R-Community Choices Waiver (CCW)

R-100 Covered Services for Community Choices Waiver (CCW)

R-100.1 Activity Sensor Monitoring (ASM)

For Activity Sensor Monitoring (ASM) definition and policy, refer to Activity Sensor Monitoring under Covered Services in the Louisiana Medicaid CCW Manual. The following are situations, not requirements, where a participant may especially benefit from ASM services:

- Participants linked or certified but do not have Personal Assistance Services (PAS) in place yet;
- Participants whose Direct Service Provider (DSP) is having trouble securing/providing Direct Service Workers (DSWs);
- Participants with brittle or lack of natural support;
- Participants experiencing repeat falls as indicated by Critical Incident Reports (CIRs);
- Participants experiencing pacing or wandering behaviors; and
- Participants who may be alone during evening hours or during the night.

NOTE: A participant cannot simultaneously receive Activity Sensor Monitoring (ASM) services and PERS services.

SC will:

- Inform the participant of Activity Sensor Monitoring services.
- Offer Freedom of Choice (FOC) for ASM providers if the participant chooses this service.
- Include ASM Telecare Installation A5160 (one-time installation fee) and ASM Routine S5161 (monthly) in the Plan of Care (POC)/POC Revision and budget sheet.
- Submit the POC packet to the Support Coordinator (SC) supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve the POC/POC Revision following the procedures outlined in this manual.
- Submit the approved POC/POC Revision to the DMC, participant, provider(s) and RO following the procedures outlined in this manual.
- Complete the online registration form for the ASM provider, attaching and submitting the POC/POC Revision.

DMC will:

- Issue Prior Authorizations (PAs) after the approved POC/POC Revision is received from the Support Coordination Agency (SCA).

ASM provider will:

- Contact the participant or their representative (legal/responsible) to discuss the ASM components and select the most appropriate components for the participant's own person-centered activity monitoring program.

R-100.2 Adult Day Health Care (ADHC)

For Adult Day Health Care (ADHC) definition and policy, refer to Adult Day Health Care under Covered Services in the Louisiana Medicaid CCW Manual.

SC will:

- Inform participant of ADHC services.
- Offer Freedom of Choice (FOC) of all ADHC providers if participant chooses this service.
- Include ADHC in the Plan of Care (POC) and budget sheet.
- Submit the POC packet to the Support Coordinator (SC) supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.

- Submit the approved POC packet to the Data Management Contractor (DMC), participant, provider(s) and RO following the procedures outlined in this manual.

DMC will:

- Issue Prior Authorizations (PAs) after the approved POC is received from the Support Coordination Agency (SCA).

R-100.4 Assistive Devices and Medical Supplies

For Assistive Devices and Medical Supplies (ADMS) definition and policy, refer to ADMS Section under Covered Services in the Louisiana Medicaid CCW Manual.

ADMS may be purchased by the participant, Responsible Representative (RR), Direct Service Provider (DSP), Support Coordination Agency (SCA), Assistive Devices provider (provider type 17), or any other source.

However, only the SCA or the Assistive Devices provider (provider type 17) can bill and be reimbursed for these services.

Participants must use Medicaid state plan services, Medicare, or other available payers prior to using Waiver services as the payer for ADMS purchases.

SC will:

- Inform participant of the ADMS service.
- Determine if the requested item(s) are needed and approvable purchases within the assistive devices and medical supplies waiver service, and if so,
- Identify the Designated Purchaser (DP) of the item(s), if applicable. The DP of assistive devices and medical supplies may be the participant, RR, DSP, SCA, or any other source.
- Obtain an estimate or quote for the item.

If the ADMS purchase cost will exceed $500, SC will:

- Submit the item request along with an estimate or quote to Regional Office (RO) for review.

RO will:

- Review the request and notify the SC via email on whether to proceed with the purchase.

Once RO notifies the SC to proceed, the SC will:

- Complete the Assistive Devices and Medical Supplies form, OAAS-PF-16-001.
    - If the ADMS cost will be billed by the SCA, complete Section I. Assistive Devices and Medical Supplies Expenses billed by SCA.
    - If the ADMS cost will be billed by the Assistive Devices provider (Provider Type 17), complete Section II. Assistive Devices and Medical Supplies Expenses billed by Assistive Devices provider (Provider Type 17).
- Include Assistive Device Purchase (A9999) and/or Medical Supply Purchase (T2028, SC) in the POC/POC revision CAPS section and the POC/ POC revision budget page.
    - For Medical Supply Purchase—reoccurring (T2028, SC) all purchases until the end of the POC year must be budgeted and included on the POC or POC revision. Example: If a participant plans to purchase a month's worth of disposable briefs with a cost of $100 a month, the entire annual POC cost of $1200 should be budgeted and included in the POC.
- Submit the POC packet, including the RO email to proceed with the purchase (if applicable) and ADMS form, to the Support Coordinator Supervisor (SCS) for approval following the procedures outlined in this manual.

SCS will:

- Review and pre-approve the ADMS form.
- Review and approve the POC/POC revision following the procedures outlined in this manual.
- Submit the approved POC packet, the RO email to proceed with the purchase (if applicable), and ADMS form to the DMC and RO.

- Submit the approved POC packet to the participant and providers following the procedures outlined in this manual.

SC will:

- Assist with obtaining the items identified on the ADMS form.

  NOTE: Purchases are not restricted to being from licensed providers. There is no lifetime cap on utilization, provided the participant remains within their allotted budget.

- Verify that the items purchased are listed on the ADMS form.
- Collect and submit original receipts along with the ADMS form to SCS for verification and final approval.

If the actual total ADMS cost is less than the estimated cost on the POC/POC revision, a POC revision is not necessary, the ADMS form will suffice for PA release.

If the actual cost exceeds the estimated cost, a POC revision is required with the actual ADMS cost. SC will:

- Complete a POC revision with the budget worksheet reflecting the actual total cost of the purchase(s).
- Submit the POC revision to the SCS for review/approval.

SCS will:

- Utilize the pre-approved ADMS form to ensure that only the item(s) listed are reimbursed to the DP.
- Complete the ADMS form for final approval, Section IV.
- Send the approved ADMS form to the DMC and RO.
- Submit the approved POC revision with the budget worksheet reflecting the actual total cost of the purchase(s), **if the actual total cost exceeds the estimated cost,** to the DMC**.**

DMC will:

- Release PAs after the approved AMDS form and approved POC revision, if applicable, is received from the SCA.

SCA will:

- Bill the Medicaid fiscal intermediary contractor for this service within 60 calendar days from the purchase date.
- Reimburse the DP, if other than SCA, within 10 calendar days of receipt of reimbursement.
- Maintain documentation including each participant's ADMS form with original receipts and copies of cancelled checks, as record of payment to the DP, as applicable.

R-100.5 Assistive Technology (AT)*

For Assistive Technology (AT) definition and policy, refer to the AT Policy Document (OAAS-ADM-23-005). The AT service is only available for participants with verified internet connectivity in their residence.

AT is a time-limited, non-recurring service which is compromised of the following mandatory components:

- An electronic tablet device with internet capability;
- A screen protector and case; and
- A one-time delivery visit (including the set-up of the device, if assistance is needed).

  NOTE: The participant must have internet service in their home in order to receive the AT service.

The AT device, screen protector and case may only be purchased by the Support Coordination Agency (SCA). The one-time delivery visit can only be provided by the SCA. Authorization for the AT service is limited to a one-time lifetime purchase amount of up to $250 for the AT device (including screen protector, and case) and $50 for the AT procurement/delivery visit. Ongoing support and device repair or replacement is NOT included in this service. **Only the SCA can bill and be reimbursed for these services.**

The identified need for the device and how the need will be addressed with the AT service must be included in the Plan of Care (POC) or POC revision.

SC will:

- Inform the participant of the Assistive Technology service.
    - Discuss assistive technology product options.
    - Refer to the Have You Heard About Assistive Technology document, OAAS-R-23-003, for specific device and case product options.
    - Discuss the internet access requirement.
    - Verify that there is current internet service in the participant's residence through verbal affirmation from the participant/representative (legal or responsible).
        - If there is not currently internet service in the participant's residence, provide referrals to low-cost internet options and offer assistance in applying for the service.
        - Proceed with the AT procedure once internet access is established and verified.
- Determine if the requested items are necessary and approvable purchases within the AT service, and if so;
    - Obtain the cost for the device, screen protector and protective case that meet the specifications as outlined in in the AT Policy document, OAAS-ADM-23-005, and in the Have You Heard About Assistive Technology document, OAAS-R-23-003.

  NOTE: The total cost for the device, screen protector and protective case cannot exceed $250.
- Identify natural support that can assist the participant with device set-up and simple instruction.
- Complete the Assistive Technology Services form, OAAS-PF-23-002.
    - Complete Section I. Assistive Technology Items to be billed by the SCA.
- Include Assistive Technology Purchase (tablet, case, screen protector) (T2035) and Procurement Fee (delivery & set-up) (T2025/SE) in the POC/ POC revision budget page.

  NOTE: There is a one-time lifetime cap for the AT service. AT service costs are excluded from the participant's POC budget allotment.

- Include the AT identified need and how the need will be addressed with the AT service in the CAPS section of the POC/POC revision.
- Submit the POC packet and Assistive Technology form, to the Support Coordinator Supervisor (SCS) for approval following the procedures outlined in this manual.

SCS will:

- Review and pre-approve the Assistive Technology form.
- Review and approve the POC/POC revision following the procedures outlined in this manual.
- Submit the approved POC packet and Assistive Technology form to the Data Management Contractor (DMC) and Regional Office (RO).
- Submit the approved POC packet to the participant following the procedures outlined in this manual.

SC will:

- Purchase the items as listed on the Assistive Technology form.
- Contact the participant/representative (legal or responsible) to schedule the delivery visit.
    - Verify with the participant/representative (legal or responsible) that there is currently active internet service at the participant's residence and that natural support will be available to assist with device set-up.
- Deliver the items to the participant.
    - If the participant is not able to complete the device set-up or has no identified natural support to assist, the SC will:
        - Turn the device on to verify functioning and connect the device to the participant's internet source.
        - Show the participant how to charge the device.
        - Provide a simple overview of the device including downloading an email application, or other applications, (if the participant chooses) and how to access the device's internet browser and use the search bar.
        - Refer to the AT Delivery and Set-Up One Page Guide, OAAS-SC-23-010.

NOTE: Ongoing device support or troubleshooting is NOT required.

- If the participant can complete device set-up or has identified natural support to assist, they are responsible for completing the device set-up.
  - The SC will follow-up to ensure that the device set-up was completed and the device is operable.

- Obtain the participant/representative's (legal or responsible) signature on Section III. Participant/Responsible Representative Acknowledgement, verifying the receipt of the device, case, screen protector and set-up.
- Collect and submit the original receipts along with the Assistive Technology form to the Support Coordinator Supervisor (SCS) for verification and final approval.

If there are any discrepancies between the total listed on the pre-approved Assistive Technology form and the actual cost, the SC will:

- Submit a revised POC budget worksheet to SCS reflecting the actual total cost.

SCS will:

- Utilize the pre-approved Assistive Technology form to ensure that only the item(s) listed are reimbursed.
- Complete Section IV. of the Assistive Technology form for final approval.
- Submit the approved Assistive Technology form to the DMC and RO.

DMC will:

- Issue PAs after the approved POC is received from the SCA.

SCA will:

- Bill the Medicaid fiscal intermediary contractor for this service within 60 calendar days from the purchase date.
- Maintain documentation including each participant's Assistive Technology form with original receipts.

***Assistive Technology services are available from April 1, 2023 until American Rescue Plan Act of 2021 (ARPA) funds are exhausted.**

R-100.6 Environmental Accessibility Adaptation (EAA)

For Environmental Accessibility Adaptation (EAA) definition and policy, refer to EAA Section under Covered Services in the Louisiana Medicaid CCW Manual. Any need for an EAA should be documented in either the interRAI Home Care (iHC) assessment and/or the participant's Plan of Care (POC).

NOTE: EAAs are especially helpful if construction is needed and referral to an EAA assessor may be necessary. If participant is in need of a Durable Medical Equipment (DME), a Home Health Agency (HHA) referral may be more appropriate.

The EAA basic assessment and final inspection are not necessary if the participant has requested a low cost accessibility adaptation or item.

If the adaptation or item cost is $1000 or below, the SC Supervisor (SCS) must:

- Submit the POC/POC revision to the RO for review. Once reviewed, RO notifies the SC of the decision via email. If the assessment is waived, the SC submits the POC/POC revision and the RO email to the Data Management Contractor (DMC) for processing.

If the adaptation or item cost exceeds $1000, the SC will:

- Inform participant of EAA service and all possible costs associated with this service (e.g. EAA basic assessment, EAA final inspection, Home Health Agency (HHA) assessment, etc.).

Referral to EAA Assessor for EAA

SC will:

- Offer FOC of EAA assessor to participant.

  NOTE: If participant does not own the home, the SC must receive permission from the landlord prior to proceeding with the EAA process. The SC should use the EAA Permission from Landlord form, OAAS-RF-19-01.

- Check the participant's service utilization report to make sure funds are available (if applicable).

- If the participant is a Nursing Facility (NF) resident, review to determine if the participant meets criteria for a NF Transition Share exception, see Section L-140 Nursing Facility Transition SHARe exception.

- Include EAA basic assessment (S5165, U5) in the POC/POC Revision with justification for the service and explanation of how other services/supports will be replaced without jeopardizing participant's health and welfare.
- Send POC packet to DMC so Prior Authorization (PA) can be issued to EAA assessor.
- Submit the following to EAA assessor on the same date the POC packet is sent to the DMC:
  - POC (including CAPs Summary (CAPS) & budget worksheet);
  - iHC; and
  - Signed FOC for EAA assessor.

EAA assessor will:

- Contact the participant within 10 calendar days of notice of referral to schedule an EAA assessment.

  NOTE: SC referral must include all of the items bulleted above.
- Notify the SC via letter of date and time of assessment.

  NOTE: The SC should try to be present for the assessment, especially for complex cases. However, the SC's presence is not mandatory and should not delay the process.
- Conduct basic assessment within 30 calendar days from date of contact.
- Complete and submit the **Home Access Evaluation (HAE)** report to the SC within 15 calendar days of the assessment.

  NOTE: If the participant needs more than one EAA (e.g. grab bars and a ramp), only 1 EAA assessment will be completed by the EAA assessor.

SC will:

- Complete and submit the OAAS EAA form (OAAS-PF-12-007) to DMC for release of PA for EAA basic assessment (S5165, U5) within 2 business days of receipt of HAE report.

- Submit the HAE report to RO for review and input within 2 business days of receipt of HAE report.
- RO and SC should contact the EAA assessor as necessary, if there are more cost effective alternatives or any concerns with the HAE report.
    - If EAA is **not** recommended:
        - Discuss the HAE report with participant.
        - Follow recommendations in HAE report, if participant is in agreement.

        NOTE: If HAE report includes assistive devices and participant is in agreement, SC will refer to Assistive Devices and Medical Supplies procedure, R-100.4, for possible purchase by SC, Designated Purchaser (DP) or HHA, depending upon estimated cost.
    - If EAA **is** recommended:
        - Discuss HAE report including cost estimate with participant.
        - If participant chooses to proceed:
            - Offer FOC for EAA providers.
            - Submit HAE report to selected EAA provider(s) within 2 business days of signed EAA FOC form(s).
            - Explain to the selected EAA provider(s) that they should contact the EAA assessor with any questions and comments regarding the HAE report.
            - Obtain 3 detailed quotes from EAA providers **(if possible)** within 10 business days of submitting HAE report to EAA provider(s).

            NOTE: Three quotes from providers are preferred, but NOT required. If quotes are not returned by the EAA providers within 10 business days, SC should proceed with quote(s) received.

            - Review the selected quote to make sure that the quote matches the HAE specifications.
            - Consult with the EAA assessor and/or RO, if necessary.

- Complete a POC Revision to include selected EAA provider and submit to Support Coordinator Supervisor (SCS) for approval.

Within 2 business days of SCS approval, the SC will:

- Submit the POC/POC Revision, HAE Report and EAA provider quote(s) to RO for review.

RO will:

- Review the criteria for a NF Transition SHARe exception, see Section L-140 Nursing Facility Transition SHARe exception, if the participant is a Nursing Facility (NF) resident. Refer back to the SC for potential SHARe exception if the participant meets the criteria.
- Review the HAE report, contacting the EAA assessor, EAA provider, and SC as necessary for input, to ensure the EAA is necessary, appropriate, and will benefit the participant.
- Notify the SC of the EAA decision via email.

If RO's decision is to proceed with the EAA, the SC will:

- Notify EAA provider and submit POC/POC Revision pages: demographic page, budget worksheet, and approval page to DMC to issue PA for EAA provider.
- Alert provider and participant that the EAA job may NOT be paid if the provider does not complete the job according to the HAE specifications and procedure timelines.
- Inform provider that EAA assessor must be called immediately to discuss any issues/concern or deviations from the HAE specifications.

EAA provider will:

- Schedule and meet with participant to assess EAA job according to HAE specifications within 10 business days of notification.

  NOTE: If EAA provider cannot complete the work according to HAE specifications, SC will offer FOC for new EAA provider within 2 business days.

- Complete the work in accordance with the HAE specifications within 60 calendar days of PA notification **and when possible**, prior to the participant's POC end date.

- Contact the EAA assessor, SC and participant at least 10 calendar days prior to completion of the work.
- Once completed, contact the EAA assessor to schedule the inspection(s).

  NOTE: If EAA job CANNOT be completed within 60 calendar days, provider must notify SC immediately.

For the final inspection by the EAA assessor, the SC will:

- Complete a POC/POC Revision and budget worksheet to include EAA final inspection (S5165, TS) and submit to SC supervisor for approval.

Within 2 business days of SC supervisor approval, the SC will:

- Submit the following POC pages to DMC to issue PA for EAA complex assessment:
  - Demographic page;
  - Budget worksheet; and
  - Approval page.

EAA assessor will:

- Schedule final inspection with participant, RR, EAA provider and SC (if applicable).

  NOTE: EAA assessor will invite SC & EAA provider. The SC and provider should try to be present for the inspection but it is not a requirement and should not delay the process.
- Inspect EAA job on-site with participant, RR, EAA provider and if applicable, the SC, and complete Final Inspection form.

If EAA assessor verifies EAA job was completed according to specifications,

SC will:

- Complete and submit OAAS EAA form with appropriate EAA provider code to DMC for release of EAA Final Inspection (S5165, TS).

If EAA assessor verifies the EAA job was NOT completed according to specifications, the EAA assessor will email/scan or fax a report with identified problems to the EAA provider and SC.

- SC will email a copy of the problem report described above to RO.

- EAA provider will remediate the identified problems, if possible.

  NOTE: If EAA provider cannot resolve the problems, SC will refer case to RO for further guidance.

R-100.8 Home Delivered Meals

For Home Delivered Meals definition and policy, refer to Home Delivered Meals Section under Covered Services in the Louisiana Medicaid CCW Manual.

SC will:

- Inform participant of Home Delivered Meals services.
- Offer Freedom of Choice (FOC) of all Home Delivered Meal providers if participant chooses this service.
- Include Home Delivered Meals in the POC and budget sheet.
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet (including the budget worksheet) to the DMC, participant, RO and provider(s) following the procedures outlined in this manual.

  NOTE: Approved POC packet can be submitted by any SCA representative.

DMC will:

- Issue PAs after approved POC is received from SCA.

  NOTE: The SC is responsible for informing the provider of any change in meal delivery within 24 hours of notification. Examples of this include, but are not limited to hospitalization, admission to nursing facility, deaths, etc.

R-100.9 Legally Responsible Individual (LRI)/Spouse as the Direct Service Worker (DSW)

For details regarding the definition and policy for the Legally Responsible Individual/Participant's Spouse serving as the Direct Service Worker (DSW), refer to the Personal Assistance Services Section under Covered Services in the Louisiana Medicaid CCW Manual. **For the purposes of this section, the Legally Responsible Individual (LRI) is the participant's spouse.**

Participants who believe it is necessary for their spouse to be their Direct Service Worker (DSW) must inform their Direct Service Provider (DSP) or Self-Direction (SD) employer.

The DSP or SD employer will:

- Complete the LRI Request Form, OAAS-PF-24-002, and email it to the appropriate OAAS Regional Office (RO) for review.

RO will:

- Review the form.
- Check the Electronic Visit Verification (EVV) within Louisiana Service Reporting System (LaSRS®) to identify whether the LRI/spouse has been providing paid Personal Assistance Services (PAS) via clock-ins/outs.
- If the LRI/spouse has been providing PAS:
    - RO will contact the provider, participant or legal/responsible representative to provide technical assistance, explain that PAS cannot be provided by the LRI/Spouse without prior approval and
    - Complete a Program Integrity (PI) Referral form, OAAS-IF-18-003, emailing it to the OAAS State Office PI point of contact for submission to PI.
- Request additional information from the DSP or SD employer and/or the Support Coordinator (SC), if needed.
- Compose the SRP Referral including a description of the participant's current health status, needs along with the RO's recommendation.
    - Include the LRI template detailing the following: Extraordinary Health Care Needs, Extraordinary Care Criteria and Participant's Best Interest.
- Submit the referral with the completed form to the OAAS Service Review Panel (SRP).

SRP will:

- Request additional information from the RO, if needed.
- Determine if the LRI/spouse can serve as the DSW.
- Send the decision to the RO.

RO will:

- Notify the DSP or SD employer and FEA (if applicable) and the SC of the final decision.

If approved, the SC will:

- Include the following statement in the participant's Plan of Care (POC) or on the Support Coordination Contact Documentation (SCD) form:
  - "OAAS has determined that extraordinary care is met and [Participant's Spouse's Name], LRI/spouse of [Participant's Name] is authorized to serve as the DSW effective [enter date approved]."
- The DSP will proceed with hiring the LRI/spouse as the DSW per their usual hiring processes as outlined in their licensing regulations.
- The FEA/SD employer will proceed with hiring the LRI/spouse as the DSW per their usual hiring processes as outlined in the OAAS CCW Self-Direction Employer Handbook (OAAS-MAN-13-002) and licensing regulations.

If not approved, the SC will:

- Contact the DSP or SD employer to ensure their understanding that the spouse CANNOT be the DSW.
- The DSP or SD employer will:
  - Locate another DSW that can meet the participant's needs.

R-100.10 Medically Tailored Meals (MTM) and Nutritional Counseling*

For Medically Tailored Meals (MTM) definition and policy, refer to MTM Policy document (OAAS-ADM-23-004).

The MTM service provides 2 nutritionally balanced meals per day, for up to 12 weeks, and up to 3 optional nutritional counseling sessions, following a hospital

and/or nursing facility stay, to participants with any of the following chronic conditions:

- Congestive Heart Failure (CHF),
- Diabetes,
- Renal Disease,
- Oral Dysphagia,
- Gluten Intolerance,
- Stroke,
- Chronic Obstructive Pulmonary Disease (COPD),
- Cancer, and/or
- Hypertension.

A participant may receive up to two 12 week sessions of MTM services per Plan of Care (POC) year.

Once the SC is notified/aware of a participant's hospitalization/facility stay and verified that the participant is diagnosed with an eligible chronic condition, the SC will:

- Contact the participant, explaining MTM services and its benefits.
- Offer Freedom of Choice (FOC) of all MTM providers if the participant chooses this service.
- Complete the MTM/Nutritional Counseling Referral form, OAAS-PF-23-003, for MTM service and submit to the chosen MTM provider.
- Include 168 units of the appropriate procedure code based on diet type, MTM (S5170 AE/AE U1), in the POC/POC revision budget sheet. If completing a POC revision, the POC end date should not be adjusted.
    - For renal (kidney), gluten-free, or pureed diets, use procedure code: S5170 AE U1.
    - For any other diet type, use procedure code S5170 AE.
- Include Nutritional Counseling (NC) (S9470) in the POC/POC revision budget sheet, if the participant chooses, for up to 3 sessions.

  NOTE: MTM service costs are excluded from the participant's POC budget allotment.
- Include the MTM identified need and how the needs will be addressed with the MTM service in the CAPS section of the POC/POC revision.

- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet (including the budget worksheet) to the Data Management Contractor (DMC), participant, RO and provider(s) following the procedures outlined in this manual.

DMC will:

- Issue PAs after approved POC is received from SCA.

SC will:

- Inform the MTM provider of any participant change (hospitalization, nursing facility admission, death, etc.) effecting meal delivery within 24 hours of notification.

***MTM services are available from April 1, 2023 until American Rescue Plan Act of 2021 (ARPA) funds are extinguished.**

R-100.11 Monitored In Home Caregiving Services (MIHC)

Monitored in-home caregiving (MIHC) services are provided to a participant living in a private home with a principal caregiver. This service provides a community-based option of continuous care, supports, and professional oversight by promoting a cooperative relationship between the participant, principal caregiver, professional staff of a MIHC agency provider, and the Support Coordinator.

Unless the individual is also the participant's spouse, the responsible representative is prohibited from being reimbursed as a MIHC principal caregiver.

For detailed MIHC Services definition and policy, refer to the Monitored In-Home Caregiving Services Section under Covered Services in the Louisiana Medicaid CCW Manual.

SC will:

- Determine if the participant is eligible for MIHC services per their assigned Resource Utilization Group (RUG) score as determine by the iHC.

  Qualifying RUG scores include:

  Level 1

  - **Special Rehabilitation 111, 121, 122**
  - **Special Care 320**
  - **Clinically Complex 411, 421**
  - **Impaired Cognition 510**
  - **Behavior Problems 610**
  - **Reduced Physical Function 710, 720,**

  Level 2

  - **Extensive Special Care 210, 220, 230**
  - **Special Care 310.**

- Check the participant's service utilization report to make sure funds are available (if applicable).
- Inform participant of MIHC Services.
- Offer Freedom of Choice (FOC) of MIHC providers if participant chooses this service.
- Include MIHC Intake and assessment (T1028) on the POC or POC revision budget page.
- Submit the POC packet to the SC supervisor for review.

SC supervisor will:

- Review and approve the POC.
- Submit approved POC packet (including the budget worksheet) to the DMC, participant, RO and provider(s) following the procedures outlined in this manual.

DMC will:

- Issue Prior Authorizations (PAs) for the intake & assessment.

MIHC provider will:

- Contact the participant within 3 calendar days of receipt of POC revision to schedule the MIHC intake and assessment.
- Notify the SC of date and time for the initial assessment.

  NOTE: The SC should try to be present for the assessment, especially for complex cases. However, the SC's presence is not required and should not delay the process.
- Conduct assessment(s) within 10 calendar days from date of PA.
- Contact the SC to notify that the assessment was completed, whether the participant was deemed appropriate for MIHC, and if so, the start date for MIHC services.

SC will:

- Complete the MIHC form, OAAS-PF-15-006, verifying completion of the MIHC assessment.
- Submit the MIHC form to the DMC for release of payment.
- Complete a POC revision to include MIHC Services at the appropriate level, Level 1 (S5140) or Level 2 (S5140, TG).

  NOTE: Revision should include an end date for PAS that coordinates with the begin date for MIHC services.
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve the POC following the procedures outlined in this manual.
- Submit the approved POC packet (including the budget worksheet) to the DMC, participant, RO and provider(s) following the procedures outlined in this manual.

DMC will:

- Issue PAs after approved POC is received from SCA.

SC will notify the PAS provider of the participant's end date of PAS.

R-100.12 Nursing Services

For Nursing Services definition and policy, refer to Nursing Services under Covered Services in the Louisiana Medicaid CCW Manual.

SC will:

- Inform participant of Nursing Services.
- Offer Freedom of Choice (FOC) of Nursing Services providers if participant chooses this service.
- Include Nursing Service in the Plan of Care (POC).
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POCs to the DMC following the procedures outlined in this manual.

DMC will:

- Issue Prior Authorizations (PAs) after approved POC is received from the SCA.

R-100.13 Permanent Supportive Housing (PSH)

For Permanent Supportive Housing (PSH) definition and policy, refer to PSH Policies and Procedures Manual (OAAS-MAN-13-006) and refer to the Housing Transition or Crisis Intervention Services and Housing Stabilization Services under Service Access and Authorization in the Louisiana Medicaid CCW Manual.

SC will:

- Collaborate with the PSH coordinator to establish the level of the participant's need.
- Include the Housing Stabilization service in the participant's POC/CAPS and in the budget (no more than 168 units of combined PSH services can

be authorized per POC year, unless written approval from the support coordinator in the POC authorizes exceeding this maximum).

- Include the Housing Transition or Crisis Intervention service in the participant's POC/CAPS and in the budget (maximum of 96 units per POC year, unless written approval from the support coordinator in the POC authorizes exceeding this maximum).
- Submit the POC packet to the SC supervisor for approval following the procedures outlined in this manual.

SC supervisor will:

- Review and approve the POC following the procedures outlined in this manual.
- Submit the approved POC packet to the Data Management Contractor (DMC), participant, provider(s) and RO following the procedures outlined in this manual.

DMC will:

- Issue PAs after the approved POC is received from SCA.

R-100.14 Personal Assistance Services (PAS)

For Personal Assistance Services (PAS) definition and policy, refer to PAS Section under Covered Services in the Louisiana Medicaid CCW Manual.

SC will:

- Inform participant of PAS.
- Offer Freedom of Choice (FOC) of all PAS providers if participant chooses this service.
- Include PAS in the POC and budget sheet.
- Include in the POC whether or not the provider will assist with transportation.

- Include in the POC all activities of daily living (ADL) and instrumental activities of daily living (IADL) needs that must be performed by the Direct Service Worker (DSW).
- Ensure that provider submits a Back-Up Staffing Plan to the SCA within 5 calendar days of DSP notification.

  NOTE: If the DSP does not submit during the time frame, the SC will offer FOC for new DSP.
- Complete the Emergency Plan and have the DSP sign if applicable.

  NOTE: DSP must submit form to SCA within 5 calendar days of notification, or SC will offer FOC for new DSP.
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet to the DMC, participant, provider(s), RO following the procedures outlined in this manual.

  NOTE: Approved POC packet can be submitted by an SCA representative.

DMC will:

- Issue PAs after approved POC is received from SCA.

R-100.14.2 A.M./P.M. Personal Assistance Services (PAS)

SC will:

- Inform participant of A.M./P.M. PAS.
- Offer Freedom of Choice (FOC) of all PAS providers.
- Include A.M./P.M. PAS in the POC and budget sheet.

  NOTE: A.M./P.M. PAS must be delivered for a minimum of 1 hour, but not exceeding 2 hours for each session. If both A.M. and P.M. sessions are provided, there must be a 4 hour break in between.

- Include in the POC all activities of daily living (ADLs) and instrumental activities of daily living (IADLs) needs that must be performed by the Direct Service Worker (DSW).
- Ensure that provider submits an individualized Back-Up Staffing plan to the SCA within 5 calendar days of DSP notification.

  NOTE: If the DSP does not submit during the time frame, the SC will offer FOC for new DSP.
- Complete the Emergency Plan and have the DSP sign if applicable.

  NOTE: DSP must submit form to SCA within 5 calendar days of notification, or SC will offer FOC for new DSP.
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

  NOTE: Participants who receive A.M./P.M. PAS cannot receive any other PAS on the same day.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet to the DMC following the procedures outlined in this manual.
- Submit approved POC packet to participant following the procedures outlines in this manual.
- Submit approved POC packet to provider(s) following the procedures outlines in this manual.
- Submit approved POC packet to RO following the procedures outlines in this manual.

  NOTE: Approved POC packets can be submitted by any SCA representative.

DMC will:

- Issue PAs after approved POC is received from SCA.

R-100.14.4 Self-Directed Personal Assistance Services (PAS)

After determining the participant is eligible and appropriate for the Self-Direction (SD) option:

The SC will:

- Send a SD referral to the Fiscal Employer Agent (FEA) by email or phone requesting the SD packet. The SD packets are issued the same day.

  NOTE: SD Packets are not posted online so that packets are vetted through the SC, to ensure participants are appropriate referrals for the SD option.

- Provide the participant with the OAAS Self Direction Option Employer Handbook, OAAS-MAN-13-002, the Service Agreement Form, and inform the participant of all Self-Direction rules, policies and procedures of the program.

  NOTE: The Service Agreement Form must be reviewed with the participant and employer annually thereafter.

The participant and/or employer:

- Completes the SD packet and submits it to the FEA by email, fax, or mail. Complete and accurate packets should be submitted as soon as possible to implement the SD option.

The FEA:

- Reviews the SD packet within 2 business days and, if applicable, requests feedback/corrections from participant/employer.

The participant/employer:

- Submits the corrections to the FEA.

The FEA:

- Processes the packet within 4 business days of receipt of the completed, correct packet.

The SC completes a Plan of Care (POC)/POC Revision to include:

- A projected self-direction start date, with input from the participant/employer and the FEA, based on an estimate of when the SD option can begin.
- Self-Directed PAS in the POC and budget sheet.
- All activities of daily living (ADLs) and instrumental activities of daily living (IADLs) needs that must be performed by the Direct Service Worker (DSW).
- A Back-Up Staffing Plan.

- An Emergency Plan.

The SC:

- Submits the POC packet to the SC supervisor following the procedures outlined in this manual.

SC supervisor:

- Reviews and approves the POC following the procedures outlined in this manual.

The SC:

- Submits the approved POC packet to the participant following the procedures outlined in this manual.

  NOTE: Self-directed services cannot begin until the FEA has issued a good to go date.

- Submits the approved POC packet to the Data Management Contractor (DMC) following the procedures outlined in this manual.
- Submits approved POC packet (including budget worksheet) to Fiscal Agent (FA) following the procedures outlines in this manual.
- Submits the approved POC packet to RO following the procedures outlined in this manual.

The DMC:

- Issues Prior Authorizations (PAs) to the FEA. The PA begin date is the POC start date.

Once the employee background check and hiring paperwork is cleared and ready, the FEA:

- Notifies the SC of the participant's Good to Go (GTG) date.

  NOTE: The GTG date is the date the self-directed services can begin. The GTG date should be the POC/POC revision start date or as close to the date as possible. The PA date may reflect an earlier date that

the GTG date due to the employee hiring and background check process.

The SC:

- Notifies RO of the self-directed GTG date.
- Provides at least quarterly monitoring of the self-direction time sheets, progress notes, and service logs, contained within the home book, for completion and compliance with the program requirements.
- Reports any deficiencies to RO.

If the participant is transferring from PAS services with a Direct Service Provider (DSP), the SC will notify the DSP of the end date of the PAS services.

Upon the participant's termination, from the Self-Direction option, including the participant's death, the SC will:

- Notify the Fiscal Agent, Medicaid, and RO of the participant's termination from the Self-Direction option.

If termination is due to the participant's death, the SC will:

- Contact the self-directed employer, obtain the employer's self-direction records, including, but not limited to, time sheets, service logs, and progress notes.
- Submit the obtained records to RO for the required maintenance period of five (5) years.

R-100.14.6 Shared Personal Assistance Services (PAS)

SC will:

- Inform participant of shared PAS.
- Obtain a signed Release of Confidentiality for Shared PAS Form, OAAS-RF-11-016, for each participant receiving PAS services.
- Offer Freedom of Choice (FOC) of all PAS providers if participant chooses this service.
- Include Shared PAS in the POC and budget sheet.

- Include in the POC whether or not the provider will assist with transportation.
- Include in the POC all activities of daily living (ADL) and instrumental activities of daily living (IADLs) needs that must be performed by the Direct Service Worker (DSW).
- Ensure that provider submits a Back-Up Staffing Plan to the SCA within 5 calendar days of DSP notification.

  NOTE: If the DSP does not submit during the time frame, the SC will offer FOC for new DSP.
- Complete the Emergency Plan and have the DSP sign if applicable.

  NOTE: DSP must submit form to SCA within 5 calendar days of notification, or SC will offer FOC for new DSP.
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet to the DMC, participant, provider, RO following the procedures outlined in this manual.

  NOTE: Approved POC packet can be submitted by any SCA representative.

DMC will:

- Issue PAs after approved POC is received from SCA.

R-100.16 Personal Assistance Services (PAS) Out of State Delivery

PAS is provided in the participant's home or can be provided in another location outside of the participant's home if the provision of these services allows the individual to participate in normal life activities pertaining to the ADLs and IADLs cited in the POC.

Example: **The participant is receiving medical treatment from a provider located out of state. The Direct Service Worker (DSW) is needed to accompany the participant to assist with ADLs.**

The provision of PAS outside of the borders of Louisiana requires written approval of OAAS or its designee, detailing the specifics of the request and justifying the need of the service delivery out of state. PAS delivery location is regularly monitored and audited by OAAS and its contractors. **Out of state PAS delivery without documented SC approval will be referred to the Louisiana Department of Health Program Integrity Section for fraud review.**

If the out of state service delivery is a regular occurrence, the SC will include the details of the out of state service delivery in the approved POC/POC revision.

Example: **The participant is receiving medical treatment from a provider located out of state. The Direct Service Worker (DSW) is needed to accompany the participant to assist with ADLs.**

The DSP will:

- Notify the support coordinator of the routine out of state service delivery, to details of the travel and justification for the travel.
    - The participant may also provide this information.

The SC will:

- Include details and justification of the out of state PAS delivery in the POC or POC Revision.
- Notate the out of state PAS delivery on the POC or POC Revision.

For non-reoccurring or reoccurring out of state service delivery, not included in the POC, the Direct Service Provider (DSP) must request approval for delivery of PAS outside of the state of Louisiana at least 24 hours prior to the anticipated travel.

The DSP will:

- Submit the request for out of state PAS delivery with justification to the SC at least 24 hours prior to the anticipated travel.

The SC or SC Supervisor will:

- Review the out of state PAS delivery request and justification for approval.

Once approved by the SC or SC Supervisor, the SC or SC Supervisor will:

- Include the details of the out of state PAS delivery request, justification, and approval in the Support Coordination Documentation (SCD).
- Email the SCD documenting the out of state travel approval including the travel details to the DSP and RO.

NOTE: Failure of the participant, DSP or Support Coordinator to follow the process and document as detailed above may result in a fraud referral to LDH Medicaid Program Integrity.

R-100.17 Personal Emergency Response System (PERS)

For Personal Emergency Response System (PERS) definition and policy, refer to Assistive Devices and Medical Supplies under Covered Services in the Louisiana Medicaid CCW Manual.

PERS is appropriate for participants that are cognitively and physically able to operate the device and can be particularly helpful for participants residing alone.

SC will:

- Inform the participant of the PERS service.
- Offer Freedom of Choice (FOC) for PERS providers, if the participant chooses this service.
- Include PERS Installation, S5160 NU (one-time installation fee) and PERS Routine S5161 FQ (monthly service fee) in the Plan of Care (POC)/POC Revision and budget sheet.
- Submit the POC packet to the Support Coordinator (SC) supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve the POC/POC Revision following the procedures outlined in this manual.
- Submit the approved POC/POC Revision to the DMC, participant, provider(s) and RO following the procedures outlined in this manual.

DMC will:

- Issue Prior Authorizations (PAs) after the approved POC/POC Revision is received from the Support Coordination Agency (SCA).

PERS provider will:

- Contact the participant or their representative (legal/responsible) to schedule and complete the PERS installation.
- PERS provider will complete maintenance checks on the system monthly to ensure it is functioning properly.

The SC will check the PERS unit once every quarter by the SC during the required home visit/virtual quarterly contact.

NOTE: A participant cannot simultaneously receive Activity and Sensor Monitoring (ASM) services and PERS services.

R-100.18 Skilled Maintenance Therapy (Physical, Occupational, Respiratory and Speech/Language)

For Skilled Maintenance Therapy (Physical, Occupational, Respiratory and Speech/Language) definition and policy, refer to Skilled Maintenance Therapy (SMT) under Covered Services in the Louisiana Medicaid CCW Manual.

SC will:

- Inform participant of how SMT can help them maintain their ability to perform activities of daily living (ADLs) or improve their ability to carry out ADLs if there has been a decline.
- Offer Freedom of Choice (FOC) of SMT providers if participant chooses this service.
- Complete page 1 of the CCW Home Health/Therapy/Nursing Referral form (Refer to CCW Home Health/Therapy/Nursing Referral form and instructions).
- Send the following documents to chosen SMT provider:
    - CCW Home Health/Therapy/Nursing Referral form,
    - Demographic Page of the POC, and
    - InterRAI (iHC) assessment.

Once CCW Home Health/Therapy/Nursing Referral form is completed and returned by the SMT provider, the SC will:

- Include SMT in the POC and budget sheet.

SC supervisor will:

- Review and approve the POC following the procedures outline in this manual.
- Submit approved POC packet to the Data Management Contractor (DMC), provider and RO following the procedures outlined in this manual.

DMC will:

- Issue PAs after the approved POC is received from SCA.

R-100.20 Support Coordination

For Support Coordination definition and policy, refer to Support Coordination Section under Covered Services in the Louisiana Medicaid CCW Manual. **SC will:**

- Inform the participant of Support Coordination services.
- Include the Support Coordination service in the Plan of Care (POC).
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review, approve, and submit POCs to the DMC following the procedures outlined in this manual.

DMC will:

- Issue Prior Authorizations (PAs).
- Not release PAs for the previous month unless quarterly requirements are met.

R-100.20.2 Contact Requirements

CCW With In-Home Services Only

SC will complete monthly (at minimum) phone contacts with the participant or representative (responsible or legal). A monthly contact is required in the month in which a quarterly (virtual or in-person) was completed, can be simultaneous and should be coded on the Support Coordination Documentation (SCD).

The SC will complete at least 2 in-person visits with the participant/their representative per Plan of Care (POC) year:

- An in-person iHC assessment visit, and
- An in-person quarterly visit at the participant's residence.

  NOTE: All iHC assessments must be completed in person. Refer to Section H-Assessments/Reassessments.

SC will complete 4 required quarterly visits per POC year. A quarterly contact is required in the quarter in which an iHC assessment/annual visit is completed, can be simultaneous and should be coded on the Support Coordination Documentation (SCD). At least 1 of the 4 quarterly visits must be completed in person with the participant. The remaining quarterly visits may be conducted virtually following Section V-Virtual Visits of this manual and the OAAS Telehealth/Virtual Contact Policy, OAAS-ADM-23-011.

Virtual visits cannot be held consecutively. Refer to section V-Virtual Visits of this manual.

The Annual POC meeting may be conducted virtually; however, all POC documents and forms must be signed by the participant/their representative (responsible or legal), the SC and the waiver service providers. The actual POC signature and budget pages must be signed with a physical signature. Methods for obtaining acceptable physical signatures include: in person, by fax or scanned/emailed securely. Physical signatures or verbal agreements are acceptable on the OAAS Back-Up Staffing Plan, OAAS-PF-10-015 and the OAAS Emergency Plan, OAAS-PF-09-004.

CCW With In-Home Services and ADHC Services

SC will complete monthly (at minimum) phone contacts with the participant or representative (responsible or legal). A monthly contact is required in the month in which a quarterly (virtual or in-person) was completed, can be

simultaneous and should be coded on the Support Coordination Documentation (SCD).

The SC will complete at least 3 in-person visits with the participant/their representative per Plan of Care (POC) year:

- An in-person iHC assessment visit;
- An in-person quarterly visit at the participant's residence; and
- An in-person quarterly visit at the participant's ADHC center.

NOTE: All iHC assessments must be completed in person. Refer to Section H-Assessments/Reassessments.

SC will complete 4 required quarterly visits per POC year. A quarterly contact is required in the quarter in which an iHC assessment/annual visit was completed, can be simultaneous and should be coded on the Support Coordination Documentation (SCD). The SC must complete an in-person quarterly at the ADHC center and an in-person quarterly at the participant's residence. The 2 remaining quarterly visits may be conducted virtually following Section V-Virtual Contacts of this manual and the OAAS Telehealth/Virtual Contact Policy, OAAS-ADM-23-011.

Virtual quarterly visits cannot be held consecutively. Refer to Section V-Virtual Visits of this manual.

The Annual POC meeting may be conducted virtually; however, all POC documents and forms must be signed by the participant/their representative (responsible or legal), the SC and the waiver service providers. The actual POC signature and budget pages must be signed with a physical signature. Methods for obtaining acceptable physical signatures include: in person, by fax or scanned/emailed securely. Physical signatures or verbal agreements are acceptable on the OAAS Back-Up Staffing Plan, OAAS-PF-10-015 and the OAAS Emergency Plan, OAAS-PF-09-004.

NOTE: Month is defined as a calendar month.

Quarter is defined as three (3) calendar months:

- **1st Quarter: January – March**
- **2nd Quarter: April – June**
- **3rd Quarter: July – September**
- **4th Quarter: October - December**

R-100.22 Transition Intensive Support Coordination (TISC)

For Transition Intensive Support Coordination definition and policy, refer to Transition Intensive Support Coordination Section under Covered Services in the Louisiana Medicaid CCW Manual.

SC will:

- Inform individual of Transition Intensive Support Coordination services.
- Make monthly telephone calls directly with the individual or in-person visits with individual in the NF if unable to talk directly with the individual via telephone.

NOTE: If the individual lacks capacity to express his/her wishes or if interdicted, contact must be made with the appropriate legally responsible representative or the responsible representative.

- Include TISC service in the Plan of Care (POC) up to 6 months prior to transitioning from the NF.
- Visit individual's prospective residence.
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POCs to the DMC following the procedures outlined in this manual.

DMC will:

- Issue Prior Authorizations (PAs).

R-100.22.2 Transition Intensive Support Coordination Contact Requirements

CCW Transition Intensive Support Coordination: Monthly phone contacts with the participant and/or legally responsible representative until the participant transitions home. If the SC is unable to make contact by phone, an in-person visit with the participant and/or legal or responsible representative must be conducted.

If the participant is unable to transition out of the NF after 6 months, the OAAS Money Follows the Person (MFP) Transition Coordinator (TC) will follow up with routine contacts (phone or in-person) until the participant transitions into the community.

NOTE: Month is defined as a calendar month.

Quarter is defined as three (3) calendar months:

- **1st Quarter: January – March**
- **2nd Quarter: April – June**
- **3rd Quarter: July – September**
- **4th Quarter: October - December**

R-100.24 Transition Service

For Transition Service definition and policy, refer to Transition Service section under covered services in the LA Medicaid CCW Manual.

Transition Services essential to the individual's transition into community must be purchased and in place prior to Nursing Facility discharge.

Non-essential items can be obtained after transition has occurred.

SC will:

- Inform participant of Transition Service.
- Determine if transition services are needed and if so, identify payer(s) of those services.
- Complete the Transition Service Form (TSF).
- Include Transition Service in the POC and budget.
- Submit the POC packet and TSF to the SC supervisor following the procedures outlined in this manual.

  NOTE: Purchases cannot be made until the TSF has been pre-approved. (Purchase date on the receipt(s) cannot precede the TSF pre-approval date).

SC supervisor will:

- Review and pre-approve the TSF.

- Review and approve POC following the procedures outlined in this manual.
- Submit the approved POC packet to the DMC, participant, providers, and RO following the procedures outlined in this manual.

SC will:

- Assist with obtaining items identified on TSF.
- Verify that items purchased are listed on the TSF.
- Collect and submit original receipts to SC supervisor for verification.
- Submit a revised budget worksheet to SC supervisor reflecting the actual cost, if there are any discrepancies between the estimated and actual TSF costs.

  NOTE: On the day of discharge from NF, the SC will conduct an in-person visit at participant's new residence to verify purchased items and document findings.

SC supervisor will:

- Utilize the pre-approved TSF to ensure that only the item(s)/service(s) listed are reimbursed to the designated purchaser. The designated purchaser can be the individual, the responsible representative, DSP, SCA, or any other source. However, the SCA is the only source that can actually bill for Transition Services.
- Review TSF for final approval.
- Send TSF to DMC and RO.

  NOTE: Any items not listed on the original approved TSF will not be reimbursed on this TSF. If additional items are discovered then a new TSF and POC revision must be completed.

DMC will:

- Issue PAs after approved POC is received from SCA.

SC will:

- Bill the Medicaid fiscal intermediary contractor for this service within 60 calendar days from actual move date.

- Reimburse the designated purchaser within 10 calendar days of receipt of reimbursement.
- Maintain documentation including each individual's TSF with original receipts and copies of cancelled checks, as record of payment to the designated purchaser(s).

NOTE: If the individual is not approved for waiver services and/or does not transition, but transition service items were purchased, SCA will notify RO which will contact to allow for possible reimbursement.

In the event that additional needs are identified after the original TSF request was approved, the SC must submit a new TSF within 90 calendar days after the individual's actual move date. The same procedure outlined above will be followed for any additional needs.