OAAS Reference Documents for Home and Community-Based Service (HCBS) Programs

Centers for Medicare & Medicaid Services (CMS) Waiver Document

Through the Louisiana Department of Health (LDH), the Office of Aging and Adult Services (OAAS) manages two HCBS waiver programs which include the Community Choices Waiver (CCW) and the Adult Day Health Care (ADHC) Waiver via waiver applications approved by CMS. The approved waiver applications, documents (renewals or amendments), outline all aspects of the waiver programs which the state must adhere to. The waiver applications/documents are approved by CMS for a period of five years. OAAS must complete renewals to the documents and seek approval from CMS every five years. If a change is needed to the waiver document, an amendment must be completed and submitted to CMS for approval. The approval process can take up to six months. All waiver applications/documents (renewals and amendments) require a public notice and public comment period of 30 calendar days.

Approved waiver documents can be accessed on the Medicaid website at the following links:

- <u>Community Choices Waiver Document</u>
- Adult Day Health Care (ADHC) Waiver Document

NOTE: When you click on the one of the above links, it will download a ZIP file. Open the ZIP file and select the file with the most recent date. This will be the current approved waiver document.

CMS issues an instructional manual that provides technical guidance as well as the criteria used to review waiver documents. States must use adhere to the instructions and guidelines in this manual when completing waiver documents. You can access this manual at the following link:

• <u>CMS Application for a 1915c HCBS Waiver Instructions, Technical Guide and Review Criteria</u>

Medicaid State Plan Amendments (SPAs)

Through LDH, OAAS manages two HCBS programs which include the Program of All-Inclusive Care for the Elderly (PACE) and Long Term-Personal Care Services (LT-PCS) Medicaid State Plan via the Louisiana State Plan Amendment (SPA) approved by CMS. The approved SPA documents outline the amount, duration and scope of services provided as well as any limitations. If a change is needed to the SPA, an amendment must be completed and submitted to CMS for approval. CMS has 90 calendar days to approve a SPA after it is submitted.

Approved SPA documents for LT-PCS and PACE can be found at the following links:

- Long-Term Personal Care Services (LT-PCS) State Plan Amendment
- Program of All-Inclusive Care for the Elderly (PACE) State Plan Amendment

Louisiana Administrative Code (LAC)

Louisiana Administrative Code is a state certified publication of sets of rules from state agencies promulgated in the Louisiana Register. Rules are compiled by topic and arranged in a codified format (titles, parts, sections, etc.) so that new or amended rules can be referenced and researched. The LAC is divided into 76 titles that are organized by their subject matter. For example, the majority of the Rules applicable to OAAS and its programs can be found within Title 50: Public Health--Medical Assistance. Citations or abbreviated Rule references begin with "LAC" then state the Title, Part, Section, Subsection, Paragraph, etc.

Promulgated rules pertaining to OAAS services include:

- Nursing Facility Level of Care Determinations LAC Title 50: Part II. Subpart 3. Subchapter G. §10154 Nursing Facility Level of Care Determinations
- Nursing Facility Level of Care Pathways LAC Title 50: Part II. Subpart 3. Subchapter G. §10156 Level of Care Pathways
- Long Term-Personal Care Services LAC Title 50: Part XV. Subpart 9. Personal Care Services
- Adult Day Health Care Waiver LAC Title 50: Part XXI. Subpart 3. Adult Day Health Care
- Community Choices Waiver LAC Title 50: Part XXI. Subpart 7. Community Choices Waiver
- PACE LAC Title 50: Part XXII. Program of All Inclusive Care for the Elderly
- Support Coordination Standards for Participation for OAAS Waiver Programs LAC Title 50: Part XXI. Subpart 1. Chapter 5. Subpart 9. Personal Care Services Chapter 129. Long Term Care
- Adult Day Health Care Licensing LAC Title 48: Part I. Subpart 3. Chapter 42. Adult Day Health Care
- HCBS Providers Licensing LAC Title 48: Part I. Subpart 3. Chapter 50. Home and Community-Based Services Providers Licensing Standards
- Monitored In-Home Caregiving (MIHC) LAC Title 48: Part I. Subpart 3. Chapter 51. Monitored In-Home Caregiving Module

Any changes to rule requires public notice and tribal notice, a public comment period of 30 calendar days and possibly a public hearing, if requested. The rule promulgation process can take anywhere from 3 to 12 months, with the average being approximately 6 months.

Louisiana Department of Health (LDH) Medicaid Provider Manuals

LDH Medicaid Provider Manuals are issued by Medicaid for CCW, ADHC waiver, PACE and LT-PCS. These manuals outline the policies, procedures, qualifications and service limitations for the services within the programs. They are maintained by Medicaid and provide a more detailed guide to the OAAS policies and processes in comparison to the LAC. The manuals are available on the LDH Medicaid website at the following links:

- <u>CCW Provider Manual</u>
- ADHC Provider Manual
- PACE Provider Manual
- LT-PCS Provider Manual

OAAS Manuals

The following OAAS manuals are issued by OAAS and updated as needed when rules, policies and procedures are modified.

• OAAS Waiver Procedures Manual, OAAS-MAN-13-007

This manual outlines the specific procedures for OAAS Regional Office staff and Support Coordination Agencies (SCAs) and is maintained by OAAS Program Operations division. You can access this manual at the following link: <u>Waiver Procedures Manual</u>.

OAAS Support Coordination Agency Monitoring Policy and Procedures Manual, OAAS-MAN-15-002

This manual outlines policies and procedures for OAAS staff and SCAs regarding their responsibilities for SCA monitoring review and entering the data into the appropriate database. The OAAS Research and Quality division maintains this manual. You can access this manual at the following link: <u>SCA Monitoring Policy and Procedures.</u>

• OAAS Nursing Facility Level of Care (NFLOC) Eligibility Manual, OAAS-MAN-13-005

This manual provides instruction and guidance regarding the uniform NFLOC eligibility criteria and NFLOC review process that must be followed by OAAS staff, SCAs, and/or OAAS designees. The OAAS Policy Development division maintains this manual. You can access this manual at the following link: <u>NFLOC Eligibility Manual</u>.

• OAAS Community Choices Waiver (CCW) Self-Direction Employer Handbook, OAAS-MAN-13-002

This manual outlines policies and procedures for participants and employers who choose to self-direct their CCW Personal Assistance Services (PAS). The OAAS Policy Development division maintains this manual. You can access this manual at the following link: <u>CCW Self-Direction Employer Handbook</u>.

• OAAS Program of All-Inclusive Care for the Elderly (PACE) Procedures Manual, OAAS-MAN-23-002

This manual outlines the operational procedures for the PACE program. The OAAS Research and Quality division maintains this manual. You can access this manual at the following link: <u>PACE Procedures Manual.</u>

• OAAS National Voter Registration Act (NVRA) Manual, OAAS-MAN-14-001

This manual provides instructions to agencies involved in the delivery of OAAS programs/services of their requirements for adherence to the NVRA. The Policy Development division maintains this manual. You can access this manual at the following link: <u>NVRA Manual</u>.

• OAAS Critical Incident Reporting (CIR) Manual, OAAS-MAN-19-002

This manual provides details regarding Critical Incident Reporting (CIR) for waiver participants. The manual defines CIR categories, lists CMS and LDH mandatory critical incident reporting requirements, roles and responsibilities of SCAs, Direct Service Providers (DSPs) and OAAS staff. The Research and Quality division maintains this manual. You can access this manual at the following link: <u>CIR Manual</u>.

Other Relevant Documents

• Telehealth/Virtual Visits

In May 2023, the United States Department of Health and Human Services issued a Telehealth Toolkit that provides guidance for completing virtual visits and contacts while maintaining HIPAA compliance. LDH Legal instructed all LDH agencies and/or its designees to comply with the requirements contained in this CMS toolkit. OAAS developed our telehealth policy based on the CMS requirements in this document.

The CMS Telehealth Toolkit and the OAAS Telehealth Policy can be found at the following links:

- <u>Telehealth for Providers: What you Need to Know</u>
- OAAS Telehealth Policy

• SCA Performance Agreement

All OAAS SCAs must sign the Support Coordination Agency Performance Agreement, OAAS-SC-12-009, in order to become an OAAS certified SCA. SCAs are expected to adhere to the requirements outlined in this agreement. You can access a copy of the SCA Performance Agreement at the following link:

• OAAS Support Coordination Agency Performance Agreement