Quarterly Provider Meeting Updates

June 17, 2024

A provider meeting was held on June 17, 2024. The meeting notes have been posted and the topics discussed during the meeting are as follows:

Welcome: Christy Johnson

Christy Johnson welcomed the attendees and introduced herself as the new Waiver Director for OCDD. Christy provided the following updates:

Providers have an opportunity to provide agenda items for the quarterly provider meeting. If a provider has a topic to add to the agenda, an email should be sent to OCDD-HCBS@la.gov with the topic information. The provider should also include "Topic for Quarterly Provider Meeting" in the subject. This will allow OCDD to vet the topic and be prepared to discuss at the provider meeting.

The Q&A's received during the Quarterly Provider Meeting will be answered if the question is relative to an agenda item. If not, then the question will not be answered, and the provider should send the question to OCDD-HCBS@la.gov.

Cost Reports: Christy Johnson

Providers were reminded that they are required to submit cost reports per licensing requirements. Only about 18% of providers have complied with this requirement. LDH is in the process of developing additional communications to ensure providers are aware of this requirement. LDH is reviewing the requirement for Support Coordination to provide cost reports and will provide guidance in the near future.

SIMS: Janae Burr

- Providers are reminded to enter CIRS into SIMS for ER, Acute Care or Urgent Care visits. Those types of visits are in our Medicaid billing system, and if a person is in a waiver, then a corresponding CIR is expected to be created if the individual goes to an ER, Acute Care or Urgent Care facility.
- Resources for DSPAs and SCAs for entering CIRs:

- Please save the OCDD Statewide Incident Management System (SIMS) link for helpful resources: **https://ldh.la.gov/page/critical-incident-reporting**
- Pay special attention to these two bullets under "SIMS User Resources":
    - For SIMS Training Videos for DSPs, SCs, and LGEs, please click the "WellSky Tutorials Playlist".
    - For SIMS Deck Slide for DSP Users, please click here: Statewide Incident Management System (SIMS): About SIMS Workflow for Entering Incidents

- Providers were also told about upcoming mandatory critical incident report training. The memo is posted in LaSRS with links to register for the training.

National Core Indicators (NCI) Survey: Janae Burr

- OCDD is again participating in the State of the Workforce Survey for the 2023 calendar year and we need all OCDD providers to complete this survey to have accurate data to represent the state of Louisiana. This is a National Survey that is conducted by the National Core Indicators (NCI) which is a collaborative effort by the National Association of State Developmental Disabilities (NASDDDS) and the Human Services Research Institute (HSRI).

- All HCBS and ICF Providers should have received a letter from Julie Foster on March 28, 2024, advising that you would receive a link from NCI asking you to participate in the Survey. The link will have come from the email account of "**staffstability@hsri.org**", so please check your email (March 28, 2024) for the link to the survey.

- If you did not receive the link to participate, please send an email to Ebenezer.Ogunyinka@la.gov or contact him by phone at 225-342-0095 and he will assist you in getting the survey.

- The goal of the State of the Workforce survey is to provide a tool for states to look at the DSP workforce and examine areas that need to be addressed and to compare their workforce data against other states. The survey also helps

states to identify challenges and provides data that states can utilize to improve their DSP workforce population.

- The survey asks Waiver and ICF providers to complete information about their direct support professional (DSP) workforce for services to participants 18 and older in reference to:
    - Wages: (hourly salary paid to employees)
    - Recruitment and Retention: (bonuses, realistic job preview, training on code of ethics, DSP career ladder, acquiring credentialing, bonuses, stipends or raises, employee recognition programs, DSP training, & employee satisfaction surveys)
    - Turnover (specific date/point in time; How many employees worked less than 6 months,6-12 months, 12 months +)
    - Benefits offered: (do you pay for paid time off (vacation, sick, personal), health insurance, dental /vision, post-secondary education support, job related training, retirement, disability, flex spending account, health incentive)
    - Vacancy rate: (determined by a specific point in time)

- The data from this survey can be shared with policy makers, the data can be used to help providers compare themselves to other provider agencies around the country and to help OCDD in terms of developing/modifying programmatic and policy changes. The survey is voluntary but the information from the survey is useful for OCDD to share with legislators as a comparison tool to petition for additional funding.

- Last year 127 providers participated in the survey, and only 51 have participated this year. We need as many providers as possible to participate in the survey.

- If you would like to see the data from last years' Louisiana survey results please go to: https://idd.nationalcoreindicators.org/survey-reports-insights/

Support Coordination and Provider Guidelines: Janae Burr

The timelines for plan of care meetings and document submittals are outlined in the Universal CPOC Instructions located on the OCDD website on page 46 at the

following link: https://www.ldh.la.gov/page/ocdd-waiver-related-documents-and-forms

1. Support Coordinators must notify provider agencies in writing at least 30 days in advance of a quarterly or annual meeting.
2. A reminder notice should be sent two (2) weeks prior to the meeting.
3. Provider agencies must attend all quarterly and annual meetings.
4. Support Coordinator must provide a completed plan of care and Attachment A to the provider agency within seven (7) calendar days of the CPOC annual meeting.
5. Provider agency must return to the support coordinator the following documents within five (5) working days of receiving the completed plan of care.
    a. Provider attachments required per the plan of care
    b. Budget sheets with signatures
6. If corrections from the provider agency are requested by the Support Coordinator, the corrections are required to be submitted within two (2) working days.

Ms. Burr stressed that even though these timelines may not have been followed in the past, it is the expectation of OCDD that both Support Coordination Agencies and Provider Agencies ensure these timelines are met.

Additionally, the timelines for Environmental Modifications and Specialized Medical Equipment and Supplies were discussed. There are two major timelines that are of significance for these services. First, the prior authorization should only be issued if the environmental modification or specialized medical equipment can be completed/provided prior to the end of the plan of care year. There is a maximum budget for Children's Choice Waiver and Residential Options Waiver, and due to this, the service must be fully completed prior to the end of the plan of care year.

After the service is completed, the second timeline is for the Support Coordinator to get the individual's acceptance of the completed service. This requires an in-home visit by the Support Coordinator to view the work/product provided. Once the Support Coordinator receives the completed job form from the provider, the SC has 10 working days to make the home visit and obtain the approval signature of the family on the form and submit the form to the LGE. Once the LGE has received the signed form, they have 10 working days

to give final approval for payment and submit the form to SRI to release payment.

OCDD will provide additional guidance on timelines for revisions to plans of care. General concerns with back dated revisions should be sent to OCDD-HCBS@la.gov for additional guidance.

General Reminders to Providers: Kim Kennedy

- A prior authorization does not guarantee payment if an individual loses Medicaid eligibility. To ensure providers do not provide services that cannot be reimbursed, providers should:
    - Weekly check all remittance advices for denied claims. Any denials for 210/232/233 (or any combination thereof) could be the result of an individual losing Medicaid eligibility.
    - Providers should establish an online account with Gainwell at LaMedicaid.com. The steps to establishing an account are located here.
    - Once you have established an account, you will be able to access MEVS which is the Medicaid Eligibility Verification system. The instructions for accessing MEVS or e-MEVS are located here.
- Contact the following for denials:
    - Denial Codes 190 through 197 – Statistical Resources, Inc. at 225-767-0501.
    - All other denial codes – Gainwell Provider Relations at 225-924-5040 or 800-473-2783.
    - When you contact SRI or Gainwell, document the conversation and to whom you spoke. If additional assistance is needed after that contact, you may then reach out to OCDD Provider Relations at 225-342-9251.
- Providers are reminded to review the EVV Policy and Procedures at to ensure compliance. The link to the document is here.
- Provider manuals for all four OCDD waivers (NOW, ROW, Supports, Children's Choice) are located on the lamedicaid.com website under "Provider Tools". The link to provider manuals is here. Providers are responsible for reviewing and following all requirements in these manuals including but not limited to:
    - Rules, requirements, and guidelines for delivery of services as defined in the appropriate provider manual, and
    - Preparing and retaining required documentation on delivery of services as outlined in the provider manual.

- Freedom of Choice – please review the Freedom of Choice (FOC) on the LDH website for accuracy. Changes to your FOC listing must be submitted to OCDD via a Medicaid Freedom of Choice List for Waiver Services: Provider Request which can be located here. The request can be faxed to (225) 342-8823.
- Any additional services or change of address also require the following documents to accompany the FOC request:
    - Copy of current license
    - Copy of the Medicaid Provider Enrollment letter with the provider number for the services being added.