** Do not complete item C-1-c.
- As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** Complete item C-1-c.
- As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** Complete item C-1-c.
- As an administrative activity.** Complete item C-1-c.

c. Delivery of Case Management Services. Specify the entity or entities that conduct case management functions on behalf of waiver participants:

The PIHP conducts all case management functions compliant with managed care treatment planning requirements at 42 CFR 438.208(c) using Wraparound Facilitators employed by State certified Wraparound Agencies.

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

a. Criminal History and/or Background Investigations. Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (*select one*):

- No. Criminal history and/or background investigations are not required.**
- Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

The PIHP must complete a Louisiana state check and motor vehicle screen upon the credentialing of the following independent providers of services:

- Transition Coordinator (Individual)
- Direct Support Worker

The PIHP conducts criminal background checks on independent practitioners as well.

The PIHP will ensure that HCBS CSoC waiver agencies and providers meet required DHH-OBH certifications. In addition, the providers must provide evidence that required standards have been met at the time of renewing their license and/or certification.

Provider agencies with direct service providers must also conduct criminal background checks and sex offender checks as well as Louisiana State check and motor vehicle screen on all prospective employees including non-licensed personnel who may have direct access to individuals served at the time an offer of employment is made.

Family Support Organization Agency - Family Cultural Support Specialist/Parent Trainer/Group Facilitator
 Family Support Organization Agency - Peer Support Specialist
 Transition Coordinator Agency – Transition Coordinator
 Agency Personal Care Attendant
 Agency Center Based Respite
 Agency Respite Care Services Agency
 Child Placing Agency (Therapeutic Foster Care)
 Supervised Independent Living (SIL) Agency

Criminal background checks must be conducted on all prospective employees of licensed agencies and providers who may have direct access to individuals served prior to allowing the employee to work directly with individuals receiving HCBS services. The scope of the history of background checks is mandated by State law and is conducted by the Louisiana State Police or their designee which includes a nationwide level check. PIHP licensed contract agencies must comply with this law. This includes direct care positions, administrative positions and other support positions that have contact with individuals served.

The PIHP reviews the provider agency criminal record check policy at the time of initial credentialing of the agency and re-verifies agency credentials, including a sample of criminal background checks, at a frequency determined by the PIHP, no less than every three years. Annually, the PIHP reviews agency personnel practices to ensure that there is documentation of the criminal background check for each employee hired.

b. Abuse Registry Screening. Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- No. The State does not conduct abuse registry screening.**
- Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

The PIHP must perform criminal and professional background checks, check the State Sex Offender and Child Predator Registry maintained by the State Police Office, and check the Certified Nurse Aide Registry for information on convictions by a CNA for abuse against the elder or infirm.

Licensed agencies who contract with the PIHP must conduct criminal and professional background checks of prospective employees for positions who have direct access to individuals receiving services.

Unlicensed agencies that contract with the PIHP to provide services are also required to conduct criminal and professional background checks of prospective employees who may provide waiver services to child/youths.

The PIHP reviews the provider agency criminal and professional background checks policy at the time of initial credentialing and re-verifies agency credentials, including a sample of criminal and professional background checks screenings, at a frequency determined by the PIHP, no less than every three years. The PIHP reviews agency personnel practices annually to ensure that necessary screenings have been performed prior to employment.

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. **Services in Facilities Subject to §1616(e) of the Social Security Act.** *Select one:*

- No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.**
- Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. **Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

- No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.**
- Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of *extraordinary care* by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.*

e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

- The State does not make payment to relatives/legal guardians for furnishing waiver services.**
- The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

- Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

Services may be provided by a member of the participant's family, provided that the participant does not live in the family member's residence and the family member is not the legally responsible relative. Family members that may provide services include parents of an adult child, siblings, grandparents, aunts, uncles, and cousins. The family member must become an employee of the provider agency or contracted with the PIHP and must meet the same standards as direct support staff that are not related to the individual. Payment for services rendered are approved by prior and post authorization as outlined in the POC.

- Other policy.**

Specify:

- f. Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

DHH operates a concurrent 1915 (b)/(c) waiver that waives participant choice and allows for the selective contracting of behavioral health providers. The contracted PIHP will subcontract with any willing qualified provider meeting the provider qualifications as outlined in the 1915(c) waiver. The 1915(b) waiver allows the State to waive freedom of choice. The 1915(b) requires that the PIHP meet accessibility criteria per state guidelines. However, per federal requirements at 42 CFR 438.6, 42 CFR 438.12, 42 CFR 438.206, 42 CFR 438.230, 42 CFR 438.214, and SMM 2087.4, the PIHP must evaluate the prospective provider's ability to perform the activities to be delegated prior to contracting with the entity. The PIHP must have a written agreement with the provider that specifies the activities and report responsibilities delegated to the subcontractor; and provides for revoking delegation or imposing other sanctions if the provider's performance is inadequate. The PIHP must monitor the provider's performance on an ongoing basis and subject it to formal review according to a periodic schedule established by the State, consistent with industry standards or State laws and regulations. The PIHP must identify deficiencies or areas for improvement, the PIHP and provider must take corrective action and terminate the provider if progress is not made to correct the deficiency or area for improvement. The PIHP is required to associate with other providers of mental health services not included in the PIHP network when the needs of children enrolled cannot be met. In all contracts with health care professionals, the PIHP must have written policies and procedures to ensure: selection and retention of providers, credentialing and recredentialing requirements, and nondiscrimination. The PIHP must regularly demonstrate to the DHH and the EQRO that its providers are credentialed. The PIHP's provider selection policies and procedures cannot discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. Sub-Assurances:

- a. **Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.**

Performance Measures

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

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

Performance Measure:

QPI: Number and percent of providers initially meeting licensing, training, and certification requirements prior to furnishing waiver services

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP data system

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Source (Select one):

Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing

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

Performance Measure:

QP2: Number and percent of providers continuously meeting licensing and certification requirements

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP data system

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):

<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

b. Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

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

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

Performance Measure:

QP3: Number and percent of non-licensed direct care staff of providers that meet State requirements

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Responsible Party for data	Sampling Approach (check each that applies):

collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

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

c. **Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.**

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

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

Performance Measure:

QP4: Number and percent of providers meeting ongoing training requirements.

Data Source (Select one):

Training verification records

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Source (Select one):
Record reviews, off-site
 If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually

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

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
OBH reviews and analyzes qualified provider performance measure data to ensure compliance with the sub-assurance. Individual instances of non-compliance may signal the need for operational changes to the PIHP’s processes to ensure appropriate front-end checks are in place for identifying and flagging providers who have not meet training, licensing, or certification requirements. As such, if compliance falls below 100%, the PIHP will be required to submit a quality improvement plan which includes a root-cause analysis, proposed interventions and associated timelines for addressing non-compliance, and methods and associated timelines for evaluating the success of the plan.

ii. Remediation Data Aggregation

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

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

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

- No
- Yes

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

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. **Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

- Not applicable-** The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
- Applicable -** The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

- Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
Furnish the information specified above.

- Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

- Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

- Other Type of Limit.** The State employs another type of limit.
Describe the limit and furnish the information specified above.

Appendix C: Participant Services

C-5: Home and Community-Based Settings

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

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

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

The State believes the great majority of CSoc members are served in settings that fully comport with the home and community-based setting requirements. We believe most members reside with their families, as the purpose of this waiver is to prevent out-of-home placement and divert members from institutional levels of care. In addition, we believe all CSoc services are provided in home and community-based settings.

The State will assess all settings, residential and non-residential, through provider self-assessment surveys, participant surveys, and onsite reviews to ensure compliance with the home and community-based setting requirements as outlined in the State's Statewide Transition Plan. The State will use the resulting information to work with individual providers on remediation to fully comply with the home and community-based setting requirements. On an ongoing basis, the State will ensure continued compliance with these regulations by surveying participants no less than annually to ensure their HCBS experience comports with the new regulations and by monitoring providers' compliance through the certification review process and other review assessments. The PIHP will be required to collect information during the enrollment process to ensure the proposed setting comports with the setting requirement and will be required to report to OBH any settings discovered that are not in compliance with the setting requirements.

Appendix D: Participant-Centered Planning and Service Delivery

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

State Participant-Centered Service Plan Title:

Plan of Care

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

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

Specify qualifications:

- Social Worker**

Specify qualifications:

- Other**

Specify the individuals and their qualifications:

The PIHP conducts all case management functions compliant with managed care treatment planning requirements at 42 CFR 438.208(c) using Wraparound Facilitators employed by State certified Wraparound Agencies. The Wraparound Facilitator must be employed by a Wraparound Agency and meet the following qualifications: have at least a BA/BS degree or be equivalently qualified by work experience or a combination of work experience in the human services field and education with one year of experience, complete Wraparound Facilitation Training according to a curriculum approved by OBH within 6 months of hire, and pass a Louisiana criminal history background check, and motor vehicle screens.

Plan of care development will be supported by Wraparound Parent Partner and Wraparound Youth Peer Partner. The Wraparound Parent Partner must be employed by a Family Support Organization and meet the following qualifications: have a high school diploma or equivalent, be 21 years of age and have a minimum of 2 years experience living or working with a child with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of life/work experience and education with one year of education substituting for one year of experience, (preference is given to Parents or caregivers of children with SED), have certification and completion of Parent Peer Support Training according to a curriculum approved by OBH prior to providing the service, and pass criminal and professional background checks and motor vehicle screens.

Wraparound Youth Partners must be employed by a Family Support Organization and meet the following qualifications: have a high school diploma or equivalent, be at least 18 years of age, self-identify as a present or former child recipient of behavioral health services, have certification and completion of a standardized basic training program approved by the OBH, and pass criminal and professional background checks.

Appendix D: Participant-Centered Planning and Service Delivery

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

b. Service Plan Development Safeguards. Select one:

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

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

Appendix D: Participant-Centered Planning and Service Delivery

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

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

a) The family and youth are offered the resources of Wraparound Parent Support and Wraparound Youth Support to directly support the family and youth in the service plan development process. Wraparound Parent Partners and Wraparound Youth Partners are employed by the Family Support Organization and work in collaboration with the Wraparound Facilitator. The Wraparound Parent Partner will: listen to the family express needs and concerns from a peer perspective; offer suggestions for engagement in the Wraparound process including assistance with removing barriers; participate in Child and Family Team meetings to support family voice and choice; work with the family to organize and prepare for meetings in order to maximize the family's participation in meetings; provide ongoing emotional support during all phases of the Child and Family Team process; empower the family to make choices to achieve desired outcomes for their child or youth, as well as the family. The Wraparound Youth Partner will: listen to the youth express needs and concerns from a peer perspective; offer suggestions for engagement in the Wraparound process including assistance with removing barriers; participate in Child and Family Team meetings to support youth voice and choice; work with the youth to organize and prepare for meetings in order to maximize the

youth's participation in meetings; provide ongoing emotional support during all phases of the Child and Family Team process; empower the youth to make choices to achieve desired outcomes.

b)The Child and Family Team shall include the child/youth, parents or caregivers of the child/youth, behavioral health providers, and other individuals agreed to by the family to participate in the development of the plan of care.

Development of an individualized care plan: Using the information collected through an assessment, the Wraparound Facilitator convenes and facilitates the Child and Family Team, together with the Team develops a person and family-centered, Individual Care Plan that specifies the goals and actions to address the medical, social, educational and other services needed by the eligible individual. The Wraparound Facilitator works directly with the child, the family (or the child's authorized health care decision maker) and others to identify the strengths, needs and goals of the child and the strengths, needs and goals of the family in meeting the child's needs.

The child/youth and parents or caregivers of the child/youth have the primary role of identifying appropriate goals, strengths, needs, and the development of a risk assessment (crisis plan). Input of all members of the Child and Family Team is used to identify the appropriate, frequency and duration of waiver services, and natural supports that are built into the Plan of Care to assist the child/youth in meeting their goals. The wraparound facilitator plays a role in this process by facilitating the Plan of Care development through documentation of the decisions made by the Child and Family Team, facilitating the overall meeting, and assuring that all members of the team have the opportunity to participate. The child/youth and parents or caregivers of the child/youth have the ability to request a meeting of their Child and Family Team at any time should needs or circumstances change.

The child/youth and parents or caregivers of the child/youth are able to designate a qualified individual of their choosing as the wraparound facilitator.

Appendix D: Participant-Centered Planning and Service Delivery

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

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

Once the child/youth is screened positive on the CANS Brief Screening, the PIHP makes the determination that the child/youth is presumptively eligible for the waiver. The PIHP authorizes services during the initial 30 days to stabilize the child/youth and for any of the specialized services available to children/youth enrolled in the waiver and their families. At the same time, the PIHP sends concurrent written referrals to the Wraparound Agency, a CANS certified LMHP and the Family Support Organization to initiate the process to engage the family and verify eligibility for waiver services.

Wraparound agency (WAA) staff makes the initial contact to the child/youth and/or their parent(s)/ caregiver(s) to set up a face-to-face meeting to provide information on the waiver services. This information includes, but is not limited to: waiver service delivery brochure that describes the waiver services including the option for service delivery settings for the child/youth to receive waiver services in a home/community setting or in a hospital or residential setting, freedom of choice of providers, and how to report abuse and neglect. During this initial meeting, the parent/caregiver is asked to indicate their choice of service delivery settings as evidenced by their signature on the freedom of choice document, indicating the selection of services in the home/community rather than in a residential placement as well as provide informed consent to allow the release of information between the PIHP and the WAA, and the WAA and current service providers. The WAA staff may also provide information to the child/youth and parent/caregivers on the assessment process such as information on the types of questions that will be discussed during the administration of the CANS and the behavioral assessment.

The PIHP also makes a referral to a CANS certified LMHP to initiate the clinical eligibility assessment process which consists of the CANS Comprehensive Multisystem Assessment and the Individual Behavioral Health Assessment (IBHA). This comprehensive assessment must be completed and submitted to the PIHP within 30 days of the referral. The PIHP staff that serve on the independent review team review the Comprehensive CANS, IBHA, medical / psychiatric records and any other documentation to identify appropriate services to be addressed in the Plan of Care. The child/youth will be enrolled in the 1915(c) waiver if meeting the LOC determination and Medicaid financial eligibility. If the child does not meet LOC and financial eligibility, the appropriate non-Medicaid funding source will be billed and the child/youth will not be enrolled in the waiver. See Appendix G for a description of the appeal rights that any non-Medicaid child/youth will be offered.

The Family Support Organization (FSO) staff will also be in contact with the child/youth and the parent(s)/caregiver (s) to provide information on the waiver services, reinforce the child/youth and family's rights and assist the family in navigating the system. FSO staff has lived experiences and is able to provide support and assistance to the child/youth and family receiving waiver services.

a. The Wraparound Facilitator in the Wraparound Agency is responsible for facilitating the development of the Plan of Care. During the initial meetings with the child/youth and parent(s)/caregivers(s), the wraparound facilitator meets with the family to do a strengths and cultural discovery and assist them in determining their vision for their family. The Wraparound Facilitator also works with the family to identify potential members of the Child and Family Team, such as natural supports and formal supports such as current physical/behavioral health providers. The Wraparound Facilitator is responsible for convening the Child and Family Team to develop the initial waiver specific Plan of Care within 30 days of receipt of referral from the PIHP. The Plan of Care is based on information provided by the child/youth and parent/caregivers through do a strengths and cultural discovery, goals and vision, results of the CANS Comprehensive Assessment and input from Child and Family Team members. The Wraparound Facilitator is responsible for ensuring that all members of the team have the opportunity to participate in the development of the Plan of Care. The child/youth and parents/caregivers of the child/youth have the ability to request a meeting of their Child and Family Team at any time should needs or circumstances change. The Wraparound Facilitator is responsible for ensuring that the Plans of Care are submitted to the PIHP within the required timelines.

b. A CANS Comprehensive Multisystem Assessment is completed by an CANS certified LMHP. The CANS addresses the following domains: home, community, financial/economic, health, legal, leisure/recreation, vocational/educational, socialization, and other. Goal development is directly related to the CANS. Goals are established based on the child/youth's needs and interventions for goals are built upon the child/youth's identified strengths. The Child and Family Team identify goals and interventions based upon the CANS and other assessments. Plan of Care goals identified by the child/youth and parents or caregivers of the child/youth are prioritized by the Child and Family Team.

c. The Wraparound Agency staff provides information on the services available through the waiver for the child/youth and parent/caregivers during the initial meeting. The Wraparound Facilitator from the Wraparound Agency continues to provide information on the waiver specific services and also includes services available in the system of care outside of the SED waiver. Examples of such services would be traditional behavioral health services such as medication management and individual therapy provided in the home. The Child and Family Team process also incorporate naturally occurring supports, such as extended family members, child/family friends and individuals from the family's social network. Formalized services are also included in the Plan of Care but do not take the place of existing or identified natural supports.

d. The core values of the Community-Based Services are based on the System of Care values and are Strengths-Based, Family-Centered, Culturally Respectful, and Community-Based. These core values are the foundation for the training that is provided to Community-Based Service providers throughout the state. In keeping with these core values, the wraparound process is a participant-driven process where the child/youth and the parents of caregivers of the child/youth direct the membership of their Child and Family Team. Membership is reflective of individuals the family has identified as a source of support, individuals in the community that may be able to provide support in the future through natural supports, and providers of service. All services are coordinated first through the Child and Family Team's development of the Plan of Care. It is the responsibility of the Child and Family Team to develop the Plan of Care.

e) The wraparound facilitator guides that process by facilitating wraparound meetings and ensuring the waiver

requirements are met. The wraparound facilitator is responsible for assisting the Child and Family Team in identifying resources for the child/youth and the parents or caregivers of the child/youth. The wraparound facilitator is a part of the development process and a member of the Child and Family Team. The Wraparound Facilitator then takes on the responsibility of assuring that the needed resources are implemented for the child/youth and parents or caregivers of the child/youth. The wraparound facilitator guides continuous reassessment and monitoring of the plan through 90-day and semi-annual reviews of the Plan of Care. CANS reassessment is completed by a qualified individual certified in the Louisiana CANS. Wraparound Parent Partner and Wraparound Youth Partner may support the wraparound process and be an ongoing part of the Child and Family Team by helping the youth/family to understand the wraparound process, empowering youth/family to make choices to achieve desired outcomes, and assisting youth/family to uncover resources and natural supports that may be available.

f) The Plan of Care identifies the assigned task and person responsible for implementing the identified support to attain a specific Plan of Care goal. This includes community partners identified by the Child and Family Team to provide natural supports for the family to meet the child/youth's needs. Each Plan of Care has an identified Crisis Plan section which identifies potential crisis, what action steps (strategies) need to be implemented and the person(s) responsible to mitigate the risk.

g) The Plan of Care is updated at a minimum on a semi-annual basis through the wraparound process. However, a wraparound meeting can be convened at any time in which needs or circumstances have changed or the child/youth and parents or caregivers of the child/youth feel it is warranted, or the needs of the child/youth require the Child and Family Team to meet on a more frequent basis to best coordinate care.

The child/youth and parents or caregivers of the child/youth must be involved in the development of the Plan of Care. Participation is documented through the signatures of the child/youth and parents or caregivers of the child/youth on the Plan of Care. In addition, the PIHP must operate from one integrated treatment plan. This reinforces the wraparound process and results in the Plan of Care encompassing all services that may be accessed through the PIHP.

Appendix D: Participant-Centered Planning and Service Delivery

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

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

Each Plan of Care is required to contain a crisis plan. Crisis plans are developed in conjunction with the Plan of Care during the wraparound meeting based upon the individualized preferences of the child/youth and parents/caregivers. As with the Plan of Care itself, the child/youth and parents/caregivers may choose to revise the crisis plan at any time they feel it is necessary. Each crisis plan is individualized to the child/youth. A potential crisis (risk) and appropriate interventions (strategies to mitigate risk) are specific to the child/youth and identified by the Child and Family Team. Training provided to wraparound facilitators highlight the need to identify different levels of intervention on a crisis plan, the different stages of crisis, and how a crisis may be defined differently by each family.

The crisis plan includes action steps as a backup plan if the crisis cannot be averted. The action steps are developed through the wraparound process by the Child and Family Team and incorporated in the crisis plan. The action steps may involve contacting natural supports, calling a crisis phone line, or contacting the wraparound facilitator. The PIHP is required to provide 24 hours a day/365 days a year crisis response that is readily accessible to child/youths and their parents/caregivers. A required component of the crisis plan is the contact information for those involved at all levels of intervention during the crisis. Families are provided a copy of the crisis plan as an attachment to their Plan of Care in order to have access to the identified information should a crisis occur.

Should a crisis occur or support worker not arrive for a scheduled appointment, individual contact information is included on the crisis plan. The PIHP is required to have staff on-site available by 800 phone number 24 hours a day/365 days a year to respond to calls.

Short-term respite are services which may be included in a Plan of Care if the Child and Family team deems that the youth and family need those services to give relief to the caregiver (short-term respite). Because each child is unique, the Wraparound Facilitation undertaken by the Child and Family Team designs a child specific Plan of Care including a crisis plan and a back-up plan. The backup plan must be an individualized backup plan and include action steps for the individual to follow in the event of an emergency, including the failure of a support worker to appear when scheduled. Should a crisis occur or support worker not arrive for a scheduled appointment, individual contact information is included on the crisis plan. The PIHP is required to have staff on-site available by 800 phone number 24 hours a day/365 days a year to respond to calls and may include arranging for designated provider agencies to furnish staff support on an on-call basis as necessary. The Wraparound Facilitator and Child and Family Team must ensure that an effective back-up plan is crafted to meet the unique needs and circumstances of each youth.

The crisis plan and backup plan must include the identification of potential risks to the enrolled youth and the development of strategies to mitigate such risks. Critical risks must be addressed by incorporating strategies into the plan to mitigate whatever risks may be present. The CANS assessment is used to systematically identify potential risks. Strategies to mitigate risk should be designed to respect the needs and preferences of the waiver participant and may include waiver respite services (short-term respite) or crisis intervention/stabilization services (State Plan). The Wraparound Facilitator must also be available to assist in the event of crises or staff member no shows.

Appendix D: Participant-Centered Planning and Service Delivery

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

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

Children/youths and their families will have free choice of providers within the PIHP network and may change providers as often as desired. Once enrolled in the PIHP, if a child/youth is already established with a therapist who is not a member of the network, the PIHP is required to make every effort to arrange for the child/youth to continue with the same provider if the child/youth so desires. The provider would be requested to meet the same qualifications as other providers in the network. In addition, if a child/youth needs a specialized service that is not available through the network, the PIHP will arrange for the service to be provided outside the network of a qualified provider is available. Finally, except in certain situations, participants will be given the choice between at least two providers. Exceptions would involve highly specialized services which are usually available through only one agency in the geographic area. This information is provided in the PIHP's member handbook which is given to participants upon enrollment in the waiver. Member handbooks are also on the PIHP website.

Appendix D: Participant-Centered Planning and Service Delivery

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

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

The Child and Family Team develop plan of care using the Strengths and Needs assessment developed by the LMHP. Once developed, that same information is submitted electronically for prior authorization to the PIHP's Care Management team through the electronic health record and other applicable databases. The PIHP staff complete the cost of care calculation and verify POC cost meets cost of care requirements as part of the POC approval process. Any communications necessary as part of the approval process occur between the WAA and PIHP to ensure that the POC is received, reviewed, and processed in a timely manner. The PIHP provides Medicaid-reimbursable mental health services (including waiver services) under the OBH's oversight. The OBH maintains a MOU with the State Medicaid Agency regarding waiver program management which is inclusive of the service plan. The service plan approval is delegated to the OBH by the Medicaid Agency through the MOU.

The State Medicaid Agency monitors the waiver through a review of reporting data provided at the IMT meetings that is obtained through record reviews.

Appendix D: Participant-Centered Planning and Service Delivery**D-1: Service Plan Development (8 of 8)**

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

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

Specify the other schedule:

The Plan of Care is reviewed every 90 days with the child/youth and parents/caregivers. The Plan of Care is updated at a minimum on a semi-annual basis through the wraparound process. However, a wraparound meeting can be convened at any time in which needs or circumstances have changed for the child/youth of the child/youth and parents/caregivers feel it is warranted, or the goals of the child/youth have been met.

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

- Medicaid agency
- Operating agency
- Case manager
- Other

Specify:

Records are maintained at the PIHP and the Wraparound Agency for at least six years per RS 40:1299.96.

Appendix D: Participant-Centered Planning and Service Delivery**D-2: Service Plan Implementation and Monitoring**

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

The Wraparound Facilitator is responsible for contacting the participant/family at least once per month to ensure the plan of care is being implemented and to monitor the participant's health and safety. Specifically, plan of care monitoring should include, but is not limited to: child/youth access to waiver services identified in the plan of care; freedom of choice of providers; determination if the services are meeting the need of the child/youth; effectiveness of the crisis plan; child/youth's health and welfare; child/youth's access to non-waiver services in the plan of care, including health services; and methods for prompt follow-up and remediation of all identified problems. In addition, the Wraparound Facilitator is responsible for holding, at minimum, one face to face child and family team meeting every 90 days, with the child/youth and family and identified team members to ensure the following: monitoring of the implementation of the plan of care, including the child/youth's health, safety and welfare. The monitoring of the Plan of Care should include, but is not limited to: child/youth access to waiver services identified in the plan of care; freedom of choice of providers; determination if the services are meeting the need of the child/youth; effectiveness of the crisis plan; child/youth's health and welfare; child/youth's access to non-waiver services in the plan of care including health services; and methods for prompt follow-up and remediation of all identified problems.

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

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

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

Appendix D: Participant-Centered Planning and Service Delivery

Quality Improvement: Service Plan

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Service Plan Assurance/Sub-assurances

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

i. Sub-Assurances:

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

Performance Measures

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

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

Performance Measure:

POC1: Number and percent of participants whose plan of care reflects supports and services necessary to address the participant's goals

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = +,-5%
<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified

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

Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP record review validation

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

POC2: Number and percent of participants whose plan of care include supports and services consistent with assessed health needs, including risks

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = +,-5%
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify:	

	<input type="text" value=""/>	
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Data Source (Select one):

Other

If 'Other' is selected, specify:

PIHP record review validation

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text" value=""/>
<input type="checkbox"/> Other Specify: <input type="text" value=""/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text" value=""/>
	<input type="checkbox"/> Continuously and Ongoing	<input checked="" type="checkbox"/> Other Specify: Random sample of at least 30 records based on NCQA medical record review auditing standards
	<input type="checkbox"/> Other Specify: <input type="text" value=""/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly