



State of Louisiana

Louisiana Department of Health
Office for Citizens with Developmental Disabilities

MEMORANDUM

OCDD-P-26-006
OCDD-SC-26-003

DATE: May 1, 2026

TO: OCDD Home and Community-Based Services (HCBS) Providers
OCDD Support Coordination Agencies (SCAs)
Local Governing Entities (LGEs)

FROM: Christy Johnson, OCDD Deputy Assistant Secretary

SUBJECT: Nurse Consult Training Materials and Clarification

OCDD implemented the Nurse Consult service in the Residential Options Waiver (ROW) and the New Opportunities Waiver (NOW) on March 1, 2026. Trainings were held for the local governing entities (LGEs), Support Coordination Agencies (SCAs) and Home and Community-Based Services (HCBS) in-home providers on February 25-27, 2026. A training video, PowerPoint presentation, and questions and answers document have been posted at the following link:

<https://ldh.la.gov/resources?cat=44&d=0&y=0&s=0&q>

During the rollout of this service, a few questions were raised which are clarified below.

LaSRS

This service can be delivered only by a registered nurse (RN) licensed in the state of Louisiana. Portions of the service can be delegated by the RN to a licensed practical nurse (LPN) under the supervision of the RN, per Louisiana Administrative Code Title 48, Chapter 92, Subchapter D. *Medication Administration and Noncomplex Tasks in Home and Community-Based Settings*. The RN, as well as the provider agency, should ensure that only appropriate activities are performed by an LPN. To ensure the appropriate roles actually deliver the service, the following is being implemented:

- SRI will create a role specifically for RNs and LPNs in LaSRS. The nurses that perform the Nurse Consult service (H2014 TD) will need to be entered into the user file in LaSRS with the role of LPN or RN. This will ensure that only the appropriately credentialed person provides the service.
- Providers with a third-party electronic visit verification (EVV) system will need to ensure that only RNs or LPNs are allowed to provide the Nurse Consult service

(H2014 TD). LaSRS will not provide any edit checks for third-party EVV submittals. This will be the responsibility of the provider agency and their third-party EVV system.

Prior Authorization

Prior authorizations will be issued on a quarterly basis. The maximum number of total annual units that can be prior authorized on a revision or plan of care is 68. The maximum number of units that can be prior authorized in a quarter is 17.

- The support coordinator will enter the number of units in the alternate schedule on the plan of care or revision.
 - Full quarters on the alternate schedule each get 17 units.
 - If two partial quarters are on the alternate schedule, split the 17 units between the two quarters; no calculation is required other than the two quarters together cannot exceed 17 units.
 - If there is only one partial quarter, enter 17 units.
- Moving units from one quarter to another:
 - Prepare a revision that subtracts units from one quarter and adds them to another quarter on the alternate schedule.
 - The LGE can approve these requests since the provider will not be exceeding the 68 units per plan of care year.
 - The intent is for the 68 units to last the entire year and not be used in the first quarter of a plan.

If the total units authorized for a partial plan of care year is less than 68, the LGE can approve a revision to add more units up to a total of 68 units for the plan of care year without OCDD state office approval. Any request for more than 68 units for a plan of care year requires the LGE to submit a request for state office review with justification.

If you have questions regarding these updates, please send an email to OCDD-HCBS@la.gov, with the subject line “Nurse Consult.”