March 2015

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

I. OVERVIEW

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

II. BACKGROUND OF LOUISIANA MEDICAID AGING AND DISABILITY WAIVERS

The Louisiana Department of Health and Hospitals (DHH) administers all eight Home and Community-Based Waivers and one Section 1915(i) program. Under the auspice of DHH, three operating agencies provide the day-to-day oversight of the waivers.

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

  The two waivers operated by OAAS include:

  - *Community Choices Waiver:* The Community Choices Waiver (CCW) serves seniors and persons with adult onset disabilities as an alternative to nursing facility care. Basing its action on a standardized assessment, OAAS awards each participant a budget based on acuity to create an individual service package. The CCW contains a variety of services including: support coordination, nursing and skilled therapy assessments and regimens, in-home monitoring systems, home modifications and assistive technologies, personal care, home-delivered meals, and caregiver respite.
  - *Adult Day Health Care Waiver:* The Adult Day Health Care Waiver (ADHC) is a community-based service delivered in an adult day health center which provides supervised care to adults in a supportive and safe setting during part of a day. Services provided by staff at licensed ADHC facilities include personal care assistance, health education, health screening, medication management, and others.

- ***The Office for Citizens with Developmental Disabilities*** (OCDD) operates Louisiana's Medicaid Waiver Program for persons with developmental disabilities. OCDD serves approximately 16,000 people with developmental disabilities. This number includes approximately 8,569 on the NOW Waiver, about 1,200 on the Children's Choice Waiver, 1,577 on the Supports Waiver and around 31 on the ROW waiver.
  - *The New Opportunities Waiver* (NOW) offers people age 3 and older support options to include: individual and family supports (day and night); community integrations and development; environmental accessibility adaptations; specialized medical equipment and supplies; supported living; substitute family care; day habilitation or supported employment with transportation; employment related training; professional services; personal emergency response systems; skilled nursing services; center-based respite; permanent supportive housing transition and stabilization; and one-time transitional services. Support Coordination is also provided.
  - The *Children's Choice Waiver* offers support options to include: family supports; center-based respite; environmental accessibility adaptations (includes vehicle modifications); permanent supportive housing transition and stabilization; and family training. Children who age-out of the waiver are offered an appropriate waiver for adults. Support Coordination is also provided.
  - *Supports Waiver* offers people age 18 and older support options to include: supported employment; day habilitation, prevocational services; respite; habilitation; permanent supportive housing transition and stabilization; and personal emergency response systems. Support Coordination is also provided.
  - *Residential Options Waivers* (ROW) offers persons of all ages a range of services within an overall budget. Support options include: individual and family supports options; permanent supportive housing transition and stabilization; employment/habilitation options; skilled nursing; and professional, behavioral, and other specialized services. Support coordination is also included.

- ***The Office of Behavioral Health*** operates home and community-based services that provide a comprehensive system for behavioral health services to eligible children and adults. The intent is to keep Louisiana adults with severe mental illness and children/youth with severe emotional disturbances in the community and out of unnecessary institutional care.

  - *Coordinated System of Care* (CSOC) serves severely Emotional Disturbed Children's Waiver, under the authority of Section 1915(c) of Title XIX of the Social Security Act, and Adult Mental Health Services, under the authority of Section 1915(i) of Title XIX of the Social Security Act. CSoC offers services to children who are at risk of out-of-home placement in an effort to preserve their placement in the community with their family. The CSoC services include parent support and training, youth support and training, independent living/skills building, short-term respite care, and crisis stabilization.

- *Section 1915(i)* – This program serves adults with severe mental illness. The Section 1915(i) services include: community psychiatric support and treatment; psychosocial rehabilitation; and crisis intervention. These services can be used in combination to support an individual in the community.

III. TRANSITIONING TO MANAGED CARE

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

OBH, through the creation of the Louisiana Behavioral Health Partnership, is well on its way to operating in a managed care environment. A planned transition to Bayou Health occurring on December 1, 2015 will benefit the individuals receiving services by integrating primary care and behavioral health services for improved care and care coordination of their physical and behavioral health needs. OAAS will begin transitioning adults and elders with disabilities into managed care by March, 2016.

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

DHH Secretary Kathy Kliebert says: "When we design systems to provide long-term care for those in our communities, we must prioritize quality of life. By creating a comprehensive, managed system of care, we can care for more individuals in high-quality settings and produce better health outcomes. This process is going to involve extensive involvement from consumers, family members, advocates and providers. We want their input as we begin this process so that we create a system that works best for communities throughout Louisiana."

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

IV. NEW CMS HCBS RULES REQUIREMENTS

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

The HCB Settings Rule and the state's plan will include certain qualifications. Settings:

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

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

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

V. INTRODUCTION TO THE LOUISIANA WORK PLAN

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

1. Stakeholder Engagement.

- Convene an interagency group to manage the planning process.

- Identify all potential stakeholders including consumers, providers, family-members, and state associations.
- Establish ongoing stakeholder communications.
- Reach out to providers and provider associations to increase understanding of regulations and to maintain open and continual lines of communication.
- Create a method to track and respond to public comments.
- Release a draft transition plan to the web portal for public comments. Publicize the Plan at least 30 days.
- Collect all public comments. Synthesize comments and develop responses to comments.

2. Program Review and Assessment.

- Review licensure and certification rules and operations.
- Evaluate additional requirements to certification standards, processes and frequency of review in order to comply with the HCBS Setting Rule
- Prepare a list of services subject to the new rule. This list should be classified as:1) clearly meeting the HCBS Setting Rule; 2) meeting the Rule after modifications: 3) meeting CMS close scrutiny review; 4) lacking certainty that the new setting rule will be met; and 5) meeting the definition of an institution.
- Draft an assessment tool that familiarizes providers with the new settings rule and affords the opportunity to measure compliance with the new requirements. The assessment tool will identify areas of the new rule for which the provider is non-compliant and will allow providers to target compliance efforts. The tool will present criteria with which to assess provider compliance as well as methods to quantify provider assessment results.
- Determine the method of distribution and identify the parties responsible for conducting the assessment.
- Draft a participant survey to validate the results of the provider self-assessment.
- Modify the self-assessment tool and participant survey in accordance with stakeholder comments.
- Distribute self-assessment instructions to providers and participant surveys to consumers.
- Provide training to providers and participants.
- Conduct random site reviews to validate the self-assessment findings.
- Analyze the results of the on-site survey assessment to identify specific issues that will need to be addressed throughout the transition phase.

- Collect self-assessment information, aggregate and analyze. Include findings and analysis on the program Website and begin preparing a report for CMS.
- Analyze the results of the participant survey. Include findings and analysis on the Website.
- Analyze the results of the self-assessment submitted by providers. Prepare a final report for CMS.

3. Remediation Strategies.

- ***Ensuring Providers are Compliant***
    - Identify and send letters to providers who are not compliant with the HCB setting rule.
    - Providers who are not in compliance and wish to remain enrolled as waiver providers will submit a corrective action plan. Non-compliance may not extend beyond March 17, 2019.
    - Technical assistance will be available to providers to ensure that the interpretation of the HCBS setting rule is the same and the provider is implementing necessary changes to meet compliance.
    - Louisiana will conduct on-site reviews to evaluate validity of remediation compliance.
    - A disenrollment process of non-compliant providers will be developed and consist of: 1) a mechanism for disenrolling providers; 2) a transition plan for participants; and 3) an appeal process for participants and providers.
    - Develop a monitoring instrument to ensure setting compliance. This may incorporate random, unannounced site visits.
    - Implement transition plan for those needing to transfer to an appropriate HCB setting. Individuals will be given timely notice and a choice of alternative providers.
    - Transition of individuals will be tracked to ensure successful placement and continuity of service.

- ***Ensuring a Quality System***
    - All rules, policy and procedures, standards, and other documents will be revised to reflect the HCB setting rule.
    - Service definitions will be modified to reflect the qualities of the HCBS setting rule.
    - The provider enrollment process will be reviewed to collect information on the proposed service setting to ensure it conforms to the HCB setting rule.
    - Specified quality assurance and improvement strategies will be developed to ensure providers are evaluated against the HCB setting rule prior to enrollment as well as after attaining enrollment.
    - Practice performance measures will be created to ensure providers continue to meet the HCB setting rule.

- A participant survey will be conducted at least annually to monitor the participant's experience with the HCB setting rule.

VI. LOUISIANA TRANSITION PLAN NARRATIVE

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

1. Stakeholder Engagement

At the Direction of the Department of Health and Hospitals (DHH), an interagency group was created to develop and manage the Statewide Home and Community-Based Settings Transition Plan. This team is responsible for ensuring the State's compliance with the new Settings Rule by evaluating current settings and developing a plan to demonstrate how Louisiana will comply. Staff from the Office of Aging and Adult Services (OAAS), the Office of Behavioral Health (OBH), and the Office for Citizens with Developmental Disabilities (OCDD) began meeting on September 22, 2014. The group has continued monthly meetings to oversee the development of the Statewide Plan and to work in concert with each other to complete the Plan.

To meet the transition plan requirements, Louisiana must provide, at a minimum, a 30-day public notice and comment period. At least two forms of public notice must be provided, along with at least two ways for the public to provide input. Louisiana must consider comments it receives and, as appropriate, modify the transition plan to account for public comment.

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

The DHH provided a minimum of 40 days for its comment period. Comments have been analyzed and summaries of comments are attached to this Plan (except in instances where the comment period continues – e.g., the ROW).

Office of Aging & Adult Services Public Comment Plan (http://new.dhh.louisiana.gov/index.cfm/page/2030)

Action	Community Choices Waiver	Adult Day Health Care Waiver
Notice to the Public	Website created 10/29/14 along with a fact sheet	Website created on 10/29/14 along with a fact sheet
Held Public Forum	11/19/14	11/19/14
Appeared in Major Newspapers	2/9/15	2/9/15
Public Comments Due	Comments due 3/13/15	Comments due 3/13/15
Provider Outreach	Sent provider letter 3/13/15 Meet with providers 4/15/15	Sent provider letter 3/13/15 Meet with providers 4/15/15

OCDD Public Comment Plan (http://new.dhh.louisiana.gov/index.cfm/page/1991)

Action	NOW	CCW	Supports	ROW
Notice to the public via website	10/6/14	10/6/14	11/21/14	2/11/15
Comments Due	12/17/14	12/17/14	2/28/15	4/10/15
Sent an e-mail blast to all providers announcing public forums Sent notices through various organizations e-mail list serves including the Developmental Disabilities Council and Work Pays Coalition	2/3/15	2/3/15	2/3/15	2/3/15
Public Forums/Listening Sessions	11/17/14 Baton Rouge 2/11/15 Shreveport	11/17/14 Baton Rouge	11/17/14 Baton Rouge 2/11/15 Shreveport	2/11/15 Shreveport 2/20/15 Houma

Action	NOW	CCW	Supports	ROW
	2/20/15 Houma	2/11/15 Shreveport 2/20/15 Houma	2/20/15 Houma	
Provider/Stakeholder Meetings (including Support Coordinators)	10/20/14 Lafayette, 11/6/14 Houma, 1/13/15 Baton Rouge, 1/14/15 Alexandria, and 2/12/15 Covington	10/20/14 Lafayette 11/6/14 Houma 1/13/15 Baton Rouge 1/14/15 Alexandria, and 2/12/15 Covington	10/20/14 Lafayette 11/6/14 Houma 1/13/15 Baton Rouge 1/14/15 Alexandria, and 2/12/15 Covington	2/12/15 Covington

Office of Behavioral Health- Public Comment Plan (http://new.dhh.louisiana.gov/index.cfm/page/1973)

Action	Coordinated System of Care	Section 1915(i)
Notice to the Public	Website created on 9/30/14 and published white paper and transition plan	Website created on 9/30/14 and published white paper and transitions plan
Appeared in Major Newspapers	10/10/14	10/10/14
Public Comments Due	11/10/14	3/16/15
Community Forums	Public forum held on 11/17/14. Presented information to the following: 1) Statewide Coordinating Council on 9/29/14; 2) CSoC Governance Board meeting on 10/22/14; 3) Call with Wraparound Facilitators on 10/23/14; and 4) Louisiana Behavioral Health Advisory Committee on 11/3/14.	Hosted 3 webinars the second and third week of February.
Provider Notification	Distributed letters to providers describing the transition, criteria for HCB Setting, deadlines	Distribute letters to providers describing the transition, criteria for HCB setting, deadlines for

Action	Coordinated System of Care	Section 1915(i)
	for compliance and availability of technical assistance. Begins 4/1/14 and ends 5/1/15.	compliance, and availability of TA. Begins 4/1/15 and ends 5/1/15.

2. Program Review and Assessment

An initial State-level assessment of standards, rules, regulations, and other requirements to determine if they are consistent with the federal requirements has been accomplished. Louisiana staff reviewed licensure and certification rules and operations. Staff reviewed such documents from October 1, 2014 through November 30, 2014. During this review, processes were carefully examined and it was determined that modifications to licensure and certification rules and program operations were not needed. Further, provider qualifications were assessed. Modifications are not needed in this area.

A thorough review of all waiver services to determine waiver service status was accomplished from October 1, 2014 through November 30, 2014. The following charts depict the findings of the setting analysis:

OAAS HCBS Settings Analysis

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

N/A

OCDD HCBS Settings Analysis

SETTINGS PRESUMED TO BE FULLY COMPLIANT WITH HCBS CHARACTERISTICS
Participant owns housing or leases housing which is not provider owned or operated
Participant resides in housing which is owned or leased by a family member
Supported Employment-Individual (Supports Waiver)
SETTINGS MAY BE COMPLIANT, OR WITH CHANGES WILL COMPLY WITH HCBS CHARACTERISTICS
Habilitation (Supports Waiver)
Day Habilitation (Supports Waiver)
Pre-vocational services (Supports Waiver)
Supported employment group (Supports Waiver)
Community Living Services (ROW)
Day Habilitation (ROW)
Host Home (ROW)
Intensive Community Supports (ROW)
Pre-vocational Services (ROW)
Shared Living (ROW)
Supported Employment (ROW)
Day Habilitation (NOW)

Employment Related Training (NOW)
Supported Employment (NOW)
Individual and Family Support Shared Supports (NOW)
Substitute Family Care (NOW)
SETTINGS ARE PRESUMED NON-HCBS BUT EVIDENCE MAY BE PRESENTED TO CMS FOR HEIGHTENED SCRUTINY REVIEW
SETTINGS DO NOT COMPLY WITH HCBS CHARACTERISTICS
Intermediate Care Facilities for Persons with Developmental and Intellectual Disabilities

OBH HCBS Settings Analysis

SETTINGS PRESUMED TO BE FULLY COMPLIANT WITH HCBS CHARACTERISTICS
Member owns the housing or leases housing, which is not provider owned or controlled
Member resides in housing, which is owned or leased by a family member
Therapeutic Foster Care
CSoC Services including Parent Support and Training, Youth Support and Training, Independent Living/Skills Building, and Short-Term Respite Care services
1915(i) Services including Community Psychiatric Support and Treatment, Psychosocial Rehabilitation, and Crisis Intervention.
SETTINGS MAY BE COMPLIANT, OR WITH CHANGES WILL COMPLY WITH HCBS CHARACTERISTICS
Apartment complexes where the majority of residents receive HCBS
Provider owned or controlled housing of any size

Multiple locations on the same street operated by the same provider (including duplexes)
SETTINGS ARE PRESUMED NON-HCBS BUT EVIDENCE MAY BE PRESENTED TO CMS FOR HEIGHTENED SCRUTINY REVIEW
Located in a building that also provides inpatient institutional treatment
Any setting on the grounds of or adjacent to a public institution
Settings that isolate participants from the broader community
Non-Medical Group Homes
Therapeutic Group Homes
SETTINGS DO NOT COMPLY WITH HCBS CHARACTERISTICS
Institutions for Mental Disease
Psychiatric Residential Treatment Facilities
Hospitals
Nursing facilities
Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD)

Self-Assessments

After carrying out the analysis of the services, DHH developed a provider self-assessment for residential settings, completed on September 22, 2014 and one for non-residential settings, completed on January 11, 2015. These may be found in Appendix C. OAAS will be developing their own self-assessment to be completed by March 13, 2015. The draft document will be circulated to stakeholders on March 16, 2015 and posted on the website this same day. OBH will continue to review the drafts found in Appendix C and will determine if changes are needed. That Office will complete their review by March 31, 2015. All Offices intend to solicit stakeholder input via the website beginning on March 16, 2015 with comments to be returned by April 18, 2015. The self-assessments will be distributed to providers from April 19, 2015 to May 31, 2015.

The self-assessment tools are largely based on CMS-issued "Exploratory Questions" for residential settings and non-residential settings. The tools will include each new federal requirement that will be used to determine if the HCB setting meets or does not meet the required federal rule. Prior to distribution, providers will receive instructions and required time-lines for completion. At least two Offices are contemplating administering the assessment via the Internet.

Providers will be encouraged to include the individuals receiving services, their family members or representatives, advocates and other stakeholders in their assessment process. Each provider will be required to include in their self-assessment a description of their self-assessment process, including any participation by clients. Providers will also be required to be specific in their responses to ensure that the DHH and Offices have the most complete information as possible. DHH will provide guidance to providers on how to accomplish this activity via fact sheets, instructions and FAQs.

Site Visits

DHH will conduct site visits to validate self-assessments. Site visits will begin May 1, 2015 and continue until December 31, 2015. During the site visits, staff will determine if the elements of the HCB Settings Rule are in compliance or with additional modifications, can achieve compliance.

Participant Surveys

Since Louisiana does not assume any of the HCBS settings meet the new regulations, validation will also include actively engaging individuals receiving Medicaid-funded HCBS services. Opinions and insights on how providers are meeting the HCBS requirements will be determined by developing a participant survey. This survey is currently under development and stakeholder input will be critical. Once public comments are received and modifications made based on those comments, the surveys will be distributed from May 15, 2015 through September 1, 2016. A complete set of instructions will be forwarded with each survey and training will also be available. OBH surveys are expected to be returned by August 30, 2015. OCDD surveys will be returned by October 1, 2015. OAAS following their monitoring period will have surveys back by February 28, 2017. It is anticipated that an addendum to the National Core Indicator survey include additional questions whose object is to obtain participant's insight about how individuals receiving services perceive the service delivery system and the service providers. Additionally, the survey will ask if the individual was able to select their services from all service options and all providers. Louisiana will provide additional feedback to the provider based on the analysis of the survey results. At a minimum, all Medicaid-eligible individuals receiving HCBS services identified in the transition plan will receive an opportunity to participate in the survey process.

Once self-assessments, site visit findings, and participant surveys are analyzed, the State will begin developing a final report for CMS. State final reports are due at various times depending on the Office. Final reports from OCDD will be forwarded to CMS on January 31, 2016.

OBH will forward their final reports to CMS on March 30, 2016. As previously mentioned, OAAS will coordinate their final report with their §1915(c) quality assurance and monitoring schedule, submitting their final report on assessments and reviews on June 31, 2017.

What follows is a chart summarizing the program review and assessment activity by each waiver:

Office of Aging & Adult Services Plan for Review and Assessment

Action	Community Choices Waiver	Adult Day Health Care Waiver
Review licensure, certification, policy and procedures, and provider qualifications	10/17/14 – 11/30/14	10/17/14 – 11/30/14
Draft self-assessment for public review	3/13/15	3/13/15
Post on website for public notice	3/16/15	3/16/15
Circulate to stakeholders	3/16/15 – 4/15/15	3/16/15 – 4/15/15
Distribute assessment to providers	5/1/15 – 5/31/15	5/1/15 – 5/31/15
Conduct site visits	7/1/15 – 12/31/15	7/1/15 – 12/31/15
Assessment from providers due to OAAS	5/31/15	5/31/15
Analyze Findings from self-assessment and site visits	Self-Assessment: 6/1/15 – 7/31/15 Site Visits: 3/1/16 – 5/31/16	Self-Assessment: 6/1/15 – 7/31/15 Site Visits: 3/1/16 – 5/31/16
Post Findings	Self-Assessment: by 8/31/15 Site Visits: by 5/31/16	Self-Assessment: by 8/31/15 Site Visits: by 5/31/16
Submit to CMS as a Final Report	6/1/16	6/1/16
Draft participant survey for public review	By 4/30/15	By 4/30/15
Post on website for public notice	5/1/15	5/1/15

Action	Community Choices Waiver	Adult Day Health Care Waiver
Circulate to stakeholders	5/1/15	5/1/15
Distribute participant survey	9/1/16 (beginning of 1915(c) monitoring period)	9/1/16 (beginning of 1915(c) monitoring period)
Participant survey due to OAAS	2/28/17 (end of 1915(c) monitoring period)	2/28/17 (end of 1915(c) monitoring period)
Analyze Findings	By 5/31/17	By 5/31/17
Post Findings	By 5/31/17	By 5/31/17
Submit to CMS as Final Report	6/31/17	6/31/17

OCDD for Review and Assessment

Action	NOW	CCW	Supports	ROW
Draft self-assessment for public review	Completed 2/1/15	Completed 2/1/15	Completed 2/1/15	Completed 2/1/15
Post on website for public notice	3/18/15	3/18/15	3/18/15	3/18/15
Circulate to stakeholders group review	3/18/15-4/18/15	3/18/15-4/18/15	3/18/15-4/18/15	3/18/154/18/15
Distribute assessment to providers	4/19/15-4/30/15	4/19/15-4/30/15	4/19/15-4/30/15	4/19/15-4/30/15
Conduct site visits	5/1/2015-9/30/2015	5/1/2015-9/30/2015	5/1/2015-9/30/2015	5/1/2015-9/30/2015
Assessment from providers due to OCDD	6/30/15	6/30/15	6/30/15	6/30/15
Analyze Findings from self-assessment and site visits	5/1/15-12/31/15	5/1/15-12/31/15	5/1/15-12/31/15	5/1/15-12/31/15

Action	NOW	CCW	Supports	ROW
Post Findings	1/31/16	1/31/16	1/31/16	1/31/16
Submit to CMS as a Final Report	1/31/16	1/31/16	1/31/16	1/31/16
Draft participant survey for public review	5/1/15-5/31/15	5/1/15-5/31/15	5/1/15-5/31/15	5/1/15-5/31/15
Post on website for public notice	6/1/15-6/30/15	6/1/15-6/30/15	6/1/15-6/30/15	6/1/15-6/30/15
Circulate to stakeholders	6/1/15-6/30/15	6/1/15-6/30/15	6/1/15-6/30/15	6/1/15-6/30/15
Distribute participant survey	7/1/15-9/30/15	7/1/15-9/30/15	7/1/15-9/30/15	7/1/15-9/30/15
Participant survey due to OCDD	10/1/15	10/1/15	10/1/15	10/1/15
Analyze Findings	10/1/15-12/31/15	10/1/15-12/31/15	10/1/15-12/31/15	10/1/15-12/31/15
Post Findings	1/31/16	1/31/16	1/31/16	1/31/16
Submit to CMS as Final Report	1/31/16	1/31/16	1/31/16	1/31/16

Office of Behavioral Health Plan for Review and Assessment

Action	Coordinated System of Care	Section 1915(i)
Draft self-assessment for public review	3/25/15 – 3/31/15	3/25/15 – 3/31/15
Post on website for public notice	4/1/15	4/1/15
Circulate to stakeholders	4/1/15 – 5/1/15	4/1/15 – 5/1/15
Distribute assessment to providers	5/15/15 – 5/31/15	5/15/15 – 5/31/15

Action	Coordinated System of Care	Section 1915(i)
Conduct site visits	7/1/15 – 12/31/15	7/1/15 – 12/31/15
Assessment from providers due to OBH	6/30/15	6/30/15
Analyze Findings from self-assessment and site visits	1/1/16 – 1/31/16	1/1/16 – 1/31/16
Post Findings	2/15/16	2/15/16
Submit to CMS as a Final Report	3/30/16	3/30/16
Draft participant survey for public review	3/25/15 – 3/31/15	3/25/15 – 3/31/15
Post on website for public notice	4/1/15	4/1/15
Circulate to stakeholders	4/1/15 – 5/1/15	4/1/15 – 5/1/15
Distribute participant survey	5/15/15 – 8/15/15	5/15/15 -8/15/15
Participant survey due to OBH	8/30/15	8/30/15
Analyze Findings	9/1/15 – 9/30-15	9/1/15 – 9/30/15
Post Findings	10/31/15	10/31/15
Submit to CMS as Final Report	3/30/16	3/30/16

3. Remediation

Ensuring Providers are Compliant

Once the provider self-assessment tools are completed by providers and forwarded back to the appropriate Office, analysis of the responses will begin. Office staff will determine if: 1) the setting is in compliance; 2) the setting will be in compliance with additional modifications; or 3) the setting is out of compliance. Site visits will also validate compliance. Basing their judgment on the findings of the self-assessments and site visits, office staff will notify providers who are not in compliance with the HCB Setting Rule. This notification will be in writing and identify areas that they must change to come into compliance. Each provider will have the opportunity to provide the State additional information to show they are in compliance. Providers who are not in compliance may request technical assistance from the State but will be required to submit and implement a State approved corrective action plan. Each Office will conduct an on-site review to evaluate the validity of remediation compliance. An appeal process, to be developed, will allow the provider to dispute the HCB Setting's compliance. A disenrollment process of non-compliant providers will be developed and consist of: 1) provider disenrollment as a Medicaid provider (once OAAS implements managed care, providers will enroll with the managed care entity); 2) a transition plan for participants; and 3) an appeal mechanism for participants and providers. Implementation of a transition plan will be developed for those needing to transfer to an appropriate HCB Setting. Individuals will be given timely notice and a choice of alternative providers. Transition of each individual will be tracked to ensure successful placement and continuity of services.

Realizing that the setting criteria could put individuals at risk by exposing them to more freedom, modifications to the HCB Setting may be necessary to safeguard the health and welfare of the individual. The person-centered planning process will be used to develop supports based on an assessment of individual need. Each plan must specify that: 1) the individual has been part of the assessment of need and identification of additional supports; 2) modifications are based on the potential risk to the individual or others around him or her; 3) interventions and supports which included less intrusive methods have been tried and demonstrated to be unsuccessful; and 4) the proposed modifications, including interventions and support, will not cause harm to the individual. Any modification will be well documented in the person-centered plan and include the method of collecting data on an ongoing basis in order to measure the effectiveness of the modification and to establish that the individual was fully informed of the proposed modification.

Ensuring Quality

All certifications, licensing, rules, policy and procedures and other documents have been reviewed to ensure compliance with the HCB Setting Rule. The provider enrollment process, provider qualifications, and service definitions are in line with the Setting Rule. All staff associated with the above listed functions will be trained on the new regulations and the Louisiana Statewide Transition Plan. Changes to

enhance support of the Settings Rule will continue to be considered and adopted. Louisiana will assess provider compliance through reports, interviews and on-site inspections that will gather information from providers and individuals receiving services. Participant surveys, including the National Core Indicators survey, will ask questions whose specific object is that of obtaining the individual's perception of the Settings Rule.

Progress on completion of this Statewide Transition Plan will be monitored at least every three months and will include public posting on the status of the Plan to facilitate public input. Stakeholder engagement and sharing public information will continue through the implementation of the Plan, with the following benchmarks appearing on the website: 1) final copies of the residential and non-residential assessment documents; 2) final copy of the participant survey; and 3) a copy of the Master Plan, updated as needed. Each Office will issue a final report to CMS in March, 2019.

VII. APPENDICES

A. Copy of the Master Plan Chart

B. Copy of the Comments and Responses

C. Copy of Draft Louisiana Residential and Non-Residential Provider Self-Assessment

Appendix A – Louisiana Master Transition Chart

Louisiana Work Plan Master – Stakeholder Engagement

Action Step	OAAS Both Waivers[1]	OBH CSoC	OBH 1915(i)	OCDD ID NOW and CCW	OCDD Supports Waiver	OCDD ROW
Convene Interagency group to manage planning process.	9/22/14 and continuing.	9/22/14 and continuing.	9/22/14 and continuing.	9/22/14 and continuing.	9/22/14 and continuing.	9/22/14 and continuing.
Identify all potential stakeholders including consumers, providers, family-members, state associations; advocacy organizations, and self-advocates.	Began 10/1/14 Completed 10/15/14.	All stakeholders identified on 10/31/14.	All stakeholders identified on 10/31/14.	All stakeholders identified on 10/6/14 to 11/15/14.	All stakeholders identified on 10/6/14 to 11/15/14.	All stakeholders identified on 10/6/14 to 11/15/14.
Create portal on State Medicaid website. Provide transition information and plan. List end of comment period.	Website created on 10/29/14 with transition postings. Created a HCBS settings fact-sheet on 10/1/14 Public notice appeared in	Website created on 9/30/14. Issued white paper and transition plan. Public notice appeared in major newspapers on 10/10/14.	Website created and published white paper and transitions plan. Appeared in major newspapers on 10/10/14. Comments due on 3/16/15.	Website created on 10/6/14 with transition postings. Comments due 12/17/14.	SW Plan was posted on 11/21/14 and comments are accepted until through 2/28/15.	Posted to the Website on 2/11/15. Comments due by 4/10/15.

[1] Includes the Community Choices and ADHC Waivers.

Action Step	OAAS Both Waivers[1]	OBH CSoC	OBH 1915(i)	OCDD ID NOW and CCW	OCDD Supports Waiver	OCDD ROW
	major newspapers on 2/9/15. Comments due 3/13/15.	Comments due 11/10/14. Appeared in major newspapers on 10/19/14.				
Support ongoing stakeholder communications.	Held public forum (including OAAS stakeholders) on 11/19/14. Website is updated as needed.	Held public forum on 11/17/14. Presented information about the new HCB setting at the following: 1) 9/29/14 Statewide Coordinating Council; 2) 10/22/14 CSoC Governance Board meeting; 3) 10/23/14 Affinity call with CSoC Wraparound Facilitators, & 4) 11/3/14 Louisiana Behavioral Health Advisory Committee. Updating website as needed.	Hosted 3 webinars the second and third week of February.	Held public forum on 11/17/14 in Baton Rouge. Using the LA System's Transformation/MLTSS to continue discussion. Update website as needed. Held listening session on 10/28/14. Additionally 2 public forums were held on 2/11/15 in Shreveport and 2/20/15 in Houma.	Held public forum on 11/17/14. Using the LA System's Transformation/MLTSS to continue discussion. Update website as needed. Held listening session on 10/28/14 Additionally, 2 public forums were held on 2/11/15 in Shreveport and 2/20/15 in Houma.	Held public forum on 11/17/14. Held public forums on 2/11/15 in Shreveport and 2/20/15 in Houma.
Reach-out to providers and	Sent ADHC	Distribute letters	Distribute letters	Held 5	Held 5 provider	Sent e-mail blasts to all

provider associations to increase understanding of rule and maintain open lines of communication.	provider letter 3/13/15. Meeting with ADHC providers scheduled 4/15.	to providers describing the transition, criteria for HCB setting, deadlines for compliance and availability of TA. Begin 3/1/15 and ends 4/1/15.	to providers describing the transition, criteria for HCB Setting, deadlines for compliance, and availability of TA. Begins 4/1/15 and ends 5/1/15.	provider meetings with OCDD providers, stakeholders and Support Coordinators on 10/20/14 in Lafayette, 11/6/14 in Houma, 1/13/15 in Baton Rouge and 1/14/15 in Alexandria and 2/12/15 in Covington. Providers were notified of the meetings through the Local Governing Entities. Sent e-mail blasts to all providers and associations of upcoming remaining public forums on 2/3/15. Otherwise notices listed on the	meetings with OCDD providers, stakeholders and Support Coordinators on 10/20/14 in Lafayette, 11/6/14 in Houma, 1/13/15 in Baton Rouge and 1/14/15 in Alexandria and 2/12/15 in Covington. Providers were notified of the meetings through the Local Governing Entities. Sent e-mail blasts to all providers and associations of upcoming remaining public forums on 2/3/15. Otherwise notices were listed on the website.	providers and associations of upcoming remaining public forums on 2/3/15. Held Provider meeting on 2/12/15 in Covington.

				website.		
Create method to track and respond to public comments.	Created spreadsheet to track comments 11/14	Created spreadsheet to track comments 12/1/15 and continuing.	Created spreadsheet to track comments 3/1/15 and continuing.	Created spreadsheet to track comments. Completed 1/1/15.	Created spreadsheet to track comments. Completed 1/1/15.	Created spreadsheet to track comments. Completed 1/1/15.
Collect all public comments. Synthesize comments and develop responses to comments. (Will go into transition plan for CMS).	Began 11/13/14 and completed 3/13/15. Comments and responses are included in the Statewide transition plan.	Completed 11/12/14 and included in the Statewide Transition Plan.	Public comment just ended 3/16/15. Comments, if any, will be forwarded to CMS at a later date.	Began 11/15/14 and completed on 3/13/15. Comments and responses are included in the Statewide Transition Plan.	Completed on 3/13/15. Comments and responses are included in the Statewide Transition Plan.	Comments are due 4/10/15. Comments and responses will be forwarded to CMS once they are finalized.

Louisiana Work Plan Master – Program Review and Assessment

Action Step	OAAS Both Waivers[2]	OBH CSoC	OBH 1915(i)	OCDD ID NOW and CCW	OCDD Supports Waiver	OCDD ROW
Program Review and Assessment						
Review licensure, certification, policy and procedures, and provider qualifications	10/17/14 – 11/30/14 Determined changes to review	10/17/14- 11/30/14 Determined changes to review documents not needed.	10/17/14 – 11/30/14 Determined changes to review documents not needed.	10/1/14 to 10/31/14 Determined changes to review documents not needed.	10/17/14 – 11/30/14 Determined changes to review documents not needed.	10/1/14-10/31/14 Determined changes to review documents not needed.

[2] Includes the Community Choices and ADHC Waivers.

Action Step	OAAS Both Waivers[2]	OBH CSoC	OBH 1915(i)	OCDD ID NOW and CCW	OCDD Supports Waiver	OCDD ROW
	documents not needed.					
Prepare list of services subject to new rule. Classified as: 1) clearly meets HCBS setting rule; 2) with modifications, will meet new settings rule; 3) meets CMS close scrutiny review; 4) unclear if new setting rule will be met; and 5) services meet the definition of an institution.	Completed 10/17/14 Only waiver service impacted is ADHC	Completed 10/17/14	Completed 10/17/14	Completed 10/6/14	Completed 11/1/14 – 11/30/14	Completed 10/6/14
Draft a self-assessment tool that familiarizes providers with the new settings rule and allows an opportunity to measure compliance with the new requirements. The assessment tool will	Develop a draft self-assessment tool that assesses non-residential settings – 3/13/15	Develop a draft self-assessment tool that assesses residential settings and non-residential settings 3/25/15 – 3/31/15	Develop a draft self-assessment tool that assesses residential settings and non-residential settings 3/25/15 – 3/31/15	Develop a draft self-assessment tool that assesses residential settings and non-residential settings 2/1/15	Develop a draft self-assessment tool that assesses residential settings and non-residential settings 2/1/15	Develop a draft self-assessment tool that assesses residential settings and non-residential settings 2/1/15

Action Step	OAAS Both Waivers[2]	OBH CSoC	OBH 1915(i)	OCDD ID NOW and CCW	OCDD Supports Waiver	OCDD ROW
identify areas for the new rule for which the provider is non-compliant and will allow providers to target compliance efforts. The tool will include questions that accurately assess provider compliance; and methods to quantify provider assessment results.						
Post assessments on the website.	3/16/15	4/1/15	4/1/15	3/18/15	3/18/15	3/18/15
Circulate self-assessments to stakeholder groups	3/16/15 – 4/15/15	4/1/15 – 5/1/15	4/1/15 – 5/1/15	3/18/15 – 4/18/2015	3/18/15 – 4/18/2015	3/18/15 – 4/18/2015
Modify self-assessment tool and participant survey based on stakeholder comments.	4/15/15	5/1/15	5/1/15	4/18/15	4/18/15	4/18/15
Distribute assessment to	5/1/15 – 5/31/15	5/15/15 – 5/13/15	5/15/15 – 5/31/15	4/19/15 – 4/30/15	4/19/15 – 4/30/15	4/19/15 – 4/30/15

Action Step	OAAS Both Waivers[2]	OBH CSoC	OBH 1915(i)	OCDD ID NOW and CCW	OCDD Supports Waiver	OCDD ROW
providers						
Conduct site visits	7/1/15 – 12/31/15	7/1/15 – 12/31/15	7/1/15 – 12/31/15	5/1/15 – 9/30/15	5/1/15 – 9/30/15	5/1/15 – 9/30/15
Provide Training to Providers	5/1/15 and continuing	5/15/15 and continuing	5/15/15 and continuing	4/19/15 and continuing	4/19/15 and continuing	4/19/15 and continuing
Assessment due from providers	5/31/15	6/30/15	6/30/15	6/30/15	6/30/15	6/30/15
Analyze findings from site visits and assessments	Self-Assessment 6/1/15 – 7/31/15 Site Visits 3/1/16 – 5/31/16	1/1/16 – 1/31/16	1/1/16 – 1/31/16	5/1/15 – 12/31/15	5/1/15 – 12/31/15	5/1/15 – 12/31/15
Post Findings on Website	Self-Assessments 8/31/15 Site Visits 5/31/16	2/15/16	2/15/16	1/31/16	1/31/16	1/31/16
Submit report to CMS	6/1/16	3/30/16	3/30/16	1/31/16	1/31/16	1/31/16
Draft participant survey for public review.	4/30/15	3/25/15 – 3/31/15	3/25/15 – 3/31/15	5/1/15 – 5/31/15	5/1/15 – 5/30/15	5/1/15 – 5/30/15
Post participant survey on the	5/1/15	4/1/15 -5/1/15	4/1/15 – 5/1/15	6/1/15 – 6/30/15	6/1/15 – 6/30/15	6/1/15 – 6/30/15

Action Step	OAAS Both Waivers[2]	OBH CSoC	OBH 1915(i)	OCDD ID NOW and CCW	OCDD Supports Waiver	OCDD ROW
website and circulate to all stakeholders						
Modify participant survey based on comments	6/1/15	5/15/15	5/15/15	6/30/15	6/30/15	6/30/15
Provide training on participant survey	5/1/15 and continuing	4/1/15 and continuing	4/1/15 and continuing	6/1/15 and continuing	6/1/15 and continuing	6/1/15 and continuing
Distribute participant survey	9/1/16 (beginning of the 1915(c) monitoring period)	5/15/15-8/15/15	5/15/15 – 8/15/15	7/1/15 – 9/30/15	7/1/15 – 9/30/15	7/1/15 – 9/30/15
Participant Survey Due	2/18/17 (end of the 1915(c) monitoring period)	8/30/15	8/30/15	10/1/15	10/1/15	10/1/15
Analyze findings of participant survey	5/31/17	9/1/15 – 9/30/15	9/1/15 – 9/30/15	10/1/15 – 12/31/15	10/1/15 – 12/31/15	10/1/15 – 12/31/15
Post Findings on the website	5/31/17	10/31/15	10/31/15	1/31/16	1/31/16	1/31/16
Submit final report to CMS on assessments and participant surveys	6/31/17	3/30/16	3/30/16	1/31/16	1/31/16	1/31/16

Louisiana Work Plan Master – Remediation Strategies

Action Step	OAAS Both Waivers[3]	OBH CSoC	OBH 1915(i)	OCDD ID NOW and CCW	OCDD Supports Waiver	OCDD ROW
Ensuring Providers are Compliant						
Identify and send letters to providers who are not compliant with HCB settings rule.	6/1/15	2/1/15 – 2/28/15	2/1/15 – 2/28/15	8/1/15	8/1/15	8/1/15
Providers who are not in compliance and wish to remain enrolled as waiver providers will submit a corrective action plan. Non-compliance may not extend beyond March 17, 2019.	3/1/16 – 2/28/17	9/1/15 – 8/30/16	9/1/15 – 8/30/16	9/1/15	9/1/15	9/1/15
Technical assistance will be available to providers to ensure that the interpretation of the HCB setting rule is the same and the provider is implementing necessary changes to meet compliance.	5/1/15 – ongoing	6/1/15 – 8/30/16	6/1/15 – 8/30/16	9/1/15-ongoing	9/1/15-ongoing	9/1/15-ongoing
Louisiana will conduct on-site	9/16 – 2/17	9/1/15 –8/30/16	9/1/15 –8/30/16	10/1/15-	10/1/15-ongoing	10/1/15-ongoing

[3] Includes the Community Choices and ADHC Waivers.

reviews to evaluate validity of remediation compliance.				ongoing		
A disenrollment process of non-compliant providers will be developed and consist of: 1) provider disenrollment; 2) transition plan for participants; and 3) appeal rights for participants and providers.	Developed: 10/1/15 – 12/1/15 Implemented: 3/1/16 – 3/1/17	9/1/15- 8/30/16	9/1/15- 8/30/16	1/1/16	1/1/16	1/1/16
Develop monitoring instrument to ensure setting compliance. May include random, unannounced site visits.	Begins 6/1/15 and ends 9/1/15	3/1/15 and ongoing	3/1/15 and ongoing	5/1/15 – 9/30/15	5/1/15 – 9/30/15	5/1/15 – 9/30/15
Implementation of a transition plan will be developed for those needing to transfer to an appropriate HCB setting. Individuals will be given timely notice and a choice of alternative providers. Transition of individuals will be tracked to ensure successful placement and continuity of service.	3/1/16 – 3/1/17	6/1/15 – 12/31/15	6/1/15 – 12/31/15	5/1/15 – 9/30/15	5/1/15 – 9/30/15	5/1/15 – 9/30/15

Action Step	OAAS Both Waivers[4]	OBH CSoC	OBH 1915(i)	OCDD ID NOW and CCW	OCDD Supports Waiver	OCDD ROW
Ensuring a Quality System						
Continuous scrutiny will be provided to licensing, certification, policy and procedures, and provider qualification to ensure all document are compliant with the HCB Settings Rule.	2/15 – 8/15	Completed 10/31/14	Completed 10/31/14	Completed 10/31/14	Completed 10/31/14	Completed 10/31/14
Specific quality assurance and improvement strategies are developed to ensure providers are evaluated against the HCB Setting Rule prior to enrollment.	1/23/15	10/31/15	10/31/15	10/31/15	10/31/15	10/31/15
Practical performance measures are created to ensure providers continue to meet the HCB Settings Rule.	1/23/15	12/1/15	12/1/15	10/31/15	10/31/15	10/31/15
A participant survey is developed to be administered at least annually to monitor the individual's experience with the HCB Settings Rule.	3/1/16 - ongoing	12/1/15	12/1/15	5/1/15 – 5/31/15	5/1/15 – 5/31/15	5/1/15 – 5/31/15
Full compliance is achieved	March, 2019	March, 2019	March, 2019	March, 2019	March, 2019	March, 2019

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for all Louisiana HCBS Wavier Programs. Final Report to CMS.						

Louisiana Office of Aging and Adult Services
Response to Comments Received for the HCBS Settings Rule Transition Plan

	Comment	Response	Transition Plan Reference
1.	We request that columns be added to the plan that show (1) the date that items are completed; and (2) where and how the public can obtain full information on the results of the action items, including any documents that relate to the items.	Columns were added to the transition plan for activity dates as requested. Once completed, results of each action item will be posted to the OAAS website.	Throughout
2.	We suggest that a single assessment be used for all providers, especially if providers are expected to perform self-assessments. In addition, the assessment instruments and instructions should be made available for public comment prior to use, and should be piloted so that the quality of the information generated can be assessed.	OAAS will use a single self-assessment tool to initially assess compliance with providers. The assessment and instructions will be posted on the OAAS website and made available for public comment. The self-assessment tool was created using guidance released by CMS for non-residential HCBS settings and revisions were made with ADHC providers in mind.	Pages 3-4 ID: B6-7
3.	In the current draft plan, there does not appear to be training for providers and support coordinators that will fully explain the HCBS federal rule and the compliance qualifications for providers.	OAAS has added an action step to its transition plan to allow for provider training and education.	Pages 1-2 ID: A6, A10
4.	It is noted that when Louisiana transitions long-term services and supports to a managed care delivery system, the managed care organization will be expected to verify, monitor, and report on provider's compliance with the HCBS federal rule. However, we would also suggest penalties for providers that are consistently noncompliant, and for MCOs that neglect to identify noncompliant	Provisions for provider non-compliance will be built into each MCO's contract and will allow for sanctions and contract termination with the provider if continued non-compliance is not remediated. An action step was included in the transition plan for this along with a transition plan describing how OAAS will ensure continuity of services for any affected participants.	Pages 5-6 ID: C5, C7

	providers.		
5.	Individuals receiving ADHC services and their families should be surveyed, both in writing and over the phone, using an instrument that is made available for public comment prior to use.	OAAS has added an action step in the transition plan to allow for in-person interviewing of participants (and family members when appropriate) during its quality monitoring period for its 1915(c) waivers. OAAS monitoring staff will conduct the surveys/interviews on a representative sample of its participants.	Page 4 ID: B12; Page 6 ID: C11
6.	Focus groups should be held at ADHCs where the recipients of that service and their family members can explain how the service could be changed to better meet their needs, and what other services should be offered to expand individual choice. Specific plans for these focus groups and surveys should be incorporated in the transition plan.	OAAS regularly surveys its participants through our quality monitoring and consumer satisfaction/experience of care surveys. Item(s) will be included on the participant survey to capture participant suggestions on how services could be changed to better meet their needs and what services could be offered to expand participant choice.	Page 4 ID: B12; Page 6 ID: C11
7.	We believe the transition plan should include provisions for meeting with providers and advocates together to assist in assuring that changes made in regulations will increase the availability of quality providers.	OAAS will reach out to and invite advocates to its provider meeting referenced in the response to comment #3.	Pages 1-2 ID: A6

Louisiana Office for Citizens with Development Disabilities
Response to Comments Received for the HCBS Settings Rule Transition Plan

The comment period for the Supports Waiver ran from November 21, 2014- February 28, 2015. Three public forums were held around the state to discuss the transition plan for the Supports Waiver: November 17, 2014, February 11, 2015 and February 20, 2015.

Forums were advertised on the website that was established for the Transition Plan, blast emailed to all providers, and shared through the Developmental Disabilities Council and other advocacy organizations Listserv.

Also, the transition plan was presented at five provider meetings with OCDD providers, stakeholders and Support Coordinators on 10/20/14, 11/6/14, 1/13/15, 1/14/2015 and 2/12/15.

Comments could be received either at the public forums, through email, mail or telephone call.

OCDD received several email questions which are attached with answers.

Below is a paraphrased summary of comments and/or questions and answers surrounding the Supports Waiver that was received at the public forums and provider meetings:

If an individual has been at our facility for 30 years and neither the individual nor the family want the individual to go work in the community, does the individual have to go into the community?

> The person has choice and through a person-centered process a plan should be developed for each individual. The individual does not have to go to work but it must be explored with the person on a regular basis his or her desire for employment and not just a one-time discussion. All options for work must be explored with the person. The person does not have to go into the community but must be offered choice.

What about individuals who are total care and parents do not want them to interact with others outside the facility?

> Through a person-centered process, the individual will establish a plan of what they want to do. Options must be provided to them and given a choice of what they would like to do with their day.

What incentives are being given to employers in the community to hire individuals with disabilities?

> There are several work incentives such as a tax-credit that are offered to employers. Louisiana Rehabilitation Services offers different programs that can be an incentive to employers.

Will facilities be closed down?

> Facilities are not being closed because of this rule, but must come into compliance in order to continue receiving waiver funding.

What's going to happen to prevocational services?

> Prevocational services will take on a new definition and will be time limited to 4 years in the waivers.

Will we be able to still continue day habilitation services and if so how often do the individuals have to go in the community?

> Day habilitation services will continue but will have a new definition. Persons in day habilitation will have a choice in how they spend their time and what they would like to do. There is not a prescribed amount of time that is to be spent in the community in order to be considered integrated; however day habilitation must be integrated and must be based on each individual's choice in how they spend their day.

We operate a plant nursery on the grounds of our facility, but it's open to the public and the public can come and go as they please. The nursery is run by a non-disabled manager and then individuals with ID/DD work there along with their staff. At this time, we are getting ready to begin paying the individuals minimum wage. Does this seem like a business that would fit the requirements of CMS?

> Each agency will take part in a self-assessment process which will help them to determine if the agency/business will meet the new guidelines set by CMS. If after completion of the self-assessment the provider has additional questions or needs guidance OCDD will be available to provide TA.

Our agency is in the rural part of the state and there are not any businesses in the area. What are we supposed to do with the individuals that we serve at the facility? They currently work on a contract. Can they continue to work on that contract? If not, what can we do to help our individuals because if we are made to stop serving them then they won't have anywhere to go.

> Each person that you serve must be given choices that are available to them and through the person- centered process; they must be allowed to decide what they would like to do with their day. If the person continues to work on the contract it must become integrated. Other work options must be explored with the individual and the individual must have the ability to decide for themselves what they wish to do.

Will the supervisor of a work crew, who is non-disabled, be considered integrated?

> NO

What if the individuals interact with non-disabled folks along the way to work? For example: stopping at stores along the way to buy lunch or snacks. Is this considered integrated?

> No, this is not considered integrated

What if group homes are located on the same grounds as the offices and the day programs? Does this meet the rules?

> Through the completion of the provider self- assessment tool, providers will be able to understand if they are in compliance or exactly what is considered non-compliant. OCDD will provide TA to providers who have unique situations and need additional guidance.

Do you plan to do outreach to families?

> Yes, we have and will continue to do so. OCDD is more than happy to meet with families if the provider sets up a meeting.

Will you come out to share this information with families at our facility?

> Yes

Vocational providers shared that it's against the rules if you transport individuals across parish lines in vans that are provided by Department of Transportation. Will we be talking with DOTD?

> More information and research will need to be obtained in order to understand the policy of the vans that are obtained through the DOTD. But individuals will have to be given an informed choice and explained their options.

When will the provider self-assessment be ready?

> OCDD is planning to release the self-assessment during March along with providing training to the providers on how to complete the assessment.

Will the results of the provider's self-assessments be shared?

> Yes, the results will be posted on the website that currently is established for getting out the transition plan information.

Concerns were voiced about providers not being a part of the planning process and not being included in what the individuals chooses to do regarding vocational choices.

Individuals have the right to be informed of their choices for services as well as providers and through the person-centered process; they will be afforded this right. Providers will be included once they are chosen and the provider can choose not to provide the service if they want to. The PCP essentially goes on throughout the year and is not a one-time meeting where the POC is updated/amended.

OCDD is still discussing how the surveys will be distributed.

It was shared that parents/families prevent individuals from being integrated and what will be done to help this?

The person-centered process will be utilized to inform them of their choices and establish their interest and goals.

Is licensing going to be addressing the new settings guidelines as well? It was shared that the providers get 'written up' for including individuals with non-disabled peers.

Meetings will be scheduled with Health Standards to address the new rule that CMS issued and changes will be made as necessary.

Is there anything in the transition process that will hold SCs accountable? Not just a 'pretty plan'

Person Centered planning will continue to be utilized and if necessary additional training on PCP may be provided.

How are we going to get the community to accept our individuals and also hire them?

Immersing our individuals in the community and not segregating them will go a long way in helping the community to accept our individuals.

Concerns were voiced by several participants of the public forums around individual's safety in the community and being with people in the community as part of a volunteer position or just doing community activities. Also, there were concerns about having volunteers or the public come into their facilities that have not passed back ground checks. Just overall concern about integrating the individuals they serve and keeping them safe.

You will continue to have to do everything that you do now to ensure health and safety and provide the necessary staff ratio as established, but at the same time, it does not negate the fact that our individuals must become part of the community and that we must move away from segregation.

Are there going to be provider trainings?

Yes, provider trainings and technical assistance will continue. Round tables in each region for vocational providers will be scheduled to provide an additional level of assistance.

General Comments/Suggestions:

Vocational providers expressed their concerns about rates and billing because they believe that having to do more integration and being in the community is going to cost them more money, such as they will be using their vans more often therefore their insurance will change.

OCDD will monitor this but at this time there is not a plan to increase rates.

Several providers suggested letting them know when the participant surveys go out so that they can tell families to be on the lookout for it. They stated that a lot of families will just throw it away if they don't know what it is.

Advocacy Center Comments on OCDD Transition Plans

December 17, 2014

1. The Advocacy Center is submitting these comments regarding the State of Louisiana's "transition plans" for complying with the home- and community-based settings requirements for services under existing § 1915(c) waivers administered by the Office for Citizens with Developmental Disabilities. The State has failed to submit transition plans in compliance with the regulations promulgated by the Secretary 79 Fed. Reg. 3028-39 (January 16, 2014)

CMS issued the final rule with a fact sheet on January 10, 2014. At the time, states were put on notice that a Statewide Transition Plan to ensure compliance was required and must be submitted to CMS on or before March 17, 2015. States were advised that additional information on the transition process would be forthcoming and, in particular, toolkits would be developed and distributed on: 1) Residential Settings; and 2) Non-Residential Settings. States were given notice that if an amendment to an existing approved waiver is submitted from January, 2014 through March 17, 2015, a transition plan must be submitted with the amendment. States were notified that additional information in the form of a toolkit would be issued soon by CMS.

While Louisiana's overall Transition Plan is not due to be submitted to CMS until March 17, 2015, OCDD wished to develop an amendment to the Supports Waiver; hence a separate transition plan was needed specifically for the amendment.

The State has posted four documents on its website regarding transition plans for services to individuals with developmental disabilities (http://new.dhh.louisiana.gov/index.cfm/page/1991).

2. Three of the four documents are referred to as "transition plans":

OCDD Home and Community-Based Services Setting Transition Summary/Description: This announcement introduces the new rule and describes what the new rule means to participants, communities, and providers. It further discusses settings owned and controlled by service providers. It specifies certain settings in which HCBS cannot be provided. The OCDD website provides additional information on OCDD's approach to developing the transition plan and assures that on-going opportunities for the public to receive information in a transparent manner will be continuous throughout the transition period. The public is encouraged to submit comments. Comments for the Support Waiver ended February 27, 2015. Comments for the ROW ended March 12, 2015.

OCDD Home and Community-Based Services Setting Transition Plan: This website address provides the public with a detailed action plan of the Statewide Transition Plan for all DD waivers except the Supports Wavier. It provides the public with information on the specific action items, a description of the action items, proposed start dates and proposed end dates. See comments deadlines above for dates.

OCDD Supports Waiver Transition Plan: This website address offers a detailed work plan complete with action item descriptions, proposed start dates and proposed end dates.

3. The fourth document is a draft amendment to one of Louisiana's existing waivers, the Supports Waiver. There is no explanation on the website, or in any of the documents that are denominated "transition plans," of how this draft amendment relates to bringing the Supports Waiver into compliance with the home- and community-based settings requirement. A review of the draft amendment did not reveal any changes that relate to the requirements of the January 2014 regulations.

The Supports Waiver required a transition plan in order to be amended. That is why there is a separate document for the SW. Also, as a requirement of CMS, the SW amendment must be posted on the website for viewing and comments. There are no changes to bring into compliance as those changes have already been completed in the SW renewal effective July, 2014.

4. The website indicates that public comments or input must be provided by December 17, 2014. These documents provide no substantive information as to whether or not the State deems its waivers to be in compliance with the January 2014 regulations, or any detail as to how the State proposes to bring them into compliance. None of these plans contains the required elements of a transition plan.

The Statewide Transition Plan is the vehicle through which states determine their compliance with the regulation requirements for home and community-based settings at 42 CFR 441.301(c) (4) (5) and 441.701(a) (1) (2), and describe to CMS how they will comply with the new requirements. A Statewide Transition Plan includes the state's assessment of the extent to which its regulations, standards, policies, licensing requirements, and other provider requirements ensure settings that comport with the new regulation. The Statewide Transition Plan also describes actions the state proposes to assure full and on-going compliance with the HCBS setting requirements, and sets forth specific timeframes for identified actions and deliverables. The Statewide Transition Plan is subject to public input, as required with the regulation. States are given until March 17, 2019 to comply with the new regulation but will be obligated to develop a transition plan that aggressively progresses to compliance.

The CMS Toolkit was released September 5, 2014. This provided states with the first real insight into CMS expectations about the content of the Statewide Transition Plan. The Plan must include: 1) a detailed description of the state's assessment of compliance with the home and community-based settings requirement and a statement of the outcome of that assessment; and 2) a detailed description of the remedial actions the state will use to assure full compliance with the home and community-based setting requirements, including timelines, milestones and monitoring processes, and remedial activities.

Additional information about Residential Setting was sent to states on March 20, 2014, information about Non-Residential Settings was formulated December 17, 2014.

We feel the information provided on the website meets the CFR requirements for public notice. This is not a one-time announcement. As OCDD continues to work through the action items described in the charts, the public will be kept apprised of progress and will be offered the opportunity to submit questions and comments. An assessment of each wavier and assessment of each provider will be conducted during the first year of the transition plan and notification to the public will be continuous throughout the Statewide Transition Plan process.

The date for the overall transition plan was December 17, 2014; however, the SW was originally set for December 21 but later extended to February 28. This transition plan does envisage that OCDD will have to evaluate providers and their compliance upon their completion of self-assessments and monitoring. This process is laid out over the next year of the transition plan. During that time, an addendum will be made to the plan if needed, describing in more detail what will happen next.

5. It is not clear which of these documents, if any, the State intends to use as transition plans under 42 C.F.R. §441.301(c) (6). This may because OCDD intends to apply for approval of a § 1115 Demonstration Project in preparation for a move toward managed long-term services and supports. Apparently, the State believes that this fact excuses it from complying with the requirement that it bring services under its existing waivers into compliance with the rule. We would simply note that the January 2014 Rule does not contain an exception for States that intend to apply for § 1115 Demonstration waivers. It requires all States with existing waivers to submit plans that contain an assessment of current compliance and timetables for addressing noncompliance by January 16, 2015.

You are correct in that these documents are "draft" and will most likely be amended based on public comment. OCDD understands and is in compliance with CMS' rule. We understand that we are not being excused from meeting CMS' rule and requirements.

6. The first step in any transition plan is for the State to determine its current level of compliance with the settings requirements in each waiver. The "Toolkit" published by CMS states that the State should provide a written description to CMS, including in this written description its assessment of the extent to which its standards, rules, regulations, and other requirements comply with the Federal HCBS settings requirements.

As you will note in OCDD's transition plan, OCDD will be assessing compliance of each service provided in the HCBS setting. We plan on issuing a self-assessment to each provider, conducting random site reviews, and distributing participant surveys to determine the level of compliance. These actions meet the requirements of the CFR and will be available for public input.

6. This description is a required part of the transition plan, and should be available for public comment.

The public will have an opportunity to review the self-assessment and the participant survey prior to distribution.

7. The OCDD Supports Waiver Transition Plan states that by November 30, 2014.

OCDD will assess all HCBS rules/regulations, related licensing, and policies/procedures to determine degree of compliance with the HCBS rule for the Supports Waiver.

8. The OCDD Home and Community-Based Services Setting Transition Plan states that by October 31, 2014 Louisiana will assess all HCBS rules/regulations and policies/procedures. However, no results of any such assessments have been published, so the public has been given no opportunity to review or comment on this aspect of the plan.

The assessments of the rules and services definitions of all 4 waivers were conducted in-house. Notes were made where changes needed to be made to come into compliance. OCDD will make all information available for public comment. In addition, the plan has been revised based on new guidance given by CMS. Revisions are currently being made in the Transition Plan timelines.

9. The OCDD Home and Community-Based Services Setting Transition Plan also states that by November 1, 2014,

Louisiana will draft and finalize informational letters describing the proposed transition plan, appropriate HCBS settings, deadlines for compliance, and technical assistance availability. Louisiana will also offer a public stakeholder meeting and invite participants and their families, advocacy groups, service providers, support coordination, local governing entities, etc.

10. There was a stakeholder meeting on November 17, 2014, but it did not involve a discussion of proposed transition, appropriate HCBS settings, deadlines for compliance, and technical assistance availability.

During the November 17, 2014 meeting a presentation was made and included the following: 1) description of the new rule; 2) introduction of the Statewide Transition Plan and the process Louisiana would be adopting to effectuate it; 3) an examination of what all states must do to comply with the new rule; and 4) introducing an outline method for public input. In addition to the meeting held on the 17th, 2 additional forums were held to discuss the transition.

11. Other than these deadlines, which have already passed without the State's having presented any of the information for public comment; the plans simply set forth some desired steps, not to attain compliance with the regulations, but to assess current compliance. The only actions the "plans" describe are that the State will require HCBS providers to submit "corrective action plans." But the plans do not provide any detail at all about what sorts of corrective action will be necessary.

As mentioned the deadlines are being internally reviewed. These will be final once the Statewide Transition Plan is complete and all information will be available to the public via the website. We have built a robust assessment and evaluation process into our settings reviews. If compliance issues are identified, correction action plans will be developed specific to providers, however; our transition plan does include language on broad-based corrective action strategies.

12. These regulations were promulgated almost a year ago. Instead of evaluating its existing services so that it could present a transition plan for public comment, the State has apparently done nothing.

It is extremely obvious that some of the State's services under existing waivers fail to comply with the home and community-based settings requirements. For example, day habilitation and prevocational services under the NOW, the Supports Waiver, and the ROW are often

provided in completely segregated settings, and more appropriate integrated services are not offered, or are extremely limited. It should not have taken the State a year to figure out how to figure this out. Yet the "transition plans" do not even propose to have data as to whether or not different services comply with the regulation available to the public until December 31, 2015.

CMS has been slow to provide States with detailed information about the action to be taken to come into compliance with the new Rule due to the complexities of the Rule. Please keep in mind, CMS issued the toolkit on September 5, 2014 and guidance on the non-residential setting on December 17, 2014. For the state to take action prematurely, might have resulted in participant and provider confusion, and individuals being transitioned unnecessarily. Only about 20% of the states have approved Statewide Transition Plans at this time. Louisiana's progress mirrors the progress of most other states. The law gives states until March 17, 2019 to comply with the regulation. We are aware that services are sometimes segregated, however; we will have a period of up to 5 years to come into compliance with regulations. That is the deadline for compiling the information obtained from self-assessments and on-site visits. Once this information is compiled it will be shared on the website.

13. If these documents satisfy the requirement that the States submit transition plans within a year of the effective date of the January 2014 regulations, to bring existing waivers into compliance with the regulations, after first making the transition plans available for meaningful public input, then that requirement is meaningless.

The Statewide Transition Plan that is due to CMS on March 17, 2015 simply outlines the approach the state will take to implement the Plan. CMS has been providing direction to states during the last year. There are certain components that CMS feels must be in the plan and these include: 1) a means for public input; 2) an assessment of each service; 3) conducting self-assessments with certain criteria included; 4) development of strategies for remediation; and 5) development of a quality assurance plan to ensure compliance. The Statewide Transition Plan will include all the CMS requirements and Louisiana will throughout the implementation phase keep the public apprised of related activity.

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14. One of Louisiana's waivers that offer services in settings that do not comply with the January 2014 regulation is the Supports Waiver 0453-R0200. This waiver was submitted for a five-year renewal on June 3, 2014, making the transition plan due, according to the January 2014 regulation, on October 1, 2014.

All waiver amendments must be submitted to CMS 90 days prior to renewal. We did not meet this cutoff date; therefore the transition plan was not due in October. Further, according to CMS interpretation, a transition plan must accompany any amendment submitted prior to March 17, 2015. Hence this is why the transition plan is being submitted at this time with the Supports Wavier.

We appreciate your interest and look forward to working with you closely on the successful implementation of the Statewide Transition Plan. Updated information specific to the current transition plan should be posted on the website no later than March 20, 2015.

Louisiana Office of Behavior Health
Response to Comments Received for the HCBS Settings Rule Transition Plan

Public comment was taken from September 30, 2014 through November 10, 2014. The public was invited to submit comments through an email address (obh-hcbs@la.gov). The Office of Behavioral Health presented information regarding the home and community-based setting rule and OBH's plan to comply with the rule at four stakeholder forums, which were held beginning September 29, 2014.

Comments received in-person have been paraphrased based on notes taken by department staff present at the stakeholder forum. In addition, the Department received a letter from the Advocacy Center and OBHs response.

1. Will we be able to attend the meeting on 11/3/14 and express any concerns that we might have?
   Department Response: Yes
2. Will there be an opportunity for conference call at the meeting on 11/3/14 or would we need to attend in person?

   Department Response: There isn't a conference call capability for the meeting on 11/3/14.
3. Would the rule apply to sheltered workshops?

   Department Response: Yes
4. Would this apply to drop-in facilities for homeless people?

Department Response: We don't believe so. It's our understanding that short-term services meant to divert the person from institutional care would be presumed to be home and community-based.

5. Can we be notified of public forums?

   Department Response: Yes, we will notify stakeholders of future meetings through direct email.

6. Who is responsible for monitoring providers' compliance with the transition plan?

   Department Response: OBH will be responsible for monitoring providers' compliance with the rule and transition plan.

7. How does OBH plan to identify issues?

   Department Response: OBH will conduct a Participant Experience Survey to assess participants' HCBS experience and a Provider Self-Assessment beginning in March 2015 to determine if provider settings comport with the home and community-based rule. Based on the results, OBH will conduct onsite visits to a sample of residential and non-residential settings to ensure compliance with the HCB setting regulation. OBH will assist providers in remediating any areas which are out of compliance with the rule. For settings that are presumed to be an institution, OBH will assess whether the setting has the characteristics of a HCBS; if OBH believes the setting has HCBS characteristics, OBH will provide evidence to CMS who will make the final decision as to whether the setting is HCBS. In addition, OBH will monitor whether settings continue to comply with the regulations through provider monitoring and participant feedback.

8. Has OBH reached out to providers?
   Department Response: Yes, OBH has notified providers of the home and community-based rule through direct email. Providers were also informed that they could find more information about OBH's plan to comply with the rule on our website.

VIA EMAIL

October 31, 2014

Dr. Rochelle Dunham
Assistant Secretary, Office of Behavioral Health
Louisiana Department of Health and Hospitals
628 N. 4th Street, P.O. Box 629
Baton Rouge, Louisiana 70821-0629

rochelle.dunham@la.gov
and obh-hcbs@la.gov.

RE: Office of Behavioral Health Transition Plans and Waiver Amendments

Dear Assistant Secretary Dunham:

The Advocacy Center is very concerned about access to home and community based services for people with mental illness. We support the recent regulations issued by the Center for Medicare and Medicaid Services and are eager to participate in the Office of Behavioral Health's development and implementation of its transition plan.

We have reviewed the information on the Office of Behavioral Health's website regarding transitions (http://new.dhh.louisiana.gov/index.cfm/page/1973) and have additional questions, concerns and comments.

First, the availability of opportunities for public comment appear lacking. The OBH plan offers only two opportunities for public comment, on the announcement of the public notice and via a series of webinars, ending on November 7, 2014. As of October 29, there are no dates or times for any webinars on the Office of Behavioral Health website. Without proper notice, it will be difficult for individuals to attend these webinars. It is important to insure OBH receives comment from the public throughout the process and gives notice well in advance of these opportunities.

Providing information via a designated website is a good first step to ensure individuals are informed throughout the process. We also suggest sharing updates via an email list that is open to all interested parties and including opportunities for public comment via conference call or in person meetings, as some people with disabilities may have limited access to the Internet.

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The Protection and Advocacy System for Louisiana

Bobby Jindal
GOVERNOR

Kathy H. Kliebert
SECRETARY

State of Louisiana

Department of Health and Hospitals
Bureau of Legal Services

November 12, 2014

Via Email Only
Stephanie Patrick
The Advocacy Center
8325 Oak Street
New Orleans, LA 70118

RE: OBH Transition Plan and Waiver Amendments

Dear Ms. Patrick,

In response to your letter dated October 31, 2014, the Office of Behavioral Health (OBH) has offered numerous opportunities for public comment regarding the new CMS home and community-based regulations and OBH's plan to comply with said regulations. OBH has presented information concerning the above at various stakeholder meetings, some of whichoccurred in-person and others which featured a call-in option. OBH has updated the transition plan to reflect these activities and to clarify that opportunities for public comment will be available throughout the transition process. OBH will also share updates with providers, wraparound agencies, and other interested parties via email and through our designated website.

OBH is committed to ensuring that members receiving home and community-based services are in truly integrated settings and have the same degree of access as other people not receiving Medicaid-funded home and community-based services. As reflected in our transition plan, we intend to remediate any settings which do not comport with the new HCB setting requirements by either requiring provider corrective action if the setting is not presumed to be an institution but does not fully comport with federal regulations and/or transitioning members to compliant settings as appropriate. In addition, OBH will provide evidence to CMS for any settings presumed to be institutions, but which OBH believes have the characteristics of HCBS for the heightened scrutiny review.

In addition, OBH has completed a "HCBS Settings Analysis" which describes the HCBS and settings that are presumed to be fully compliant, partially compliant, or non-compliant. This analysis is located on our designated website.

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Draft Louisiana Residential Provider Self-Assessment

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Services (HCBS) Settings, including residential and non-residential settings, and to demonstrate compliance with the new federal HCBS Setting rules that went into effect March 17, 2014. These rules were developed to ensure that individuals receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The following self-assessment is designed to measure HCBS residential providers' current level of compliance with these HCBS Setting rules and provide a framework for assisting those providers with the necessary steps to compliance. The following self-assessment contains a set of questions designed to measure each provider's level of compliance with HCBS rules. The following sections include a series of Yes/No questions and requests for documentation, or evidence, to (1) demonstrate current level of compliance or (2) submit a plan and timeline for reaching compliance.

Instructions:
Residential provider assessment process: Dates will be added
1. Providers of LIST SERVICES/PROGRAMS must complete one self-assessment for each licensed HCBS setting they own, co-own, and/or operate.
2. Providers must demonstrate compliance with HCBS setting rules by providing evidence that policies, procedures and operating practices are in place and regularly assessed for HCBS Setting compliance.
3. Providers must provide documentation that will be deemed acceptable evidence to demonstrate compliance includes, but is not limited to:

- Documentation of Stakeholder Committee involvement (This can include meeting minutes, signature sheets, documentation of adoption of stakeholder recommendations, etc.)
- Provider Policies/ Procedures
- Resident Handbook
- Lease Agreements
- Staff training curriculum and materials
- Training Schedules
- Letters of support from persons served

4. For every "YES" response you must provide evidence to support compliance. For every "NO" response you must address in your transition plan and include timeline for meeting compliance.

Before beginning your self-assessment process, please indicate if you intend to meet all HCBS Setting Rule compliance requirements:

Select: "YES or NO"

If "YES", please continue beginning with Section A below.

If "NO", please enter the total number of individuals served through Medicaid HCBS that will need to be transitioned to another provider.

NOTE: Questions in this document followed by an asterisk (*) indicate that there are instructions that accompany these questions to provide guidance for completing the self-assessment. Please see Attachment A, which immediately follows the Section B questions, to view the instructions.

Section A – Provider Information
Please select HCBS Provider type (OAAS Programs, OCDD Programs, or OBH Programs)*
Number of people served*
Name and Role of Stakeholders Group*
Methodology for Completing Self-Assessment*

Section B **Demonstrate that the setting has access to integrated community living in which individuals' abilities to interact with the broader community are not limited.**		
Physical Location	**Yes/No**	**Required Evidence of Compliance with HCBS Rules**
1. The home setting is NOT located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment (a NF, IMD, ICF/IDD, hospital)?*		
2. The home setting is NOT located in a building on the grounds of, or immediately adjacent to, a public institution?*		
3. The provider does NOT own or operate multiple homes located on the same street (excluding duplexes and multiplexes, unless there is more than one on the same street)?*		
4. The home setting is NOT located in a gated/secured "community" for people with disabilities.*		
5. The home setting or dwelling is NOT located in a farmstead or disability-		

specific community.*		
6. The home is NOT designed specifically for people with disabilities?*		
7. Individuals who reside in the setting are NOT primarily or exclusively people with disabilities.*		

Choice of Setting/Person-Centered	**YES/NO**	**Required Evidence of Compliance with HCBS Rules**
8. Was the individual given a choice of available options regarding where to live/receive services?		
9. Was the individual given opportunities to visit other settings?		
10. Does the setting reflect the individual's needs and preferences?		
11. Do individuals have an Active Role in Development of Person-Centered Plan?		
12. Is/are the individual/chosen representative(s) aware of how to schedule Person-Centered Planning meetings?		
13. Can the individual explain the process to develop and update his/her plan?		
14. Are routinely held planning meetings held with the individual and his or her planning team?		

Community Integration	**Yes/No**	**Required Evidence of Compliance with HCBS Rules**
15. Does the setting offer onsite services, such as day habilitation, medical, behavioral, therapeutic, social and or recreational services in a manner that comports with the HCBS Setting Rule?*		
16. Does the provider provide options for community integration and utilization of community services in lieu of onsite services?		
17. Are individuals able to regularly access the community and are they able to describe how they access the community, who assists in facilitating the activity and where he or she goes?		
18. Are individuals aware of or have access to materials to become aware of		

activities occurring outside of the setting?		
19. Do individuals shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as they choose?		
20. Are individuals able to come and go at any time?		
21. Do individuals in the setting have access to public transportation? (Put N/A ONLY if there are NO public transportation options available in the service setting area)		
22. Do individuals receiving HCBS live/receive services do so in a setting that is integrated and live with individuals not receiving Medicaid HCBS?		
23. Do individuals in the setting know how to access and use public transportation? (Put N/A ONLY if there are NO public transportation options available in the service setting area)		
24. Where public transportation is limited, are other resources provided for the individual to access the broader community?		

Resident Rights	**Yes/No**	**Required Evidence of Compliance with HCBS Rules**
25. Do all residents have a legally enforceable agreement with the setting landlord?		
26. Does the setting offer the same responsibilities/protections from eviction for Medicaid recipients as all tenants under the Uniform Residential Landlord and Tenant Act?		
27. Do individuals know how to relocate and request new housing?		
28. Is health information about individuals kept private?		
29. Are schedules of individual for PT, OT, medications, restricted diet, etc., posted privately in an area where no one else can view?		

Living Arrangements	**Yes/No**	**Required Evidence of Compliance with HCBS Rules**
30. Does (each) unit have lockable entrance doors, with the resident and appropriate staff only having keys to doors, as appropriate?*		

31. Can the individual close and lock the bedroom door?		
32. Can the individual close and lock the bathroom door?		
33. Do staff or other residents always knock and receive permission prior to entering an individual's private space?		
34. Does staff only use a key to enter a living area of privacy space under limited circumstances agreed upon with the individual?		
35. Do residents have the option for a private unit, as appropriate?		
36. Do the residents have privacy in their sleeping or living space?		
37. Are individuals permitted to have a private cell phone, computer, or other personal communication device or have access to a telephone or other technology device to use of personal communication in private at any time?		
38. Is the telephone or other technology device in a location that has space around it to ensure privacy?		
39. Are cameras that are present inside the setting only utilized in direct relation to the person-centered plan of care? (Put N/A if no cameras are present in the setting)*		
40. Is the furniture arranged as individuals prefer to assure privacy and comfort?		
41. Is assistance provided in private, as appropriate, when needed?		
42. Do individuals sharing units have a choice of roommates? (Put N/A if your agency ONLY offers private rooms		
43. Do individuals know how he or she can request a roommate change?		
44. Do individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement?		
45. Do individuals have full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in shared areas?		
46. Do individuals have access to food anytime, as appropriate?		
47. Are individuals required to sit at an assigned seat in a dining room?		
48. Do individuals converse with others during the meal times?		
49. If the individual desires to eat privately, can he or she do so?		
50. Can individuals have visitors at any time?		
51. Can the individual identify other providers who render the services he or she receives?		

52. Do individuals know how and to whom to make a request for a new provider?		
53. Is the furniture in shared areas arranged to support small group conversations?		
54. Are individuals moving about inside and outside the setting as opposed to sitting by the front door?		
55. Curfews are not required?		
56. Do individuals in the setting have access to public transportation?		
57. Is there an accessible van available to transport individuals to appointments, shopping, etc.?		
58. How is it made clear that an individual is not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc.?		
59. Do the individuals' schedules vary from others in the same setting?		
60. Do individuals have access to such things as a television, radio, and leisure activities that interest him or her and can she or he schedule such activities at his or her convenience?		
61. Do individuals have a checking or savings account or other means to control funds?		
62. Do individuals have access to his or her funds?		
63. Is the setting physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting or, if they are present, are there environment adaptations such as a stair lift or elevator to ameliorate the obstruction?		
64. Is the setting free from gates, Velcro strips, locked doors, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?		

65. Are individuals receiving Medicaid HCBS facilitated in accessing amenities such as a pool or gym use by others on-site?		
66. For individuals who need supports to move about the setting as they choose, are supports provided, such as grab bars, seats in the bathroom, ramps for wheelchairs, viable exits for emergencies, etc.?		
67. Are appliances accessible to individuals (e.g., the washer/dryer are front loading for individuals in wheelchairs)?		
68. Are tables and chairs at a convenient height and locations so that individuals can access and use the furniture comfortably?		
69. Is there a setting physically accessible and without obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting or if they are present are there environmental adaptations such as a stair lift or elevator to ameliorate the obstruction?		

Policy Enforcement	**YES/NO**	**Required Evidence of Compliance with HCBS Rules**
70. Do paid and unpaid staff receive new hire training and continuing education related to residents' rights and member experience as outlined in HCBS rules?		
71. Are provider policies outlining residents' rights and member experience made available to residents?		
72. Are provider policies on residents' rights, member experience, and HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary?		

Attachment A

Instructions

The following sections contain instructions to provide guidance for completing the self-assessment. Each instruction is preceded by a short description of the corresponding question from Section A and B above.

Section A	
Selection A Questions	**Instruction**
Please select HCBS Provider Type	Select ONLY ONE provider type per assessment.
Number of people served	Enter the total number of people served in the setting or settings that are included in this self-assessment.
Name and Role of Stakeholder Group	For purposes of this self-assessment, "Role" is defined as consumer, family member, agency staff, case managers, and community advocates. Each provider is required to conduct self-assessment activities with a stakeholder group that includes consumers, family members, agency staff, case managers, and an advocate from an advocacy organization not directly affiliated with the provider agency. In this section, enter the first and last names, and role (e.g., consumer, family member, or advocate) of each stakeholder involved in your self-assessment process.
Methodology for Completing Self-Assessment	In this section, please describe your agency's approach to completing the self-assessment process. For example, how did you determine the persons selected to represent the required roles of the stakeholder group? Did you convene meetings or conference calls? Was each member of the stakeholder group provided with a copy of the self-assessment *tool?* Who was responsible for which aspects of the self-assessment before submission?

Section B	
Section B Questions	**Instructions**
Question 1	A "YES" response here means this statement is true for your setting.
Question 2	A "YES" response here means this statement is true for your setting.
Question 3	If "YES", your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were the settings grouped together at the request of individuals served, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?
Question 4	If "YES", your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were the setting grouped together at the request of individuals served, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?
Question 5	If "YES", your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were the settings grouped together at the request of individuals served, were individual able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?
Question 6	A "YES" response indicates this statement is true of the service setting(s) you are assessing. If "NO "and you need to transition your service into compliance, include action steps and timelines in your Transition Plan. If "NO" but you believe your operations to be in compliance with the Rule, indicate such in your Transition Plan. Your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?
Question 7	A "YES" response indicates this statement is true of the service setting(s) you are assessing. If "NO "and you need to transition your service into compliance, include action steps and timelines in your Transition Plan. If "NO" but you believe your operations to be in compliance with the Rule, indicate such in your Transition Plan. Your evidence supporting compliance with the HCBS Setting Rule must demonstrate how such a situation is not in violation of the Rule. For example, were individuals able to choose to participate in services at this setting from other options made available to them, does participation in services at this setting prohibit individuals from being integrated in their community?

Question 8	If "YES", your evidence supporting compliance with the HCBS Setting Rule must demonstrate that individuals are able to choose to receive services outside of this service setting.
Question 30	"Unit" in this question may refer to a home, an apartment or an individual's unit in an Assisted Living Facility. The word "each" is in parenthesis to accommodate each provider type. For example, Residential and Assisted Living Facility providers are completing this for "each" setting. Supported Living providers may be completing this for multiple settings.
Question 39	Uses of cameras for recreational purposes or as assistive technology for appropriate monitoring purposes are acceptable. This question is to assess the use of cameras used for the purpose of surveillance that violate a person's right to privacy.

Draft Louisiana Non-Residential Provider Self-Assessment

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Services (HCBS) Settings, including residential and non-residential settings, and to demonstrate compliance with the new federal HCBS Setting rules that went into effect March 17, 2014. These rules were developed to ensure that individuals receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The following self-assessment is designed to measure HCBS non-residential providers' current level of compliance with these HCBS Setting rules and provide a framework for assisting those providers with the necessary steps to compliance.

Instructions:
Non-Residential provider assessment process: Dates will be added
1. Providers of LIST SERVICES/PROGRAMS must complete one self-assessment for each licensed HCBS setting they own, co-own, and/or operate.
2. Providers must demonstrate compliance with HCBS setting rules by providing evidence that policies and procedures are in place and regularly assessed for effectiveness AND made available to individuals receiving services. The following self-assessment contains a set of questions designed to measure each provider's level of compliance with HCBS rules. The following section includes a series of "YES/NO" questions and requests for documentation, or evidence, to 1) demonstrate current level of compliance or 2) submit a plan and timeline for reaching compliance.
3. Documentation that will be deemed acceptable evidence to demonstrate compliance includes, but is not limited to:

- Advisory Council/Committee Assessment
- Provider Policies/ Procedures
- Consumer Handbook

- Staff training curriculum and materials
- Training Schedules

4. For every "YES" response you must provide evidence to support compliance. For every "NO" response you must address in your transition plan and include timeline for meeting compliance.

Before beginning your self-assessment process, please indicate if you intend to meet all HCBS Setting Rule compliance requirements:

Select: "YES or NO"

If "YES", please continue beginning with Section A below.

If "NO", please enter the total number of individuals served through Medicaid HCBS that will need to be transitioned to another provider.

NOTE: Questions in this document followed by an asterisk (*) indicate that there are instructions that accompany these questions to provide guidance for completing the self-assessment. Please see Attachment A, which immediately follows the Section B questions, to view the instructions.

Section A - Provider Information
Please select HCBS Provider type*
Number of people served*
Name and 'Role' of Stakeholder Group*
Methodology for Completing Self-Assessment*

Section B *Demonstrate that the setting has access to integrated community living in which individuals' abilities to interact with the broader community are not limited*		
Physical Location	**YES/NO**	**Required Evidence of Compliance with HCBS rules**
1. The service setting is NOT located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (a NF, IMD, ICF/IDD, and Hospital)?*		
2. The service setting is NOT located in a building on the grounds of, or immediately adjacent to, a public institution?*		

3. The provider does NOT own or operate multiple locations on the same street?*		
4. The service setting is NOT in a gated/secured 'community' for people with disabilities?*		
5. The service setting is NOT located in a farmstead or disability-specific community?*		
6. The setting is NOT located in the same building as an educational program or school?		
7. The service setting is NOT designed specifically for people with disabilities?*		
8. Individuals who participant in services are NOT primarily or exclusively people with disabilities?*		
9. Does the provider provide options for community integration and utilization of community services in lieu of onsite services (including medical, behavioral, therapeutic or recreational services that may be offered on site)?		

Individual Choice	**YES/NO**	**Required Evidence of Compliance with HCBS rules**
10. Was the individual provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options?		
11. Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual's needs and preferences?		
12. Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?		
13. Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?		
14. Does setting ensure the individual is supported in developing plans to support her/his needs and preferences?		
15. Is setting staff knowledgeable about the capabilities, interests, preferences and needs of individuals?		
16. Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS?		

Community Integration	**YES/NO**	**Required Evidence of Compliance with HCBS Rules**
17. Does the setting reflect individual needs and preferences and do its policies ensure		

the informed choice of the individual?		
18. Do individuals shop, attend religious services, schedule appointments, have lunch with family and friends, etc., in the community, as they choose?		
19. Does the individual regularly access the community and is he or she able to describe how he or she accesses the community, who assists in facilitating the activity and where he or she goes?		
20. Are individuals aware of or do they have access to materials to become aware of activities occurring outside of the setting?		
21. Do the setting options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?		
22. Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation)?		
23. Are individuals able to come and go at any time?		
24. Do individuals talk about activities occurring outside of the setting?		

Rights and Privacy	**YES/NO**	**Required Evidence of Compliance with HCBS rules**
25. Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diet?		
26. Does the setting assure that staff interacts and communicate with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities?		
27. Do setting requirements assure that staff do not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present?		
28. Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and		

document these interventions in the person-centered plan?		
29. Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?		
30. Does the setting offer a secure place for the individual to store personal belongings?		
31. Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance, provided in private, as appropriate?		
Individual Initiative, Autonomy, and Independence	**YES/NO**	**Required Evidence of Compliance with HCBS rules**
32. There are no gates, Velcro strips, locked doors, fences or other barriers preventing individuals' entrance to or exit from certain areas of the setting.		
33. Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?		
34. Does the setting afford opportunities for individuals to choose with whom to do activities in the setting?		
35. Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)? Do individuals' have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?		
36. Does the setting provide for an alternative meal and/or private dining if requested by the individual?		
37. Do individuals have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports?		
38. Does the setting post or provide information on individual rights?		

39. Does the setting allow individuals to engage in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner that is the same for individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports?		
40. Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires?		

Employment	**YES/NO**	**Required Evidence of Compliance with HCBS Rules**
41. Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?		
42. Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting will facilitate and support access to these activities?		
43. Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS?		
44. Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?		
45. Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, as customers in a pre-vocational setting)?		
46. Do employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS?		

47. In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have a checking or savings account or other means to have access to and control his/her funds. For example, is it clear that the individual is not required to sign over his/her paychecks to the provider?		
48. Does the setting provide individuals with contact information, access to and training on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location?		
49. Alternatively where public transportation is limited, does the setting provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?		
50. Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services?		
51. Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions?		

Policy Enforcement	**YES/NO**	**Required Evidence of Compliance with HCBS Rules**
52. Do paid and unpaid staff receive new hire training and continuing education related to the rights of individuals receiving services and member experience as outlined in HCBS rules?		
53. Are provider policies outlining rights of individuals receiving services and member experience made available to individuals receiving services?		
54. Are provider policies on member experience and HCBS rules regularly reassessed for compliance and effectiveness and amended, as necessary?		