PROGRAM OVERSIGHT AND REVIEW

Services offered through the Long Term – Personal Care Services (LT-PCS) program are closely monitored to assure compliance with Medicaid's policy as well as applicable state and federal rules and regulations. Oversight is conducted through licensure and regulatory compliance and by program monitoring. The Louisiana Department of Health (LDH) Health Standards Section (HSS) staff conducts on-site surveys to assure state licensure and regulatory compliance for the providers they license.

Pursuant to R.S. 40:2120.2, LDH established minimum licensing standards for home and community-based services (HCBS) providers. These licensing provisions contain the core requirements for HCBS providers as well as the module-specific requirements, depending upon the services rendered by the HCBS provider. These regulations are separate and apart from Medicaid standards of participation or any other requirements established by the Medicaid program for reimbursement purposes. HCBS providers must be licensed to provide LT-PCS.

Health Standards Section Surveys

HSS conducts surveys on-site or through administrative desk reviews to assess provider compliance with licensing regulations and other applicable statutes, rules, and regulations via record review, interviews, and observation.

A provider's failure to be in compliance with State licensing standards could result in sanctions, loss of licensure and other department actions, such as the provider's removal from Medicaid participation, federal investigation, and prosecution in suspected cases of fraud.

On-Site Reviews

The HSS on-site survey of a provider is unannounced to ensure continuing licensure and regulatory compliance.

Personnel Record Review

The Personnel record review may include:

1. A review of personnel files;
2. Review of time sheets;
3. Review of the current organizational chart; and

4. Provider staff interviews to ensure that direct service workers and supervisors meet staff qualifications in accordance with licensing regulations.

Interviews

As part of the on-site review, HSS staff may interview:

1. A representative sample of the beneficiaries served by the provider;

2. Members of the beneficiary's network of support, which may include family and friends;

3. Direct care staff; and

4. Other members of the beneficiary's community. This may include other employees of the HCBS provider.

This interview process is to assess the overall satisfaction of beneficiaries regarding the provider's performance and to determine the presence of the personal outcomes of the beneficiary in accordance with the plan of care (POC).

Beneficiary Record Review

Following the interviews, HSS staff may review the case records of a representative sample of beneficiaries served. The records will be reviewed to ensure that the activities of the provider are associated with the appropriate services of intake, ongoing assessment, care planning, and transition/closure.

Recorded documentation is reviewed to ensure that the services provided were:

1. Identified in the POC and ISP (if applicable);

2. Provided to the beneficiary; and

3. Documented properly.

HSS staff may review the support coordination and professional assessments/re-assessment documentation, service plans, progress notes and other pertinent information in the beneficiary record necessary and required for the survey process.

Report of Survey Findings

Upon completion of the on-site survey, HSS staff discusses the preliminary findings of the survey in an exit interview with appropriate provider staff. HSS staff compiles and analyzes all data collected in the survey, and a written report summarizing the survey findings and a notice for required corrective action, if applicable, is sent to the provider.

The review report includes:

1. A statement of compliance with all applicable regulations; or

2. Deficiencies requiring corrective action by the provider.

HSS program managers may review the survey findings and assess any sanctions, as appropriate.

Corrective Action Report

The provider is required to submit a plan of correction to HSS within 10 working days of receipt of the survey findings.

This plan must address how each cited deficiency has been corrected and how recurrences will be prevented. The provider is afforded one opportunity to dispute the HSS survey findings.

Upon receipt of the written plan of correction, HSS program managers review the provider's plan to assure that all findings of deficiency have been adequately addressed. If all deficiencies have not been addressed, the HSS program manager responds to the provider, requesting resolution of those deficiencies in question.

A follow-up survey may be conducted when deficiencies have been found to ensure that the provider has implemented the plan of correction. Follow up surveys may be conducted on-site or conducted by evidence review.

Informal Dispute Resolution (IDR)

Providers are afforded one opportunity to dispute the deficiencies cited as a result of a survey. The provider is notified of the right to an informal hearing in correspondence that details the cited deficiencies. The informal hearing is optional on the part of the provider. In order to request the informal hearing, the provider may contact the IDR program manager at HSS. (See Appendix A for contact information).

The provider is notified of time and place where the informal hearing will be held. The provider may bring any supporting documentation that is to be submitted for consideration.

The HSS staff conducts the informal hearing in a non-formal atmosphere. The provider is given the opportunity to present its case and to explain its disagreement with the survey findings. The provider representatives are advised of the date that a written response will be sent and are reminded of the right to a formal appeal, if applicable.