

**Provider Category:**

Agency

**Provider Type:**

Supervised Independent Living (SIL) Agency

**Provider Qualifications**

**License (specify):**

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

**Certificate (specify):**

**Other Standard (specify):**

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

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

PIHP

**Frequency of Verification:**

Upon contracting and annually thereafter

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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

**Service Type:**

Other Service

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

**Service Title:**

Youth Support and Training

**HCBS Taxonomy:**

**Category 1:**

**Sub-Category 1:**

10 Other Mental Health and Behavioral Services	10050 peer specialist
--	-----------------------

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- Service is included in approved waiver. There is no change in service specifications.
- Service is included in approved waiver. The service specifications have been modified.
- Service is not included in the approved waiver.

**Service Definition (Scope):**

Youth Support and Training services are child/youth centered support services that provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Youth Support and Training services have a recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills. Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth's individualized POC. The structured, scheduled activities provided by this service emphasize the opportunity for youth to support other children and youth in the restoration and expansion of the skills and strategies necessary to move forward in recovery. Youth Support and Training services include face-to-face intervention with the child/youth present. Services can be provided individually or in a group setting. The majority of Youth Support and Training contacts must occur in community locations where the person lives, works, attends school and/or socializes. This service may include the following components:

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

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

Local Education Agencies may not provide this service.

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

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

**Service Delivery Method (check each that applies):**

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

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

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Family Support Organizations

## Appendix C: Participant Services

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

**Service Type: Other Service**

**Service Name: Youth Support and Training**

**Provider Category:**

Agency

**Provider Type:**

Family Support Organizations

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

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

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

PIHP

**Frequency of Verification:**

Upon contracting and annually thereafter

## Appendix C: Participant Services

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

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

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

**Applicable** - Case management is furnished as a distinct activity to waiver participants.

*Check each that applies:*

**As a waiver service defined in Appendix C-3.** Do not complete item C-1-c.

**As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** Complete item C-1-c.

**As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** Complete item C-1-c.

**As an administrative activity.** Complete item C-1-c.

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

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

## Appendix C: Participant Services

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

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

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

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

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

- Transition Coordinator (Individual)
- Direct Support Worker

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

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

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

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

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

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

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

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

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

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

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

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

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

## Appendix C: Participant Services

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

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

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

## Appendix C: Participant Services

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

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

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

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

**e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians. Specify**

State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

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

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

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

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

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

- Other policy.**

Specify:

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

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

## Appendix C: Participant Services

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**Quality Improvement Qualified Providers**

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

**a. Methods for Discovery: Qualified Providers**

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

**i. Sub-Assurances:**

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

**Performance Measures**

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

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

**Performance Measure:**

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

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**PIHP data system**

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

	<b>Ongoing</b>	Specify: <input type="text"/>
	<input type="checkbox"/> <b>Other</b> Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

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

**Performance Measure:**

**QP2: Number and percent of providers continuously meeting licensing and training requirements**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**PIHP data system**

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

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

**Data Aggregation and Analysis:**

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

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

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

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

**Performance Measure:**

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

**Data Source (Select one):**

**Record reviews, on-site**

If 'Other' is selected, specify:

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

**Data Aggregation and Analysis:**

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

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

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

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

**Performance Measure:**  
See QP1 and QP2

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

PIHP data system

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

**Data Aggregation and Analysis:**

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

<i>that applies):</i>	
<input checked="" type="checkbox"/> <b>State Medicaid Agency</b>	<input type="checkbox"/> <b>Weekly</b>
<input checked="" type="checkbox"/> <b>Operating Agency</b>	<input type="checkbox"/> <b>Monthly</b>
<input type="checkbox"/> <b>Sub-State Entity</b>	<input checked="" type="checkbox"/> <b>Quarterly</b>
<input checked="" type="checkbox"/> <b>Other</b> Specify: PIHP	<input type="checkbox"/> <b>Annually</b>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

OBH reviews and analyzes qualified provider performance measure data to ensure compliance with the sub-assurance. Individual instances of non-compliance may signal the need for operational changes to the PIHP’s processes to ensure appropriate front-end checks are in place for identifying and flagging providers who have not meet training, licensing, or certification requirements. As such, if compliance falls below 100%, the PIHP will be required to submit a quality improvement plan which includes a root-cause analysis, proposed interventions and associated timelines for addressing non-compliance, and methods and associated timelines for evaluating the success of the plan.

- ii. **Remediation Data Aggregation**

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

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

**c. Timelines**

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

- No
- Yes

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

**Appendix C: Participant Services**

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**C-3: Waiver Services Specifications**

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

**Appendix C: Participant Services**

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**C-4: Additional Limits on Amount of Waiver Services**

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

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

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

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

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

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

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

## Appendix C: Participant Services

### C-5: Home and Community-Based Settings

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

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

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

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

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

## Appendix D: Participant-Centered Planning and Service Delivery

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

**State Participant-Centered Service Plan Title:**  
Plan of Care

- a. **Responsibility for Service Plan Development.** Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals (*select each that applies*):
- Registered nurse, licensed to practice in the State
  - Licensed practical or vocational nurse, acting within the scope of practice under State law
  - Licensed physician (M.D. or D.O)
  - Case Manager (qualifications specified in Appendix C-1/C-3)
  - Case Manager (qualifications not specified in Appendix C-1/C-3).

*Specify qualifications:*

**Social Worker**

*Specify qualifications:*

**Other**

*Specify the individuals and their qualifications:*

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

## Appendix D: Participant-Centered Planning and Service Delivery

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

b. **Service Plan Development Safeguards.** *Select one:*

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

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

## Appendix D: Participant-Centered Planning and Service Delivery

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

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

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

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

The child/youth and parents or caregivers of the child/youth have the primary role of identifying appropriate goals, strengths, needs, and the development of a risk assessment (crisis plan). Input of all members of the Child and Family Team is used to identify the appropriate, frequency and duration of waiver services, and natural supports that are built into the Plan of Care to assist the child/youth in meeting their goals. The wraparound facilitator plays a role in this

process by facilitating the Plan of Care development through documentation of the decisions made by the Child and Family Team, facilitating the overall meeting, and assuring that all members of the team have the opportunity to participate. The child/youth and parents or caregivers of the child/youth have the ability to request a meeting of their Child and Family Team at any time should needs or circumstances change.

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

Additionally, the Family Support Organization's —Parent Support Specialists and Youth Support and Training Specialists provide the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child. This involves assisting the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the child in relation to their mental illness and treatment; development and enhancement of the families specific problem-solving skills, coping mechanisms, and strategies for the child's symptom/behavior management; assisting the family in understanding various requirements of the waiver process, such as the crisis plan and plan of care process; interpreting choice offered by service providers; and assisting with understanding policies, procedures and regulations that impact the child with mental illness while living in the community. For the purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, children, relatives, grandparents, or foster parents.

## Appendix D: Participant-Centered Planning and Service Delivery

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

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

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

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

The PIHP also makes a referral to a CANS certified LMHP to initiate the clinical eligibility assessment process which consists of the CANS Comprehensive Multisystem Assessment and the Individual Behavioral Health Assessment (IBHA). This comprehensive assessment must be completed and submitted to the PIHP within 30 days of the

referral. The PIHP staff that serve on the independent review team review the Comprehensive CANS, IBHA, medical / psychiatric records and any other documentation to identify appropriate services to be addressed in the Plan of Care. The child/youth will be enrolled in the 1915(c) waiver if meeting the LOC determination and Medicaid financial eligibility. If the child does not meet LOC and financial eligibility, the appropriate non-Medicaid funding source will be billed and the child/youth will not be enrolled in the waiver. See Appendix G for a description of the appeal rights that any non-Medicaid child/youth will be offered.

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

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

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

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

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

e) The wraparound facilitator guides the process by facilitating wraparound meetings and ensuring the waiver requirements are met. The wraparound facilitator is responsible for assisting the Child and Family Team in identifying resources for the child/youth and the parents or caregivers of the child/youth. The wraparound facilitator is a part of the development process and a member of the Child and Family Team. The Wraparound Facilitator then takes on the responsibility of assuring that the needed resources are implemented for the child/youth and parents or caregivers of the child/youth. The wraparound facilitator guides continuous reassessment and monitoring of the plan through 90-day and semi-annual reviews of the Plan of Care. CANS reassessment is completed by a qualified individual

certified in the Louisiana CANS. The Parent Support Specialist and Youth Support Specialist may support the wraparound process and be an ongoing part of the Child and Family Team by helping the youth/family to understand the wraparound process, empowering youth/family to make choices to achieve desired outcomes, and assisting youth/family to uncover resources and natural supports that may be available.

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

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

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

## Appendix D: Participant-Centered Planning and Service Delivery

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

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

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

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

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

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

furnish staff support on an on-call basis as necessary. The Wraparound Facilitator and Child and Family Team must ensure that an effective back-up plan is crafted to meet the unique needs and circumstances of each youth.

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

## Appendix D: Participant-Centered Planning and Service Delivery

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

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

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

## Appendix D: Participant-Centered Planning and Service Delivery

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

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

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

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

## Appendix D: Participant-Centered Planning and Service Delivery

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

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

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

*Specify the other schedule:*

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

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

- Medicaid agency
- Operating agency
- Case manager
- Other

*Specify:*

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

## Appendix D: Participant-Centered Planning and Service Delivery

### D-2: Service Plan Implementation and Monitoring

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

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

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

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

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

## Appendix D: Participant-Centered Planning and Service Delivery

### Quality Improvement: Service Plan

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

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

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

**i. Sub-Assurances:**

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

**Performance Measures**

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

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

**Performance Measure:**

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

**Data Source (Select one):**

**Record reviews, on-site**

If 'Other' is selected, specify:

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

	<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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**Data Aggregation and Analysis:**

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

**Performance Measure:**

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

**Data Source (Select one):**

**Record reviews, on-site**

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = +/-5%
<input checked="" type="checkbox"/> <b>Other</b> Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

**Data Aggregation and Analysis:**

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

- b. *Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.*

**Performance Measures**

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

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

**Performance Measure:**

**POC3: Number and percent of participants who participated in the plan of care development, as documented by the participant's and parents/caregiver's signature on the plan of care**

**Data Source (Select one):**

Record reviews, on-site

If 'Other' is selected, specify:

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

**Data Aggregation and Analysis:**

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

- c. *Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.*

**Performance Measures**

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

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

**Performance Measure:**

**POC4: Number and percent of participants whose plans of care were updated timely, as specified in the waiver application**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**PIHP data system**

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

**Data Aggregation and Analysis:**

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

<i>that applies):</i>	
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

**Performance Measure:**  
**POC5: Number and percent of participants whose plans of care were updated when their needs changed**

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

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

**Data Aggregation and Analysis:**

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

- d. *Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.*

**Performance Measures**

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

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

**Performance Measure:**

**POC6: Number and percent of participants who received services in the type, amount, duration, and frequency specified in the plan of care.**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Program logs; record reviews to validate data reported by WAAs**

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

		Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> <b>Other</b> Specify: PIHP	<input type="checkbox"/> <b>Annually</b>	<input type="checkbox"/> <b>Stratified</b> Describe Group: <input type="text"/>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>	<input type="checkbox"/> <b>Other</b> Specify: <input type="text"/>
	<input type="checkbox"/> <b>Other</b> Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

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

- e. **Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.**

**Performance Measures**

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

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

**Performance Measure:**

**POC7: Number and percent of participants given a choice among service providers, as documented by the participant/authorized representative's signature on the State-approved form**

**Data Source (Select one):**

**Record reviews, on-site**

If 'Other' is selected, specify:

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

**Data Aggregation and Analysis:**

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

**Other**  
Specify:

**Performance Measure:**

**POC8: Number and percent of participants who received information on available waiver services, as documented by the participant/authorized representative's signature on the State-approved form.**

**Data Source (Select one):**

**Record reviews, on-site**

If 'Other' is selected, specify:

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

**Data Aggregation and Analysis:**

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

<input checked="" type="checkbox"/> <b>Other</b> Specify: PIHP	<input checked="" type="checkbox"/> <b>Annually</b>
	<input type="checkbox"/> <b>Continuously and Ongoing</b>
	<input type="checkbox"/> <b>Other</b> Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.  
OBH reviews and analyzes plan of care performance measure data to ensure compliance with the sub-assurances. If compliance falls below the 86% threshold, OBH will require the PIHP to develop a quality improvement plan which must include a root-cause analysis, proposed interventions and associated timelines for addressing non-compliance, and methods and associated timelines for evaluating the success of the plan.

**ii. Remediation Data Aggregation**

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

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

**c. Timelines**

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

- No**
- Yes**

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

## Appendix E: Participant Direction of Services

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**Applicability** (from Application Section 3, Components of the Waiver Request):

- Yes. This waiver provides participant direction opportunities. Complete the remainder of the Appendix.
- No. This waiver does not provide participant direction opportunities. Do not complete the remainder of the Appendix.

*CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.*

**Indicate whether Independence Plus designation is requested** (select one):

- Yes. The State requests that this waiver be considered for Independence Plus designation.
- No. Independence Plus designation is not requested.

## Appendix E: Participant Direction of Services

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E-1: Overview (1 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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E-1: Overview (2 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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E-1: Overview (3 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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E-1: Overview (4 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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E-1: Overview (5 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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E-1: Overview (6 of 13)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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Appendix E: Participant Direction of Services

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E-1: Overview (7 of 13)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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Appendix E: Participant Direction of Services

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E-1: Overview (8 of 13)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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Appendix E: Participant Direction of Services

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E-1: Overview (9 of 13)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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Appendix E: Participant Direction of Services

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E-1: Overview (10 of 13)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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Appendix E: Participant Direction of Services

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E-1: Overview (11 of 13)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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Appendix E: Participant Direction of Services

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E-1: Overview (12 of 13)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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Appendix E: Participant Direction of Services

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E-1: Overview (13 of 13)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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Appendix E: Participant Direction of Services

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E-2: Opportunities for Participant Direction (1 of 6)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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Appendix E: Participant Direction of Services

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E-2: Opportunities for Participant-Direction (2 of 6)

---

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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### E-2: Opportunities for Participant-Direction (3 of 6)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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### E-2: Opportunities for Participant-Direction (4 of 6)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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### E-2: Opportunities for Participant-Direction (5 of 6)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix E: Participant Direction of Services

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### E-2: Opportunities for Participant-Direction (6 of 6)

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Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

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## Appendix F: Participant Rights

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### Appendix F-1: Opportunity to Request a Fair Hearing

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The State provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. The State provides notice of action as required in 42 CFR §431.210.

**Procedures for Offering Opportunity to Request a Fair Hearing.** Describe how the individual (or his/her legal representative) is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E. Specify the notice(s) that are used to offer individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.

All waiver applicants/participants are notified of their right to request a fair hearing by the PIHP in accordance with 42 CFR 431 Subpart E and 42 CFR 438 Subpart F. Applicants/participants are required to access the PIHP's internal appeal process before requesting a hearing with the State.

Upon enrollment, the PIHP sends each enrollee a brochure explaining Medicaid appeal rights. For children/youth and their families with limited literacy, the Wraparound Facilitator verbally explains their appeal rights during the initial home visit. In addition, per 42 CFR 438.406(a)(1), the PIHP will be required to give enrollees any reasonable assistance in completing forms and taking other procedural steps. This includes but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability. All individuals enrolled in the CSoC will be able to access a family cultural support specialist who can assist the family in addition to the requirements of the PIHP, wraparound facilitator and advocacy organizations. When applicants/children/youths are denied participation in the waiver or specific waiver services are denied, terminated, suspended or reduced, the PIHP sends a written notice to the individual explaining the reason for the adverse action, instructions on how to access a fair hearing, the time frame for making the request, information on continuation of services during the appeal process (if applicable) and contact information for questions and concerns. The notice also contains information on the state level hearing processes and toll free numbers for the Medicaid agency and for requesting free legal assistance. Notices of termination, suspension or reduction are mailed to

the child/youth a minimum of 10 days before the service is actually reduced, terminated or suspended.

As stated above, applicants/child/youths must avail themselves of the appeal process offered by the PIHP before accessing the state fair hearing process. If the applicant/child/youth requests a hearing, the PIHP gathers information on the case and schedules the appeal with an independent reviewer who had no prior involvement in making the adverse decision. The PIHP sends a written notice of the reconsideration decision to the individual, along with detailed instructions on requesting a State Fair hearing with the State. Applicants/child/youths may then request an informal appeal with the Louisiana DHH check process and/or a formal appeal with the Louisiana Division of Administrative Law (DAL) (from <http://www.adminlaw.state.la.us/>)

When the suspension, reduction or termination of service is appealed, child/youths may continue to receive services up through the final decision by the State Fair Hearing as long as they meet the appeal deadlines, the original period covered by the authorization has not expired and the child/youth requests continuation of the service.

BHSF eligibility staff utilize the Adequate Notice of Home and Community Based Services (Waiver) Decision Form 18-W to notify individuals by mail if they have not been approved for Medicaid financing of Home and Community Based Waiver services due to financial ineligibility. A separate page is attached to this form entitled "Your Fair Hearing Rights". This page contains information on how to request a fair hearing, how to obtain free legal assistance, and a section to complete if the individual is requesting a fair hearing. If the child/youth does not return this form, it does not prohibit his right to appeal and receive a fair hearing.

All Administrative Hearings are conducted in accordance with the Louisiana Administrative Procedure Act, La. R.S. 49:950 et seq. Any party may appear and be heard at any appeals proceeding through an attorney at law or through a designated representative.

Copies of all notices and documentation of appeal decisions are maintained by the PIHP. The Administrative Law Judge in the Division of Administrative Law maintains records on the State Fair Hearings and records on the formal hearing.

## Appendix F: Participant-Rights

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### Appendix F-2: Additional Dispute Resolution Process

- a. **Availability of Additional Dispute Resolution Process.** Indicate whether the State operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair Hearing. *Select one:*

- No. This Appendix does not apply
- Yes. The State operates an additional dispute resolution process

- b. **Description of Additional Dispute Resolution Process.** Describe the additional dispute resolution process, including: (a) the State agency that operates the process; (b) the nature of the process (i.e., procedures and timeframes), including the types of disputes addressed through the process; and, (c) how the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.

The PIHP has an internal dispute resolution system as required by 42 CFR 438 Subpart F. The internal system encompasses both an appeal process, as described in Appendix F-1, for addressing an "action" and a grievance process for addressing grievances (complaints). "Actions" include the denial or limited authorization of a requested service, reduction, suspension or termination of a previously authorized service, denial of payment for a service, failure to provide services in a timely manner as specified in the risk contract and failure to take action within the timeframes specified in the contract for resolving grievances and appeals.

## Appendix F: Participant-Rights

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### Appendix F-3: State Grievance/Complaint System

- a. **Operation of Grievance/Complaint System.** *Select one:*

- No. This Appendix does not apply
- Yes. The State operates a grievance/complaint system that affords participants the opportunity to register grievances or complaints concerning the provision of services under this waiver
- b. **Operational Responsibility.** Specify the State agency that is responsible for the operation of the grievance/complaint system:

The PIHP is responsible for receiving, reporting, and responding to grievances received for all enrolled child/youths. The OBH and Bureau of Health Services Financing (BHSF) oversee this process through the IMT meeting process.

- c. **Description of System.** Describe the grievance/complaint system, including: (a) the types of grievances/complaints that participants may register; (b) the process and timelines for addressing grievances/complaints; and, (c) the mechanisms that are used to resolve grievances/complaints. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The PIHP is required to report all grievances under 42 CFR 438 Subpart F made to DHH at least quarterly. The report must include a summary of the grievance, the action taken by the PIHP to address the grievance, the final disposition resolution, and dates of all actions. This report is reviewed during the IMT meeting in order to develop strategies for system improvement as needed.

The PIHP is required to accept and dispose of all grievances consistent with the policies and procedures and timelines in 42 CFR 438 Subpart F. The PIHP must dispose of each grievance and provide notice, as expeditiously as the enrollee's health condition requires, within State-established timeframes not to exceed 90 days from the day the PIHP receives the grievance.

## Appendix G: Participant Safeguards

### Appendix G-1: Response to Critical Events or Incidents

- a. **Critical Event or Incident Reporting and Management Process.** Indicate whether the State operates Critical Event or Incident Reporting and Management Process that enables the State to collect information on sentinel events occurring in the waiver program. *Select one:*
- Yes. The State operates a Critical Event or Incident Reporting and Management Process (complete Items b through e)
- No. This Appendix does not apply (do not complete Items b through e)
- If the State does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the State uses to elicit information on the health and welfare of individuals served through the program.

- b. **State Critical Event or Incident Reporting Requirements.** Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the State requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The PIHP is responsible for reporting critical events and incidents involving waiver participants to the OBH, which is consistent with state law (e.g., the Louisiana Children's Code, Title 6, Article 612). The Louisiana Children's Code, Title 6, Article 612, mandates the responsibility for investigating reports of child abuse and/or neglect to the Department of Children and Family Services (DCFS), specifically the Child Protection Investigation (CPI) Program. DCFS has jurisdiction in any setting when the alleged victim is <18 years of age and the alleged perpetrator is considered a caregiver (family or paid). Such incidents shall be reported to the local DCFS office. They investigate, protect, and monitor. This jurisdiction is in addition to that of any appropriate licensing regulatory agency.

For youth 18-21, the Louisiana Revised Statutes 14:403.2 outlines definitions and reporting responsibilities. The Bureau of Adult Protective Services is designated by the Louisiana Department of Health and Hospitals as the agency responsible for carrying out the mandate of Louisiana Revised Statute 14:403.2 with regard to adults with disabilities

and emancipated minors who live in unlicensed and non-regulated settings and for managing the Adult Protective Services programs in DHH administered facilities. Adult Protective Services (APS) serves adults ages 18-59 and emancipated minors who have a mental or physical disability that substantially limits their ability to provide for their own care or protection and who live in the community either independently in their own home or with the help of others or in any other place that is not licensed by a governmental regulatory agency. APS is responsible for investigating and arranging for services to protect adults with disabilities who are at risk of abuse, neglect, exploitation, or extortion.

#### Types of Critical Events:

-Abuse (child/youth): Any one of the following acts which seriously endanger the physical, mental, or emotional health and safety of the child:

- The infliction, attempted infliction, or, as a result of inadequate supervision
- The allowance of the infliction or attempted infliction of physical or mental injury upon the child by a parent or any other person.
- The exploitation or overwork of a child by a parent or any other person.
- The involvement of the child in any sexual act with a parent or any other person, or
- The aiding or toleration by the parent or the caretaker of the child's sexual involvement with any other person or of the child's involvement in pornographic displays, or any other involvement of a child in sexual activity constituting a crime under the laws of this state. (Children's Code Article 603)
- Abuse (adult): The infliction of physical or mental injury on an adult by other parties, including, but not limited to, such means as sexual abuse, exploitation, or extortion of funds, or other things of value, to such an extent that his health, self-determination, or emotional well-being is endangered. (Louisiana Revised Statutes 14:403.2).
- Exploitation (adult): The illegal or improper use or management of an aged person's or disabled adult's funds, assets or property, or the use of the person's or disabled adult's power of attorney or guardianship for one's own profit or advantage. (Louisiana Revised Statutes 14:403.2).
- Extortion (adult): The acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority. (Louisiana Revised Statutes 14:403.2).
- Neglect (child/youth): The refusal or unreasonable failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of the child, as a result of which the child's physical, mental, or emotional health and safety is substantially threatened or impaired. This includes prenatal illegal drug exposure caused by a parent, resulting in the newborn being affected by the drug exposure or withdrawal symptoms. (Children's Code Article 603)
- Neglect (adult): The failure, by a care giver responsible for an adult's care or by other parties to provide the proper or necessary support or medical, surgical, or any other care necessary for his well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be neglected or abused. (Louisiana Revised Statutes. 14:403.2).

Mandatory reporters: Professionals who may work with children in the course of their professional duties and consequently are required to report all suspected cases of child abuse and neglect. Of the groups of mandated reporters defined in Children's Code Article 603, one group, "Mental Health/Social Service Practitioner," includes all DCFS Child Protection Investigation Workers, Family Services Workers, and other agency social work staff in DCFS. (Children's Code Article 603). Mandatory reporters include any of the following individuals performing their occupational duties:

- (a) "Health practitioner"
- (b) "Mental health/social service practitioner".
- (c) "Member of the clergy".
- (d) "Teaching or child care provider".
- (e) Police officers or law enforcement officials.
- (f) "Commercial film and photographic print processor".
- (g) Mediators appointed pursuant to Chapter 6 of Title IV.
- (h) A parenting coordinator appointed pursuant to R.S. 9:358.1 et seq.
- (i) A court-appointed special advocates (CASA) volunteer under the supervision of a CASA program appointed pursuant to Chapter 4 of Title IV.

Permitted Reporters (Children's Code Article 609) – A person who has cause to believe that a child's physical or mental health or welfare is endangered as a result of abuse or neglect, and consequently may report the suspected case of abuse or neglect in accordance with Article 610.

#### Mandatory Reporting (child/youth)

In accordance with Louisiana Revised Statutes 40:2009.13 B reporting criteria, "any person who has knowledge that a state law, minimum standard, rule, regulation, plan of correction promulgated by the department, or any federal certification rule pertaining to a health care provider has been violated, or who otherwise has knowledge that a youth has not been receiving care and treatment to which he is entitled under state or federal laws, may submit a report regarding such matter to the department."

"Any person having cause to believe that an adult's physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, exploitation or extortion shall report to the adult protection agency or to law enforcement." (R.S 14.403.2 C and D)

Louisiana law mandates reporting of abuse and provides that persons who report in good faith have immunity from liability (unless they are themselves involved in the abuse). (Children's Code Article 611)

Any employee of DHH or an affiliate who has knowledge of possible abuse of a client, or who receives a complaint of abuse from a client or any other person, shall report in accordance with the provisions of this policy, applicable law, and the facility or program office's internal policy and procedures. If the person making the complaint is not an employee, e.g. a client, family member, visitor, etc., DHH staff shall assist the person in making a report, if necessary.

The timelines for reporting are: The provider must report all critical incidents immediately to the PIHP and the appropriate protective services agency. The provider must immediately forward a copy of the completed critical incident report to the PIHP within 24 hours of the incident occurrence or discovery. The PIHP enters the critical incident information into the tracking system and forwards to OBH within 24 hours of the incident.

- c. **Participant Training and Education.** Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

Upon enrollment, the PIHP provides the child/youth and family with a member handbook that outlines their rights, protections and the advocacy agencies who can educate and assist in the event of a concern. The wraparound facilitator discusses the rights and protections with the child/youth/legally responsible person as a component of the admissions process to the waiver. Opportunities for information training occur during routine monitoring.

Providers within the PIHP network are required to inform the child/youth of rights and protections through individual agency procedure. The PIHP will ensure that individual providers enrolled through the waiver are oriented on participant's rights and responsibilities, and grievance and appeal procedures that contain information on abuse and neglect.

The PIHP operates toll-free care line where the participant or his/her family can receive additional information or assistance, if needed. This line has the capacity to assist participants/families that are primarily Spanish speaking and/or hearing impaired. Child Protection Services are available day and night by calling the Child Protection hotline or the local parish Child Welfare office at the appropriate Child Protection phone number provided on the DCFS Website.

The Abuse and Neglect policy shall be thoroughly and annually explained to all employees and subcontractors of the PIHP as follows:

1. All new employees and subcontractors of the PIHP and affiliates who have direct contact with clients and/or who work in direct care facilities/programs shall be trained on all aspects of the policy. An acknowledgment of receiving these instructions shall be certified by the employee/subcontractor and maintained on file at the facility.
2. As soon as possible, but within 60 days after the signature of the contract/subcontract, the PIHP shall ensure that facility or provider meets the criteria established in this policy, and that staff who have contact with clients and/or who work in direct care facilities have received instruction on the content of the policy. Acknowledgment of the full training shall be certified and maintained on file with the facility/provider.
3. The PIHP shall have a continuing responsibility to ensure that appropriate staff/providers are currently informed of rules governing client abuse and neglect, and shall insure that each staff member receives training in the content of this policy not less than once each calendar year and more frequently if needed. Such training shall be documented and maintained on file at the facility.

A record shall be maintained by the PIHP for each employee/provider receiving orientation, annual training, or any other training required by this policy. This record shall, at a minimum, include the date that the training was provided, the name and classification of the individual conducting the training, the course title, and the number of hours of instruction received.

- d. **Responsibility for Review of and Response to Critical Events or Incidents.** Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

The PIHP is responsible for reviewing and reporting all critical events and incidents per the policy and procedure approved by the OBH.

All incidents of possible abuse involving DHH clients as alleged victims and/or DHH affiliate staff as the accused shall be reported immediately to the OBH as set forth in policy # 0102009 and APS procedures. APS may develop specific reporting procedures for individual facilities/programs within DHH.

In addition, State and Federal laws and regulations mandate reporting to the following agencies, based upon the age of the alleged victim, setting, and identity of the alleged abuser. These laws place the burden to report on the individual having knowledge or suspicion of the abuse. It is the responsibility of the facility/program manager to ensure that the appropriate external agencies listed below are notified in a timely manner.

1. The local Child Welfare Office for all allegations involving persons under 18 years of age, regardless of setting, where the accused is a formal or informal caregiver. Allegations of child abuse where the abuser is not a caregiver should be reported to local law enforcement. Reports should be made immediately or as soon as possible after knowledge. Dual reporting to both the local Child Welfare office of DCFS and the local or state law enforcement agency is permitted (Children's Code (Article 610)).
2. The Health Standards Section of the DHH Bureau of Health Services Financing and Adult Protective Services for allegations involving persons who are receiving care in a facility licensed by that Section. This would include: persons residing in a licensed ICF-MR, a licensed nursing home, a licensed hospital, and other licensed health facility as defined in LA RS 40.2009.13. Reports should be made immediately or as soon as possible, but in no case later than 24 hours after knowledge.
3. Adult Protective Services (APS) for all allegations involving persons age 18-59, or emancipated minors, who are mentally, physically, or developmentally disabled when the person resides in a non-licensed setting or when a person residing in a licensed setting is allegedly abused by an accused who is not a staff member of the licensed facility. Reports should be made immediately or as soon as possible after knowledge.
4. The Department of Children and Family Services, Bureau of Licensing for all allegations where the accused is a staff person of a provider licensed by that agency. Reports should be made immediately or as soon as possible after knowledge.

For investigations, all employees of the Department of Health and Hospitals (DHH) and affiliates including the PIHP and its providers are required to cooperate in any investigation of abuse. The agencies identified above as receiving external reports also have statutory or regulatory responsibility for investigating those reports and taking protective and/or regulatory action. Those agencies which are part of DHH shall carry out these functions as authorized by statute or regulation and according to their internal policies and procedures. In addition to the investigations already mentioned, allegations of abuse involving DHH clients where the accused is an employee of DHH or an affiliate will be investigated by the Bureau of Adult Protective Services. DHH offices which operate 24-hour facilities and programs associated with 24-hour facilities shall conduct investigative reviews and initiate appropriate corrective action for all reported allegations of abuse. Abuse and neglect reporting requirements for respite and crisis stabilization providers licensed under DHH are listed in RS 14:403.2 C & D and RS 40, 2009.13B. Should any allegations arise involving DHH clients which do not clearly fall under the jurisdiction of any agency identified above, the allegation may be investigated by the Bureau of Adult Protective Service.

- e. **Responsibility for Oversight of Critical Incidents and Events.** Identify the State agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

The PIHP is required to report all critical incidents and events to the OBH. A multi-agency Memorandum of Understanding delineates the responsibility for oversight of the reporting and response to critical incidents or events that affect waiver child/youth. DCFS has the responsibility for investigating those critical incidents referred to them involving abuse, neglect, misappropriation, extortion and exploitation.

Quality Management Responsibilities:

The OBH will utilize the information and data collected on critical incidents for quality management purposes, including but not limited to the following:

- Development and review of reports to assure that follow-up and case closure of critical incidents occur according to this policy on an on-going basis for individual cases and quality review of aggregate data;
- Quarterly analysis of data to identify trends and patterns for effective program management that ensures the safety and well-being of people receiving the OBH supports and services and ensures that people receive quality of supports and services from the OBH;
- Annual analysis of data to determine the effectiveness of quality enhancement goals and activities; and
- Identification of child/youths who experience frequent critical incidents and will need strategies to mitigate risk included in their Plan of Care on an on-going basis.

**Appendix G: Participant Safeguards**

**Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions**  
(1 of 3)

a. **Use of Restraints.** *(Select one): (For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

**The State does not permit or prohibits the use of restraints**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restraints and how this oversight is conducted and its frequency:

The PIHPs are responsible for informing participants of their right to be free from restraints and seclusion via a State-approved form, which is reinforced by the Wraparound Agency.

Wraparound Agencies monitor participants through monthly telephone contact and quarterly face-to-face contact to ensure that these rights are maintained. Oversight of providers is conducted by the PIHPs.

At least quarterly, OBH analyzes, tracks, and trends critical incident data for the use of restraints or seclusion to determine if improvement strategies are indicated.

**The use of restraints is permitted during the course of the delivery of waiver services.** Complete Items G-2-a-i and G-2-a-ii.

i. **Safeguards Concerning the Use of Restraints.** Specify the safeguards that the State has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of restraints and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

**Appendix G: Participant Safeguards**

**Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions**

(2 of 3)

**b. Use of Restrictive Interventions.** *(Select one):*

- The State does not permit or prohibits the use of restrictive interventions**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:

The PIHPs are responsible for informing participants of their right to be free from restraints and seclusion via a State-approved form, which is reinforced by the Wraparound Agency.

Wraparound Agencies monitor participants through monthly telephone contact and quarterly face-to-face contact to ensure that these rights are maintained. Oversight of providers is conducted by the PIHPs.

At least quarterly, OBH analyzes, tracks, and trends critical incident data for the use of restraints or seclusion to determine if improvement strategies are indicated.

- The use of restrictive interventions is permitted during the course of the delivery of waiver services**

Complete Items G-2-b-i and G-2-b-ii.

- i. Safeguards Concerning the Use of Restrictive Interventions.** Specify the safeguards that the State has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

- ii. State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

## Appendix G: Participant Safeguards

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### Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions

(3 of 3)

**c. Use of Seclusion.** *(Select one): (This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

- The State does not permit or prohibits the use of seclusion**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of seclusion and how this oversight is conducted and its frequency:

PIHPs are responsible for informing participants of their right to be free from restraints and seclusion through the Rights and Responsibilities form.

Wraparound Facilitators monitor participants through monthly telephone contact and quarterly face-to-face contact to ensure these rights are maintained. If the Wraparound Facilitator is informed about or discovers restraint or seclusion use, the Wraparound Facilitator will notify the appropriate Protective Services Agency and the PIHP, as appropriate. Oversight of providers is conducted by Health Standards and the PIHP.

- The use of seclusion is permitted during the course of the delivery of waiver services.** Complete Items G-2-c-i

and G-2-c-ii.

- i. **Safeguards Concerning the Use of Seclusion.** Specify the safeguards that the State has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of seclusion and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

## Appendix G: Participant Safeguards

### Appendix G-3: Medication Management and Administration (1 of 2)

*This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.*

- a. **Applicability.** Select one:

- No. This Appendix is not applicable** *(do not complete the remaining items)*
- Yes. This Appendix applies** *(complete the remaining items)*

- b. **Medication Management and Follow-Up**

- i. **Responsibility.** Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

- ii. **Methods of State Oversight and Follow-Up.** Describe: (a) the method(s) that the State uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the State agency (or agencies) that is responsible for follow-up and oversight.

## Appendix G: Participant Safeguards

### Appendix G-3: Medication Management and Administration (2 of 2)

- c. **Medication Administration by Waiver Providers**

**Answers provided in G-3-a indicate you do not need to complete this section**

- i. **Provider Administration of Medications.** *Select one:*

- Not applicable.** *(do not complete the remaining items)*
- Waiver providers are responsible for the administration of medications to waiver participants who**

**cannot self-administer and/or have responsibility to oversee participant self-administration of medications.** *(complete the remaining items)*

- ii. **State Policy.** Summarize the State policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- iii. **Medication Error Reporting.** *Select one of the following:*

- Providers that are responsible for medication administration are required to both record and report medication errors to a State agency (or agencies).**

*Complete the following three items:*

- (a) Specify State agency (or agencies) to which errors are reported:

- (b) Specify the types of medication errors that providers are required to *record*:

- (c) Specify the types of medication errors that providers must *report* to the State:

- Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the State.**

Specify the types of medication errors that providers are required to record:

- iv. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

## Appendix G: Participant Safeguards

### Quality Improvement: Health and Welfare

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

- a. **Methods for Discovery: Health and Welfare**

*The state demonstrates it has designed and implemented an effective system for assuring waiver participant health*

**and welfare.** (For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")

**i. Sub-Assurances:**

- a. **Sub-assurance:** *The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death. (Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

**Performance Measures**

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

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

**Performance Measure:**

**HW1: Number and percent of incidents involving abuse, neglect, exploitation, and death that were referred to the appropriate protective service agency for investigation within 24 hours of notification**

**Data Source (Select one):**

**Critical events and incident reports**

If 'Other' is selected, specify:

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

	<input type="text"/>	
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**Data Aggregation and Analysis:**

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

- b. *Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.*

**Performance Measures**

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

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

**Performance Measure:**

**HW3: Number and percent of participants who received information about how to report critical incidents, as documented by the participant/authorized representative's signature on the State-approved form**

**Data Source (Select one):**

**Record reviews, on-site**

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100%

<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<b>Review</b> <input checked="" type="checkbox"/> Representative Sample Confidence Interval = +,-5%
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

**Data Aggregation and Analysis:**

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

**Performance Measure:**

**HW2: Number and percent of critical incidents involving licensed/certified providers that were investigated by the PIHP within the established timeframe**

**Data Source (Select one):**

**Critical events and incident reports**

If 'Other' is selected, specify:

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

**Data Aggregation and Analysis:**

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

c. *Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.*

**Performance Measures**

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

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

**Performance Measure:**

**HW4: Number and percent of critical incidents which did not involve the use of restraints or seclusion.**

**Data Source (Select one):**

**Critical events and incident reports**

If 'Other' is selected, specify:

**PIHP record review validation**

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

**Data Aggregation and Analysis:**

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

<i>that applies):</i>	
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: PIHP	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

- d. *Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.*

**Performance Measures**

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

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

**Performance Measure:**

**HW5: Number and percent of participants who received coordination and support with accessing health care services identified in their plan of care**

**Data Source (Select one):**

**Record reviews, on-site**

If 'Other' is selected, specify:

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

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

**Data Aggregation and Analysis:**

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

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

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

OBH will review and analyze individual-level performance data to ensure that each identified instance of non-compliance is addressed appropriately to ensure compliance with the sub-assurance. If compliance falls below 100% for performance measures HW1, HW2, and HW4, OBH will require the PIHP to complete a quality improvement plan to include a root cause analysis, proposed interventions and associated action steps to address the instance of non-compliance, and methods and associated timelines for evaluating the success of the plan. In addition, OBH will required the PIHP to complete a quality improvement plan inclusive of the same components outlined above if compliance falls below 86% for performance measures HW3 and HW5.

- ii. **Remediation Data Aggregation**

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

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

**c. Timelines**

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

- No
- Yes

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

**Appendix H: Quality Improvement Strategy (1 of 2)**

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Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver’s critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state’s waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver’s relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

**Quality Improvement Strategy: Minimum Components**

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I), a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the OIS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QIS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program. Unless the State has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the State must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

## Appendix H: Quality Improvement Strategy (2 of 2)

### H-1: Systems Improvement

#### a. System Improvements

- i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

OBH draws from multiple sources when determining the need for and methods to accomplish system design changes, including data gathered from participant satisfaction surveys, programmatic and administrative evaluations, and stakeholder input. OBH uses waiver-specific performance measures to monitor program performance and trends performance measure results in order to capture areas that require action or attention. OBH relies on a variety of resources to prioritize changes, including information obtained from quality monitoring reviews, analysis of performance measure data, feedback from participants and stakeholders, and legislative and federal mandates.

- ii. System Improvement Activities

Responsible Party( <i>check each that applies</i> ):	Frequency of Monitoring and Analysis( <i>check each that applies</i> ):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Quality Improvement Committee	<input type="checkbox"/> Annually
	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> <b>Other</b> Specify: PIHP	Specify: <input type="text"/>
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## b. System Design Changes

- i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

Oversight of the concurrent waivers is performed by an Interdepartmental Monitoring Team (IMT), chaired by OBH staff, with representation from DHH Medicaid. The IMT committee holds the primary responsibility for monitoring and assessing the effectiveness of system design changes to determine if the desired effect has been achieved. This includes incorporation of feedback from participants, stakeholders, providers, and Wraparound Agencies. At quarterly IMT meetings, IMT members:

- Present and analyze data and information on all delineated performance measures to ensure compliance with state and federal regulations and to identify patterns, trends, and concerns/issues,
- Provide oversight and monitoring of corrective action plans, and
- Develop, oversee, and monitor quality assurance/quality improvement initiatives and activities.

The IMT meets with the PIHP to discuss any identified issues or concerns.

BHSF contracts with an EQRO, as required by federal managed care regulations, to evaluate the PIHP's compliance with the quality assurance standards outlined in the contract. Representatives of the IMT, in conjunction with the External Quality Review Organization (EQRO), also conduct an annual review of the PIHP's operations. A written report of findings is generated and a plan of correction for deficiencies is implemented if needed. Progress with the plan of correction is tracked by the IMT at least quarterly.

- ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

The IMT reviews the QIS and its deliverables on at least a semi-annual basis and will provide updates to CMS when appropriate. Evaluation of the QIS is the responsibility of the IMT and will take into account the following elements:

- Compliance with federal and state regulations and protocols
- Effectiveness of the strategy in improving care processes and outcomes
- Effectiveness of performance measures used for discovery
- Relevance of the strategy with current practices

## Appendix I: Financial Accountability

### I-1: Financial Integrity and Accountability

**Financial Integrity.** Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The OBH contract monitor staff meet monthly with the PIHP's administrators allowing for the review of financial reporting and budget items, as needed. The Division of Fiscal Management, OBH Fiscal staff, and the contract monitor will each receive a copy of the annual audit. The Division of Fiscal Management will review the audit and if it identifies any material issues, it will notify the contract monitor who will ask the PIHP to provide additional information. When a CPA does an audit, one of the items they are required to do is determine if the entity is financially viable for the next fiscal year. If they determine that they are not financially viable, then they are required to issue a "going concern" opinion.

The PIHP by contract is required to have an accounting system with sufficient sophistication to maintain separate fund