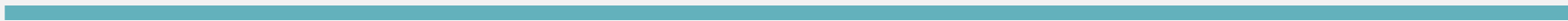


OCDD Quarterly Provider Meeting FY26 Q3



Introduction

- All phones are muted except for panelists
- Only agenda topics will be discussed
- Chat is disable, but Q&A allowed for topics being presented
- Email Q&A not related to agenda topics to email at bottom of slide

Agenda

- NCI Status Update – Jessica Justman, Qlarant
- NCI State of the Workforce Survey – Pam Sund
- Quality Enhancement Plans – Megan Monts
- Bed Bug Presentation – Dr. Aaron Ashbrook, LSU Ag Center
- Provider Monitoring Update – Janae Burr
- Nurse Consult Service – Kim Kennedy

2025 National Core Indicators (NCI) State of the Workforce Survey

- NCI State of the Workforce Survey for 2025
 - Sent to all HCBS and ICF providers via email on March 4, 2026
 - Email account is: staffstability@hsri.org
 - Subject: NCI State of the Workforce Survey for Intellectual and Developmental Disabilities
 - Deadline to complete: June 30, 2026

- VBP incentive payment for HCBS providers only

| 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 |

- If you do not receive a link to the NCI Portal for the survey or if you have any questions about this survey, please email Pam.Sund@la.gov.

2024 NCI State of the Workforce Survey

- All HCBS providers who completed last year's 2024 State of the Workforce Survey by the deadline of July 31, 2025, should have received their payment on January 12, 2026;
- Check your remittance advice (RA) to verify that you received the payment. RA only shows amount paid with no explanation;
- Check all RA's for your provider numbers issued on January 12, 2026.

Quality Enhancement Plans

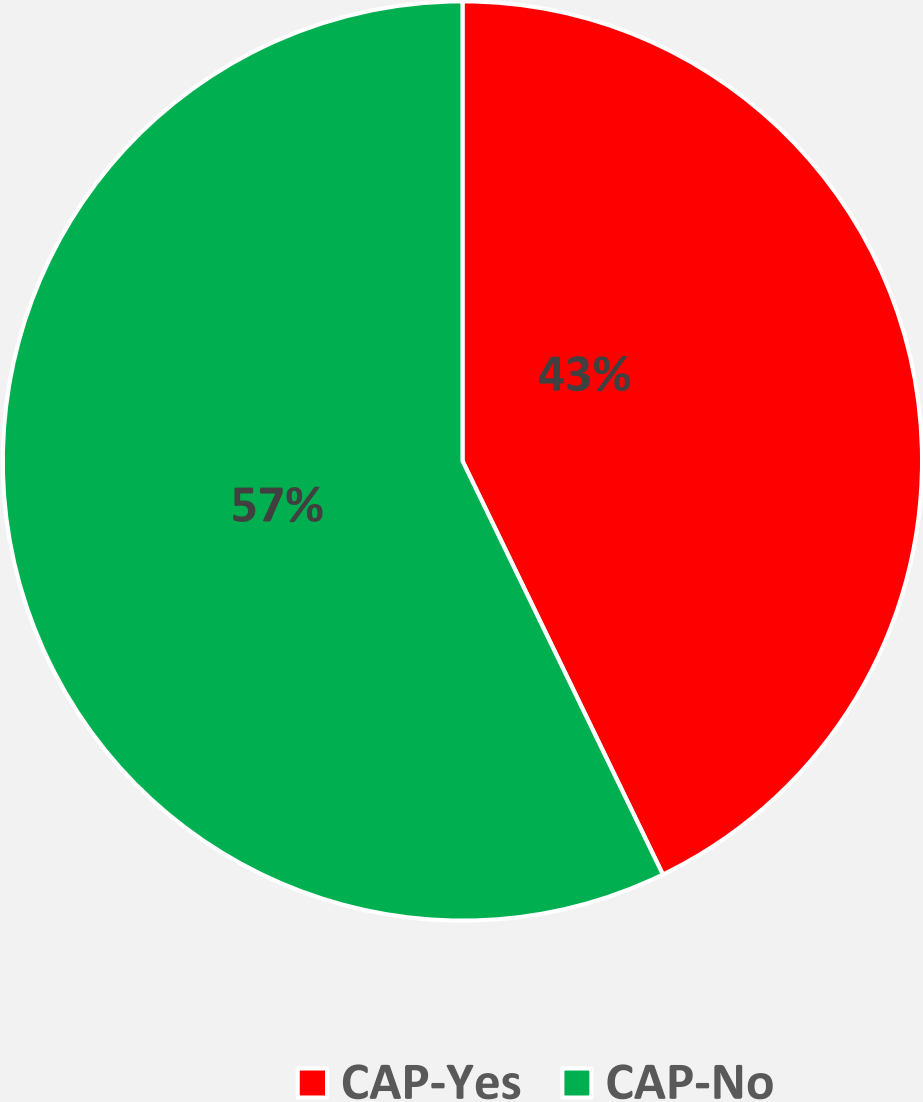
- Provider Agencies must submit an initial and annual Quality Enhancement Plan (QEP) to the LGE where services are provided;
 - Plans must be approved by the LGE; if the QE Staff send a plan back with feedback, make revisions and re-submit,
 - For questions or technical assistance, reach out to the QE staff at the LGE.
- Failure to submit a QE Plan will result in a Corrective Action Plan, and continued non-compliance may result in further sanctions;
- HCBS Providers are required to maintain a QEP per Minimum Licensing Standards LAC 48:1 Chapter 50, §5061. Quality Enhancement Plan.

Provider Monitoring Update

Total Reviews Conducted

- Total of 478 providers slated for review;
- Completed 376 Reviews (79%);
- 161 reviews resulted in the provider needing to complete a CAP;
- 215 of the reviews met compliance requirements – No CAP needed.

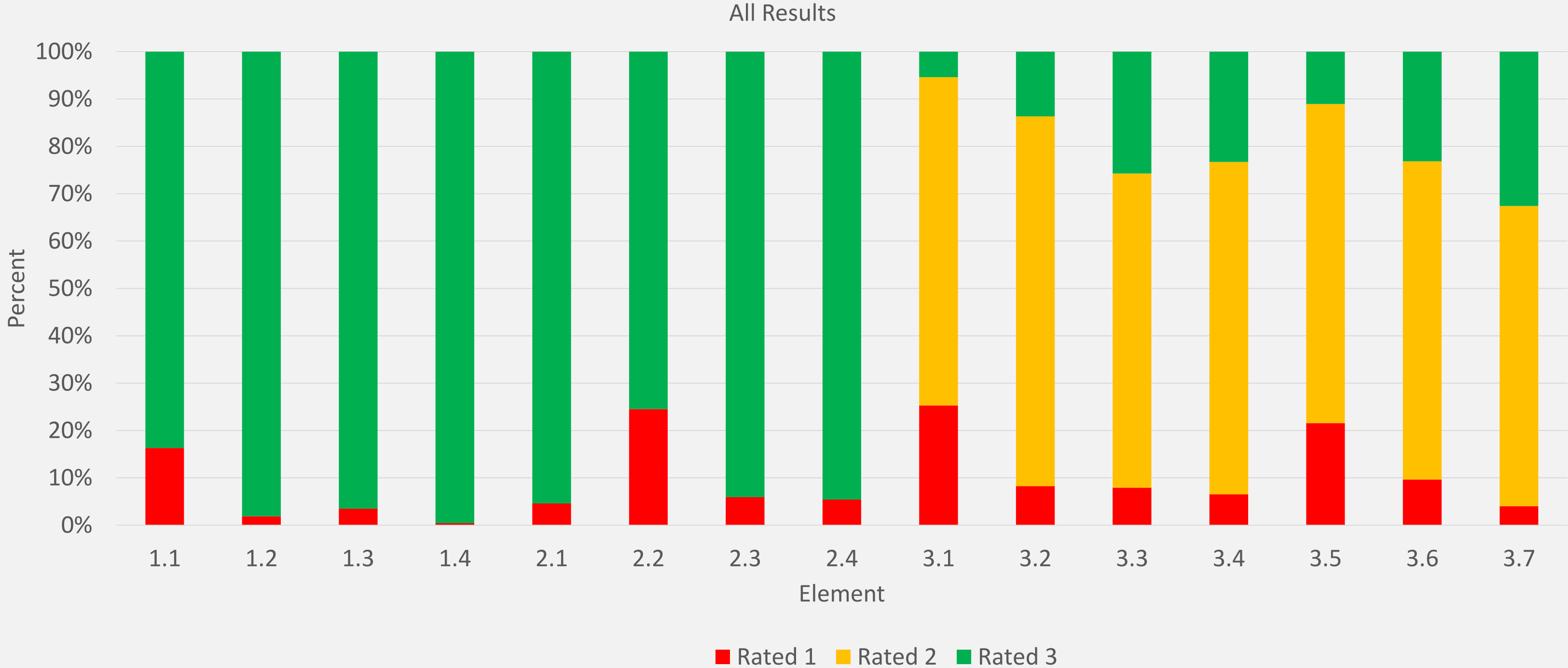
Provider Required to Develop a CAP



Provider Monitoring Update Results

- Graph reflects results for the timeframe:
 - July 2025 – February 2026
- Rating of 1 requires a CAP (RED)
- Rating of 2 Feedback/Education (Yellow)
- Rating of 3 element met no additional action needed (GREEN)

Outcomes for Initial Site Visits since Beginning of Monitoring Cycle



Outcomes for Second Site Visit



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

Provider Monitoring Takeaways

- Compliance trend is improving;
- Second visits show great improvement in documentation;
- OCDD is working on a process for non-compliance when CAPs do not result in improvement;
- Provider Monitoring will continue for FY 27 and quality content of notes will be reviewed.

Nurse Consult (NC) Service

- New service under the Personal Care Attendant License to ensure the health and safety of waiver participants;
- Designed to assist individuals who receive OCDD PCA waiver in-home supports and require medication administration and/or delivery of noncomplex tasks by unlicensed staff to remain in the community and improve their independence, integration, and quality of life;
- Services must be provided by a Registered Nurse (RN) licensed in the state of Louisiana, or a Licensed Practical Nurse under the supervision of the RN.

Nurse Consult Service

- Allows payment for RN Delegation activities to PCA providers.
- Providers shall follow all requirements of LAC Title 48, Part I, Chapter 92. Direct Service Worker Registry, Subchapter D. Medication Administration and Noncomplex Tasks in Home and Community-Based Settings when providing this service.

NC Service Eligibility and Billing Information

- Available to individuals that:
 - Are age 21 and older, and
 - Receive in-home services in the ROW and NOW by PCA provider (PT 82), and
 - Do not live with natural supports who can administer medication or complete non-complex medical tasks, and
 - Are not able to self administer their own medication, and
 - Require RN delegation to receive medication/noncomplex tasks by unlicensed DSW .
- Prior authorization goes to the in-home provider (PT 82);
- Procedure code is H2014 TD;
- Rate is \$11.04/unit (15 minute units); 68 units per POC year.

NC Activities

- Can bill for the following activities:
 - Assessment or re-assessment of beneficiary to ensure stable and predictable for RN Delegation, minimum annually;
 - Beneficiary specific training to DSW for med admin and non-complex tasks;
 - Assessment of competency of DSW initially and annually; and
 - Other RN activities for individuals for whom RN Delegation has been provided.
- Activity must be entered into LaSRS for units to be released
 - Date;
 - Begin time and end time;
 - Beneficiary; and
 - RN/LPN providing service (if RN/LPN does not provide the service, it is not billable).

Adding NC Service to Current Plan of Care

- The following is required to add the service to a plan of care:
 - Current (less than one year) RN assessment of beneficiary documenting stable and predictable for RN delegation of medication administration/non-complex tasks to unlicensed DSW; and
 - Current (less than one year) RN delegations for a beneficiary for current DSWs that are allowed to administer medications/non-complex tasks; and
 - Current Attachment E that aligns with RN delegation.

Reminders

- The Local Governing Entity is the operating arm of OCDD State Office – respond to all requests promptly.
- Review Remittance Advices weekly for denied claims and resolve as soon as possible.
- Review LaSRS daily for informational postings.

Final Comments

- Send agenda topics or questions to OCDD-HCBS@la.gov
- Put “Provider Meeting Agenda” in the subject of email
- Mark your calendars! Next meeting scheduled for:

Wednesday June 17, 2026 at 10:00 AM



Thank you

