Quarterly Provider Meeting Updates

September 29, 2025

The OCDD quarterly provider meeting was held on Monday, September 29, 2025. The following topics were discussed. Kim Kennedy opened the meeting reminding providers that agenda items are requested in advance, and the discussions today will address the agenda items submitted.

Qlarant Presentation – NCI Surveys for FY 26

Marian Olivier and Jessica Justman presented information on the roll out of National Core Indicator (NCI) surveys for FY 2026. The agency will begin outreach in October 2025 to families, support coordinators and provider agencies to set up interviews with individuals to complete the NCI survey. Details of the activities are contained in the power point which is posted with these updates.

Provider Monitoring of New Progress Notes – Christy Johnson

Christy presented the results so far of OCDD's monitoring of the new progress notes for in-home services. A total of 99 reviews have been completed through September 11, 2025, and 56 of those reviews required a corrective action plan from the provider.

Christy provided a graph identifying all of the elements reviewed during the monitoring and the results for each element. Red indicates a CAP was required, yellow indicates feedback and education were provided, and green indicates that the element was met with no additional action needed. The elements are provided in the power point presentation.

The elements that most commonly required a corrective action plan were:

- 1.1 – Notes present for all shifts
- 2.2 – Progress notes times match in/out times in LaSRS®
- 3.1 – Activities of Daily Living – lack of detail of support provided for ADLs
- 3.5 – Progress Notes/Descriptions – lack of detail of support provided for shift

The links for the progress note training and forms are:

- Power Point for Progress Note Training: https://ldh.la.gov/assets/docs/OCDD/Providers/ProviderDocumentationRequirementsTraining013125.pdf
- Video for Progress Note Training: https://www.youtube.com/watch?v=xHl1lPKnpll (click "Browse YouTube" and video will appear)
- Progress Note Forms: https://ldh.la.gov/resources?cat=44&d=0&y=0&s=0&q=progress%20note

Q&A

- Can we get examples of documentation that required no CAP's? If you follow the information provided in the training, you should be good.

- My company name is not on the list for staff training. Provider training for progress notes was offered earlier in 2025 and is available on line.

Cost Reports

Memo posted in LaSRS® on 9/15/25 regarding cost reports which are due on November 30, 2025. A penalty of 5% for cost reports not submitted or incomplete packets submitted by November 30, 2025 will be implemented. OCDD is currently to revamp and evaluate the cost report and look for ways to streamline and simplify. A notice has been posted in LaSRS® with announcing a kick-off meeting soon. Milliman is the entity that will be working with us on the revamp. There will be several small stakeholders groups. Providers are encouraged to read the memo and attend kick off meeting.

Q&A

- What is the date of the kickoff meeting? Will it be recorded? Kick off meeting is October 2, 2025. Will check to see if it will be recorded.
- Do all providers have to submit cost reports? Yes

Waiver Amendments

OCDD posted waiver amendments for all OCDD waivers on September 19, 2025. Will remain posted until October 19. The changes include:

- Aligning definitions across waivers for the same or similar service
- Added Registered Nurse (RN) Consult to the NOW and the ROW
- Added Support Coordination to the NOW
- Added provider type 15 (environmental modifications) and provider type 17 (specialized medical equipment and supplies) to the Children's Choice Waiver so those provider types could directly bill for the services without going through a Children's Choice super provider. Allows more flexibility in how those services are accessed.
- Added Supported Employment provider types to the community career planning under prevocational services.

Q&A

- Is there a way to get a list of changes? You can find these changes in Appendix C of the Waiver application. You can also find the changes made listed in the "Purpose" at the beginning of the waiver application.

- Can Supported Independent Living (SIL) be added to the ROW? There is a fiscal note required to add this service, so OCDD was unable to add it at this time. We will look at that in the future.
- What is Appendix C? If you look in the waiver application, the sections are broken out into appendices. Appendix C is where all service definitions are housed. You will also find what providers can deliver the services, any limits to the services, any exclusions, etc.
- Has there been any consideration to add employment to Children's Choice? We are seeing parents reaching out when individual is 16 years old. OCDD has not considered this but is willing to have conversations regarding this in the future.
- Where are the amendments posted on the OCDD website? See OCDD memo posted on 9/19/2025 in LaSRS®. https://ldh.la.gov/page/2526

Identifying Beneficiary/Direct Service Worker Relationship in LaSRS®

OCDD/OAAS will begin collecting the relationship information for the Beneficiary / DSW in LaSRS®. This will start in October. Memo will be issued in October explaining what will be needed from providers.

Home and Community Based Services (HCBS) Settings Rule – Rosemary Morales

This is a reminder for providers that even though we closed out the corrective action plan (CAP) with CMS for the HCBS Settings Rule, we must still remain in compliance with the HCBS Settings Rule. The settings rule provided the framework for how we will continue to operate and providers should be striving to strengthen the HCBS qualities in their setting.

LGEs are currently doing the annual onsite visits to assure that services are being provided in accordance with the HCBS qualities and that '***the setting (where supports/services are delivered) is integrated and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.'***

During the visits, LGEs will be reviewing the documentation and having discussions with the individuals to ensure that their activities are reflective of meaningful activities, including exploring the community, volunteering and participating in community activities alongside those in the community. The activity log was developed to assist providers in documenting choice as well as documenting how the individual chooses to spend their day, but it must be filled out correctly in order to do this. The individual's records should include documented discussions with the individuals about their interests and also how the individuals are providing

input into the activities that they do every day. CLE should be utilized on a regular basis and not just on occasion.

The providers will be required to sign an annual attestation form that acknowledges they are still exhibiting all of the qualities of the Settings Rule. The LGE will obtain the signatures. Your HCBS provider owned or controlled residential settings (i.e. provider owns the apartment or home being leased) must also exhibit the qualities of the Settings Rule by ensuring individuals have the right to decorate as they choose, have choice in what they eat, they are signing a lease, have a lockable door, etc.

During the recent onsite visits, several providers had fallen out of compliance with the HCBS settings rule and a new corrective action plan was requested from those providers. Even though OCDD had asked for providers to build into their Quality Enhancement Plan, the qualities of an HCBS Setting and how they will continue to follow those qualities to ensure ongoing compliance, it was felt that a CAP was needed to get the provider back on track.

Also, there are providers who are billing Community Life Engagement (CLE) incorrectly. The CLE service cannot be provided in an individual's home or on-site at the provider's location. It **must** be provided in the community, and the documentation for that service should reflect where it is provided. Providers who bill for CLE services that are not in the community may be required to submit a corrective action plan and possibly reimburse the state for the funds received. Community Life Engagement (CLE) is strictly to be provided in the community in a 1:2-4 ratio.

If you need training or have questions, please reach out to Rosemary at Rosemary.Morales@la.gov.

Family as Paid Caregiver Living with the Beneficiary – Janae Burr

Janae provided a reminder regarding family as paid caregiver living with the beneficiary. There are Support Coordinator (SC) requirements and Provider requirements.

SC Requirements:

- Perform Best Interest and Self Determination (BI/SD) review with the team at the plan of care meeting **every year**. The results of this review must be documented in the plan of care.
- Ensure the Family as Paid Caregiver (FPC) Attestation is completed every year.
- Attestation must be entered into LaSRS® every year.

Provider Requirements:

- Ensure the BI/SD review has occurred with the SC for any beneficiary that has a paid caregiver living with them.
- Ensure the paid caregiver views the video regarding those responsibilities.
- Ensure paid caregiver completes the FPC attestation and return it to the SC for data entry.
- Do not allow a paid caregiver living with the beneficiary to work more than 40 hours per week in the home.

Additional requirement for Legally Responsible Individual (LRI)

The LRI is defined as the parent of a minor child, spouse, or a curator/tutor whose legal responsibility has been defined by the court system. If the LRI is the paid caregiver, then the FPC Attestation is required even if the LRI does not live with the individual they support. The 40 hour per week limit only applies to a LRI that actually lives with the beneficiary. If the LRI does not live with the beneficiary, the 40 hour per week limit does NOT apply.

The training video, power point presentation and attestation form are available at the following link: https://ldh.la.gov/news/7169

Q&A

- Do these requirements also apply to the Monitored In-Home Caregiving (MIHC) service. No, this does not apply to MIHC.
- What if the beneficiary has two different provider agencies and the caregiver living in the home wants to work 40 hours per week with both agencies. The caregiver living in the home can only be paid a total of 40 hours per week regardless of how many individuals are being supported.
- Does the best interest review need to be uploaded to POC in LaSRS® annually. Yes it should be uploaded as part of the plan of care.
- Can the family member be the paid caregiver, live with the person and be the authorized representative on the individual's social security? Please send an email to OCDD-HCBS@la.gov.
- What is the rule if there are two beneficiaries living in the same home with one FPC? A total of 40 hours is allowed, not 40 hours with each beneficiary. The DSW can only receive payment for 40 hours a week if they live with the beneficiaries.
- Does the attestation need to be uploaded annually with the plan of care. Yes the FPC attestation needs to be uploaded as part of the plan of care.

Remittance Advice (RA) Denial Codes for Waiver Eligibility

Providers should be reviewing remittance advices for denial codes **weekly**. If a provider receives a denial code of 216, 232, 233, then the waiver segment for the individual has been closed. A prior authorization does not guarantee payment, so providers must ensure that the

individual remains eligible for the waiver. A provider can review eligibility for an individual on the LaMedicaid.com website under "Provider Tools" and selecting either MEVS or REVS. When reviewing the eligibility in MEVS, you must ensure that the individual has BOTH Medicaid eligibility and waiver eligibility. An individual can be eligible for Medicaid and not be eligible for the waiver.

If you receive a denial code of 216, 232, or 233, you can reach out to Kim Kennedy at (225) 342-9251. You can also send an email but it must be encrypted due to HIPAA requirements. The email address is Kim.Kennedy@la.gov. If you send an email with only the PA number (no individual name or Medicaid information), then the email will not have to be secured.

If you reach out immediately, OCDD may be able to assist with reopening segments and letting you know if this individual can receive waiver services. OCDD can request that waiver segments be reopened if an appeal of the closure was filed. If you do not reach out right away, then OCDD may not be able to provide assistance with reimbursement. Please review your RA's weekly and reach out if you receive these denial codes.

Q&A

- Is the Support Coordinator notified by the waiver unit when the waiver unit determines a participant is ineligible? The Medicaid eligibility unit determines waiver eligibility, not the waiver unit (LGE). Both the LGE and the support coordination agency receive a decision notice notifying them when a waiver is initially closed.
- Is there a sample of what the info looks like in LAMEDICAID? Go to lamedicaid.com and select "Provider Tools" and read the sections on MEVS and REVS to get more information. You can also call Gainwell provider relations for more information.
- Is the support coordination agency required to notify the provider? Yes, the support coordination agencies should be notifying the providers that the waiver is closed. LGE's should contact the support coordination agencies to make sure they are reaching out to the providers.
- Where do we check for eligibility? It is on the LAMedicaid.com website. Click on "Provider Tools" and the MEVS or REVS. Reach out to Gainwell to find out how to access the information.

Background Checks for Direct Service Workers – Kim Kennedy

OCDD periodically receives questions regarding background checks from providers. The requirement to do a criminal history check on direct service workers is a state law. Previously, providers were allowed to waive some criminal convictions, but the law was changed and providers are **no longer allowed** to waive the convictions listed in statute. OCDD cannot overrule state law.

The state law is Revised Statute 40:1203.1 through 40:1203.4. These laws can be found on the Louisiana State Legislature website (https://legis.la.gov/legis/home.aspx) under "Laws".

Providers must ensure that the background check vendors they use are following this statute and reporting when an individual has been convicted of a crime that excludes you from hiring the individual.

Q&A

- Can anything be done to add a statute of limitations for some/all of the charges that prevent us from hiring some applicants? Only if it is changed in state law. You will need get with your state representative to get the law changed.
- How often do background checks have to be completed? Background checks have to be completed at hiring at this time. Providers are also responsible for doing monthly checks on the OIG Exclusion list and the Adverse Actions list. Those websites are: https://adverseactions.ldh.la.gov/SelSearch and https://exclusions.oig.hhs.gov/
- How long of a gap is allowed before being required to repeat the background check when a DSW has stopped working. When you "rehire" a DSW, you must do a background check. When you have terminated a DSW's employment, no matter how long, you must do a new background check when you rehire them.
- Can individuals who are pardoned or have had the crime expunged from their record be hired? Although La. R.S. 1203.3 D.(1) includes an exception for pardons and expungements, each hiring agency must individually analyze whether a non-licensed individual qualifies for this exception. Please consult private legal counsel if there are questions about whether an individual meets the criteria for a pardon or expungement. LDH is not authorized to provide legal advice to licensed providers on hiring decisions. Ultimately, the employer is responsible for ensuring compliance with all provisions outlined in La. R.S. 1203.3, including verifying any supporting documentation required to substantiate a pardon or expungement.

Span Date Billing for S5125 Services in all OCDD Waivers

Effective 12/1/2025, span date billing for any S5125 service in an OCDD waiver will not be allowed. This means that S5125 (including any modifiers) services **delivered** on December 1 and later must be billed using a single date of service. Any S5125 service **delivered** December 1 and later that is billed with a span date (i.e., 12/1/25 – 12/15/25) will be denied. Only S5125 services with one service date can be billed (i.e., 12/1/25 – 12/1/25).

Additionally, the Gainwell claims system will begin checking for a clock in/clock out in LaSRS® to compare to any claims submitted for payment. If no entry is found for the beneficiary, procedure code, and date of service, then the claim will be denied.

Billing schedules will still remain the same (submit billing by noon Thursday). However, claims submitted can only have one date of service.

A memo is being posted October 1 with the details.

Next Meeting Date:

Tuesday, December 16, 2025 at 10:00AM – MARK YOUR CALENDARS!