

ABUSE AND NEGLECT IN HOME AND COMMUNITY- BASED SERVICES

LOUISIANA DEPARTMENT OF HEALTH

PERFORMANCE AUDIT SERVICES

Issued November 27, 2024

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November 27, 2024

The Honorable J. Cameron Henry, Jr.
President of the Senate
The Honorable Phillip R. DeVillier,
Speaker of the House of Representatives

Dear Senator Henry and Representative DeVillier:

This report provides the results of our evaluation of the Louisiana Department of Health's (LDH) activities related to abuse and neglect of individuals with intellectual and developmental disabilities receiving home and community-based services (HCBS).

We found that LDH's Health Standards Section (HSS) has an internal goal of conducting licensure surveys of HCBS providers once every three years to ensure compliance with regulations. Of the 546 providers that needed a licensure survey during fiscal years 2019 through 2023 to meet this goal, LDH did not survey 140 (25.6%). In addition, we found that 69 (12.6%) providers had no licensure surveys at all during this five-year period.

We found, too, that during fiscal years 2019 through 2023, LDH conducted 1,979 surveys addressing 5,420 separate allegations of noncompliance, with 2,194 (40.5%) related to abuse or neglect. LDH completed 843 (99.4%) of 848 complaint surveys during fiscal years 2022 and 2023 in accordance with required timelines, which was an improvement from the three previous fiscal years.

We also found that LDH faces numerous challenges in ensuring that critical incident reports are submitted in accordance with program requirements. Because multiple agencies have oversight responsibility for the health and safety of HCBS participants, appropriate and timely reporting is essential to ensure proper coordination of agency efforts.

We found as well that during fiscal years 2019 through 2023, LDH did not ensure that eight (22.2%) of 36 support coordination providers received all required annual monitoring reviews. In addition, LDH has not established a process to review the monitoring efforts of local government entities to ensure that corrective actions taken by support coordination agencies are timely and sufficient.

Additionally, we found that although HSS assessed \$193,450 in sanctions against HCBS providers during fiscal years 2019 through 2023, the maximum fine amounts allowed by law have not increased since 1997. LDH's Office for Citizens with Developmental Disabilities, which administers the HCBS program, also has not developed policies or processes for imposing adverse actions against support coordinators for noncompliance with regulations.

We would like to express our appreciation to the Louisiana Department of Health for its assistance during this audit.

Respectfully submitted,



Michael J. "Mike" Waguespack, CPA
Legislative Auditor

MJW/aa

LDH-HCBS

Louisiana Legislative Auditor

Michael J. "Mike" Waguespack, CPA



Abuse and Neglect in Home and Community-Based Services

Louisiana Department of Health

November 2024

Audit Control #40230028

Introduction

We evaluated the Louisiana Department of Health's (LDH) activities to address abuse and neglect of individuals with intellectual and developmental disabilities who receive Home and Community-Based Services (HCBS).¹ Persons with developmental disabilities experience the same forms of abuse as the general population, but at much higher rates. In addition, people with disabilities are often subject to less common forms of abuse, such as manipulation of medication or withholding of necessary assistive devices, or neglect by a personal care attendant who refuses to provide essential assistance. For this reason, monitoring those providing care to individuals in the community is essential to ensure that proper care is being provided. We conducted this audit in response to legislative interest, concerns voiced by stakeholders, and the vulnerable nature of the population served.²

A developmental disability is a severe, chronic disability attributable to intellectual or physical impairment, not related to mental illness, that results in substantial functional limitations in regard to three or more areas of major life activity and requires treatment and services; manifested before the person reaches age 22 and is likely to continue indefinitely.

HCBS Programs. Medicaid HCBS programs allow people greater flexibility to choose where they want to live and to use supports and services that best meet their needs in the least restrictive environment. Services are provided based on an individual's prioritized need for support, and those individuals with the most urgent needs are given priority. In Louisiana, LDH's Office for Citizens with Developmental Disabilities (OCDD) administers the HCBS program for persons with developmental disabilities. As shown in Exhibit 1, OCDD was

Abuse – The infliction of physical or mental injury or the causing of the deterioration of an individual by means including but not limited to sexual abuse, or exploitations of funds or other things of value to such an extent that the individual's health or mental or emotional well-being is endangered.

Neglect – The failure to provide the proper or necessary medical care, nutrition, or other care necessary for an individual's well-being.

¹ LDH also provides HCBS to the aging population through its Office of Aging and Adult Services. This audit will focus exclusively on those HCBS that are administered to the intellectually and developmentally disabled population through LDH's Office for Citizens with Developmental Disabilities (OCDD).

² In July 2024, we issued a performance audit on [Abuse and Neglect in Intermediate Care Facilities for Individuals with Developmental Disabilities](#) – Louisiana Department of Health.

providing HCBS³ to 15,340 participants through four different waiver programs as of June 30, 2024.

Exhibit 1 HCBS Waiver Enrollment As of June 30, 2024		
Waiver	Description	Total Enrollment
New Opportunities Waiver (NOW)	Offers people age 3 and older who otherwise would require the level of care of Intermediate Care Facility for the Developmentally Disabled (ICF/DD) services that allow them to remain in their communities.	7,326
Children's Choice Waiver	Offers supplemental support to children through age 20 who currently live at home with their families or with a foster family.	3,310
Supports Waiver	Offers focused, individualized vocational services to people age 18 and older who otherwise would require the level of care of an ICF/DD.	2,710
Residential Options Waiver (ROW)	Offers people of all ages services designed to support them to move from ICF/DD and nursing facilities to community-based settings, and to serve as an alternative to institutionalization.	1,994
Total		15,340
Source: Prepared by legislative auditor's staff using information provided by OCDD.		

Beginning in 2018, LDH began providing HCBS to those participants with the greatest urgency of need through the use of a tiered system, which prioritizes the needs of the participant instead of the date they applied for services. Since that time, all participants with an urgent or emergent need were granted Medicaid eligibility for waiver services. During fiscal year 2024, 3,607 individuals were screened for HCBS, with 1,365 (37.8%) of those in the top tiers of need. According to LDH, all 1,365 (100.0%) of these individuals were offered access to waiver services.

LDH Oversight. During fiscal years 2019 through 2023, OCDD contracted with 36 support coordination agencies in Louisiana. Support coordination, or case management, is provided to Medicaid eligible recipients to assist them in gaining access to services including medical, social, education, and other support services within OCDD. OCDD, through its agreement with local government entities (LGEs), performs annual monitoring of support coordination agencies. These reviews are performed through a series of interviews held with participants and support coordinators, as well as through record reviews of participant files and agency policies and procedures.

LDH's Health Standards Section (HSS) is responsible for ensuring regulatory compliance of licensed HCBS providers through periodic surveys/inspections. HSS also investigates complaints of abuse, neglect, exploitation, or extortion through complaint surveys that determine compliance with licensing regulations.

³ HCBS are also referred to as "waiver services," and these terms will be used interchangeably throughout the report.

Role of Other Agencies. Depending on the age of the participant involved, protective agencies such as LDH’s Adult Protective Services (APS), Child Protective Services (CPS, administered through the Department of Children and Family Services), and Elderly Protective Services (EPS, administered through the Governor’s Office of Elderly Affairs) also perform investigations of non-licensed providers and community members⁴ following notification of allegations of abuse, neglect, exploitation, or extortion.⁵ When warranted, these entities report to law enforcement at the time of the complaint intake. Exhibit 2 summarizes LDH’s oversight activities that were evaluated in this report, and Appendix C summarizes the roles of agencies involved in the oversight of HCBS.

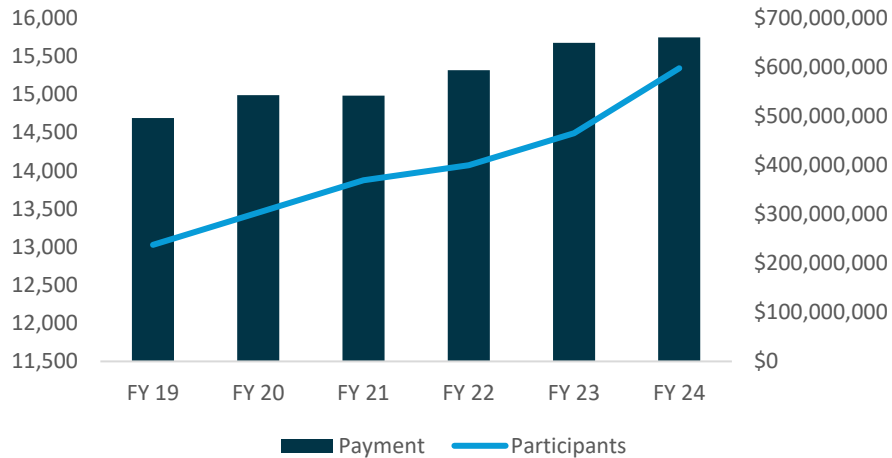
Exhibit 2 LDH Regulatory Oversight Activities	
Activity	Description
Conducting licensure Surveys	HSS conducts an initial survey when an HCBS provider opens and then conducts re-licensure surveys to determine compliance with regulations at least once every three years.
Investigating complaints	HSS receives and investigates complaints of noncompliance with regulations related to HCBS providers. When a complaint is received, HSS assigns a priority level to the allegation, which determines the timeframe in which a complaint should be investigated. When warranted, HSS will conduct on-site investigations.
Citing deficiencies	If HSS determines that an HCBS provider is not in compliance with state or federal requirements, it cites the provider with a deficiency, called a tag. The provider must correct the deficiency and submit a plan of correction to HSS, outlining corrective actions to be taken.
Annual monitoring of support coordination agencies	OCDD, through agreements with LGEs, performs annual monitoring reviews of support coordination agencies.
Enforcing state and federal requirements	If LDH determines that an HCBS provider is not in compliance with state or federal requirements, it may apply adverse actions, such as fines, against that provider. Maximum fine amounts are set in the state administrative code.
Source: Created by legislative auditor’s staff using information provided by LDH.	

Funding and Enrollment. During fiscal years 2019 through 2024, HCBS enrollment increased by 17.8% and Medicaid payments to waiver providers increased by 33.1%, resulting in a total of \$3.5 billion in Medicaid dollars paid in Louisiana for these waiver services. Exhibit 3 summarizes enrollment and expenditures for HCBS during fiscal years 2019 through 2024, and Appendix D presents enrollment and payment data by waiver type.

⁴ Children’s Code Article 610 (A)(1) defines CPS’s authority to investigate allegations of abuse/neglect when the alleged abuser is a parent or caretaker.

⁵ If the incident involves a participant zero to 17 years of age, CPS handles the investigation; for participants 18 to 59 years of age, APS is responsible for the investigation; and for participants 60 years of age and older, EPS handles the investigation.

**Exhibit 3
HCBS Enrollment and Payments by Fiscal Year
Fiscal Years 2019 through 2024**



Source: Prepared by legislative auditor’s staff using information provided by OCDD.

The objective of this audit was:

To evaluate LDH’s activities related to abuse and neglect of individuals with intellectual and developmental disabilities receiving home and community-based services.

Our results are summarized on the next page and discussed in detail throughout the remainder of the report. Appendix A contains LDH’s response, and Appendix B contains our scope and methodology. Appendix C summarizes agency HCBS responsibilities, Appendix D contains enrollment statistics and payments by waiver program during fiscal years 2019 through 2024, Appendix E provides a summary of performance and quality information by HCBS provider during fiscal years 2019 through 2023, and Appendix F provides a summary of interview and record reviews performed as a part of support coordination monitoring.

Objective: To evaluate LDH's activities related to abuse and neglect of individuals with intellectual and developmental disabilities receiving home and community-based services.

Overall, we found the following:

- **LDH's Health Standards Section (HSS) has an internal goal to conduct licensure surveys of HCBS providers once every three years to ensure compliance with regulations. Of the 546 providers that needed a licensure survey during fiscal years 2019 through 2023 to meet this goal, LDH did not survey 140 (25.6%).** In addition, 69 (12.6%) providers had no licensure surveys at all during this five-year period.
- **During fiscal years 2019 through 2023, LDH conducted 1,979 surveys that addressed 5,420 separate allegations of noncompliance, with 2,194 (40.5%) related to abuse or neglect. LDH completed 843 (99.4%) of 848 complaint surveys during fiscal years 2022 and 2023 in accordance with required timelines, which is an improvement from the three previous fiscal years.** HSS does not perform these investigations to confirm that abuse or neglect has actually occurred, because various protective agencies are responsible for investigating allegations depending on the age of the victim.
- **LDH faces numerous challenges in ensuring that critical incident reports are submitted in accordance with program requirements. Because multiple agencies have oversight responsibility for the health and safety of HCBS participants, appropriate and timely reporting is essential to ensure proper coordination of agency efforts.** According to LDH's Office for Citizens with Developmental Disabilities (OCDD), turnover of support coordinators and direct service workers presents challenges in ensuring that providers are knowledgeable about the reporting process.
- **During fiscal years 2019 through 2023, LDH did not ensure that eight (22.2%) of 36 support coordination providers received all required annual monitoring reviews. In addition, LDH has not established a process to review monitoring efforts of local government entities to ensure that corrective actions taken by support coordination agencies are timely and sufficient.** Because LDH has not established a process to monitor local government

entities' (LGE) oversight over support coordination agencies, the LGEs did not always ensure that support coordinators submitted required corrective action plans timely or fully addressed all areas cited.

- **Although HSS assessed \$193,450 in sanctions to HCBS providers during fiscal years 2019 through 2023, maximum fine amounts in law have not increased since 1997. In addition, OCDD has not developed policies or processes for imposing adverse actions of support coordinators for noncompliance with regulations.** While OCDD can remove providers from the Freedom of Choice list as an adverse action when noncompliance is identified, it did not remove any providers despite having identified issues of noncompliance during fiscal years 2019 through 2023.

Our findings and recommendations are discussed in more detail in the sections below.

LDH's HSS has an internal goal to conduct licensure surveys of HCBS providers once every three years to ensure compliance with regulations. Of the 546 providers that needed a licensure survey during fiscal years 2019 through 2023 to meet this goal, LDH did not survey 140 (25.6%).

Unlike other Medicaid programs such as intermediate care facilities for the intellectually and developmentally disabled (ICF/DD) or nursing homes, HCBS providers are not federally certified and thus LDH is not required to conduct annual certification surveys. As part of its oversight over HCBS providers, LDH's HSS has set an internal goal to perform routine licensing surveys on HCBS providers once every three years. These licensure surveys are conducted to determine the providers' compliance with regulations and to identify deficiencies, or noncompliance.

Of the 546 providers that needed a licensure survey during fiscal years 2019 through 2023 to meet its three-year goal, LDH did not survey 140 (25.6%), including 69 (12.6%) providers with no licensure surveys at all during this five-year period. According to LDH, federal mandates in recent years have placed additional demands on HSS staff, which contribute to HSS being unable to achieve its three-year goal. For example, changes in nursing home regulations resulted in an increase in the number of complaint surveys that were required to be performed. Because these mandates came without additional funding for staff, HSS has had to triage survey activities, which often resulted in staff being assigned to surveys of federally certified providers first. In addition, a shift in focus from federal certification surveys of federally-funded programs to infection control

surveys during the COVID pandemic also contributed to a backlog of HCBS provider surveys. According to LDH, if it had five additional surveyors and one additional program manager, it would be able to meet the three-year licensing survey goal.

During fiscal years 2019 through 2023, LDH cited 6,245 deficiencies at 512 HCBS providers through its surveys. As part of its survey, LDH reviews a provider's previous surveys and complaint history, a selection of client records and personnel files, and performs visits to client homes to determine whether the provider complies with state licensing standards. When a deficient practice is identified, the surveyor identifies the problem and a deficiency is cited. While there is no single deficiency that applies to abuse/neglect for HCBS providers, deficiencies related to abuse and neglect of clients that can be cited include failure to have adequate reporting policies and procedures, abuse/neglect training of direct service workers (DSWs), participant rights (which include the right to be free from abuse/neglect), quality assurance activities, and prohibited conduct of DSWs. Exhibit 4 summarizes the top ten categories of deficiencies, examples of these deficiency types, and the number of citations out of the total 6,245 citations during fiscal years 2019 through 2023, and Appendix E provides a summary of performance and quality information of HCBS providers during fiscal years 2019 through 2023.

Exhibit 4 Top Ten Categories of Deficiencies Cited Fiscal Years 2019 through 2023			
Deficiency Area	Example of Deficient Practice	Number of Citations	% of Total
Core Staffing Requirements	Failure to notify supervisor of change in client's condition; failure of provider to ensure direct care staff completes required abuse and neglect training; supervisor fails to perform annual supervisory visit of direct care worker	1,843	29.5%
Governing Body	Failure to perform background checks on unlicensed direct care workers; failure to maintain policies and procedures related to current services	544	8.7%
General Provisions	Failure to ensure that client receives necessary care to attain highest physical, mental, and psychosocial well-being in accordance with individual service plan	434	6.9%
Transportation	Failure of provider to obtain driving record of employee that transports clients as part of assigned duties	429	6.9%
Policy and Procedure	Failure of provider to have policy and procedure related to abuse/neglect; failure of provider to establish policies and procedures related to reporting practices to be used in regard to abuse/neglect	367	5.9%
Emergency Preparedness	Failure to update emergency preparedness plan annually	303	4.9%
Client Records	Failure of provider to maintain documentation of client's comprehensive plan of care	286	4.6%
Grievances	Failure of provider to explain grievance procedure to client, family members, or legal representative on annual basis	229	3.7%

Client Rights	Failure of provider to ensure client's right to be free of abuse or neglect; failure to ensure access to visitors of client's choosing at any time and freedom to contact advocacy resources as needed during grievance procedures	218	3.5%
Health Care Provider Responsibilities	Provider did not access DSW provider registry prior to hiring a DSW or trainee	157	2.5%
Source: Prepared by legislative audit staff using survey data provided by LDH.			

Recommendation 1: LDH should strive to meet its internal goal of performing its licensing surveys every three years, or revise its goal to better align with available staffing resources.

Summary of Management's Response: LDH agrees with this recommendation and stated that the internal goal of conducting relicensing surveys on a three-year cycle is appropriate; however, additional surveyor resources are needed to meet this goal. See Appendix A for LDH's full response.

During fiscal years 2019 through 2023, LDH conducted 1,979 surveys that addressed 5,420 separate allegations of noncompliance, with 2,194 (40.5%) of those related to abuse or neglect. LDH completed 843 (99.4%) of 848 complaint surveys during fiscal years 2022 and 2023 in accordance with required timelines, which is an improvement from the three previous fiscal years.

LDH's HSS performs complaint surveys of HCBS providers when complaints are received or when a provider reports an incident of potential abuse and/or neglect. Complaints can be received through the use of an online complaint form, through emails to HSS, by phone call to a complaint hotline, or through referral from protective agencies. HSS does not perform these investigations to confirm that abuse or neglect has actually occurred because various protective agencies are responsible for investigating allegations depending on the age of the victim.⁶ Instead, HSS determines whether the provider has demonstrated noncompliance with program regulations. According to LDH, the primary source of complaints that resulted in a survey during fiscal years 2019 through 2023 was from state protective service agencies such as Adult Protective Services, with 1,079 (54.5%) of 1,979.⁷

⁶ Appendix C summarizes agency HCBS responsibilities.

⁷ While 1,979 complaints were received between fiscal years 2019 and 2023, only 1,966 had a priority level associated that required a survey within a specified time frame. A total of 1,979 were received – three that had no survey priority at all, 10 with low, and 1,966 that required a survey.

During fiscal years 2019 through 2023, LDH received 3,703 complaints that contained 5,420 allegations, 2,194 (40.5%) of which were related to abuse or neglect and were routed to HSS for a complaint survey. HSS substantiated 650 (29.6%) of the 2,194 allegations of abuse or neglect. According to HSS, a substantiated complaint indicates that noncompliance with regulations was identified during the survey, and is not confirmation that abuse actually occurred. Exhibit 5 summarizes the number of allegations of abuse and neglect investigated by HSS during fiscal years 2019 through 2023, and the investigation outcomes.

Exhibit 5 HCBS Complaint Allegations Related to Abuse and Neglect Fiscal Years 2019 through 2023					
Allegation Type	2019	2020	2021	2022	2023
Neglect	219	260	294	357	333
Unsubstantiated	141	188	199	228	227
Substantiated	78	72	95	129	106
Abuse	70	115	127	215	204*
Unsubstantiated	51	96	102	157	153
Substantiated	19	19	25	58	49
*Includes two cases in the intake data that did not have a substantiated/unsubstantiated determination.					
Source: Prepared by legislative auditor's staff using data provided by LDH.					

Examples of substantiated allegations of non-compliance identified during fiscal years 2019 through 2023 include:

- The HCBS provider failed to ensure a client remained free from abuse and neglect by failing to follow the plan of care, leaving the client unattended with a male who sexually abused her.
- The HCBS provider failed to follow written policy and procedures for critical incident reporting by failing to file a report when a client was left home alone.
- The HCBS provider failed to ensure there were qualified staff sufficient in number to meet the needs of each client as specified in the plan of care and to respond in emergency situations.
- The HCBS provider failed to ensure a client was free from neglect by failing to ensure that the client received medications as ordered and failing to immediately notify emergency medical services when the client became unresponsive.
- The HCBS provider failed to implement its policy on abuse and neglect and a client's plan of care by not providing daily wound care and

turning the client at least once every two hours to prevent skin wounds.

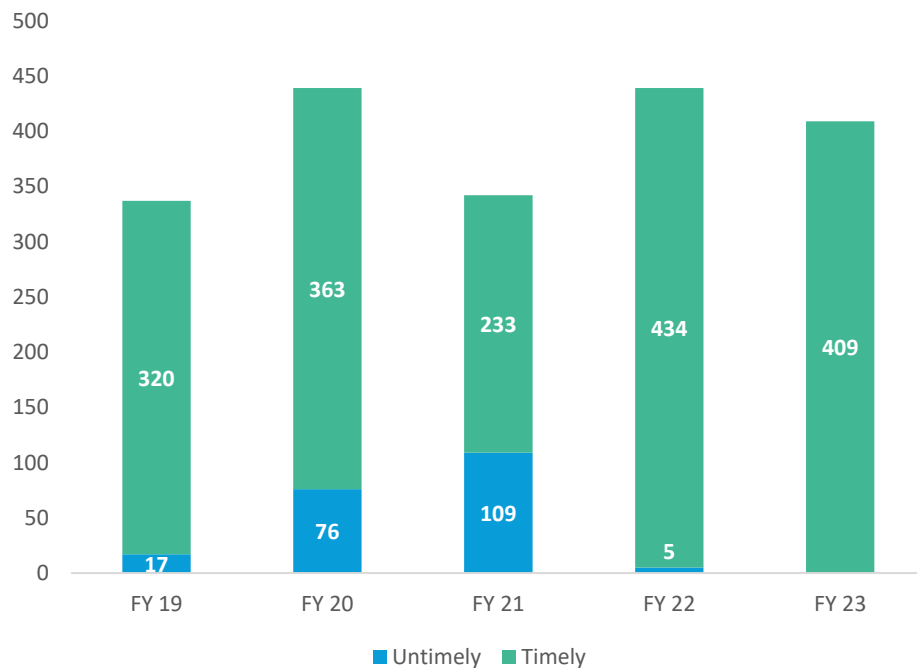
HSS determines the required response timeframe based on the priority level of the complaint, which is based on the threat of potential harm to the participant. Exhibit 6 summarizes the priority levels and timeframes for complaint surveys, as well as the number of each conducted during fiscal years 2019 through 2023.

Exhibit 6 Priority Level Descriptions and Timeframes for Complaint Surveys Fiscal Years 2019 through 2023				
Priority	Description	Examples	Time frame for Survey	Number
Immediate Jeopardy (IJ)	Complaint or incident has caused or is likely to cause serious injury, harm, impairment, or death to a participant, whereby immediate corrective action is necessary	Complaints related to physical or sexual abuse of participant	2 Working Days	134
Medium	Situation has caused or may cause physical or mental damage, injury, or hurt that does not significantly impair the individual's function	Complaints that a provider did not provide the hours of care as specified in the participant plan	30 Calendar Days	1,832
Low	Complaints that are determined to have possibly caused physical, mental, and/or psychosocial discomfort, or otherwise make a participant uneasy or uncomfortable	Complaints that participant was taken to doctor's appointment in pajamas or complaints of financial exploitation	Investigated at provider's next onsite survey	10*
Total				1,976
*In addition to these 10, HSS also conducted three surveys that were prioritized as needing an administrative review or no action necessary. Source: Prepared by legislative auditor's staff using information provided by LDH.				

LDH completed 843 (99.4%) of 848 complaint surveys during fiscal years 2022 and 2023 in accordance with required timelines, which is an improvement from the three previous fiscal years. During fiscal years 2019 through 2021, we found that HSS completed 916 (81.9%) of 1,118 complaint surveys in accordance with required timelines. However, in fiscal years 2020 and 2021, as a result of the COVID public health emergency, HSS was limited in its ability to perform surveys of HCBS providers. During this time, HSS continued to perform investigations of complaints with the potential for immediate jeopardy to participants, and although it did some medium priority investigations of providers via desk reviews, these lower priority surveys were often put on hold as surveys were focused primarily on infection control practices.

HSS received 3,703 complaints during fiscal years 2019 through 2023. For the 134 complaints where participants were believed to be in immediate jeopardy, HSS performed 132 (98.5%) of the complaint surveys within two working days as required, in an average of 1.4 days during the five-year period. In fiscal year 2023, HSS completed 409 (100.0%) of 409 complaint surveys in a timely manner, with an average of 21 calendar days for medium priority surveys, and an average of 1.2 working days for surveys with an immediate jeopardy priority. Exhibit 7 summarizes the timeliness of complaint surveys performed by year during fiscal years 2019 through 2023.

**Exhibit 7
Timeliness of Complaint Survey Response by Fiscal Year
Fiscal Years 2019 through 2023**



Source: Prepared by legislative auditor’s staff using data provided by LDH.

Recommendation 2: LDH should continue its focus on timely completion of surveys related to complaints.

Summary of Management’s Response: LDH agrees with this recommendation. See Appendix A for LDH’s full response.

LDH faces numerous challenges in ensuring that critical incident reports are submitted in accordance with program requirements. Because multiple agencies have oversight responsibility for the health and safety of HCBS participants, appropriate and timely reporting is essential to ensure proper coordination of agency efforts.

OCDD policy requires that providers, participants, and/or family members report instances in which a participant sustains abuse, neglect, exploitation, or a serious change in medical status, and refers to these occurrences as critical incidents (*see text box at right*). Critical incidents also include medical issues that require visits to urgent care clinics, emergency room care, or hospital admissions; major behavioral incidents such as suicidal threats or physical aggression; or involvement with law enforcement. Critical incident reports are submitted to LDH's online database known as the Statewide Incident Management System (SIMS).

A **critical incident** is defined as alleged, suspected or actual occurrence of: (a) abuse (including physical, sexual, verbal and psychological abuse); (b) mistreatment or neglect; (c) exploitation; (d) serious injury; (e) death other than by natural causes; (f) other events that cause harm to an individual; and (g) events that serve as indicators of risk to participant health and welfare such as hospitalizations, medication errors, use of restraints, or behavioral interventions.

Source: New Opportunities Waiver Provider Manual

A May 2021 U.S. Department of Health and Human Services Office of Inspector General (OIG) report⁸ found that LDH did not ensure that providers reported all critical incidents or ensure that it followed up on all critical incidents within the required timeframe. This audit was performed to determine whether LDH complied with federal and state requirements for reporting and monitoring critical incidents involving Medicaid beneficiaries with developmental disabilities who resided in community-based settings during January 2015 through December 2016. The OIG found that LDH did not ensure that community-based providers reported all emergency room visits by participants as critical incidents, and that LDH did not ensure that all critical incidents were followed up on within the required timeframe. LDH concurred with the OIG's recommendations and agreed to work with community-based providers on processes to identify and report all critical incidents and to track compliance with reporting timelines outlined in the waiver.

One recommendation made by the OIG was to compare Medicaid emergency room data to SIMS reports to determine whether critical incident reporting processes had improved. The report referenced a 2019 OIG report that outlines various diagnostic codes that could be potentially associated with abuse and neglect in HCBS participants. According to LDH, it has implemented the OIG's recommended data review. However, continued issues exist in regard to the

⁸ <https://oig.hhs.gov/oas/reports/region6/61702005.pdf>

submission of critical incident reports. In LDH's most recent data analysis, it compared a selection of Medicaid emergency room claims during January 2023 through March 2023 to SIMS reports and found that 452 (21.8%) of 2,069 emergency room visits reviewed had an associated incident report in SIMS. LDH staff noted that participants and their families are educated on critical incident reporting on an annual basis. However, some participant family members do not submit SIMS reports when taking the participant to the emergency room, as they may not fully understand that any emergency room visit, even for a minor illness, is considered reportable. In addition, turnover of provider staff often contributes to problems with critical incident reporting.

According to OCDD, turnover of support coordinators and direct service workers presents challenges in ensuring that providers are knowledgeable about the reporting process. Critical incident reporting compliance is evaluated as part of HSS survey activities, and support coordinator knowledge of reporting procedures is evaluated as part of annual support coordinator reviews. To encourage compliance with critical incident reporting guidelines, OCDD provides ongoing training to HCBS staff, provides training to participant family members regarding reporting requirements, and posts information related to SIMS timelines and reporting procedures. In addition, resources are available to SIMS users on the LDH website, including the SIMS user manual, OCDD's policy and procedure related to critical incident reporting, and training videos.

OCDD focuses training materials to outline the responsibilities of various entities involved in the critical reporting process, and includes information regarding circumstances that would indicate noncompliance with requirements. For example, in one HSS survey we reviewed, a provider was cited with a deficiency for failure to report neglect to APS after a participant contacted the police when left unattended by a DSW. Although the incident was reported, because protective services are to be notified when abuse or neglect is suspected, the provider did not fully comply with reporting requirements.

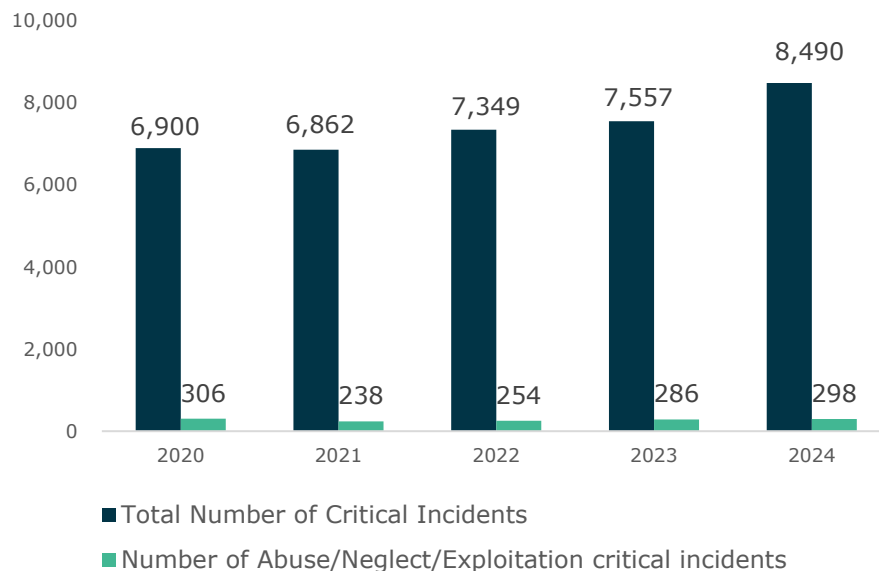
One of the key challenges faced by LDH in critical incident reporting is the number of entities that are involved in the process. Critical incident reports can be submitted by family members, providers, support coordinators, agency staff, or protective agencies, and should be reported to SIMS within 24 hours of discovery. If abuse, neglect, exploitation, or extortion by the family, provider, or other individuals are suspected, the HCBS provider is to take immediate action to ensure that the participant is protected from further harm, and ensure that any accused staff are removed from caring for participants pending the outcome of investigation. These reports are forwarded to the appropriate protective agency, who will conduct further investigation and make potential referrals to HSS and law enforcement. Appendix C summarizes the roles of agencies involved in the oversight of HCBS.

When HSS is involved in the investigation of a complaint, a letter of survey findings is sent to the provider and a summary of the investigation is provided to

the complainant. However, according to some LDH and LGE staff, communication about abuse and neglect allegations and related findings could be improved amongst the various offices. For example, results of investigations performed are not required to be fully communicated among all parties involved. This information would assist the agencies in managing HCBS providers and support coordination agencies, and could assist in guiding decision-making regarding these providers.

During fiscal years 2019 through 2023, there were 37,158 critical incident reports entered into SIMS, with 1,382 (3.7%) of these alleging client abuse or neglect. Exhibit 8 summarizes the number of critical incidents reported to SIMS during fiscal years 2020 through 2024.

Exhibit 8
Number of Critical Incident Reports Submitted
Fiscal Years 2020 through 2024*



*SIMS did not go online until May 2019, and LDH no longer has access to the previous incident reporting system to report fiscal year 2019 numbers.

Source: Prepared by legislative auditor's staff using self-reported incident report counts provided by OCDD.

Recommendation 3: LDH should continue to perform data comparisons of Medicaid emergency room claims to SIMS reports, as recommended by the OIG. These comparisons could be used to identify trends in HCBS providers or participants that may need additional training in critical incident reporting.

Summary of Management's Response: LDH agrees with this recommendation. See Appendix A for LDH's full response.

Recommendation 4: LDH should continue to focus its efforts on training of HCBS participants and providers to ensure critical incident reporting requirements are met.

Summary of Management's Response: LDH agrees with this recommendation. See Appendix A for LDH's full response.

During fiscal years 2019 through 2023, LDH did not ensure that eight (22.2%) of 36 support coordination providers received all required annual monitoring reviews. In addition, LDH has not established a process to review monitoring efforts of local government entities to ensure that corrective actions taken by support coordination agencies are timely and sufficient.

While HSS monitors the performance of HCBS providers, OCDD is responsible for the oversight of the support coordination agencies. LDH contracts with support coordination agencies, who employ support coordinators that serve as case managers for HCBS participants and are responsible for the development and monitoring of the participants' plans of care. These support coordinators coordinate community resources and monitor plan implementation to ensure that participants' desired outcomes are achieved.

During fiscal year 2023, LDH paid these support coordination agencies approximately \$33.3 million for services provided to participants. Support coordination is a critical role in HCBS and involves working with a participant's different providers to ensure that the various aspects of the plan of care are being met. In addition, support coordinators are an extra level of supervision over participants and can serve as an additional resource in the detection and prevention of abuse/neglect. Stakeholders reported concerns regarding limited participant contact with support coordinators and potential weaknesses in agency oversight of the providers that employ them. However, support coordinators are expected to contact participants monthly by phone or via in-person visit, and meet with participants in their home at least once per quarter. At least one visit per year to the participant's home should be unannounced.

Of the 36 support coordination agencies under OCDD oversight, LDH did not ensure that eight (22.2%) received all required monitoring reviews during fiscal years 2019 through 2023. OCDD has agreements with local government entities (LGEs) to monitor the support coordination agencies on an annual basis.⁹ The purpose of these reviews is to ensure that waiver

⁹ LGEs perform annual monitoring reviews of support coordination agencies, determine participant eligibility, and provide other resources to HCBS participants.

participants receive supports and services necessary to meet their needs and to provide evidence to the Centers for Medicare and Medicaid Services (CMS) that agencies are operating in accordance with applicable federal regulations and policies. OCDD created a standardized tool for LGEs to monitor the performance of support coordination agencies to ensure compliance with state and federal rules and regulations. This tool consists of a review of participant records, participant and support coordinator interviews, and reviews of the support coordination agency's policies and procedures. As part of this monitoring, support coordinators are evaluated to determine whether assessments are completed in a thorough and timely manner, to ensure that health and safety risks are identified and mitigated, that the plan of care has strategies to meet participants identified needs and preferences, and that participants are safe.

LGEs did not always ensure that support coordinators submitted required corrective action plans timely or fully addressed all areas cited.

During these reviews, when the LGE notes issues that have the potential for, or result in, participant harm, the LGE cites the provider for failure to achieve certain outcomes and the support coordination agency is required to complete a corrective action plan and submit it to the LGE within 30 days of the end of the review. OCDD policy states that a copy of all approved corrective action plans must be provided to the OCDD Central Office Program Manager or designee. However, OCDD does not evaluate the LGEs' reviews of corrective action plans to ensure approved plans contain all necessary requirements or meet program requirements.

We reviewed the 23 submitted corrective action plans and found that two (8.7%) were submitted after the due date, with one review being 221 days late. Because the LGEs did not include the due date on all corrective action plans reviewed, we were unable to determine the timeliness of 13 (56.5%) of the 23 corrective action plans. OCDD stated it does not currently have a mechanism to evaluate the timeliness of corrective action plan submission. In addition, one of the late corrective action plans approved by the LGE only contained corrective actions for two of the four issues noted during the review. According to OCDD, this corrective action plan was from a newer provider who needed technical support regarding corrective action plan completion, and that improvement has been noted since this plan was submitted.

Because support coordinator monitoring reviews also include interviews of participants and support coordinators, it is important that OCDD review the outcomes of these reviews, as they contain information that could assist OCDD in identifying areas where additional attention is warranted. For example, during the 35 reviews performed in fiscal year 2023:

- 73 (37.8%) of 193 support coordinators interviewed felt unsupported on the job when questioned about ongoing training and assistance provided by the support coordination agency.
- 193 (100%) of 193 support coordinators interviewed reported that they understood critical incident reporting requirements.

- 34 (17.6%) of 193 support coordinators interviewed did not know how to identify or mitigate health and safety risks.
- 88 (33.8%) of 260 participants interviewed indicated that they did not understand how to voice complaints.
- 53 (20.4%) of 260 participants reported feeling unsafe in their homes and neighborhoods.
- 143 (41.6%) of 344 participant record reviews indicated that components of participant assessments are not comprehensive.

Appendix F provides a summary of interview and record reviews performed as a part of support coordination monitoring during fiscal years 2019 through 2023.

By conducting a more detailed evaluation of these monitoring reviews, OCDD could generate targeted training and assistance for these providers, which in turn, could create more positive outcomes for HCBS participants.

Recommendation 5: LDH should periodically assess LGEs' support coordinator monitoring reviews to ensure that all necessary support coordination agencies are being reviewed in accordance with policy.

Recommendation 6: LDH should establish a process to evaluate the timeliness of corrective action plans submitted by support coordination agencies when noncompliance is noted.

Summary of Management's Response: LDH agrees with these recommendations and stated that it has prioritized several areas of focus specific to Support Coordination. Support Coordination monitoring policies/procedures and interpretive guidelines are under review and revisions are being made to clarify areas where inconsistencies in the process have been identified, including oversight of the LGEs. Once the policy has been revised, reviewed, and approved, training will be provided statewide with the goal of improving performance and to improve the quality of supports/services for individuals served. See Appendix A for LDH's full response.

Recommendation 7: LDH should incorporate support coordinator and participant interview results from annual monitoring reviews to guide decision making.

Summary of Management's Response: LDH neither agrees or disagrees with this recommendation. LDH stated that the current Support Coordination monitoring process involves interviews with both the individuals served and Support Coordinators, and these results are compiled annually. As part of LDH's review of policies/procedures and interpretive guidelines, elements

affiliated with this area will be evaluated and adjustments will be made as identified. See Appendix A for LDH's full response.

Although HSS assessed \$193,450 in sanctions to HCBS providers during fiscal years 2019 through 2023, maximum fine amounts in law have not increased since 1997. In addition, OCDD has not developed policies or processes for imposing adverse actions of support coordinators for noncompliance with regulations. While OCDD can remove providers from the Freedom of Choice list as an adverse action when noncompliance is identified, it did not remove any providers despite having identified issues of noncompliance during fiscal years 2019 through 2023.

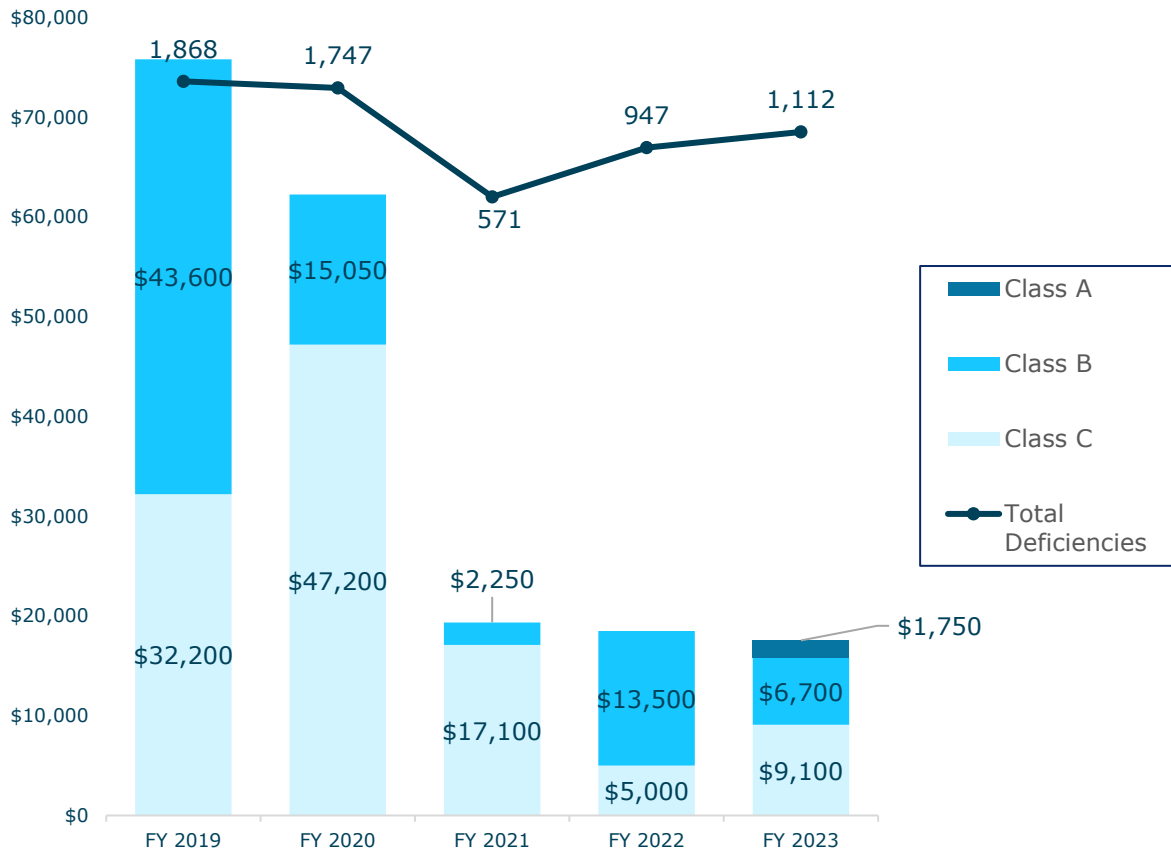
State law and regulations¹⁰ grant HSS the authority to issue sanctions as appropriate for noncompliance, deficiencies and violations of law, rules and regulations. When HSS provider surveys identify deficient practices, surveyors cite a deficiency for the provider to correct. These deficiencies can range from administrative violations such as failure of a provider to have a working email address to receive communications from LDH to serious violations that threaten the safety and well-being of a participant. State law and regulations also include a schedule for the assessment of penalties based on the level of violation identified. Exhibit 9 summarizes HSS's sanction schedule by class of violation.

¹⁰ LA R.S. 40:2199, LAC 48.5017, LAC 48.5021, LAC 48.4603

Exhibit 9 HSS Sanction Schedule by Class of Violation				
Class of Violation	Description	First Violation	Repeat Violation	Maximum
A	Violations relating to operation and maintenance of a facility which result in death or serious harm to a resident or client	\$2,500	\$5,000/day	\$20,000/month
B	Violations relating to the operation and maintenance of a facility which create substantial probability of death or serious physical or mental harm to a client	\$1,500	\$3,000/day	\$15,000/month
C	Violations relating to the operation and maintenance of a facility which create a potential for harm by directly threatening the health, safety, rights, or welfare of a client	\$1,000	\$2,000/day	\$5,000/month
D	Violations relating to administrative or reporting requirements that do not directly threaten the health, safety, rights, or welfare of clients	\$100	\$250/day	
E	Violations relating to failure of a facility to submit a statistical or financial report in a timely manner as required by regulation	\$50	\$100/day	
Note: Amounts in table reflect maximum amounts that may be assessed. Source: Prepared by legislative auditor's staff using information provided by LDH and state law.				

Using the sanction schedule in Exhibit 9, HSS assessed \$193,450 in penalties to 98 HCBS providers as a result of 133 surveys during fiscal years 2019 through 2023. Since fiscal year 2020, there has been a significant decrease in the number of penalties assessed to HCBS providers as a result of fewer surveys being performed, and fewer deficiencies cited, in response to the COVID pandemic. The number of penalties assessed decreased from 51 in fiscal year 2019 to 15 in fiscal year 2023, a decrease of 70.6%. During that same time, the annual penalty assessment decreased from \$75,800 in fiscal year 2019 to \$17,550 in fiscal year 2023, a decrease of 76.8%. Exhibit 10 shows the trend in the number of deficiencies and amount of penalties assessed by class of violation during fiscal years 2019 through 2023.

Exhibit 10
Number of HSS Deficiencies for HCBS Providers
and Amount of Penalties by Class of Violation
Fiscal Years 2019 through 2023



Source: Prepared by legislative auditor’s staff using penalty data provided by LDH.

According to HSS, the decrease in annual penalties assessed is due to a significant drop in HCBS surveys during fiscal years 2020 and 2021, as HSS resources were spent on infection control surveys as a result of the COVID pandemic. As a result of the reduction in surveys, the overall number of deficiencies cited decreased from 1,868 to 1,112 (40.5%) during fiscal years 2019 to 2023, with the most significant decrease during fiscal year 2021. Since fiscal year 2021, deficiencies have increased from 571 to 1,112 (94.7%) in fiscal year 2023. However, HSS noted that deficiencies are still down from previous levels because survey resources were shifted to address the backlog of surveys. The backlog was a result of the COVID pandemic, which necessitated the diverting of HSS resources to federally-mandated surveys of other provider types.

Stakeholders voiced concerns that the current fines or sanctions imposed by HSS may not be high enough to deter future noncompliance of HCBS providers. In addition, LDH voiced similar concerns and indicated fine maximums set in law have

not been revised since 1997.¹¹ A review of sanction amounts assessed in Louisiana compared to those assessed in Texas and Florida¹² showed that these states have a similar penalty structure, as the maximum daily penalty was also \$5,000, the same as Louisiana. While Louisiana's sanction schedule is in line with that of the other states we reviewed, it is difficult to compare state penalty amounts, as state Medicaid programs can be structured differently, such as HCBS providers being administered by a state's managed care organizations.¹³ For reasons noted in the previous paragraph, trends in Exhibit 10 show that Louisiana has not imposed these sanctions to providers as often as in years past.

LDH does not make data on providers' deficiencies, complaints, or sanctions available to the public. According to best practices,¹⁴ regulatory agencies such as LDH should ensure that information about any disciplinary action is readily available to the public. In addition, best practices state that regulatory agencies should report summary information to the public and policy-makers about the results of the regulatory program. Making this type of information available to the public will improve transparency and may help families make more informed choices when making decisions about care. Appendix E summarizes performance and quality information noted during HSS surveys and the number and amount of sanctions imposed by provider.

OCDD has not developed policies or processes for imposing adverse actions on support coordinators for noncompliance with regulations. During fiscal years 2019 through 2023, OCDD did not impose any adverse actions to support coordination providers. According to OCDD, it has the capability to remove providers from the Freedom of Choice list¹⁵ when support coordination providers are noncompliant with requirements. However, OCDD noted that it rarely removes providers because participants must then be moved to another support coordination agency. The last time that OCDD removed a provider from the Freedom of Choice list was in May of 2024.

¹¹ LAC 48.4613

¹² We reached out to Alabama, Arkansas, Florida, Georgia, Mississippi, New Mexico, Oklahoma, and Texas; however, only Florida and Texas responded with information relevant to a fee-for-service HCBS structure similar to that of Louisiana.

¹³ Louisiana's HCBS program is administered through a fee-for-service model, while other states, such as Alabama and Arkansas, operate through a managed care model.

¹⁴ National State Auditors Association, "[Carrying Out a State Regulatory Program](#)", 2004.

¹⁵ Freedom of Choice is a right afforded to HCBS participants to make informed choices of service/support providers by being given meaningful and easily understood information about the providers and the supports/services each provides. LDH provides access to these provider listings through its website, via mail, and through participant communications with LDH staff. However, due to potential conflict of interest, LDH is not able to recommend specific providers/support coordination agencies.

According to best practices,¹⁶ when providers are not in compliance with program requirements and standards, and will not voluntarily come into compliance, the state agency must act to compel them to comply or stop operating. The establishment of an enforcement policy that provides specific criteria for the imposition of adverse actions would help OCDD to deter future instances of noncompliance and provide an incentive for support coordination agencies to comply with regulations. OCDD leadership indicated that they may consider adding language to support coordination agency provider agreements to better define their ability to impose adverse actions for sustained noncompliance.

"The agency should develop a systematic, fair, and progressively stringent enforcement process to ensure that the public is adequately protected."

Source: NSAA, "Carrying Out a State Regulatory Program"

Recommendation 8: LDH should make data on providers' deficiencies, complaints, and sanctions available to the public.

Summary of Management's Response: LDH neither agrees or disagrees with this recommendation. LDH stated that it cannot post information related to specific complaints on its website as such information often contains protected health information and is not public record. In addition, posting statements of deficiencies and sanction notices on all HCBS providers would be resource-intensive and unnecessary. Notwithstanding this and subject to legislative appropriation in next year's budget, LDH will implement posting of certain statements of deficiencies to its website beginning July 1, 2025. See Appendix A for LDH's full response.

Recommendation 9: LDH should develop an enforcement policy to outline specific criteria for the imposition of adverse actions on support coordinators for noncompliance with regulations.

Summary of Management's Response: LDH agrees with this recommendation and stated that it is currently reviewing Support Coordination Performance Agreements and considering options available to incorporate criteria for the imposition of adverse actions on support coordinators when noncompliance with regulations are identified. See Appendix A for LDH's full response.

Matter for Legislative Consideration: The Legislature may wish to consider increasing HSS' maximum fine amounts established in state law.

¹⁶ National State Auditors Association, "[Carrying Out a State Regulatory Program](#)", 2004.

APPENDIX A: MANAGEMENT'S RESPONSE

Jeff Landry
GOVERNOR



Michael Harrington, MBA, MA
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA EMAIL

November 15, 2024

Michael J. "Mike" Waguespack, CPA
Legislative Auditor
1600 North 3rd Street
P.O. Box 94397
Baton Rouge, LA 70804-9397

Report Number: 40230028

Dear Mr. Waguespack

Thank you for the opportunity to respond to the draft report (40230028), *Abuse and Neglect in Home and Community- Based Services*.

The Louisiana Department of Health (LDH) appreciates the Louisiana Legislative Auditor (LLA) allowing us the opportunity to review the findings for the audit periods reviewed.

As instructed by your letter dated November 6, 2024, attached is the completed checklist which includes LDH's written responses to each of the recommendations, and the improvement activities that LDH has developed and/or will develop to ensure that LDH addresses the potential limitations identified in the audit.

LDH appreciates the opportunity to respond to this audit. You may contact Tasheka Dukes/Deputy Assistant Secretary for HSS by telephone at (225) 342-4997 or by email at Tasheka.Dukes@LA.Gov or Bernard Brown/Deputy Assistant Secretary for OCDD by telephone at (225) 342-8807 or by email at Bernard.Brown@la.gov with any questions concerning this matter.

Sincerely,

Signed by:

Michael Harrington, MBA, MA
Secretary

Signed by:

Ralph L. Abraham, MD
Surgeon General

Michael J. Waguespack, CPA
 November 15, 2024
 Page 2

Agency: Louisiana Department of Health

Audit Title: Abuse and Neglect in Home and Community-Based Services

Audit Report Number: 40230028

Instructions to Audited Agency: Please fill in the information below for each recommendation. A summary of your response for each recommendation will be included in the body of the report. The entire text of your response will be included as an appendix to the audit report.

<p>Finding 1: LDH’s HSS has an internal goal to conduct licensure surveys of HCBS providers once every three years to ensure compliance with regulations. Of the 546 providers that needed a licensure survey during fiscal years 2019 through 2023, LDH did not survey 140 (25.6%) in accordance with this goal.</p>	
<p>Recommendation 1: LDH should strive to meet its internal goal of performing its licensing surveys every three years, or revise its goal to better align with available staffing resources.</p>	
<p>Does Agency Agree with Recommendation?</p>	<p><input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
<p>HSS feels the internal goal of conducting relicensing surveys on a three year cycle is appropriate; however, additional surveyor resources are needed to better position HSS for success in meeting this goal.</p>	
<p>Agency Contact Responsible for Recommendation:</p>	
<p>Name/Title: <i>Tasheka Dukes / Deputy Assistant Secretary</i></p>	
<p>Address: <i>P.O. Box 3767</i></p>	
<p>City, State, Zip: <i>Baton Rouge, LA 70821</i></p>	
<p>Phone Number: <i>225-342-4997</i></p>	
<p>Email: <i>Tasheka.Dukes@LA.Gov</i></p>	

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Finding 2: During fiscal years 2019 through 2023, LDH conducted 1,979 surveys that addressed 5,420 separate allegations of noncompliance, with 2,194 (40.5%) of those related to abuse or neglect. LDH completed 843 (99.4%) of 848 complaint surveys during fiscal years 2022 and 2023 in accordance with required timelines, which is an improvement from the three previous fiscal years.	
Recommendation 2: LDH should continue its focus on timely completion of surveys related to complaints.	
Does Agency Agree with Recommendation?	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
Agency Contact Responsible for Recommendation:	
<i>Name/Title: Tasheka Dukes / Deputy Assistant Secretary</i>	
<i>Address: P.O. Box 3767</i>	
<i>City, State, Zip: Baton Rouge, LA 70821</i>	
<i>Phone Number: 225-342-4997</i>	
<i>Email: Tasheka.Dukes@LA.Gov</i>	

Finding 3: LDH faces numerous challenges in ensuring that critical incident reports are submitted in accordance with program requirements. Because multiple agencies have responsibility for health and safety oversight of HCBS participants, appropriate and timely reporting is essential to ensure proper coordination of agency efforts.	
Recommendation 3: LDH should continue to perform data comparisons of Medicaid emergency room claims to SIMS report, as recommended by the OIG. These comparisons could be used to identify trends in HCBS providers or participants that may need additional training in critical incident reporting.	
Does Agency Agree with Recommendation?	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
Agency Contact Responsible for Recommendation:	
<i>Name/Title: Bernard Brown/Deputy Assistant Secretary</i>	
<i>Address: P.O. Box 3117</i>	
<i>City, State, Zip: Baton Rouge, LA 70821</i>	
<i>Phone Number: 225-342-8807</i>	
<i>Email: Bernard.Brown@la.gov</i>	
Recommendation 4: LDH should continue to focus its efforts on training of HCBS participants and providers to ensure critical incident reporting requirements are met.	
Does Agency Agree with Recommendation?	<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
Agency Contact Responsible for Recommendation:	
<i>Name/Title: Bernard Brown/Deputy Assistant Secretary</i>	
<i>Address: P.O. Box 3117</i>	
<i>City, State, Zip: Baton Rouge, LA 70821</i>	
<i>Phone Number: 225-342-8807</i>	
<i>Email: Bernard.Brown@la.gov</i>	

Michael J. Waguespack, CPA
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<p>Finding 4: During fiscal years 2019 through 2023, LDH did not ensure that eight (22.2%) of 36 support coordination providers received all required annual monitoring reviews. In addition, LDH has not established a process to review monitoring efforts of local government entities to ensure that corrective actions taken by support coordination agencies are timely and sufficient.</p>	
<p>Recommendation 5: LDH should periodically assess LGEs’ support coordinator monitoring reviews to ensure that all necessary support coordination agencies are being reviewed in accordance with policy.</p>	
<p>Does Agency Agree with Recommendation?</p>	<p><input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
<p>OCDD has prioritized several of areas of focus specific to Support Coordination. Support Coordination Monitoring policies/procedures and interpretive guideline are under review and revisions are being made to clarify areas where inconsistencies in the process have been identified including OCDD’s oversight of the LGEs. Once the policy has been revised, reviewed, and approved training will be provided statewide with the goal of improving SCA/LGE performance and to improve the quality of supports/services for individuals served.</p>	
<p>Agency Contact Responsible for Recommendation:</p>	
<p>Name/Title: <i>Bernard Brown/Deputy Assistant Secretary</i></p>	
<p>Address: <i>P.O. Box 3117</i></p>	
<p>City, State, Zip: <i>Baton Rouge, LA 70821</i></p>	
<p>Phone Number: <i>225-342-8807</i></p>	
<p>Email: <i>Bernard.Brown@la.gov</i></p>	
<p>Recommendation 6: LDH should establish a process to evaluate the timeliness of corrective action plans submitted by support coordination agencies when noncompliance is noted.</p>	
<p>Does Agency Agree with Recommendation?</p>	<p><input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>
<p>OCDD has prioritized several of areas of focus specific to Support Coordination. Support Coordination Monitoring policies/procedures and interpretive guideline are under review and revisions are being made to clarify areas where inconsistencies in the process have been identified including OCDD’s oversight of the LGEs. Once the policy has been revised, reviewed, and approved training will be provided statewide with the goal of improving SCA/LGE performance and to improve the quality of supports/services for individuals served.</p>	
<p>Agency Contact Responsible for Recommendation:</p>	
<p>Name/Title: <i>Bernard Brown/Deputy Assistant Secretary</i></p>	
<p>Address: <i>P.O. Box 3117</i></p>	
<p>City, State, Zip: <i>Baton Rouge, LA 70821</i></p>	
<p>Phone Number: <i>225-342-8807</i></p>	
<p>Email: <i>Bernard.Brown@la.gov</i></p>	

Michael J. Waguespack, CPA
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Recommendation 7: LDH should incorporate support coordinator and participant interview results from annual monitoring reviews to guide decision making.
Does Agency Agree with Recommendation? <input type="checkbox"/> Agree <input type="checkbox"/> Disagree
OCDD neither agrees nor disagrees with this recommendation. Currently, the Support Coordination Monitoring process involves interviews with both the individuals served and Support Coordinators. These results are compiled annually. As part of OCDD’s review of policies/procedures and interpretive guidelines, elements affiliated with this area will be evaluated and adjustments will be made as identified.
Agency Contact Responsible for Recommendation:
Name/Title: <i>Bernard Brown/Deputy Assistant Secretary</i>
Address: <i>P.O. Box 3117</i>
City, State, Zip: <i>Baton Rouge, LA 70821</i>
Phone Number: <i>225-342-8807</i>
Email: <i>Bernard.Brown@la.gov</i>

Finding 5: Although HSS assessed \$193,450 in sanctions to HCBS providers during fiscal years 2019 through 2023, maximum fine amounts in law have not increased since 1997. In addition, OCDD has not developed policies or processes for imposing adverse actions of support coordinators for noncompliance with regulations. While OCDD can remove providers from the Freedom of Choice list as an adverse action when noncompliance is identified, it did not remove any providers despite having identified issues of noncompliance during fiscal years 2019 through 2023.
Recommendation 8: LDH should make data on providers’ deficiencies, complaints, and sanctions available to the public.
Does Agency Agree with Recommendation? <input type="checkbox"/> Agree <input type="checkbox"/> Disagree
HSS neither agrees nor disagrees with this recommendation. HSS cannot post information related to specific complaints on its website as such information often contains protected health information (“PHI”), and are not public record. Posting statements of deficiencies and sanction notices on all HCBS providers would be resource-intensive and unnecessary. This is because anyone can make a public records request for the HCBS’s statements of deficiencies and/or sanction notices. In addition, LAC 48:I.5019, provides that the most recent annual survey statement of deficiencies, and any subsequent complaint survey statement of deficiencies, shall be posted in a conspicuous place on the licensed premises of the HCBS. Notwithstanding this and subject to legislative appropriation in next year’s budget, HSS will implement posting of certain statements of deficiencies to its website beginning July 1, 2025.
Agency Contact Responsible for Recommendation:
Name/Title: <i>Tasheka Dukes / Deputy Assistant Secretary</i>
Address: <i>P.O. Box 3767</i>

Michael J. Waguespack, CPA

November 15, 2024

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<i>City, State, Zip: Baton Rouge, LA 70821</i>
<i>Phone Number: 225-342-4997</i>
<i>Email: Tasheka.Dukes@LA.Gov</i>
Recommendation 9: LDH should develop an enforcement policy to outline specific criteria for the imposition of adverse actions on support coordinators for noncompliance with regulations.
Does Agency Agree with Recommendation? <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree
OCDD is currently reviewing Support Coordination Performance Agreements and considering options available to incorporate criteria for the imposition of adverse actions on support coordinators when noncompliance with regulations are identified.
Agency Contact Responsible for Recommendation:
<i>Name/Title: Bernard Brown/Deputy Assistant Secretary</i>
<i>Address: P.O. Box 3117</i>
<i>City, State, Zip: Baton Rouge, LA 70821</i>
<i>Phone Number: 225-342-8807</i>
<i>Email: Bernard.Brown@la.gov</i>

APPENDIX B: SCOPE AND METHODOLOGY

This report provides the results of our performance audit of the Louisiana Department of Health's (LDH) oversight over abuse and neglect in home and community-based services (HCBS). We conducted this performance audit under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. This audit covered fiscal years 2019 through 2023. Our audit objective was:

To evaluate LDH's activities related to abuse and neglect of individuals with intellectual and developmental disabilities receiving home and community-based services.

We conducted this performance audit in accordance with generally-accepted *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

We obtained an understanding of internal control that is significant to the audit objective and assessed the design and implementation of such internal control to the extent necessary to address our audit objective. We also obtained an understanding of legal provisions that are significant within the context of the audit objective, and we assessed the risk that illegal acts, including fraud, and violations of applicable contract, grant agreement, or other legal provisions could occur. Based on that risk assessment, we designed and performed procedures to provide reasonable assurance of detecting instances of noncompliance significant to those provisions.

To answer our objective, we performed the following audit steps:

- Reviewed Louisiana laws and regulations related to the administration of HCBS.
- Interviewed LDH staff and its various teams related to oversight of HCBS providers and support coordinators.
- Observed Health Standards Section (HSS) licensing and complaint surveys of HCBS providers to gain an understanding of state survey activities.
- Analyzed HSS complaint and survey data to evaluate the timeliness of survey responses to complaints.

- Obtained and summarized intake and deficiency information for HCBS providers.
- Contacted department of health staff in Alabama, Texas, and Florida regarding sanction and enforcement information in these states.
- Reviewed a 2021 Department of Health and Human Services Office of Inspector General (OIG) audit of LDH's HCBS critical incident reporting.
- Reviewed OIG audits of the HCBS programs of Alaska, Connecticut, Iowa, Maine, Massachusetts, New York, Pennsylvania, and Texas.
- Reviewed agency policy and procedural manuals for HCBS providers and support coordinators to gain an understanding of organizational roles.
- Obtained enrollment and billing data to determine the number of participants and amounts billed in HCBS programs during fiscal years 2019 through 2024.
- Researched critical incident reporting requirements and processes for LDH staff, protective agencies, law enforcement, and other related agencies.
- Reviewed all corrective action plans completed by support coordination agencies and evaluated these for comprehensiveness and completion.
- Analyzed sanctions assessed by HSS and LDH's Office for Citizens with Developmental Disabilities to HCBS providers for cited deficiencies.

APPENDIX C: AGENCY HCBS RESPONSIBILITIES

Responsible Agency	Entity	Purpose
LDH	Health Standards Section (HSS)	Enforce regulatory compliance of health care providers and receive complaints regarding noncompliance with federal and/or state regulations.
LDH	Office for Citizens with Developmental Disabilities (OCDD)	Set policy and process for reporting of critical incidents for individuals receiving home and community-based waiver services. OCDD also oversees monitoring of support coordination agencies performed by local government entities.
LDH	Local Government Entity (LGEs)/ regional human services districts	Directly address concerns and work with individuals/families to get needed supports into place to keep person connected and living in their home or community. LGEs also assist with determinations of eligibility and monitoring of support coordination agencies.
LDH	Adult Protective Services (ages 18 to 59 and emancipated minors) – within the Office of Aging and Adult Services (OAAS)	Receive allegations of abuse/neglect/exploitation and investigate those allegations when they do not involve a health care provider agency. Referral to these agencies is based on the age of the alleged victim.
Department of Children and Family Services (DCFS)	Child Protective Services (ages 0 to 17)	
Governor’s Office of Elderly Affairs (GOEA)	Elderly Protective Services (ages 60+)	
Source: Prepared by the legislative auditor’s staff using information provided by LDH.		

APPENDIX D: HCBS ENROLLMENT AND PAYMENTS FISCAL YEARS 2019 THROUGH 2024

Waiver	FY 2019		FY 2020		FY 2021		FY 2022		FY 2023		FY 2024	
	Participants	Payments	Participants	Payments	Participants	Payments	Participants	Payments	Participants	Payments	Participants	Payments
Children's Choice	1,864	\$13,190,310	2,236	\$19,284,593	2,472	\$29,603,083	2,662	\$37,027,982	2,947	\$45,780,502	3,310	\$46,333,294
New Opportunities Waiver	8,606	457,970,230	8,311	487,063,831	8,054	468,090,427	7,673	494,242,032	7,384	516,890,376	7,326	511,107,961
Residential Options Waiver	483	11,172,923	728	23,440,564	1020	33,544,348	1330	49,465,579	1537	70,163,712	1,994	85,998,884
Supports Waiver	2,074	13,541,377	2,175	12,850,071	2,326	10,339,500	2,405	12,564,803	2,620	16,295,187	2,710	16,658,534
Total:	13,027	\$495,874,840	13,450	\$542,639,059	13,872	\$541,577,358	14,070	\$593,300,396	14,488	\$649,129,777	15,340	\$660,098,673

Source: Prepared by legislative auditor's staff using information provided by OCDD.

APPENDIX E: HSS PERFORMANCE AND QUALITY INFORMATION BY HCBS PROVIDER FISCAL YEARS 2019 THROUGH 2023

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Region 1 - Greater New Orleans Area						
Jefferson	1ST CLASS CARE EVERY TIME, LLC	0	0	0	0	0
Jefferson	A BEAM OF LIGHT, LLC	4	4	3	0	0
Jefferson	A FIRST NAME BASIS HOME CARE	10	6	5	1	\$900
Jefferson	A HAND TO HOLD, LLC	9	9	4	0	0
Jefferson	A-1 ABSOLUTE BEST CARE, LLC	12	5	10	0	0
Jefferson	AAA CARE, LLC	4	16	2	0	0
Jefferson	AAA YOUR CHOICE, LLC	2	5	1	0	0
Jefferson	ABIDING IN THE VINE CARE PROVIDER	12	8	6	0	0
Jefferson	ABLE LIFE CARE SERVICES, INC.	15	7	10	0	0
Jefferson	ABOUT HEALTHCARE SERVICES, INC.	0	0	0	0	0
Jefferson	ACADIAN HOME CARE SERVICES	10	5	5	1	600
Jefferson	ACCESSIBILITY COMMUNITY LIVING, INC.	1	4	1	0	0
Jefferson	ADVANCED PERSONAL CARE SERVICES, INC.	1	0	1	0	0
Jefferson	AFFILIATED HEART 2 HEART HOMECARE SERVICES, INC.	4	6	1	0	0
Jefferson	AGAPE' CARE PROVIDERS, INC.	12	11	7	0	0
Jefferson	ALL AMERICA PERSONAL CARE, INC.	2	0	1	0	0
Jefferson	AMAZING LOVE N CARE PCA SERVICES	9	12	4	0	0
Jefferson	ANGELS CARE, LLC	3	9	1	0	0
Jefferson	ARC OF GREATER NEW ORLEANS	19	8	12	0	0
Jefferson	BERRY'S RELIABLE RESOURCES, LLC	7	14	4	1	1,400
Jefferson	BEST CARE PROVIDERS, INC.	9	23	3	2	2,000
Jefferson	CARE AND DEVELOPMENT CENTER, INC.	5	9	2	1	600
Jefferson	CLEAR HEAD WEST BANK	5	5	1	0	0
Jefferson	COMMUNITY LIVING ALTERNATIVES, INC.	4	3	2	0	0
Jefferson	D D M S OF LOUISIANA, NO 2	2	0	1	0	0
Jefferson	DESIRE CARE, LLC	5	5	2	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Jefferson	DESTINED FOR OPTIONS, LLC	1	0	0	0	0
Jefferson	DIVINE PURPOSE HOMECARE, LLC	28	27	16	2	\$2,300
Jefferson	EGAN AT HOME, LLC	6	1	1	1	700
Jefferson	FAMILY HELPERS OF GREATER NEW ORLEANS	0	0	0	0	0
Jefferson	FAMILY RESOURCES UNLIMITED, INC.	2	1	0	0	0
Jefferson	GATEWAY FOUNDATION	4	6	1	0	0
Jefferson	GATEWAY RECOVERY SYSTEMS	1	3	0	0	0
Jefferson	GEEGEE 8 ENTERPRISE INC DBA SENIOR HELPERS	2	2	0	0	0
Jefferson	GULF COAST SOCIAL SERVICES	4	7	1	0	0
Jefferson	HABILITATIVE PROGRAM MANAGEMENT, INC.	2	0	0	0	0
Jefferson	HELPING HANDS OF NEW ORLEANS	3	1	2	0	0
Jefferson	HOLISTIC CASE MANAGEMENT, LLC	0	0	0	0	0
Jefferson	HOME INSTEAD	3	1	0	0	0
Jefferson	INDEPENDENT FAMILY SOLUTIONS, LLC	6	14	3	0	0
Jefferson	INSPIRATION HOUSE CARE PROVIDERS, INC.	10	24	7	2	6,000
Jefferson	INSTITUTE FOR NETWORKING COMMUNITY SERVICES, INC.	6	6	2	1	600
Jefferson	MAGNOLIA COMMUNITY SERVICES, INC.	5	4	2	0	0
Jefferson	NEW VISIONS OF LIFE CARE SERVICES, LLC	7	10	4	0	0
Jefferson	NOLA AT HOME CARE	0	0	0	0	0
Jefferson	NURSING SOLUTIONS OF LA, LLC	3	5	1	0	0
Jefferson	PARISHES SUPPORTIVE LIVING, INC.	1	0	1	0	0
Jefferson	RELIABLE COMMUNITY ALTERNATIVES, LLC	3	2	1	0	0
Jefferson	RELIABLE PCA AND SIL AGENCY, LLC	5	3	2	0	0
Jefferson	RESOURCES FOR HUMAN DEVELOPMENT/ASSERTIVE COMMUNITY TREATMENT	0	0	0	0	0
Jefferson	RESOURCES FOR HUMAN DEVELOPMENT/MOBILE CRISIS SERVICES	0	0	0	0	0
Jefferson	RIGHT AT HOME	2	9	0	0	0
Jefferson	SHALOM HOME CARE SERVICES, LLC	10	21	6	0	0
Jefferson	SUPERIOR OPTIONS OF LA, INC.	18	14	10	1	1,000
Jefferson	SUPREME CARE, INC.	4	14	2	2	1,500

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Jefferson	TERRAS TOTAL CARE, INC.	21	19	12	0	0
Jefferson	THE MEDICAL TEAM, INC.	0	0	0	0	0
Jefferson	TOTAL ASSURANCE, INC.	4	5	1	0	0
Jefferson	UNITED CEREBRAL PALSY OF GREATER NEW ORLEANS	16	19	9	2	\$3,300
Jefferson	WEST BANK ARC, INC.	3	1	3	0	0
Orleans	#1 IN HEALTH CARE AND FAMILY SERVICES	1	0	0	0	0
Orleans	1 IN HOME CARE, LLC	7	17	3	0	0
Orleans	1 PRIORITY PERSONAL CARE SERVICE, LLC	6	18	2	1	1,400
Orleans	1 SYLVAN HEALTHCARE	1	0	0	0	0
Orleans	ABBA PERSONAL HEALTHCARE, LLC	2	2	0	0	0
Orleans	ACTION RESOURCES TOTAL CARE, INC.	8	7	5	0	0
Orleans	ADVANCE HOME CARE SERVICES	12	11	8	1	1,200
Orleans	AGELESS HEALTHCARE	2	3	0	0	0
Orleans	AMAZING CARE SERVICES, LLC	6	4	2	0	0
Orleans	AMAZING GRACE PCA LLC	12	13	7	3	4,200
Orleans	ANGELS FAMILY CARE SERVICES, INC.	11	23	5	0	0
Orleans	ASPIRING PERSONAL CARE SERVICES	7	11	3	0	0
Orleans	ATTENTIVE COMPANIONS HOME CARE	1	0	0	0	0
Orleans	COMMUNITY CONNECTION PROGRAMS, INC.	6	4	3	0	0
Orleans	CONTIN-U-CARE OUTREACH SERVICES, LLC	5	3	3	0	0
Orleans	CORNERSTONE CAREGIVING	4	5	1	0	0
Orleans	COURTEOUS CARE, INC.	8	22	3	0	0
Orleans	CROSSROADS LOUISIANA, INC.	16	13	9	0	0
Orleans	DREAMCATCHERS TOTAL CARE, INC.	2	5	0	0	0
Orleans	FAITH AND HOPE OF NEW ORLEANS	14	29	9	1	1,900
Orleans	FIRST CHOICE ATTENDANT SERVICES, LLC	4	5	2	0	0
Orleans	FREEDOM CARE OF LOUISIANA DBA FREEDOMCARE	1	0	0	0	0
Orleans	HOME CARE SOLUTIONS	0	0	0	0	0
Orleans	INTERACTIVE PATIENT CARE ATTENDANT SERVICES	0	0	0	0	0
Orleans	JMS CARING SERVICES, LLC	13	11	9	0	0
Orleans	JOB LINK, INC.	4	1	1	0	0
Orleans	LOVING HEARTS OF LA - HC0005271	6	4	4	1	900
Orleans	LOVING HEARTS OF LA - HC0006074	14	13	8	1	600

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Orleans	NOTRE DAME HOME CARE	3	1	0	0	0
Orleans	PACE GREATER NEW ORLEANS HCBS	1	0	0	0	0
Orleans	PAYNE'S HOME CARE SERVICES, INC.	9	15	7	0	0
Orleans	PILLAR HOMECARE	1	0	0	0	0
Orleans	POSITIVE CARE, LLC	0	0	0	0	0
Orleans	PREFERRED CAREGIVERS & SITTERS, LLC	15	32	8	1	\$500
Orleans	RENAISSANCE 1	11	6	8	0	0
Orleans	SOLOMON NORTH HOMECARE, LLC	1	0	0	0	0
Orleans	STRIVE INCORPORATED	4	1	2	0	0
Orleans	SUPERB HEALTH CARE, INC.	2	7	0	0	0
Orleans	THE GUILD AT RAPHAEL VILLAGE	4	0	0	0	0
Orleans	TRIUMPH OF SPECIAL PEOPLE, INC.	1	0	0	0	0
Orleans	TRUTH PROFESSIONAL CARE SERVICES, LLC	2	3	0	0	0
Orleans	VISITING ANGELS	0	0	0	0	0
Orleans	VOLUNTEERS OF AMERICA SOUTHEAST LOUISIANA, INC.	5	9	4	0	0
Orleans	WITH LOVE AND KINDNESS PERSONAL CARE AND RESPITE SERVICES	1	0	0	0	0
St. Bernard	CATHY E. MOORE RESPITE CARE AND PCA SERVICES, INC.	7	10	4	0	0
St. Bernard	CHERIE'S TENDER CARE, LLC	5	7	2	0	0
St. Bernard	DIVINE MIRACLES, INC.	11	16	5	0	0
St. Bernard	INSPIRE CARE ADULT DAY CARE	3	2	0	0	0
St. Bernard	LIL LU'S BOOMING ENTERPRISE, INC.	4	4	2	0	0
St. Bernard	LOVIN TOUCH PROFESSIONAL CARE SERVICES	4	4	2	0	0
St. Bernard	R C MOORE VOCATIONAL SERVICES	4	8	0	0	0
St. Bernard	R.C. MOORE RESPITE & PCA	2	7	1	0	0
Region 2 - Capital Area						
Ascension	A ABSOLUTE HOME CARE PERSONAL CARE ATTENDANTS, LLC	8	6	5	0	0
Ascension	A PLUS PERSONAL HOME CARE, INC.	7	8	4	0	0
Ascension	ANGELIC PERSONAL CARE SERVICES	1	0	0	0	0
Ascension	DONALDSONVILLE AREA ARC	1	0	0	0	0
Ascension	ENHANCE HEALTH CARE SERVICES, LLC	0	0	0	0	0
Ascension	ISLAND HOME CARE, LLC	15	18	9	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Ascension	MEDICAL MANAGEMENT ENTERPRISES, INC.	2	0	0	0	0
Ascension	NURSING SOLUTIONS OF LA, LLC	2	2	1	0	0
Ascension	THE ARC OF EAST ASCENSION	16	12	10	1	\$1,200
East Baton Rouge	1ST HOME HEALTH KARE	7	16	3	0	0
East Baton Rouge	4 EVER CARING, LLC	9	9	5	0	0
East Baton Rouge	A FIRST NAME BASIS – HC0006423	6	17	2	0	0
East Baton Rouge	A FIRST NAME BASIS HOME CARE – HC0011069	7	10	5	0	0
East Baton Rouge	A FIRST NAME BASIS HOME CARE, LLC – HC0005974	4	6	1	0	0
East Baton Rouge	A FIRST NAME BASIS HOME CARE, LLC – HC0007834	9	26	6	1	1,400
East Baton Rouge	A NEW BEGINNING PERSONAL CARE, LLC	9	44	5	0	0
East Baton Rouge	A NEW HARVEST	0	0	0	0	0
East Baton Rouge	A.C.P. VOCATIONAL SERVICES, LLC	1	0	0	0	0
East Baton Rouge	ACE PERSONAL HEALTHCARE SERVICES, LLC	8	6	5	0	0
East Baton Rouge	ADVANCED PERSONAL CARE OPTIONS, LLC	10	12	4	0	0
East Baton Rouge	AFFILIATED HEART2HEART HOMECARE SERVICES, INC.	6	5	5	0	0
East Baton Rouge	AGELESS HEALTHCARE	3	0	3	0	0
East Baton Rouge	ALL KARE ALTERNATIVE, INC.	3	10	1	0	0
East Baton Rouge	ALLIANCE CARE, LLC	19	37	10	5	6,300
East Baton Rouge	ALPHA MEDICAL HOME CARE, INC.	10	37	4	2	3,600
East Baton Rouge	ALWAYS BEST CARE	3	3	2	0	0
East Baton Rouge	ANGELS ON ASSIGNMENT HEALTHCARE SERVICES, LLC	5	1	2	0	0
East Baton Rouge	ANOINTED HEALTH CARE SERVICES, LLC	12	18	8	0	0
East Baton Rouge	ASSISTED HANDS, LLC	2	4	0	0	0
East Baton Rouge	AT HOME CARE OF LOUISIANA	1	0	0	0	0
East Baton Rouge	ATB ENTERPRISES, LLC	4	0	0	1	500
East Baton Rouge	AUDUBON HEALTHCARE SERVICES, INC.	4	6	1	0	0
East Baton Rouge	AUTUMN LAKE, LLC	7	6	3	0	0
East Baton Rouge	BATON ROUGE ELDERCARE, LLC	2	0	0	0	0
East Baton Rouge	BETHESDA ADULT DAY CARE, LLC	1	0	0	0	0
East Baton Rouge	BEYOND MEASURES HEALTHCARE, LLC	9	10	5	2	3,100
East Baton Rouge	BIHARY VOCATIONAL CENTER	2	15	0	1	500

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
East Baton Rouge	BRIGHTSIDE DAY HABILITATION, INC.	5	4	1	0	0
East Baton Rouge	C.A.R.E., INC.	4	1	2	0	0
East Baton Rouge	CAPITAL REGIONS CARE, INC.	7	9	3	0	0
East Baton Rouge	CARE ONE HEALTH, LLC	12	9	9	1	\$600
East Baton Rouge	CAREGIVER HOMES OF LOUISIANA, INC. D/B/A CAREFORTH	3	9	1	0	0
East Baton Rouge	CHAMBERS QUALITY HOME CARE, LLC	8	4	5	0	0
East Baton Rouge	CHARLIE'S PLACE-ALZHEIMER'S SERVICES OF THE CAPITAL AREA	1	0	0	0	0
East Baton Rouge	COMFORT KEEPERS	0	0	0	0	0
East Baton Rouge	COMMUNITY CONNECTION PROGRAMS, INC.	7	26	4	0	0
East Baton Rouge	COMPASSIONATE HEALTHCARE SERVICES, LLC	10	18	6	1	500
East Baton Rouge	COMPREHENSIVE INDEPENDENT GOALS, INC.	5	17	3	0	0
East Baton Rouge	D D M S OF LOUISIANA, NO 2	3	4	0	0	0
East Baton Rouge	DIVERSITY HEALTH SERVICES, LLC	4	12	2	0	0
East Baton Rouge	FAITHFUL CARE SERVICES, LLC	6	22	2	0	0
East Baton Rouge	FAMILY CARE PERSONAL ATTENDANTS, LLC	14	24	11	2	6,100
East Baton Rouge	FOUNDATION INDUSTRIES, INC.	7	9	3	1	600
East Baton Rouge	GOD'S HANDS PROVIDERS, LLC	6	23	2	0	0
East Baton Rouge	GREATER FELLOWSHIP, LLC	5	9	2	0	0
East Baton Rouge	GRISWOLD HOME CARE	1	0	0	0	0
East Baton Rouge	GUARDIAN ANGELS INDEPENDENT LIVING SERVICES, INC.	4	20	1	1	2,600
East Baton Rouge	GULF COAST SOCIAL SERVICES	5	2	4	0	0
East Baton Rouge	HAVEN'S GATEWAY PERSONAL CARE FACILITY	15	17	11	1	2,000
East Baton Rouge	HEALTH SOURCE ONE PRIVATE DUTY & STAFFING	2	9	0	0	0
East Baton Rouge	HEAVENLY HAVEN CARE SERVICES, INC.	10	18	6	1	500
East Baton Rouge	HOLISTIC HEALTH CARE SERVICES, INC.	6	0	3	0	0
East Baton Rouge	HOME INSTEAD SENIOR CARE	1	2	1	0	0
East Baton Rouge	HOMETOWN SENIOR CARE, LLC	13	14	8	0	0
East Baton Rouge	HORIZON MANAGEMENT, LLC	10	17	10	1	1,200
East Baton Rouge	INDEPENDENT LIVING, INC.	9	8	4	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
East Baton Rouge	JOY PCA SERVICES	6	12	3	0	0
East Baton Rouge	LBH UNLIMITED RESOURCES, INC.	3	6	1	0	0
East Baton Rouge	LEADING HOME CARE	9	1	10	0	0
East Baton Rouge	LOUISIANA HEALTH AND REHABILITATION OPTIONS, INC.	14	13	7	0	0
East Baton Rouge	LOUISIANA HUMAN CARE CONNECTION, INC.	5	1	3	0	0
East Baton Rouge	MAXIMA SKILL CENTER	9	11	3	2	\$4,700
East Baton Rouge	MOORE CARE, LLC	6	11	3	0	0
East Baton Rouge	MTS, LLC	3	2	1	0	0
East Baton Rouge	NATURAL EMBRACES ADULT DAY CARE	2	3	0	0	0
East Baton Rouge	NEW ANGELIC FRIENDS, LLC	4	4	2	0	0
East Baton Rouge	NORMAL LIFE FAMILY SERVICES, INC.	1	0	0	0	0
East Baton Rouge	NURSING PRN, INC.	2	3	0	0	0
East Baton Rouge	OMNI HOUSE, INC.	0	0	0	0	0
East Baton Rouge	ONE LIFE HEALTH CARE, LLC	17	27	10	3	4,650
East Baton Rouge	OUR GRACE, LLC	9	22	5	0	0
East Baton Rouge	P & L MEDICAL SERVICES, INC.	6	4	3	0	0
East Baton Rouge	PACE BATON ROUGE HCBS	1	0	0	0	0
East Baton Rouge	PERFECT ANGELS HEALTHCARE SERVICES, LLC	0	0	0	0	0
East Baton Rouge	PINNACLE PERSONAL CARE	3	1	2	0	0
East Baton Rouge	PRECISION CAREGIVERS	10	13	9	1	1,400
East Baton Rouge	RI INTERNATIONAL	1	0	0	0	0
East Baton Rouge	SEASONS CARE SERVICES, INC.	1	0	1	0	0
East Baton Rouge	SHARING AND CARING. INC.	18	28	13	3	2,900
East Baton Rouge	SINCERITY SERVICES, LLC	1	0	1	0	0
East Baton Rouge	SOUTH REGIONAL PERSONAL CARE SERVICES, LLC	12	10	7	0	0
East Baton Rouge	SPECIAL NEEDS UNLIMITED, LLC	10	15	7	0	0
East Baton Rouge	ST JAMES PLACE CARING COMPANIONS	3	1	0	0	0
East Baton Rouge	ST. JOHN THE BAPTIST, HUMAN SERVICES, INC.	4	3	1	0	0
East Baton Rouge	STATE HOME CARE, INC.	5	15	2	0	0
East Baton Rouge	SUNSET PERSONAL CARE SERVICES, INC.	9	12	5	1	700
East Baton Rouge	SYLVIA'S CARING COMPANIONS HEALTH CARE SERVICES	2	9	0	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
East Baton Rouge	TCP, INC. (THEOPHILUS COMMUNITY PROGRAMS)	12	24	6	0	0
East Baton Rouge	THE ARC BATON ROUGE	17	11	11	1	\$1,200
East Baton Rouge	THE POTTER'S HOUSE COMMUNITY SERVICES, INC.	0	0	0	0	0
East Baton Rouge	THE RIGHT WAY, INC.	2	7	0	0	0
East Baton Rouge	VOLUNTEERS OF AMERICA SOUTH CENTRAL LOUISIANA	4	5	1	0	0
East Baton Rouge	VONNIEAB'S, INC.	12	15	6	2	1,800
East Baton Rouge	WE CARE HOMES, INC.	16	29	10	2	1,900
East Feliciana	FAITH AND HOPE INDEPENDENT LIVING SERVICE	3	0	2	0	0
East Feliciana	SAFE HAVEN CARE, LLC	6	21	2	1	600
Iberville	NEW LIFE PERSONAL CARE, LLC	7	11	6	0	0
Iberville	THE ARC - IBERVILLE	2	14	1	0	0
Pointe Coupee	IMMACULATE HEART OF MARY, LT-PCS, LLC	1	0	0	0	0
Pointe Coupee	POINTE COUPEE OUTREACH CENTER	2	7	0	0	0
West Baton Rouge	PORT CITY ENTERPRISES, INC.	1	0	0	0	0
West Feliciana	ALL-CARE FAMILY SERVICES, INC.	0	0	0	0	0
Region 3 - South Central Louisiana						
Assumption	ASSUMPTION ASSOCIATION FOR ARC, INC.	7	2	3	0	0
Assumption	GLORY DIVINE HOME CARE, LLC	3	6	2	1	500
Assumption	VISIONARY PERSONAL CARE, INC.	0	0	0	0	0
Lafourche	COMMUNITY LIVING ALTERNATIVES, INC.	2	5	0	0	0
Lafourche	COURTESY HOME CARE AGENCY, LLC	8	32	4	0	0
Lafourche	G. M. CLIENT CARE SERVICES, INC.	6	7	4	0	0
Lafourche	HOME-CARE PCA, LLC	16	15	14	0	0
Lafourche	JOSIE B'S AFFECTIONATE CARE PCA, LLC PROVISIONAL	7	25	5	0	0
Lafourche	LAFOURCHE ARC	11	2	7	0	0
Lafourche	LEADING HOME CARE	25	10	20	0	0
Lafourche	SPECIAL EDUCATION DISTRICT #1	4	1	1	0	0
St. Charles	A-1 ABSOLUTE BEST CARE, LLC	0	0	0	0	0
St. Charles	AALPHA RESOURCES LLC	2	10	0	0	0
St. Charles	THE ARC OF ST. CHARLES	8	5	5	0	0
St. James	AFFINITY CARE PROVIDERS, INC.	3	3	2	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
St. James	NELL'S HELPING HANDS, INC.	1	1	0	0	0
St. James	ST. JAMES ARC D/B/A/VACHERIE DAY DEVELOPMENT TRAINING	5	3	1	0	0
St. John the Baptist	1 IN HOME CARE LAPLACE, LLC	4	11	1	0	0
St. John the Baptist	A FIRST NAME BASIS HOME CARE	1	0	0	0	0
St. John the Baptist	ALLEN & RILEY HEALTHCARE SERVICE, LLC	2	0	0	0	0
St. John the Baptist	ANGELS CARE, LLC	10	4	7	0	0
St. John the Baptist	C.A.R.E., INC.	1	0	0	1	\$500
St. John the Baptist	FAMILY RESOURCES UNLIMITED, INC.	1	0	0	0	0
St. John the Baptist	PAYNE'S IN-HOME CARE SERVICES, INC.	7	19	5	0	0
St. John the Baptist	RELIABLE COMMUNITY ALTERNATIVES, LLC	0	0	0	0	0
St. John the Baptist	ST. JOHN ARC, INC.	13	0	1	0	0
St. Mary	BAYOU HEALTH ELDERLY AND DISABLED CARE, INC.	1	1	1	0	0
St. Mary	PREMIER COMMUNITY SERVICES, LLC	1	0	1	0	0
St. Mary	SAFECARE, LLC	14	21	7	1	1,200
St. Mary	ST. MARY CENTER OF HOPE	3	5	0	0	0
Terrebonne	1ST A SOUTHEAST, INCS, LLC	11	13	8	2	1,800
Terrebonne	ASSISI BRIDGE HOUSE - SUPERVISED INDEPENDENT LIVING	0	0	0	0	0
Terrebonne	CAREGIVERS PERSONAL ASSISTANCE, LLC	0	0	0	0	0
Terrebonne	GULF COAST SOCIAL SERVICES	6	5	3	0	0
Terrebonne	HOME INSTEAD SENIOR CARE	0	0	0	0	0
Terrebonne	HUMAN SERVICE MANAGEMENT AND INVESTMENT, LLC	2	0	1	0	0
Terrebonne	INCEPTIONS, LLC	8	7	6	0	0
Terrebonne	PELICAN STATE HOME AND COMMUNITY SERVICES	2	1	1	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Terrebonne	TERREBONNE ARC	3	1	2	0	0
Terrebonne	THE MEDICAL TEAM, INC.	0	0	0	0	0
Terrebonne	VACHERIE PERSONAL CARE SERVICES, INC.	11	18	8	0	0
Region 4 - Acadiana						
Acadia	ACADIA SENIOR CARE, LLC	7	23	3	0	0
Acadia	ANGEL HEALING HANDS HOME CARE, LLC	8	27	3	0	0
Acadia	SUPPORT HEALTHCARE SYSTEMS, INC.	13	17	5	0	0
Evangeline	A FIRST NAME BASIS HOME CARE	2	10	0	0	0
Evangeline	D D M S OF LOUISIANA NO 2	0	0	0	0	0
Evangeline	EVANGELINE ARC RESPITE CENTER	1	0	1	0	0
Evangeline	EVANGELINE ARC AT VILLE PLATTE	0	0	0	0	0
Evangeline	EVANGELINE COUNCIL ON AGING, INC.	2	14	0	0	0
Evangeline	GRACEFUL CARE SERVICE, LLC	8	5	5	0	0
Evangeline	HEAVEN-ON-EARTH NETWORK OF MAMOU, LLC	12	27	8	0	0
Evangeline	I CARE HOME CARE, LLC	6	65	2	0	0
Evangeline	STRIDES OF ACADIANA, LLC	3	9	1	0	0
Evangeline	SUNNY DAYS HOME CARE, LLC	4	22	1	0	0
Evangeline	TRUE HOME CARE, LLC	8	15	4	0	0
Evangeline	TRUTH FAITH 2	10	13	6	1	\$500
Iberia	A & L PERSONAL CARE, INC.	4	4	1	0	0
Iberia	APEXCARE, LLC	2	18	0	0	0
Iberia	ARC OF ACADIANA	25	15	17	0	0
Iberia	HELPING HANDS OF ACADIANA	19	35	10	1	500
Iberia	HOME INSTEAD SENIOR CARE	1	0	0	0	0
Iberia	HOME SWEET HOME PERSONAL CARE SERVICES, INC.	10	26	4	0	0
Iberia	PERRYL HEALTH SERVICES, LLC	7	29	2	0	0
Iberia	PROFESSIONAL PERSONAL CARE SERVICES, INC.	6	6	2	0	0
Iberia	SOMEONE CARES, INC.	12	17	7	0	0
Lafayette	A BLESSING PERSONAL HOME CARE SERVICES, LLC	2	5	1	0	0
Lafayette	A CARE PARTNER OF LOUISIANA	2	13	0	0	0
Lafayette	A FIRST NAME BASIS HOME CARE	10	22	6	1	500
Lafayette	A PLACE AT HOME	2	4	0	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Lafayette	ACADIANA CIRCLE OF FRIENDS, INC.	11	37	6	1	\$500
Lafayette	ACADIANA SUPPORT SERVICES, LLC	7	16	3	0	0
Lafayette	AGELESS HEALTHCARE	22	15	16	0	0
Lafayette	ALLIED MEDICINE, INC.	8	9	3	0	0
Lafayette	ALTERNATIVE HOME CARE SPECIALISTS, INC.	2	3	0	0	0
Lafayette	AMIAN CARE SERVICES, LLC	4	6	1	0	0
Lafayette	AT SOUTHWEST LOUISIANA INDEPENDENCE CENTER, INC.	5	12	2	0	0
Lafayette	BEYOND CAREGIVING, LLC	3	13	0	0	0
Lafayette	BRIGHTCARE HOMECARE, LLC	2	1	0	0	0
Lafayette	CAREERS IN PROGRESS	6	23	1	0	0
Lafayette	CARING TOUCH HOME CARE	19	23	11	2	2,750
Lafayette	COMMUNITY PERSONAL CARE SERVICES, LLC	4	6	1	0	0
Lafayette	GOODWILL INDUSTRIES OF ACADIANA, INC.	3	1	0	0	0
Lafayette	GULF COAST SOCIAL SERVICES	5	8	2	0	0
Lafayette	HEALTH CARE OPTIONS PERSONAL CARE SERVICES, INC.	0	0	0	0	0
Lafayette	HOME CARE ASSISTANCE, LLC	9	39	3	3	7,400
Lafayette	HOME INSTEAD SENIOR CARE	2	8	0	0	0
Lafayette	IMPAC	4	5	0	0	0
Lafayette	JEANELLA CARES, LLC	18	40	10	1	500
Lafayette	L & D COMMUNITY CARE, INC.	9	8	7	0	0
Lafayette	LARC, INC.	10	13	6	0	0
Lafayette	LEADING HOME CARE	30	23	22	0	0
Lafayette	LOUISIANA HEALTH AND REHABILITATION OPTIONS, INC.	21	29	12	0	0
Lafayette	LOVING HEARTS, LLC	21	28	11	1	600
Lafayette	MAGNOLIA'S HOME CARE, LLC	8	12	3	0	0
Lafayette	MEDICAL ADVANTAGE CARE, LLC	5	5	2	0	0
Lafayette	NEW DAY PERSONAL CARE SERVICES, LLC	23	53	15	1	600
Lafayette	NORMAL LIFE OF LAFAYETTE, INC.	5	10	1	0	0
Lafayette	OPTIMUM PERSONAL CARE SERVICE	10	23	3	1	2,400
Lafayette	P & L MEDICAL SERVICES, INC.	4	14	1	0	0
Lafayette	PACE LAFAYETTE HCBS	1	0	0	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Lafayette	PRIORITY MEDICAL CARE, INC.	5	8	2	0	0
Lafayette	RIGHT AT HOME	8	21	3	0	0
Lafayette	SENIOR HELPERS	3	13	0	0	0
Lafayette	SHARE CARE, USA	22	23	14	0	0
Lafayette	SOUTHERN COMFORT'S SCOTT ADULT DAY CARE	7	28	0	1	\$4,200
Lafayette	TOTAL ASSURANCE, INC.	3	1	2	0	0
Lafayette	TOTAL HOMECARE SERVICES, LLC	18	30	10	0	0
Lafayette	VEE'S SITTER SERVICE PRIVATE DUTY CARE, LLC	8	14	5	2	2,400
Lafayette	VOLUNTEERS OF AMERICA SOUTH CENTRAL LOUISIANA, INC.	2	1	0	0	0
Lafayette	WE CARE HOMES, INC.	39	63	25	1	500
St. Landry	ACE CARE GIVERS COMPANY, INC.	9	14	3	0	0
St. Landry	ACTIVE PERSONAL CARE SERVICES, LLC	9	11	3	0	0
St. Landry	AGAPE TOTAL CARE, LLC	15	31	8	0	0
St. Landry	ALL WAYS CARING HOMECARE	14	27	7	0	0
St. Landry	ELARA CARING	3	6	0	0	0
St. Landry	EUNICE DEVELOPMENTAL CENTER	7	6	0	0	0
St. Landry	GOOD HANDS HOME CARE SERVICE, LLC	10	32	3	1	1,600
St. Landry	IMMACULATE HEART OF MARY- PCS, LLC	9	13	4	0	0
St. Landry	JODISON PRIME CARE, LLC	12	12	6	0	0
St. Landry	PRECIOUS LIFE CARE	3	17	1	0	0
St. Landry	QUALITY CARE PROVIDERS OF LOUISIANA, LLC	4	4	1	0	0
St. Landry	SYLVIA'S CARING COMPANIONS HEALTH CARE SERVICES	4	6	1	0	0
St. Landry	YES I CAN, EXCEEDING LIFE'S CHALLENGES, INC.	1	1	0	0	0
St. Martin	A CARING HOME CARE SERVICES, LLC	8	17	4	0	0
St. Martin	ACTIVITIES OF DAILY LIVING SERVICES	4	4	1	0	0
St. Martin	EXTENDED FAMILY, INC.	7	15	4	0	0
St. Martin	GIFTED HEART SERVICES, LLC	10	32	4	0	0
St. Martin	ST. MICHAEL HEALTHCARE, LLC	10	46	4	1	3,500
St. Martin	THE ARC OF ST. MARTIN, INC.	2	13	0	0	0
St. Martin	THE GOLDEN RULE CARE- PROVIDER, LLC	6	4	2	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Vermilion	THE ARC OF ACADIANA, INC.	3	0	0	0	0
Region 5 - Southwest Louisiana						
Allen	TRUTH FAITH 3, LLC	1	0	0	0	0
Beauregard	A FIRST NAME BASIS HOME CARE	13	12	9	0	0
Beauregard	BEAUREGARD ARC EAST	2	0	0	0	0
Beauregard	COMPANION CARE OF SWLA	8	11	5	0	0
Calcasieu	1ST ABUNDANT HOME CARE, LLC	13	14	8	1	\$500
Calcasieu	A FIRST NAME BASIS HOME CARE	6	4	3	0	0
Calcasieu	ABOVE AND BEYOND HOME CARE, LLC	9	5	5	0	0
Calcasieu	ADORED HOMECARE, LLC	9	21	4	0	0
Calcasieu	ADVANCED PERSONAL CARE, LLC	3	5	0	1	500
Calcasieu	AGELESS HEALTHCARE	3	7	0	0	0
Calcasieu	ALL ABOUT YOU HOME HEALTHCARE, INC.	24	26	19	0	0
Calcasieu	ALLIANCE HEALTHCARE STAFFING, LLC	5	4	3	0	0
Calcasieu	AT HOME COMPASSIONATE CARE	7	16	3	1	2,100
Calcasieu	AT SOUTHWEST LOUISIANA INDEPENDENCE CENTER, INC.	11	14	5	1	600
Calcasieu	BRIDGE BUILDERS CARE SERVICES	1	0	0	0	0
Calcasieu	CARC, INC.	16	10	9	0	0
Calcasieu	CARING HANDS, LLC	5	21	2	0	0
Calcasieu	COMPASSIONATE COVENANT ADULT DAY HEALTH CARE, INC.	8	18	2	0	0
Calcasieu	COMPREHENSIVE HEALTH SYSTEMS, INC.	10	49	4	2	4,600
Calcasieu	DIRECT CARE, INC.	5	16	2	0	0
Calcasieu	EVERGREEN COMMUNITY SERVICES - SWLA/PERSONAL CARE	7	19	3	0	0
Calcasieu	EVERGREEN WEST CALCASIEU SERVICES (PROVISIONAL)	0	0	0	0	0
Calcasieu	GULF COAST SOCIAL SERVICES	1	0	0	0	0
Calcasieu	HEAVEN ON EARTH NETWORK, INC.	26	44	17	2	5,100
Calcasieu	HOME INSTEAD SENIOR CARE	4	14	0	0	0
Calcasieu	L & D COMMUNITY CARE, INC.	4	2	1	0	0
Calcasieu	LEADING HOME CARE	25	19	17	2	2,100
Calcasieu	NORMAL LIFE DAY SERVICES	3	6	0	1	700
Calcasieu	NORMAL LIFE OF LAKE CHARLES, INC.	16	35	7	0	0
Calcasieu	PERSONAL CARE SERVICES 2000	4	12	1	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Calcasieu	SHARE CARE USA, LLC	10	22	4	1	\$500
Calcasieu	VOLUNTEERS OF AMERICA, GREATER BATON ROUGE AT LAKE CHARLES	0	0	0	0	0
Calcasieu	YOUTH TAKE A STAND MENTORING	0	0	0	0	0
Jefferson Davis	ALL WAYS CARING HOMECARE	11	26	5	1	1,200
Jefferson Davis	ANCHOR OF HOPE – HC0012500	0	0	0	0	0
Jefferson Davis	ANCHOR OF HOPE HOMECARE AGENCY, LLC – HC0012515	9	25	4	0	0
Jefferson Davis	PREFERRED LIVING, INC.	2	5	0	0	0
Jefferson Davis	SERVICE CARE, LLC	4	10	1	0	0
Region 6 - Central Louisiana						
Avoyelles	AVOYELLES SOCIETY FOR THE DEVELOPMENTALLY DISABLED	7	8	3	0	0
Avoyelles	IMMACULATE HEART OF MARY-PCS, LLC	7	6	3	0	0
Avoyelles	L & D COMMUNITY CARE, INC.	11	19	6	0	0
Avoyelles	SYLVIA'S CARING COMPANIONS HEALTH CARE SERVICES, INC.	7	20	4	0	0
Catahoula	ACE CARE GIVING SERVICES, LLC-CENTRAL	10	7	6	0	0
Catahoula	CATAHOULA ARC	1	0	0	0	0
Catahoula	SAFE HAVEN IN HOME SERVICE, LLC	1	0	0	0	0
Concordia	ALL ABOUT YOU HEALTHCARE SITTING SERVICE	5	3	2	0	0
Concordia	ALTERNATIVE SITTING SERVICE, LLC	0	0	0	0	0
LaSalle	ADVANCED SITTING SOLUTIONS, INC.	6	4	5	0	0
LaSalle	LASALLE ASSOCIATION FOR THE DEVELOPMENTALLY DELAYED	2	2	1	1	2,400
Rapides	A BLESSING PERSONAL HOME CARE SERVICES, LLC	4	15	1	0	0
Rapides	A FIRST NAME BASIS HOME CARE – HC0005226	2	7	0	0	0
Rapides	A FIRST NAME BASIS HOME CARE – HC0005595	11	10	6	2	1,700
Rapides	ACCESSIBLE HEALTHCARE SOLUTIONS, LLC	24	49	17	1	1,200
Rapides	ALL ABOUT FAMILIES, INC.	0	0	0	0	0
Rapides	ALL WAYS CARING HOMECARE	2	5	0	0	0
Rapides	ALTERNATIVE CONCEPT CARE SERVICES	8	11	3	0	0
Rapides	AMERICARE INCORPORATED	2	6	0	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Rapides	AMIAN CARE SERVICES, LLC	9	26	5	0	0
Rapides	BLESSINGS AT HOME, LLC	2	2	1	0	0
Rapides	CHOICE PROVIDERS, LLC	6	17	2	0	0
Rapides	COLWELL INTEREST, INC.	2	1	0	0	0
Rapides	DIRECT CARE SERVICES, INC.	4	10	1	0	0
Rapides	EVERGREEN PRESBYTERIAN MINISTRIES, INC.	9	9	4	0	0
Rapides	GUARDIAN ANGELS CARE SERVICES, INC.	11	28	8	0	0
Rapides	GULF COAST SOCIAL SERVICES	6	5	3	1	\$3,600
Rapides	KELLIE'S SITTING SERVICES, INC.	20	18	12	0	0
Rapides	LEADING HOME CARE	31	39	19	0	0
Rapides	LOUISIANA COMMUNITY CARE, INC.	27	32	19	1	2,500
Rapides	PINECREST SUPPORTS AND SERVICES CENTER	1	0	0	0	0
Rapides	SHARE CARE USA, LLC	8	13	4	0	0
Rapides	ST. GENEVIVE HEALTH CARE SERVICES, INC.	6	17	2	1	500
Rapides	TAILORED HOME CARE, LLC DBA HOME INSTEAD	2	2	0	0	0
Rapides	THE ARC RAPIDES, INC.	12	25	5	0	0
Rapides	WE CARE MINISTRIES OUTREACH PROGRAM, INC.	3	11	1	0	0
Vernon	AT SOUTHWEST LOUISIANA INDEPENDENCE CENTER, INC.	4	5	1	0	0
Vernon	COMPANION CARE OF SWLA	7	11	3	0	0
Winn	FUTURE EXPECTATIONS COMMUNITY CARE SERVICE, LLC	7	10	2	0	0
Region 7 - Northwest Louisiana						
Bienville	HUMBLE BEGINNINGS ASSISTED CARE SERVICES, LLC	4	4	1	0	0
Bossier	ALLIANCE HEALTHCARE GROUP, LLC	14	16	7	2	2,250
Bossier	COMMUNITY ANGELS OF HOPE, LLC	11	9	7	0	0
Bossier	EVERGREEN SUPPORTED LIVING PROGRAM	4	5	2	0	0
Bossier	EVERLINE'S LOVING ARMS, LLC	3	1	1	0	0
Bossier	HAP HOUSE	3	4	0	0	0
Bossier	MARTIN FAMILY SUPPORT SERVICES, LLC	5	7	2	0	0
Bossier	MY LIVING HOPE CARE, LLC	6	22	3	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Bossier	NEW HORIZON HEALTHCARE SOLUTIONS, LLC	2	2	0	0	0
Caddo	A FIRST NAME BASIS HOME CARE – HC0006230	1	0	1	0	0
Caddo	A FIRST NAME BASIS HOME CARE – HC007457	10	13	5	0	0
Caddo	A GOOD HOME CARE SERVICES, LLC	9	50	4	0	0
Caddo	A TOUCH OF MERCY, LLC	2	0	0	0	0
Caddo	ABUNDANT LIFE HEALTH CARE SERVICES, LLC	1	0	0	0	0
Caddo	ALLEGIANCE HOME CARE	3	5	1	0	0
Caddo	ALWAYS BEST CARE SENIOR SERVICES	4	29	2	0	0
Caddo	AN ENDLESS LOVE HOME CARE, LLC	17	39	8	0	0
Caddo	ANGELWORKS ADULT DAY PROGRAM	4	4	0	0	0
Caddo	ASSISTED FAMILY SERVICES, LLC	3	6	1	0	0
Caddo	ASSURANCE CARE SERVICES, INC.	5	7	3	0	0
Caddo	BRIDGES FOR RECOVERY CENTER, LLC	2	8	0	0	0
Caddo	BROOKS PERSONAL CARE ATTENDANT SERVICE, LLC	2	5	0	0	0
Caddo	COMFORT KEEPERS	2	14	0	0	0
Caddo	COMPANION HOME SERVICES, LLC	4	38	1	0	0
Caddo	CONTEMPORARY FAMILY SERVICES, INC.	0	0	0	0	0
Caddo	D & K HEALTH CARE SERVICE, LLC	10	14	5	0	0
Caddo	DEPENDABLE CARE SERVICES, LLC	14	22	7	0	0
Caddo	ELITE HEALTH SOLUTIONS, LLC	2	21	0	0	0
Caddo	EXCEPTIONAL CLIENT CARE SERVICE, LLC	5	7	2	0	0
Caddo	GOLDEN PATIENT CARE SERVICES, INC.	6	15	2	0	0
Caddo	HOME INSTEAD SENIOR CARE	3	3	1	0	0
Caddo	JOHNSON'S CLIENT CARE SERVICES, LLC	4	31	1	0	0
Caddo	LEADING HOME CARE	1	0	0	0	0
Caddo	LOYALTY HEALTH CARE SERVICES, LLC	6	10	2	0	0
Caddo	METRO CLIENT CARE SERVICE, LLC	9	8	4	0	0
Caddo	METROPOLITAN CIRCLES, LLC	6	9	2	1	\$900
Caddo	NEW HORIZONS, INC.	3	3	0	0	0
Caddo	PEOPLE FIRST OUTREACH, INC.	6	8	2	0	0
Caddo	PROFESSIONAL SITTING SERVICES	3	4	1	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Caddo	SEEDS IN ACTION COMMUNITY HEALTHCARE, INC.	12	8	8	0	0
Caddo	SERENITY HOME CARE SOLUTIONS, LLC	2	3	0	0	0
Caddo	SINCERE CLIENT CARE SERVICES	16	8	9	2	\$1,500
Caddo	ST. GENEVIVE HEALTH CARE SERVICES, INC.	17	6	14	0	0
Caddo	ST. MATTHEW'S DIRECT CARE SERVICE, LLC	20	28	11	0	0
Caddo	THE ARC OF CADDO-BOSSIER	15	7	10	0	0
Caddo	VOLUNTEERS OF AMERICA OF NORTH LOUISIANA	8	19	4	0	0
Caddo	WE CARE SITTING SERVICES, LLC	15	15	6	3	3,900
Claiborne	SOUTHERN INGENUITY, INC.	7	19	3	1	900
Claiborne	VISIONS OF TOMORROW, INC.	2	12	0	0	0
DeSoto	A FIRST NAME BASIS HOME CARE	5	7	1	0	0
DeSoto	DESOTO COUNCIL ON AGING	3	2	1	0	0
DeSoto	DESOTO HABILITATION SERVICES	4	7	1	0	0
DeSoto	INNER QUALITY SERVICES	1	0	0	0	0
DeSoto	UNIVERSAL HOMECARE SERVICE, LLC	2	14	1	0	0
Natchitoches	FUTURE EXPECTATIONS COMMUNITY CARE SERVICES, LLC	3	2	1	0	0
Natchitoches	HEAVEN'S BLESSINGS, INC.	2	4	0	0	0
Natchitoches	NATCHITOCHES ARC, INC.	2	9	0	0	0
Natchitoches	NATCHITOCHES VOCATIONAL CENTER	3	6	0	0	0
Natchitoches	TOUCH OF GRACE SERVICES, LLC	14	11	11	0	0
Natchitoches	WE CARE MINISTRIES OUTREACH PROGRAM, INC.	8	14	3	0	0
Red River	RED RIVER INDUSTRIES	3	6	0	0	0
Red River	THE WILL OF GOD MINISTRIES OUTREACH PROGRAM	9	7	4	0	0
Sabine	ALWAYS AND FOREVER CARE, INC.	1	0	0	0	0
Sabine	ARC OF SABINE	8	19	3	0	0
Webster	BEST KARE JOURNEY SERVICES, LLC	5	2	3	0	0
Webster	COUNTRY ROAD RESOURCES	3	3	2	0	0
Webster	DIVINE SERVICES	5	15	2	0	0
Webster	JOYFUL DAYS, LLC	4	11	2	0	0
Webster	MAR-C INDUSTRIES	0	0	0	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Webster	MATTERS OF THE HEART OF NORTH LOUISIANA, LLC	5	19	2	1	\$1,700
Webster	NORTH CENTRAL LA COMMUNITY SERVICES	2	6	0	0	0
Webster	OAK WORKS, INC.	1	0	0	0	0
Webster	SPARK LIFE SERVICES	1	8	0	0	0
Region 8 - Northeast Louisiana						
Caldwell	ADVANCED SITTING SOLUTIONS, INC.	3	0	2	0	0
Caldwell	EXPRESS MEDICAL STAFFING, INC.	7	13	3	0	0
East Carroll	KOMFORT KEEPERS SITTING SERVICES	1	0	0	0	0
East Carroll	LOVING TOUCH PERSONAL CARE SERVICES, INC.	1	0	1	0	0
Franklin	BERTHA NELSON DAY DEVELOPMENTAL TRAINING CENTER	0	0	0	0	0
Jackson	ETERNAL BLESSINGS, INC.	7	8	3	0	0
Jackson	PEOPLE CENTERED SUPPORT SERVICES/PARCWAY INDUSTRIES	0	0	0	0	0
Lincoln	A BETTER HOME CARE, LLC	7	14	4	0	0
Lincoln	ASSISTED FAMILY SERVICES, LLC	6	31	2	0	0
Lincoln	PEOPLE CENTERED SUPPORT SERVICES, INC.	8	6	6	0	0
Lincoln	QUALITY CARE AT HOME II	1	0	0	0	0
Lincoln	REFLECTED GRACE, LLC	3	10	1	0	0
Madison	A & D HELPING HANDS, LLC	4	9	1	0	0
Madison	MARIE'S FAMILY HEALTHCARE & SITTING SERVICES, INC.	2	1	1	0	0
Madison	PREVENTIVE MEASURES PROGRAMS, INC.	8	26	3	0	0
Morehouse	BODY & SOUL SERVICES, INC.	5	3	3	0	0
Morehouse	GOOD SHEPHERD PERSONAL CARE, LLC	6	2	4	0	0
Morehouse	QUALITY LONG TERM CARE, LLC	8	12	3	0	0
Morehouse	THE ARC OF MOREHOUSE	3	8	2	0	0
Ouachita	A FIRST NAME BASIS HOME CARE - HC0005802	3	2	2	0	0
Ouachita	A FIRST NAME BASIS HOME CARE - HC0005939	17	26	11	0	0
Ouachita	A NEW FAITH, LLC	9	11	6	0	0
Ouachita	ABSOLUTE CARE, INC.	18	14	13	0	0

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Ouachita	ALWAYS BEST CARE SENIOR SERVICES	2	5	1	0	0
Ouachita	AMERICARE - HC0005225	0	0	0	0	0
Ouachita	AMERICARE - HC0007721	14	20	8	0	0
Ouachita	ANN'S HELPING HANDS	7	14	4	0	0
Ouachita	ANOTHER CHANCE ENTERPRISE PERSONAL CARE ATTENDANT SERVICES	11	16	6	0	0
Ouachita	CARE SOLUTIONS, INC.	10	13	8	0	0
Ouachita	CENTER FOR PERSONAL DEVELOPMENT	8	14	3	0	0
Ouachita	COGNITIVE DEVELOPMENT CENTER PERSONAL CARE SERVICES	21	24	11	0	0
Ouachita	D & D COMMUNITY CONNECTIONS, INC.	15	36	9	0	0
Ouachita	ENRICH PERSONAL CARE SERVICE, LLC	10	13	7	0	0
Ouachita	FAITH AND HOPE INDEPENDENT LIVING	14	6	9	0	0
Ouachita	FAMILIES FIRST CHOICE, INC.	10	37	5	1	\$500
Ouachita	G B COOLEY SERVICES DISTRICT	8	7	3	0	0
Ouachita	GUIDANCE PERSONAL CARE	2	16	0	0	0
Ouachita	HEART'S DESIRE, LLC	22	45	12	1	2,400
Ouachita	HIDDEN TREASURES ALZHEIMER'S RESPITE MINISTRY	0	0	0	0	0
Ouachita	INNOVATIVE COMMUNICATORS, INC.	2	3	0	0	0
Ouachita	INSPIRATIONAL CARE, LLC	7	16	3	0	0
Ouachita	JADAN, INC.	5	13	1	0	0
Ouachita	KEA, INC.	3	0	1	0	0
Ouachita	MIRACLE OUTLOOK FAMILY SERVICES, INC.	6	11	2	0	0
Ouachita	MY PCA	4	15	1	0	0
Ouachita	NEW HORIZONS INDEPENDENT LIVING CENTER	6	8	1	0	0
Ouachita	PRECISION CAREGIVERS	6	32	3	0	0
Ouachita	RENEWED CARE, LLC	3	3	1	0	0
Ouachita	SERENITY CARE PROVIDER, LLC	2	2	0	0	0
Ouachita	SUPREME HOME HEALTH SERVICE, INC.	3	7	1	0	0
Ouachita	T & B HOME CARE SERVICES, INC.	6	7	2	1	500
Ouachita	THE ARC OF OUACHITA	3	6	2	0	0
Ouachita	THERAPEUTIC APPROACHES, INC.	10	10	5	0	0
Ouachita	TWIN CITY HOME CARE SERVICES, INC.	22	40	14	1	700

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Ouachita	UNIQUE GUIDANCE PROVIDER SERVICES, INC.	5	13	2	0	0
Richland	ALL ABOUT YOU SUPPORT SERVICES	2	1	1	0	0
Richland	CARING ANGEL CONNECTION, INC.	7	19	3	0	0
Richland	COMMUNITY CARE SERVICES, INC.	4	17	1	0	0
Richland	COMMUNITY WAIVER SERVICES, LLC	4	4	2	0	0
Richland	DELTA AMERICAN HEALTHCARE, INC.	0	0	0	0	0
Richland	MANGHAM HOME CARE, INC.	6	13	3	0	0
Richland	RICHLAND ARC, INC.	5	16	0	0	0
West Carroll	AT HOME SERVICES OF WEST CARROLL HEALTH SYSTEMS	0	0	0	0	0
West Carroll	MARY BIGGS DAY DEVELOPMENTAL TRAINING CENTER	2	2	0	0	0
Region 9 - Northshore Area						
Livingston	ACCENT'S ATTENDANT CARE, INC.	1	0	1	0	0
Livingston	COMPLETE CARE SERVICES 2, LLC	7	5	3	0	0
Livingston	COMPLETE PERSONAL CARE SERVICES, LLC	10	9	6	1	\$500
Livingston	LA TROUVE', INC.	4	11	1	0	0
Livingston	LOUISIANA ASSOCIATION FOR CHALLENGED CITIZENS	5	2	1	0	0
Livingston	PERSONAL TOUCH HEALTHCARE SERVICE, LLC	35	34	21	3	5,800
Livingston	THE RIGHT WAY, INC.	3	5	1	0	0
Livingston	TRINITY PERSONAL CARE SERVICES	6	7	3	0	0
St. Helena	FAITH AND HOPE INDEPENDENT LIVING	3	10	0	0	0
St. Helena	QUALITY COMMUNITY HOMES	0	0	0	0	0
St. Tammany	A FIRST NAME BASIS HOME CARE	6	7	4	0	0
St. Tammany	ABOUT YOU IN HOME CARE, LLC	2	5	0	0	0
St. Tammany	ARC OF GREATER NEW ORLEANS	1	0	0	0	0
St. Tammany	ASSURE HEALTH CARE PROVIDERS, INC.	2	3	1	0	0
St. Tammany	BRIGHTCARE HOMECARE, LLC	1	0	0	0	0
St. Tammany	CHRISTWOOD COMPANION SERVICES	2	2	0	0	0
St. Tammany	COMFORCARE SENIOR SERVICES-SLIDELL	1	0	0	0	0
St. Tammany	HELPING HANDS FOR HEALING HEARTS	4	18	1	0	0
St. Tammany	HOME INSTEAD SENIOR CARE	0	0	0	0	0
St. Tammany	KH HEALTHCARE SERVICES, LLC	0	0	0	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
St. Tammany	LOVING HEARTS OF LA	1	0	0	0	0
St. Tammany	MY PURPOSE COMMUNITY SERVICE	6	29	2	0	0
St. Tammany	NORMAL LIFE FAMILY SERVICES, INC.	4	0	2	0	0
St. Tammany	RIGHT AT HOME-NORTHSHORE	2	3	1	0	0
St. Tammany	RIGHT HAND SENIOR CARE	22	19	21	6	\$16,400
St. Tammany	STARC OF LOUISIANA	5	1	4	0	0
St. Tammany	VISITING ANGELS	2	10	0	0	0
St. Tammany	VOLUNTEERS OF AMERICA SOUTHEAST LOUISIANA, INC.	4	11	2	0	0
Tangipahoa	A FIRST NAME BASIS HOME CARE, LLC	0	0	0	0	0
Tangipahoa	ACE CARE GIVING SERVICES, LLC	1	0	0	0	0
Tangipahoa	ALL ABOUT U	11	10	7	0	0
Tangipahoa	ASSISTANCE JUST FOR YOU, LLC	3	15	0	0	0
Tangipahoa	BRIDGE BUILDERS CARE SERVICES	5	1	5	0	0
Tangipahoa	C.A.R.E., INC.	7	5	4	0	0
Tangipahoa	DREAM TEAM OF LA, INC.	3	2	1	0	0
Tangipahoa	EFFICIENT CARE, LLC	2	15	1	0	0
Tangipahoa	EVERGREEN PRESBYTERIAN MINISTRIES, INC.	6	6	2	1	1,200
Tangipahoa	GLOSS ENTERPRISE, LLC	9	9	5	0	0
Tangipahoa	GULF COAST SOCIAL SERVICES	1	0	0	0	0
Tangipahoa	HAMMOND STRAWBERRY FIELDS, INC.	3	0	2	0	0
Tangipahoa	HAPPY DAYS SHELTERED WORKSHOP	4	4	0	0	0
Tangipahoa	HARMONY CENTER, INC. BUTLER'S CROSSING DAY PROGRAM	4	7	0	0	0
Tangipahoa	HELPING HANDS HEALTH SERVICES, LLC	4	1	4	1	700
Tangipahoa	HOME INSTEAD SENIOR CARE	0	0	0	0	0
Tangipahoa	INTEGRITY HOME CARE, LLC	3	2	1	0	0
Tangipahoa	ISLAND HOME CARE, LLC	16	9	9	0	0
Tangipahoa	LEADING HOME CARE	4	0	4	0	0
Tangipahoa	NEW BEGINNINGS BEHAVIORAL HEALTHCARE	2	4	0	0	0
Tangipahoa	NORTH TANGI ADULT DAY CARE	2	9	0	0	0
Tangipahoa	OPTIONS, INC.	7	3	4	0	0
Tangipahoa	PARISHES SUPPORTIVE LIVING, INC.	7	6	4	0	0
Tangipahoa	RIGHT CHOICE COMMUNITY CARE, LLC	7	4	5	0	0

Parish	Name	Total Number of HSS Surveys (Includes licensure, complaint, follow up surveys)	Number of Deficiencies	Complaints	Sanctions	State Fines
Tangipahoa	SMILES, INC.	5	20	1	1	\$2,300
Tangipahoa	TARC	11	6	9	0	0
Tangipahoa	TCP, INC. (THEOPHILUS COMMUNITY PROGRAMS)	2	2	1	0	0
Tangipahoa	TWO WINGS COMMUNITY HEALTH SERVICES, LLC	2	0	0	0	0
Tangipahoa	WILKINSON CARE GIVING	11	7	9	0	0
Washington	AFFILIATED HEART2HEART HOMECARE SERVICES, INC.	3	3	1	0	0
Washington	COMMUNITY CONNECTION PROGRAMS, INC.	3	18	0	1	1,900
Washington	COMMUNITY INDEPENDENT LIVING SERVICES, LLC	2	3	1	0	0
Washington	COMPLETE CHOICE PERSONAL CARE, LLC	2	7	0	0	0
Washington	ELAINE'S PERSONAL CARE SERVICES, LLC	4	2	3	0	0
Washington	FLORIDA PARISHES RESOURCES FOR INDEPENDENT LIVING, LLC	8	4	4	0	0
Washington	FRANKLINTON ARC-WASHINGTON PARISH ACTIVITY CENTER	4	2	2	1	2,400
Washington	MOM-4-A-DAY, INC.	3	11	1	1	2,600
Washington	NELLIE BYERS TRAINING CENTER	2	2	0	0	0
Washington	PRIDE AND HOPE MINISTRY FAMILY SUPPORT SERVICES	4	1	2	0	0

Source: Prepared by legislative auditor's staff using information provided by LDH.

APPENDIX F: OCDD SUPPORT COORDINATION MONITORING PERCENT OF ELEMENTS MET FISCAL YEARS 2019 THROUGH 2023

Category	Element	2019	2020	2021	2022	2023
Assessments are accurate, complete and timely	All participants have a comprehensive assessment	100%	100%	100%	100%	100%
	Components of the assessment/reassessment are comprehensive	41.2	69.3	61.6	54.5	58.4
	Support Coordinators understand assessment requirements	100	95.1	100	100	76.7
	All participants receive an annual redetermination of eligibility within 12 months of their initial level of care evaluation or within 12 months of their last annual level of care evaluation	100	100	100	100	100
	Support Coordinators review participants' medication management and health-related needs in the plan of care	100	100	100	94.7	100
	There is a comprehensive assessment of participants' medication regimens	92.6	86.1	95.3	81.7	75.6
	The Assessment is performed by a qualified evaluator	100	100	100	100	100
Health and safety risks are identified and mitigated	Health and safety risk factors have been identified and mitigated	89.8	90.9	98.9	85	74.1
	Support Coordinators understand how to identify health and safety risks	100	100	100	94.7	82.4
	Participants report support coordinator support related to known risks	100	98.6	90.5	91.2	98.8
Participants are involved in planning	Participants are given sufficient support and guidance in the planning process	100	96.9	83.8	94.2	75.8
	Where appropriate, participants are involved in the planning process	100	100	99.2	98	100
The plan of care has strategies to meet the participant's identified, assessed needs and preferences	Participants report that the plan of care meets their needs and preferences	100	98.7	68.5	94.4	95
	Support Coordinators understand policies for developing plan of care	100	100	100	95.9	92.7
	The plan of care meets identified needs	84.9	82.2	79.7	82.3	81.8
	The plan of care is monitored by Support Coordinators consistent with state requirements	94.4	95.8	67.4	79.5	92.4
	The plan of care meets the participants personal goals	99.2	96.9	97.7	95.8	96.6
	Participants are notified of their right to appeal elements of their service plan and understand how to voice their complaints	100	96.5	90.5	90.3	70.3
	Support Coordinators understand the process and actions to be taken when risks occur	100	100	100	94.7	92.7

Category	Element	2019	2020	2021	2022	2023
	The plan of care identified non-waiver services appropriate to the participant's needs	100%	100%	100%	100%	100%
	Support Coordinators have a working knowledge of available resources	100	98.4	100	94.7	77.7
	The plan of care identifies non-waiver services appropriate to the participant's needs	100	100	100	100	100
Plan of care and service initiation are up to date and timely	The initial assessment and certified plan of care are completed within timelines of DHHS	100	100	100	100	100
Participants are protected in the event of an emergency	Emergency preparedness and response plans are in place	89.9	99.3	95.3	84.6	92.4
	Participants understand and have agreed to the emergency preparedness and response plan	100	86.4	90	99.8	86.2
	Support Coordinators understand their responsibilities in implementation of individual and agency emergency preparedness and response plans	100	100	100	100	80.3
	Participants understand and have agreed to the staffing back-up plan	100	94.8	85.8	91.6	76.3
	Staffing back up-plans are effective and appropriately implemented	90.3	93	100	93.1	99.1
	Support Coordinators understand their responsibilities to develop and monitor back-up staffing plans	100	100	100	100	83.9
Participants have choice	Participants/Legal Guardians (or authorized representatives) have checked and signed choice of waiver (vs institutionalization) form	100	100	100	100	100
	Describe how and when you offer Freedom of Choice of service providers	100	100	100	98.4	95.9
	Participants are given a choice of waiver providers and support coordination agencies	91.7	97.2	99.7	98.7	97.7
	Participants understand their right to choose service providers and support coordination agency	100	96.5	74.4	88.7	75
Participants needs are met	Participants report Support Coordinators regularly meet with them to monitor the effectiveness of the plan of care	100	96.9	77.2	91.2	90.8
	Support coordinators regularly review participant status to determine the effectiveness of the certified plan of care	9.3	88.2	99.4	94.4	97.4
	Monitoring of all services is performed within timelines (quarterly NOW, 4-6 months Children's Choice)	100	100	100	100	100
	Participants report that services are being provided and needs are being met	100	94.3	74.1	86.7	85.6
	Support coordinators monitor service providers for delivery of services as indicated in the plan of care	75.9	97.2	99.4	88.6	87.2

Category	Element	2019	2020	2021	2022	2023
	Support Coordinators understand plan of care implementation as outlined in the Waiver Procedural Manual	100%	100%	100%	100%	85%
	Plans of Care are updated when warranted by changes in participant needs	66.2	99.3	97.2	66.4	75.3
	Participants report that they were able to change services when their needs changed	100	97.4	87.5	94.7	79.6
Participants are safe	Critical incidents are identified and addressed	78.2	95.5	90.8	92.6	99.4
	Participants feel safe in their homes and neighborhoods	100	93.9	80.5	82.9	79.6
	SCs understand their responsibilities for reporting and addressing critical incidents	100	98.4	100	97.1	100
	Participants are informed how to report critical incidents	100	100	100	100	100
	Participants understand how to voice their complaint	100	96.5	66.6	69.7	66.2
HCBS Settings Rule Compliance	Individual Choice	100	100	100	100	100
	Community Integration – ADHC	100	100	100	100	100
	Rights and Privacy – ADHC	100	100	100	100	100
	Individual Autonomy and Independence – ADHC	100	100	100	100	100
Support Coordinators are competent to support participants to whom they are assigned	Support Coordinators feel supported and qualified to do their jobs	100	98.4	100	92.6	62.2
	Support Coordinators receive supervision	100	100	100	100	100
The Support Coordination workforce is consistent and stable	Support Coordinators report that they have sufficient time to do their jobs well	100	100	100	92.6	80.3
Management structures and policies support an efficient and effective operation	The agency provides support to Support Coordinators to fulfill their roles and responsibilities	100	94.3	100	86.9	85
	Case records are documented in accordance with agency and state policy	85.6	100	100	0	100
	Support Coordinators understand confidentiality requirements	100	100	100	100	100
	Support Coordinators understand the agency’s field safety policy	100	100	100	100	100
Home Observations	Assessments accurately reflect participants’ needs and preferences	100	100	100	100	100
	Medication management and health-related needs are current and accurate	100	92.8	66.7	80.5	84.3
	Known risks have been identified	100	100	100	91.9	87.5

Category	Element	2019	2020	2021	2022	2023
	The plan of care accurately reflects participant's current needs and preferences	100%	100%	100%	100%	96.9%
	Participants have contact info for support coordinator and LDH Help/Complaint lines	100	100	100	100	100
	Community Integration	100%	93.4%	100%	100%	100%
Source: Prepared by legislative auditor's staff using data provided by LDH.						