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|-------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>12-31-08</u> | |
| DATE APPV'D | <u>4-16-10</u> | |
| DATE EFF | <u>7-1-09</u> | |
| HC:FA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

Notwithstanding anything else in this State Plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

1915(j) Self-Directed Personal Assistance Services State Plan Amendment Pre-Print

i. Eligibility

The State determines eligibility for Self-Directed Personal Assistance Services:

- A. In the same manner as eligibility is determined for traditional state plan personal care services, described in Item 26 of the Medicaid State Plan.
- B. In the same manner as eligibility is determined for services provided through a 1915(c) Home and Community-Based Services Waiver.

ii. Service Package

The State elects to have the following included as Self-Directed Personal Assistance Services:

- A. State Plan Personal Care and Related Services, to be self-directed by individuals eligible under the State Plan.
- B. Services included in the following section 1915(c) Home and Community-Based Services waiver(s) to be self directed by individuals eligible under the waiver(s). The State assures that all services in the impacted waiver(s) will continue to be provided regardless of service delivery model. Please list waiver names and services to be included.

iii. Payment Methodology

- A. The State will use the same payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services.
- B. The State will use a different payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services

TN# 08-25

Approval Date 4-16-10

Effective Date 7-1-09

Supersedes:

TN# SUPERSEDES: NONE - NEW PAGE

| | | |
|-------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>12-31-08</u> | |
| DATE APPV'D | <u>1-16-10</u> | |
| DATE EFF | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

or for section 1915(c) Home and Community-Based waiver services. Amended Attachment 4.19-B page(s) are attached.

iv. Use of Cash

- A. The State elects to disburse cash prospectively to participants self-directing personal assistance services. The State assures that all Internal Revenue Service (IRS) requirements regarding payroll/tax filing functions will be followed, including when participants perform the payroll/tax filing functions themselves.
- B. The State elects not to disburse cash prospectively to participants self-directing personal assistance services.

v. Voluntary Disenrollment

The State will provide the following safeguards in place to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

A program participant may elect to discontinue participation in the Louisiana Personal Options Program at any time.

It is the responsibility of the participant to initiate voluntary disenrollment by notifying his services consultant of such a decision. The services consultant will begin the disenrollment process within 5 business days from the date of notification. A face-to-face contact with the participant is required.

Louisiana Personal Options Program services will continue until transition to the Long Term Personal Care Services Program is completed.

Once disenrolled, the participant must continue to receive Long Term Personal Care Services for a minimum of three months before re-enrollment in the Louisiana Personal Options Program can be considered.

| | | |
|-------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>12-31-08</u> | |
| DATE APP'VD | <u>9-16-10</u> | |
| DATE EFF | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

vi. Involuntary Disenrollment

- A. The circumstances under which a participant may be involuntarily disenrolled from self-directing personal assistance services, and returned to the traditional service delivery model are noted below.

Louisiana Personal Options Program participants may be involuntarily disenrolled from the program for the following reasons:

1. Health, Safety and Well-Being

The Office of Aging and Adult Services or its designee determines that the health, safety and well-being of the program participant is compromised or threatened by continued participation in the Louisiana Personal Options Program.

2. Change in Condition

The participant's ability to direct his/her own care diminishes to a point where he/she can no longer do so and there is no responsible representative available to direct the care.

3. Misuse of Monthly Allocation

The participant or his/her representative uses the monthly budgeted allocation to purchase items unrelated to personal care needs, or otherwise misappropriates the funds.

4. Failure to Provide Required Documentation

The participant or his/her personal representative fails to complete and submit employee time sheets in a timely and accurate manner, or provide required documentation of expenditures and related items as prescribed in the Louisiana Personal Options Program's Roles and Responsibility agreement.

5. Unsafe Conditions for Workers

The conditions in the workplace prevent the direct service worker from performing his/her duties or threaten his/her safety. The direct service worker must document and report these situations to OAAS or its designee.

- B. The State will provide the following safeguards in place to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

TN# 08-25 Approval Date 4-16-10

Effective Date 7-1-09

Supersedes: SUPERSEDES. NONE - NEW PAGE
TN# _____

| | | |
|-------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>12-31-08</u> | |
| DATE APP'VD | <u>4-16-10</u> | |
| DATE EFF | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

At any time that it is determined that the health, safety and well-being of the participant is compromised by continued participation in the Louisiana Personal Options Program, authorization for the program may be immediately revoked and the participant may be returned to the agency- based personal care service. The services consultant and OAAS or its designee will work together to immediately take action to initiate agency- based personal care services for those participants whose health and safety are in immediate jeopardy. Required paperwork will be completed as soon as practical thereafter. The individual has 30 calendar days from notification of disenrollment to appeal the ruling. If the individual chooses to appeal during that 30 day period, participant-directed services must be continued pending the outcome of the appeal.

The participants who are not in immediate jeopardy will be given an advance notice in writing of their transfer to agency- based personal care services. The participant will be transferred to the traditional program beginning the first month following the month in which the involuntarily disenrollment decision was determined. The participant has 30 days from the date of notification of disenrollment to file an appeal in accordance with established Medicaid Fair Hearings Policy.

vii. Participant Living Arrangement

Any additional restrictions on participant living arrangements, other than homes or property owned, operated, or controlled by a provider of services, not related by blood or marriage to the participant are noted below.

The State places no additional restrictions on participant living arrangements.

viii. Geographic Limitations and Comparability

- A. The State elects to provide self-directed personal assistance services on a statewide basis.
- B. The State elects to provide self-directed personal assistance services on a targeted geographic basis. Please describe:

Self-directed personal care services will be available in Louisiana Administrative Region II which includes: Ascension, East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, Iberville and Point Coupee Parishes.

| | | |
|-------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>12-31-08</u> | |
| DATE APPV'D | <u>4-16-10</u> | |
| DATE EFF | <u>7-1-09</u> | |
| HC:FA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

- C. The State elects to provide self-directed personal assistance services to all eligible populations.
The state will provide self-directed personal assistance services to all eligible populations within the targeted geographic area
- D. The State elects to provide self-directed personal assistance services to targeted populations. Please describe:
- E. The State elects to provide self-directed personal assistance services to an unlimited number of participants.
- F. The State elects to provide self-directed personal assistance services to _____ (insert number of) participants, at any given time.

ix. Assurances

- A. The State assures that there are traditional services, comparable in amount, duration, and scope, to self-directed personal assistance services.
- B. The State assures that there are necessary safeguards in place to protect the health and welfare of individuals provided services under this state plan option, and to assure financial accountability for funds expended for self-directed personal assistance services.
- C. The State assures that an evaluation will be performed of participants' need for personal assistance services for individuals who meet the following requirements:
- i. Are entitled to medical assistance for personal care services under the Medicaid State Plan; or
 - ii. Are entitled to and are receiving home and community-based services under a section 1915(c) waiver; or
 - iii. May require self-directed personal assistance services; or
 - iv. May be eligible for self-directed personal assistance services.
- D. The State assures that individuals or their representatives are informed of all options for receiving self-directed and/or traditional State plan personal care services or personal assistance services provided under a section 1915(c) waiver, including information about self-direction opportunities that is sufficient for timely and appropriate decision-making about the election of self-direction.

TN# 08-25 Approval Date 4-16-10 Effective Date 7-1-09
 Supersedes: SUPERSEDES: NONE - NEW PAGE
 TN# _____

| | | |
|-------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>12-31-08</u> | |
| DATE APP'VD | <u>4-16-10</u> | |
| DATE EFF | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

- E. The State assures that individuals will be provided with a support system meeting the following criteria:
- i. Appropriately assesses and counsels individuals prior to enrollment;
 - ii. Provides appropriate counseling, information, training, and assistance to ensure that participants are able to manage their services and budgets;
 - iii. Offers additional counseling, information, training, or assistance, including financial management services:
 1. At the request of the participant for any reason; or
 2. When the State has determined the participant is not effectively managing their services identified in their service plans or budgets.
- F. The State assures that an annual report will be provided to CMS on the number of individuals served through this state plan option and total expenditures on their behalf, in the aggregate.
- G. The State assures that an evaluation will be provided to CMS every 3 years, describing the overall impact of this state plan option on the health and welfare of participating individuals, compared to individuals not self-directing their personal assistance services.
- H. The State assures that the provisions of Section 1902(a)(27) of the Social Security Act, and Federal Regulations 42 CFR 431.107, governing provider agreements, are met.
- I. The State assures that a service plan and service budget will be developed for each individual receiving self-directed PCS. These are developed based on the assessment of needs.
- J. The State assures that the methodology used to establish service budgets will meet the following criteria:
- i. Objective and evidence based, utilizing valid, reliable cost data.
 - ii. Applied consistently to participants.
 - iii. Open for public inspection.
 - iv. Includes a calculation of the expected cost of the self-directed PAS and supports if those services and supports were not self-directed.
 - v. Includes a process for any limits placed on self-directed services and supports and the basis/bases for the limits.
 - vi. Includes any adjustments that will be allowed and the basis/bases for the adjustments.

| | | |
|-------------|-----------|---|
| STATE | Louisiana | A |
| DATE RECD. | 12-31-08 | |
| DATE APPVD. | 4-16-10 | |
| DATE EFF. | 7-1-09 | |
| HCFA 179 | 08-25 | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

- vii. Includes procedures to safeguard participants when the amount of the limit on services is insufficient to meet a participant's needs.
- viii. Includes a method of notifying participants of the amount of any limit that applies to a participant's self-directed PAS and supports.
- ix. Does not restrict access to other medically necessary care and services furnished under the plan and approved by the State but not included in the budget.

x. Service Plan

The State has the following safeguards in place, to permit entities providing other Medicaid State Plan services to be responsible for developing the self-directed personal assistance services service plan, to assure that the service provider's influence on the planning process is fully disclosed to the participant and that procedures are in place to mitigate that influence.

The State delegates the responsibility for developing the self-directed personal care service plan (Personal Support Plan) to services consultants employed by OAAS or its designee. Services consultants do not provide any other Medicaid services.

xi. Quality Assurance and Improvement Plan

The State's quality assurance and improvement plan is described below, including:

- i. How it will conduct activities of discovery, remediation, and quality improvement in order to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement; and
- ii. The State will monitor and evaluate system performance measures, participant outcomes, and satisfaction measures.

Quality Assurance and Quality Improvement Plan for the Louisiana Personal Options Program Services

The Louisiana Personal Options Program has been designed to assure and improve quality in the delivery of services. The methods and procedures used to assure quality for consumer-directed personal care services follow the Centers for Medicare and Medicaid Services (CMS) Quality Framework and conform to the practices used for other community based long term care services in Louisiana. The CMS Quality Framework utilizes a participant-centered foundation that supports access, choice, health, safety and satisfaction of the participant. Using the quality strategies in the

TN# 08-25 Approval Date 4-16-10 Effective Date 7-1-09

Supersedes:

TN# SUPERSEDES: NONE - NEW PAGE

| | | |
|--------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D. | <u>12-31-08</u> | |
| DATE APP'VD. | <u>4-16-10</u> | |
| DATE EFF. | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

quality framework, quality management activities will discover problems with access, service delivery and participant outcomes, resolve or remediate the problems identified and improve program operations to promote positive outcomes for the program participants.

Design Elements of a Quality Management Plan

1. The Department of Health and Hospitals (DHH), Bureau of Health Services Financing has oversight for all Medicaid funded programs and quality management plans. It maintains an interagency agreement with the Office of Aging and Adult Services (OAAS) to operate the Louisiana Personal Options Program and its Quality Management System.
2. OAAS will annually monitor all program processes and activities and participant outcomes to assure compliance with the program design. A representative sample of program participant documentation will be reviewed annually to ensure that program requirements are met by the OAAS or its designee.
3. The OAAS has established a Quality Assurance/Quality Enforcement (QA/QE) Committee to provide oversight for all of its home and community-based care programs.
4. A local program implementation advisory committee will be formed. The local committee will focus on program implementation, system performance and participant outcomes during the start-up phase of the program.
5. Services consultants are required to receive comprehensive, competency-based training from program staff or a designee. OAAS will assure the training occurs prior to program start-up and annually monitor the services consultant agency activities to promote the effective operations and quality assurance/quality improvement goals of the program.
6. Services consultants are required to provide comprehensive training and technical assistance to program participants or their representatives as part of the program enrollment process and on an ongoing basis as needed.
7. The process and content of client assessment, medical necessity determination, and service prior authorization will be monitored by the OAAS to assure accuracy, fairness and timely enrollment to the appropriate services and supports.
8. The hiring of direct service workers will be supported through the structure of a direct service worker registry that incorporates several quality safeguards. Participants may only hire qualified direct service workers from the State-

TN# 08-25 Approval Date 4-16-10 Effective Date 7-1-09
 Supersedes:
 TN# SUPERSEDES: NONE - NEW PAGE

| | | |
|-------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>12-31-08</u> | |
| DATE APP'VD | <u>4-16-10</u> | |
| DATE EFF | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

- organized Direct Service Workers Registry. The registry incorporates training requirements and criminal records checks.
9. The Office of Aging and Adult Services maintains responsibility for assuring the ongoing health, safety, and welfare of Louisiana Personal Options Program participants through activities of ongoing and annual monitoring of the health and welfare of program participants and by initiating remedial actions when appropriate. OAAS or its designee conducts annual monitoring visits to a random sample of program participants each year to ensure that services are being provided in accordance with the assessment. These activities include an in-person contact with the participant and a record review of the services consultant agency.
 10. The Office of Aging and Adult Services will provide clear directions about expectations of a fiscal/employer agent and annually and as needed, monitor the activities of the fiscal/employer agency to promote the effective operations and quality assurance/quality improvement goals of the program.
 11. The Office of Aging and Adult Services will provide clear directions about expectations of a services consultant agency and annually monitor the activities of the services consultant agency to promote the effective operations and quality assurance/quality improvement goals of the program. The state will monitor the activities of the fiscal/employer agent to assure that payments are made for only authorized participant-directed personal care services or other authorized services to promote self-independence as prior authorized.

Discovery Activities and Processes for Quality Management

1. The Office of Aging and Adult Services will evaluate the current process of assessment, medical necessity determination, and personal care services prior authorization to ensure that the processes and instruments are applied accurately, fairly and timely. A statistically valid sample of program participant documentation will be reviewed annually to ensure that program requirements are met by the OAAS or its designee.
2. The services consultant is responsible for monitoring the participant's health, safety, and welfare and the implementation of the Personal Support Plan to ensure that the support strategies, services provided and outcomes are consistent with the participant's needs and desires through monthly telephone contacts. The services consultant will conduct a face-to-face visit at least quarterly.

TN# 08-25

Approval Date 4-16-10

Effective Date 7-1-09

Supersedes:

TN# SUPERSEDES: NONE - NEW PAGE

| | | |
|---------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>12-31-08</u> | |
| DATE APPROV'D | <u>1-16-10</u> | |
| DATE EFF | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

3. LaPOP participants are reassessed annually, or as their needs change, to assure that the services provided continue to meet their needs of participants and the participants' continued eligibility for services.
4. Participants may only hire direct service workers from the Direct Service Workers Registry. The Department of Health and Hospitals reviews all applicant materials as part of the registry enrollment process and will discover and deny non-qualifying applications.
5. The Office of Aging and Adult Services QA/QE Committee shall review complaint investigations and critical incident investigations for compliance with required standards, and will share those findings with the participant and services consultant.
6. A Participant Experience Survey will be administered annually to a statistically valid sample of LaPOP participants. Information will be reviewed by the Department of Health and Hospitals' personnel, services consultants and participants.
7. The Bureau of Health Services Financing manages a Fraud and Abuse Telephone Line that is accessible to participants, family members, and providers.
8. The Office of Aging and Adult Services manages a help line for participants, providers and the public. Each participant is given this toll-free number during the initial assessment and the services consultant reviews and reinforces this information at the annual Personal Support Plan Meeting.
9. All Louisiana Personal Options Program complaints will be reviewed by OAAS or its designee.
10. The Office of Aging and Adult Services Quality Assurance/Quality Enforcement Committee will monitor the appeals process for program related issues.

Remediation and Quality Improvement Activities

1. The services consultant monitors the scope and quality of services through monthly contacts with the participant. If the approved services do not meet the participant's needs, the services consultant works with the participant to develop an acceptable solution to be agreed to by the participant in a signed Personal Support Plan.
2. The results of the annual Participant Experience Survey are analyzed and reported to services consultant agencies, the QM/QE Committee, the Health

TN# 08-25

Approval Date 1-16-10

Effective Date 7-1-09

Supersedes:

TN# SUPERSEDES NONE - NEW PAGE

| | | |
|------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE RECD | <u>12-31-08</u> | |
| DATE APPVD | <u>4-16-10</u> | |
| DATE EFF | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

Standards Section and are made available to participants and other interested parties on the OAAS website.

3. The state monitors the client assessment, medical necessity determination and prior authorization determination process. A sample of documents will be reviewed for quality and content to ensure that program requirements are met. If the requirements are not met, the Office of Aging and Adult Services or its designee must develop and carry out a corrective action plan to address problems identified.
4. The Office of Aging and Adult Services, or its designee conducts annual monitoring visits to a random sample of program participants each year to ensure that services are being provided in accordance with the assessment. These activities include an in-person contact with the participant and a record review of the services consultant agency. Deficient practices are cited and the services consultant agency must submit a corrective action plan for approval. The Office of Aging and Adult Services will follow up to determine if the deficiencies have been corrected.
5. The Office of Aging and Adult Services annual monitoring also will assure that participants are implementing their Personal Support Plans and utilizing qualified direct support workers. If the review discovers problems that are the responsibility of the participant or their representative, they will work with the participant to resolve the issue and revise the Personal Support Plan or change staffing as needed.
6. The services consultant, as part of their initial monitoring of the establishment of participant-directed services, will assure that the direct service worker was hired from the direct service worker registry. Corrective action will be taken immediately for any deficiencies.
7. The fiscal/agent employer, as part of their payment authorization process, will verify that the worker to be paid is enrolled on the direct service worker registry.
8. Deficiencies found in the provision of direct services or payments may result in corrective actions such as: deficiency citations which require a plan of correction, prohibition of payments, recovery of payments, and removal of a worker from the direct service worker registry.
9. The state will monitor the activities of the fiscal/employer agent to assure that payments are made for only authorized participant-directed personal care services or other authorized services to promote self-independence that have been prior authorized.
10. Results of the Participant Experience Survey are used to detect and correct any system barriers or problems. Services consultant agencies, the OAAS QA/QE

TN# 08-25 Approval Date 4-16-10 Effective Date 7-1-09

Supersedes:

TN# SUPERSEDES: NONE - NEW PAGE

| | | |
|------------|-----------|---|
| STATE | Louisiana | A |
| DATE RECD | 12-31-08 | |
| DATE APPVD | 4-16-10 | |
| DATE EFF | 7-1-09 | |
| HCFA 179 | 08-25 | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

Committee, and participants will work together to develop remedies to the problems identified.

11. OAAS QA/QE committee will review aggregate critical incident and complaint data and recommend actions for quality improvement. These reviews will occur quarterly. Systemic problems will be identified by the OAAS QA/QE Committee and remedies will be instituted.
12. Incidents of abuse, neglect, misappropriation of funds, and/or exploitation are referred to the appropriate agency.

System Performance Indicators, and Participant Outcome and Satisfaction Measures

System performance indicators will be used to measure and track program activities and processes to ensure that participant access, choice and satisfaction are achieved. Participant-centered outcome and satisfaction measures will be used to ensure that service delivery conforms to participant plans and are timely, efficient and effective. OAAS is responsible for monitoring and evaluating these measures.

The following performance measures will be used:

1. Participant enrollment processes are timely (90 days or less) and accurate.
2. Participant-directed personal care services begin in a timely manner (3 to 5 business days).
3. Overall costs for participant-directed personal care service recipients are comparable to or less than total costs for agency-based personal care service recipients.
4. Participants are given a choice of participant-directed or agency-based personal care services.
5. Direct services workers are trained and certified as required.
6. Direct service workers provide services as scheduled.
7. Direct service workers are paid in a timely manner.
8. Services consultants are responsive to participants needs in an accurate and timely manner.

The following outcome measures will be used:

1. The number of Louisiana Personal Options Program voluntary and involuntary disenrollment is low.
2. The unmet needs of participants are reduced.
3. Support for participants in delaying or avoiding admissions to nursing facilities is enhanced.
4. The proportion of abuse, neglect, misappropriation of funds and/or exploitation, and critical incident reports are low.

TN# 08-25 Approval Date 4-16-10 Effective Date 7-1-09
 Supersedes:
 TN# SUPERSEDES: NONE - NEW PAGE

| | | |
|-------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D. | <u>12-31-08</u> | |
| DATE APP'VD | <u>4-16-10</u> | |
| DATE EFF. | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

5. The Personal Support Plans of participants have a health and safety risk assessment and strategies/protocols to address identified risks.

The following satisfaction measures will be used:

1. Participants have positive experiences with their care arrangements and service delivery.
2. The unmet needs of participants are reduced.

xii. Risk Management

- A. The risk assessment methods used to identify potential risks to participants are described below.

Participants, representatives, family members, services consultants, and support coordinator (if the participant has one) will work together as a team to identify potential risks to the participant and to mitigate those risks. Participants, representatives and family members will receive information, training and tools on risk identification and risk reduction as part of the initial orientation and program enrollment process. This information will be available on an ongoing basis.

During this orientation, risks are identified and risk mitigation plans are developed through the use of four primary tools: 1) the Louisiana Personal Options Roles and Responsibilities Tool, 2) the Participant Self-Assessment, 3) the Health and Safety Planning Checklist, and 4) the Back-up Plan.

- B. The tools or instruments used to mitigate identified risks are described below.

Personal Support Plans must include an emergency back-up plan identifying the arrangements that have been made for the provision of services and/or supplies in the absence of critical planned services and supports. Each Louisiana Personal Options participant is required to develop a back-up plan as part of his/her Personal Support Plan. The back-up plan should describe the alternative service delivery methods that will be used: 1) if the primary employees fail to report for work or otherwise cannot perform the job at the time and place required, or 2) if the participant experiences a personal emergency, or 3) if there is a community-wide emergency (e.g., requiring evacuation). The personal emergency portion of the back-up plan will allow the participant to identify circumstances that would cause an emergency for him or her based upon their unique needs. The back-up plan must also address ways to assure that the needs of the individual are met should an unexpected shortage of funds occur.

TN# 08-25 Approval Date 4-16-10 Effective Date 7-1-09

Supersedes:

TN# SUPERSEDES: NONE - NEW PAGE

| | | |
|-------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>12-31-08</u> | |
| DATE APP'VD | <u>4-16-10</u> | |
| DATE EFF | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

The back-up plan should also address actions needed if the participant's representative is no longer able to serve in that capacity. The services consultant must attest to the viability of the back-up plan before services can begin and the budget is released.

1. Louisiana Personal Options Program Roles and Responsibilities Tool. This tool provides a detailed description of the roles and responsibilities of the participant in the program including a detailed description of the roles, responsibilities and support functions of the services consultant and the fiscal/employer agent. This document will be thoroughly reviewed with the participant and/or the representative to ensure that there is a clear understanding of the responsibilities related to the health and safety and mitigation of risks to be assumed by the participant.
2. Participant Self Assessment Tool. The participant self-assessment asks participants to indicate their understanding and ability to implement each of the roles and responsibilities detailed by the LaPOP roles and responsibilities tool. Depending on the responses, the services consultant and participant will formulate a plan for ensuring that the participant can effectively manage each of the roles and responsibilities. Other potential strategies may include additional training and/or the use of an informal or formal representative.
3. Health and Safety Planning Checklist Tool. The health and safety planning checklist identifies many common risk factors, ranging from physical and cognitive disabilities to social issues such as isolation. For each identified risk, the participant is alerted to the nature of the potential risk and prompted with examples to develop a plan to mitigate that potential risk.
4. Back Up Plan Tool. Contingency risks will be identified and arrangements to mitigate those risks will be made by the participant with assistance from the services consultant.

- C. The State's process for ensuring that each service plan reflects the risks that an individual is willing and able to assume, and the plan for how identified risks will be mitigated, is described below.

Information from the self assessment tool will serve as a primary source of information regarding potential risks and the plans that are developed to mitigate the

TN# 08-25 Approval Date 4-16-10 Effective Date 7-1-09
 Supersedes:
 TN# SUPERSEDES. NONE - NEW PAGE

| | | |
|--------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D. | <u>12-31-08</u> | |
| DATE APP'VD. | <u>4-16-10</u> | |
| DATE EFF. | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

risk. The results of this process will be documented in the personal support plan and updated annually or more frequently if needed.

- D. The State's process for ensuring that the risk management plan is the result of discussion and negotiation among the persons designated by the State to develop the service plan, the participant, the participant's representative, if any, and others from whom the participant may seek guidance, is described below.

Services consultants will provide technical assistance and support in order to facilitate the development of the risk management plan by the participant and/or representative, and others from whom the participant may seek guidance.

Services consultants will not assume responsibility for developing the risk management plan, but will review and approve the plan to ensure that proposed services are adequate, purchases are cost-effective and related to the participant's needs, and that an emergency back-up plan is in place. Additionally, the services consultant will assess the overall Personal Support Plan for potential risks and risk mitigation strategies. The services consultant reviews the proposed personal support plan with the participant/representative and others identified by the participant as a method to assess the participant/representative's ability to assume service management responsibilities and to further generate discussion around risk management.

xiii. Qualifications of Providers of Personal Assistance

- A. The State elects to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.
- B. The State elects not to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.

xiv. Use of a Representative

- A. The State elects to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.
- i. The State elects to include, as a type of representative, a State-mandated representative. Please indicate the criteria to be applied.

TN# 08-25 Approval Date 4-16-10 Effective Date 7-1-09
 Supersedes:
 TN# SUPERSEDES: NONE - NEW PAGE

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|-------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>12-31-08</u> | |
| DATE APP'VD | <u>4-16-10</u> | |
| DATE EFF | <u>7-1-09</u> | |
| HOFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

B. The State elects not to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.

xv. Permissible Purchases

A. The State elects to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

B. The State elects not to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

xvi. Financial Management Services

A. The State elects to employ a Financial Management Entity to provide financial management services to participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.

i. The State elects to provide financial management services through a reporting or subagent through its fiscal intermediary in accordance with section 3504 of the IRS Code and Revenue Procedure 80-4 and Notice 2003-70; or

ii. The State elects to provide financial management services through vendor organizations that have the capabilities to perform the required tasks in accordance with section 3504 of the IRS Code and Revenue Procedure 70-6. (When private entities furnish financial management services, the procurement method must meet the requirements set forth Federal regulations in 45 CFR section 74.40 – section 74.48.)

iii. The State elects to provide financial management services using “agency with choice” organizations that have the capabilities to perform the required tasks in accordance with the principles of self-direction and with Federal and State Medicaid rules.

B. The State elects to directly perform financial management services on behalf of participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.

TN# 08-25 Approval Date 4-16-10 Effective Date 7-1-09

Supersedes:

TN# SUPERSEDES: NONE - NEW PAGE

| | | |
|-------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D. | <u>12-31-08</u> | |
| DATE APP'D | <u>4-16-10</u> | |
| DATE EFF. | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

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| STATE | <u>Louisiana</u> | A |
| DATE RECD. | <u>12-31-08</u> | |
| DATE APVD. | <u>4-16-10</u> | |
| DATE EFF. | <u>7-1-09</u> | |
| HCFA 179 | <u>08-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Louisiana

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