

# OCDD Provider Meeting FY 25, Quarter 4

# Introduction

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

# Agenda

- ▶ Settings Rule Compliance
- ▶ Patient Liability Income for Waiver Beneficiaries
- ▶ Provider Attachments
- ▶ Provider Monitoring of New Progress Notes

# Settings Rule Compliance

# Patient Liability Income

# Patient Liability Income (PLI) for Waiver Beneficiaries

- ▶ Also Known as Waiver Spenddown
- ▶ Affects 10 individuals receiving OCDD Services
- ▶ Individual is responsible for the Patient Liability assessed based on income
- ▶ Letter posted to LaSRS 6/16/25
- ▶ Individuals are aware that they have a Patient Liability
- ▶ Amount of PLI will be deducted from Provider's Reimbursement.
- ▶ Provider must collect the PLI deducted directly from the Beneficiary
- ▶ Remittance Advice will include a Code 919 if Provider Reimbursement is Reduced.
- ▶ Implemented July 1, 2025

# Provider Attachments

# Provider Attachments

- ▶ Required - Extension of the Plan of Care
- ▶ Developed to Assist DSP with How to Support the Beneficiary
- ▶ Must Align with Plan of Care
- ▶ Update Annually
- ▶ Plan of Care cannot be Approved without Updated Provider Attachments
- ▶ Providers must Correct Attachments when requested by SC or LGE
- ▶ Resubmit Corrected Attachments within two (2) Working Days



# What Provider Attachments are Needed?

- ▶ **Attachment B Relationship and Community Contacts and Information** - Required for all In-Home Providers and Day Hab Providers if no In-Home Provider
- ▶ **Attachment C Sustained Supports for Daily Living** - Required if any assistance is needed with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs)
- ▶ **Attachment D Health and Wellness Support**- Required if there are any Health or Safety Concerns per the Health Profile that require Monitoring by the Provider and to Identify Exercise and Healthy Eating Preferences
- ▶ **Attachment E Medication/Treatments** - Required if any Medication (Prescription or Over the Counter) is routinely taken by Beneficiary
- ▶ **Attachment F - Emotional Wellness and Crisis Prevention Plan**

# Provider Attachments Continued

- ▶ **Attachment G Behavioral Support/Instructions**
- ▶ **Attachment H Emergency Plan** - Required for all Beneficiaries
- ▶ **Attachment I Staff Backup Plan** - Required for all Beneficiaries that have In-Home services or attend a Day Program
- ▶ **Attachment J Day Hab, Prevocational, Group Employment-** Required if attends Day Program or Prevocational or Group Employment
- ▶ **Attachment K Integrated Individual Employment-** Required if have or want an Individual, Integrated Job
- ▶ **Attachment L Complex Care Medical** - Required if Provider is Requesting Complex Care Services due to Medical Reasons

# Provider Monitoring Progress Notes

# Provider Monitoring of Progress Notes

- ▶ OCDD Provider Monitoring will begin July 2025
- ▶ All Providers will be Monitored
- ▶ OCDD Monitoring Group will send letter in advance of monitoring visit
- ▶ Will occur at Provider office
- ▶ Using a Standard Tool that aligns with the Progress Note format and training
- ▶ OCDD Monitoring Group will provide about 5 (five) names of individuals to review for a specific time frame upon arrival
- ▶ Providers must give records to Monitor at the time of request
- ▶ Providers will receive a verbal briefing on the results of the monitoring
- ▶ Providers will also receive a letter with results.

# Provider Monitoring (continued)

- ▶ All providers will be monitored once annually
- ▶ Scoring is 1, 2, or 3:
  - ▶ 1 - Documentation is inadequate (checklists, no details) or missing completely, or
  - ▶ 2 - Documentation is available, but recommendations are provided
  - ▶ 3 - Good Job! No recommendations
- ▶ Providers who Score 1 will be required to submit a Corrective Action Plan to the OCDD Monitor
- ▶ Once approved by the OCDD Monitor, Provider will implement Corrective Action.
- ▶ Return visit will be scheduled 60 - 90 days after the Corrective Action Plan is approved.
- ▶ If return visit shows continued non-compliance, potential referral to Program Integrity may occur.

# Reminders

# Gentle Reminders

- ▶ If Revision Affects Services delivered by a Provider, then Provider must sign. **Do not** submit budget page or revisions without provider signatures
- ▶ If Direct Support Professional Lives with the Person they Support for S5125 in-home services, then the DSP must be **related to that individual**. Funds will be recouped if DSP living with individual is not related.
- ▶ NCI Adult-In Person Survey was a Huge Success. All individuals were interviewed. Big thanks to Providers who assisted with coordinating the interviews!

# Conclusion

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

Wednesday, September 17, 2025 at 1:00 PM



# Thank You