

Office for Citizens with Developmental Disabilities (OCDD)

Quarterly Provider Meeting Updates

March 18, 2026

The OCDD quarterly provider meeting was held on Wednesday, March 18, 2026. This was the first OCDD Quarterly Provider Meeting held on TEAMS. A total of 610 individuals attended the meeting. OCDD is requesting that providers begin logging into the OCDD Quarterly Provider Meeting at least 5 minutes before the meeting starts. In the future, the meeting will start promptly at the time scheduled.

The following topics were discussed. Janae Burr opened the meeting reminding providers that agenda items are requested in advance, and the discussions today will address the agenda items submitted.

NCI Status Update – Jessica Justman with Qlarant

Ms. Justman provided an update on the National Core Indicators (NCI) survey conducted each year. The NCI survey is made up of three sections and takes about an hour to complete. The survey is completely voluntary as well as confidential. If a person needs assistance in completing the survey, there is a proxy section of the survey that allows that to occur.

Qlarant is currently in the second year of the contract with OCDD to conduct two NCI surveys:

- In-person survey – conducted with individuals 18 and older who are receiving supports for at least three months. Qlarant offers the survey face to face or a virtual meeting depending on the preference of the beneficiary.
- Adult family survey – is a mailed survey that goes out to family members who have adults living with them who are receiving OCDD services. The family may complete the survey and return it by mail to Qlarant or complete the survey on-line using a unique code.

Qlarant has completed 222 of 450 in-person surveys, for a total of 48%. This is a mix of in-person surveys and virtual surveys. All in-person surveys must be completed by June 30, 2026. For the Adult Family Survey, 445 of 450 have been completed as of today, so only five are left to complete.

Next steps and expectations – Qlarant hopes to continue partnering with providers and individuals to complete the in-person surveys by June 30, 2026. Qlarant provided a flyer which is posted on the OCDD website for this meeting providing additional resources for individuals and providers to obtain more information about the NCI surveys.

NCI State of the Workforce Survey – Megan Monts, OCDD

Megan provided an update on the completion of the 2024 NCI State of the Workforce Survey. All HCBS providers who completed the survey by July 31, 2025 received their payment on January 12, 2026. The payment was posted on the remittance advice (RA), but the payment does not specify that it is for the Value Based Incentive payment. If you completed the survey by the deadline, please check all RA's for your provider numbers dated January 12, 2026 for the payment.

The 2025 NCI State of the Workforce Survey was sent to all Home and Community Based Services (HCBS) providers and Intermediate Care Facility providers via email on March 4, 2026. The email account it

came from is staffstability@hsri.org. The subject of the email was “NCI State of the Workforce Survey for Intellectual and Developmental Disabilities”. The deadline to complete the survey this year is June 30, 2026.

Currently 31 agencies have completed the survey and an additional 48 have started the survey.

There is a Value Based Payment (VBP) incentive payment for Home and Community Based Services (HCBS) providers only. The payment structure is:

Count of Individuals Served by HCBS Provider	VBP
HCBS providers serving 0 – 100 individuals	\$1,000 after survey completion
HCBS providers serving 101 – 200 individuals	\$2,500 after survey completion
HCBS providers serving 201 or more individuals	\$5,000 after survey completion

HCBS providers must complete the survey by June 30, 2026 to be eligible for the VBP incentive payment. If you have not received the link to the portal for the survey, first check your trash or junk folder in your email. Please note that the email provided by the executive director to Health Standards will be the email that receives the link. If needed, you can reach out to Pam Sund at Pam.Sund@la.gov.

Quality Enhancement Plans – Megan Monts, OCDD

Megan Monts, Program Manager in the Quality Section at OCDD Central Office holds a monthly quality enhancement meeting with the quality enhancement (QE) staff at the local governing entities (LGEs). Provider agencies must submit a Quality Enhancement Plan (QEP) to your local LGE QE staff when initially licensed **and** annually thereafter. The QE Staff at the LGE will be the provider’s point of contact for any questions related to the QEP. QE staff will let you know if the QEP meets the required criteria. If the QE staff returns the QEP with comments, please make the necessary revisions and resubmit to the LGE. The QE staff have technical assistance documents to help providers get their plan approved.

The QEP is a working, living document and is intended to help providers continually improve the quality of services to individuals supported. If a provider does not submit a plan (initial or annual), then corrective action will be requested. Continued non-compliance may result in further sanctions.

As an HCBS provider, you are required to maintain a QEP per the HCBS Minimum Licensing Standards found in LAC 48:1, Chapter 50, §5061. Quality Enhancement Plan. Please reach out to the LGE QE staff if you need assistance.

Bed Bugs Biology, Inspections, and Management – Dr. Aaron Ashbrook, LSU Ag Center

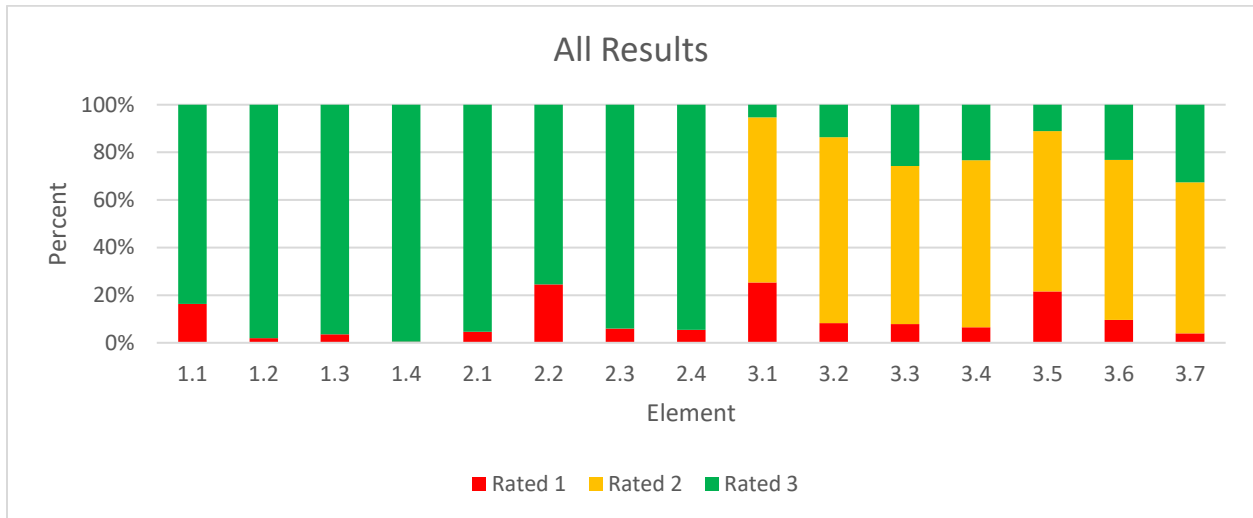
Dr. Ashbrook provided a presentation on bed bugs. He reviewed the biology of bed bugs, how to find them, and management of an infestation. Dr. Ashbrook is the state contact for help with bed bugs, and is located in Baton Rouge. The power point for the presentation is located on the OCDD Quarterly Provider Meeting section of ldh.la.gov.

Provider Monitoring Update – Janae Burr, Waiver Director

Janae Burr provided an update on the provider monitoring process currently underway for OCDD in-home providers. Last year in early 2025, training was conducted regarding progress notes. The review

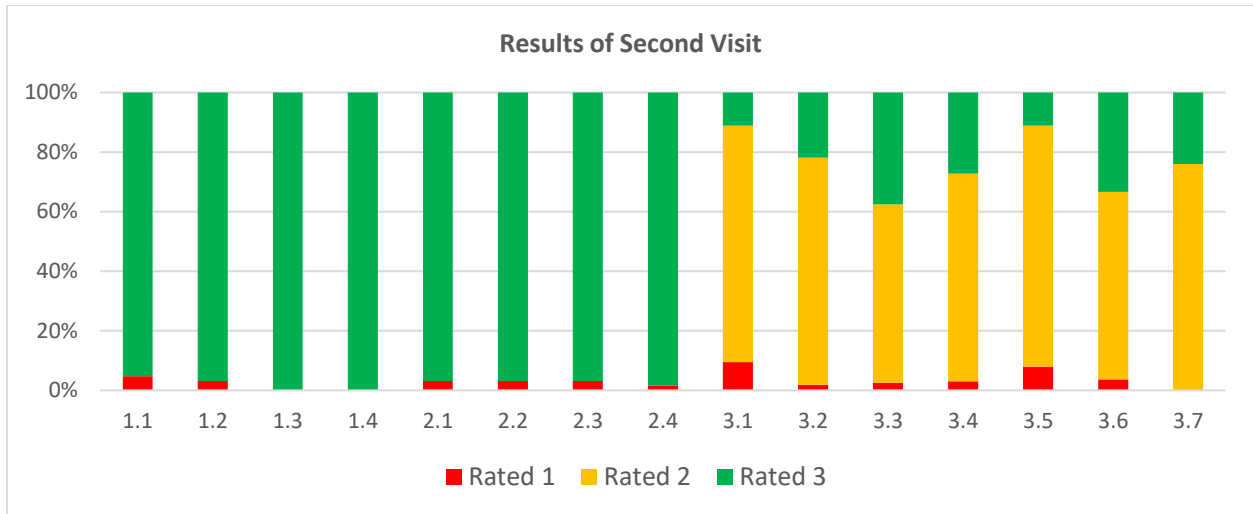
began in July 2025 and the information presented today is through February 2026. The monitoring teams have completed 376 on site visits of the 478 providers slated for review. The review began in July 2025 and the information presented today is through February 2026. Of those reviews, 161 reviews (43%) required a Corrective Action Plan (CAP), and 215 (57%) reviews met compliance requirements.

Janae identified the elements reviewed during the monitoring process. A chart defining the elements will follow. The results of the review for these elements is provided below. Elements with a rating of 1 required a CAP, rating of 2 required feedback/education, and rating of 3 meant that the element met all criteria and no additional action is required.



Elements 1.1. through 2.4 either met requirements or required corrective action. Most met requirements. Elements 3.1 through 3.7 mostly required feedback/training as represented by yellow. The monitoring review focused on if the information was present on the notes for these elements, but not the quality of the note. For elements in red, a corrective action plan was requested. If you have not responded to a request for a corrective action plan, please get the plan submitted to the monitoring team.

If an agency was required to submit a CAP, a second site visit was conducted after the agency had time to implement the corrective action. The next chart shows the results of the second visit to an agency that submitted a CAP. The second visits showed improvement from the first visit. There are still areas with a rating of 2, where the monitors provided feedback/training.



The elements in red are the items that have most frequently resulted in the request for a corrective action plan.

Description of Elements

- **1.1 Notes present for all shifts**
- 1.2 Current Plan of Care in record
- 1.3 Provider Attachments in record
- 1.4 Revisions to Plan of Care in record
- 2.1 Progress Notes Match EVV record (staff and person)
- **2.2 Progress Notes time Match EVV in LaSRS**
- 2.3 Progress note for each shift
- 2.4 Progress note contains appropriate signatures
- **3.1 Activities of Daily Living**
- 3.2 Relationship and Community Activities
- 3.3 Education/Work/Social Roles
- 3.4 Appointments
- **3.5 Progress Notes/Descriptions**
- **3.6 Challenges/Barriers**
- 3.7 Deviations in Schedule

Note: Items in red most common issues resulting in a CAP

Takeaways

The compliance trend is improving and second visits show great improvement. OCDD is working on a process for non-compliance when CAPs do not result in improvement or CAPs are not submitted when requested. In FY27, the monitoring will also address the quality content of the notes. Make sure the staff that reviews the notes is also reviewing the quality of the content.

The standard forms, training video and power point used for initial training on preparing a Service Log/Progress Note are below.

- Progress Note Forms: <https://ldh.la.gov/resources?cat=44&d=0&y=0&s=0&q=progress%20note>
- 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=xHl1IPKnplI> (click “Browse YouTube” and video will appear)

Nurse Consult – Kim Kennedy

Kim Kennedy provided information regarding the new Nurse Consult service in the ROW and the NOW. Prior to 2012, providers were required to have a “Physician Delegation” form in order to administer medication to individuals in the waiver. In December 2012, Health Standards issued a rule requiring providers to use a “RN Delegation” instead of the “Physician Delegation”. This required providers to hire or contract with nurses to provide a RN delegation for the direct care staff that administered medication or provided non-complex medical tasks to the individuals they support.

The Nurse Consult service will now reimburse providers for some of the activities completed by their nurse due to the requirement for RN Delegation. OCDD added this service to the ROW and the NOW when updating their waiver applications. CMS did approve the service in January 2026. This Nurse Consult service is for a PCA agency to be able to pay a nurse to do RN delegation. This means the prior authorization for the service will be issued to the PCA agency under their PCA provider number.

These services must be provided by a Registered Nurse (RN) licensed in the state of Louisiana, or a Licensed Practical Nurse (LPN) under the supervision of the agency’s RN. There are some activities that the RN can delegate to the LPN, but there are other activities that can only be performed by the RN, per licensing requirements. Provider Agencies must ensure the appropriate person (RN vs. LPN) is providing the service.

All providers shall follow all of the requirements of LAC Title 48, Part 1, Chapter 92. Direct Service Worker Registry, Subchapter D. Medication Administration and Noncomplex Tasks in Home and Community-Based Settings when providing this service.

Service is available to individuals that:

- Are 21 and older, and
- Receive in-home services in the ROW and NOW by a PCA provider (provider type 82), and
- Do not live with natural supports who can administer medication or complete non-complex tasks, and
- Are not able to self-administer their own medication, and
- Require RN delegation to receive medication /noncomplex medical tasks by unlicensed direct care staff.

The prior authorization for the service will be assigned to the in-home provider (Provider Type 82). The procedure code is H2014 TD and the unit is a 15 minute unit. The rate is \$11.04/unit and a maximum of

68 units will be authorized per plan of care year. The units will be authorized on a quarterly basis, 17 units per quarter.

The provider agency can bill for the following activities performed by the RN:

- Assessment or re-assessment of beneficiary to ensure stable and predictable condition for RN Delegation, minimum annually;
- Beneficiary specific training to a direct service worker for medication administration and/or non-complex medical tasks;
- Assessment of competency of the direct service worker initially and annually;
- Other RN activities for individuals for whom RN Delegation has been provided (review of medication administration records, contact with physician to clarify orders, preparation of plan of care information, attending quarterly meetings when medication administration issues will be discussed, etc.).

The activity must be entered into LaSRS for units to be released. When entering the information in LaSRS, the provider must have documentation of the activity being billed (i.e., beneficiary assessments and RN delegation training must be documented). The information to be entered into LaSRS is:

- Date service provided
- Begin time and end time
- Beneficiary
- RN/LPN providing the service. If the RN/LPN does not provide the service, then it is not billable.

Providers must be able to produce documentation of services upon request to support the information entered into LaSRS, including service date and begin and end times.

The process for adding the NC service to a current plan of care include submitting the following to the Support Coordinator:

- Current (less than one year) RN assessment of beneficiary documenting that the beneficiary is in a stable and predictable condition for RN delegation of medication administration or non-complex medical task to an unlicensed direct service worker.
- Current (less than one year) RN delegation for a beneficiary for all current direct service workers who are allowed to administer medications or perform non-complex medical tasks.
- Attachment E that is current and aligns with the RN delegation.

The working plan of care should be updated to capture the new requirement if it is not already addressed in the current plan of care.

This service does not reimburse for Certified Medication Attendant activities or supervision.

Questions and Answers for Nurse Consult Services

Question	Response
Can the provider choose any RN?	Yes as long as the RN is currently licensed in the State of Louisiana and is in good standing.
What is the number to the resource center for the RN to call?	The main line to the resource center is (318) 487-5395
Does this include the 16 hr medication training?	The 16 hr. training is not included in this because that training is not beneficiary specific and typically occurs in a classroom setting.

What documentation must be provided to the SCA and LGE? Is it a specific form or a copy of the assessment? Will the documents be uploaded to the working EPOC?	OCDD State Office does not have a specific form, but you can reach out to the OCDD Resource Center to see if they have standards forms that you can use. The SC can upload the documents to the working plan of care during the initial or annual plan development. If the service is added via a revision, the documents should be attached to the revision. Check with your Local Governing Entity (LGE).
When is this effective?	The service can be added to an existing plan of care beginning 3/1/26 with the submittal of a revision. Only services delivered 3/1/26 or later can be billed.
Would responses by the nurse to risk mitigation qualify regardless if it is a CMA or nurse delegation?	This service is only available to individuals <u>whose direct care staff have an RN delegation for medication administration for the beneficiary.</u>
Would going to the home to take the MARs and checking over the current MAR be billable?	Yes, but the nurse must document the activity and provide the beneficiary name, date of service, begin time and end time.
Can you bill for annual assessments or reassessments that are med admin or is the only for medication delegations?	Any time the RN completes an assessment or reassessment for an individual <u>for whom she delegates medication administration to a DSW,</u> the activity is billable.
Is this a requirement for all provider agencies that provide services to an individual who requires RN delegation?	LAC Title 48, Part 1, Chapter 92. Direct Service Worker Registry, Subchapter D. Medication Administration and Noncomplex Tasks in Home and Community-Based Settings is the rule for RN Delegation.
If the individual is in the SIL program, and the RN conducts the training for non-complex tasks to a caregiver, can we bill for the service as RN consult.	You can bill for person specific non-complex medical task training to the <u>paid caregiver</u> for individuals who meet requirements to receive this service.
How are the 68 units divided on the budget sheet?	SRI will put the units into quarters. The SC only needs to put the 68 units on the plan of care.
Can we bill for assessments for beneficiaries who have a CMA, not a RN Delegation?	No, this service is only for beneficiaries whose paid direct care staff have an RN Delegation for medication administration and/or non-complex medical tasks.

Reminders and Final Comments:

The following reminders were presented:

- The Local Governing Entity is the operating arm of OCDD State Office – respond to all requests promptly.
- Review remittance advices (RA's) weekly for denied claims and resolve as soon as possible.

- Review LaSRS daily for informational posting. This is how OCDD State Office communicates in mass with providers.
- Send agenda topics or questions to OCDD-HCBS@la.gov and put “Provider Meeting Agenda” in the subject of the email.

Next OCDD Quarterly Provider Meeting is scheduled for June 17, 2026 at 10AM. The meeting will be held on TEAMS and will start promptly at 10:00.