# PROVIDER REQUIREMENTS

Provider participation in the Louisiana Medicaid program is voluntary. In order to participate in the Medicaid program, a provider must:

1. Meet all of the requirements for licensure as established by state laws and rules promulgated by the Louisiana Department of Health (LDH);

2. Agree to abide by all rules and regulations established by the Centers for Medicare and Medicaid Services (CMS), LDH, and other state agencies, if applicable; and

3. Comply with all the terms and conditions for Medicaid enrollment.

It is the provider's responsibility to:

1. Attend all mandated meetings and training sessions as directed by the Office for Citizens with Developmental Disabilities (OCDD) or the local governing authority LGE) as a condition of enrollment and continued participation as a waiver provider. A provider enrollment packet must be completed for each LDH administrative region in which the agency will provide services. Providers will not be added to the Freedom of Choice (FOC) list of available providers until they have been issued a Medicaid provider number;

2. Providers must participate in the initial training for prior authorization and data collection and any training provided on changes in the system. Initial training is provided at no cost to the agency. Any repeat training must be paid for by the requesting agency;

3. Have available computer equipment, software, and internet connectivity necessary to participate in prior authorization (PA), data collection, and electronic visit verification;

4. Ensure that use of contractors, including the use of independent contractors, complies with all state and federal laws, rules and/or regulations, including those enforced by the United States Department of Labor;

5. Maintain a toll-free telephone line with 24-hour accessibility manned by a staff member or by an answering service. This toll-free number must be given to beneficiaries at intake or at the first meeting. Brochures providing information on the agency's experience must include the agency's toll-free number along with the OCDD's toll-free information number. OCDD must approve all brochures prior to use; and

6. Develop a quality improvement and self-assessment plan. This is a document completed by the provider describing the procedures that are used, and the evidence that is presented, to demonstrate compliance with program requirements. The first self-assessment is due six months after approval of the Quality Improvement Plan (QIP), and yearly thereafter.

The QIP must be submitted for approval within 60 days after the training is provided by LDH.

Providers must be certified for a period of one year. Re-certification must be completed no less than 60 days prior to the expiration of the certification period.

The agency must not be excluded from participation as an entity as evidenced by an open exclusion on the Louisiana State Adverse Actions database, the Office of Inspector General's (OIG) national exclusions database, or the federal System for Award Management (SAM) database.

The agency must not be excluded from participation as an entity as evidenced by an open exclusion on the Louisiana State Adverse Actions database, the Office of Inspector General's (OIG) national exclusions database, or the federal System for Award Management (SAM) database. The agency must not have an outstanding Medicaid program audit exception or other unresolved financial liability owed to the state.

Changes in the following areas are to be reported to the Office of the Secretary's Bureau of Health Services Financing Health Standards Section, to OCDD, and to the fiscal intermediary's Provider Enrollment section in writing at least 10 days prior to any change:

1. Ownership;

2. Physical location;

3. Mailing address;

4. Telephone number; and

5. Account information affecting electronic funds transfer (EFT).

The provider must complete a new provider enrollment packet when a change in ownership of five percent to 50 percent of the controlling interest occurs, but the provider may continue serving beneficiaries. When 51 percent or more of the controlling interest is transferred, a complete re-certification process must occur, and the agency shall not continue serving beneficiaries until the re-certification process is complete.

When a provider closes or decides to no longer participate in the Medicaid program, the provider must give at least a 30-day written advance notice to all beneficiaries served and their

responsible representative, support coordination agencies, and LDH (OCDD and Health Standards Section –if licensed) prior to discontinuing services.

Waiver services are to be provided only to persons who are waiver beneficiaries and strictly in accordance with the provisions of the approved plan of care (POC).

Providers may not refuse to serve any waiver beneficiary that chooses their agency unless there is documentation to support an inability to meet the individual's health, safety, and welfare needs, or all previous efforts to provide services and supports have failed and there is no option but to refuse services. Such refusal to serve an individual must be put in writing by the provider and include a detailed explanation as to why the provider is unable to serve the individual. Written notification must be submitted to the LGE. Providers who contract with other entities to provide waiver services must maintain copies of such contracts signed by both agencies. Such contracts must state that the subcontractor may not refuse to serve any waiver beneficiary referred to it by the enrolled direct service provider agency.

An HCBS provider shall provide a written notice of involuntary transfer or discharge with appeal rights to the client, a family member of the client, if known, to the authorized representative if known, and the support coordinator if applicable, at least 30 days prior to the transfer or discharge.

The beneficiary's provider and support coordination agency must have a written working agreement that includes the following:

1. Written notification of the time frames for POC planning meetings;

2. Timely notification of meeting dates and times to allow for provider participation;

3. Information on how the agency is notified when there is a POC or service delivery change; and

4. Assurance that the appropriate provider representative is present at planning meetings as invited by the beneficiary.

ROW services outlined below may be provided by the provider or by an agreement with other contracted agents. The actual provider of the service, whether it is the provider or a subcontracted agent, must meet the following licensure or other qualifications:

| Waiver Service | Requirements | Service Provided by |
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| **Support Coordination** | **Case Management License**<br><br>Providers of support coordination for the ROW program must have a signed performance agreement with OCDD to provide services to waiver beneficiaries. | Enrolled agency<br>**Provider Type 45:**<br>Case Management-Contract<br><br>**Specialty 81:** |

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| | Support coordination agencies must meet all of the performance agreement requirements, state rules and ***ROW Provider Manual***. | Case Management<br><br>**Subspecialty:**<br>4W |

| Waiver Service | Requirements | Service Provided by |
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| **Community Living Supports** | **Home and Community-Based Services Provider License**<br>**(Personal Care Attendant Module)**<br><br>Self-Direction Option Available | Enrolled agency<br>**Provider Type 82:**<br>Personal Care Attendant<br><br>**Specialty 82:**<br>Personal Care Attendant<br><br>**Subspecialty:**<br>4W |
| **Companion Care** | **Personal Care Attendant Module** | Enrolled agency<br>**Provider Type 82:**<br>Personal Care Attendant<br><br>**Specialty 82:**<br>Personal Care Attendant<br><br>**Subspecialty:**<br>4W |
| **Shared Living** | **Supervised Independent Living Module**<br>**Supervised Independent Living Conversion Module**<br><br>Shared Living Providers must also have OCDD approval which includes:<br>1. Conversion Option:<br>a. Current ICF/IID provider in good standing and licensed to operate by LDH-Health Standards Section (Conversion Module);<br>b. Apply for and meet ROW provider qualifications for the Shared Living Conversion; and<br>c. OCDD regional office will document that the Shared Living option was explained to, understood by, and agreed upon by all individuals who will be affected when the ICF/IID is closed and the license is surrendered.<br><br>2. New Option:<br>a. If any ICF/IID license is held or was previously held, the licensee must be or have been a provider in good standing; and<br>b. Apply for and meet ROW provider qualifications for the Shared Living. | Enrolled agency<br>**Provider Type 11:**<br>Shared Living<br><br>**Specialty 4A:**<br>DD<br><br>**Subspecialties:**<br><u>Conversion Option</u>:<br>4J-Provider Owned/Leased Residence<br>4H- Beneficiary Owned/Leased Residence<br><br><u>New Option</u>:<br>4G-Provider Owned/Leased Residence<br>4L- Beneficiary Owned/Leased Residence |

| One Time Transitional Expenses | | OCDD |
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| **Host Home** | **Substitute Family Care Module when providing services to adults**<br><br>**Class "A" Child Placing License when provider services to children**<br><br>Providers must:<br>1. Have experience in delivering therapeutic services to persons with developmental disabilities; and<br>2. Have staff who have experience working with persons with developmental disabilities. | Enrolled agency<br>**Provider Type 84:**<br>Substitute Family Care<br><br>**Specialty 84:**<br>Substitute Family Care<br><br>**Subspecialty:**<br>4W |
| **Center Based Respite** | **Home and Community-Based Services Provider License**<br>**Respite Care Module for a facility** | Enrolled agency<br>**Provider Type 83:**<br>Waiver-Respite Care<br><br>**Specialty 83:**<br>Respite Care |
| **Environmental Accessibility Adaptations** | **Home Adaptations:**<br><br>Providers must be registered through the Louisiana State Licensing Board for Contractors as a General Contractor, Home Improvement Contractor, or Residential Building Contractor.<br><br>Environmental Modification providers must meet the following requirements:<br>1. Must be enrolled as a Medicaid Environmental Modifications Provider;<br>2. Must comply with all applicable Local (City or Parish) Occupational License(s);<br>3. All services shall be provided in accordance with applicable State or local requirements;<br>4. Must meet any state or local requirements for licensure or certification for the work performed, as well as the person performing the service (i.e., building contractors, plumbers, electricians, or engineers);<br>5. Must meet such standards for modifications to the home when state and local building or housing code standards are applicable; and<br><br>**Vehicle Adaptations/Vehicle Lift** | Enrolled agency<br>**Provider Type 15:**<br>Environmental Modifications<br><br>**Specialty 80:**<br>Environmental Modifications |

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| | Providers must be currently licensed as a specialty vehicle with accreditation for Structural Vehicle Modifier in the state licensure.<br><br>Vehicle modification providers must meet the following requirements:<br>1. Must be enrolled as a Medicaid environmental modifications provider;<br>2. Must comply with all applicable local (city or parish) occupational license(s); and<br>3. All services shall be provided in accordance with applicable State or local requirements. | |
| **Assistive Technology/Specialized Medical Equipment and Supplies** | Must meet all applicable vendor standards and requirements for manufacturing, design and installation of technological equipment and supplies. | Enrolled agency<br>**Provider Type 17:**<br>Assistive Devices<br><br>**Specialty 91:**<br>Assistive Devices |

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| **Personal Emergency Response Systems** | Must meet all applicable vendor requirements, federal, state, parish and local laws for installation. | Enrolled agency<br>**Provider Type 16:**<br>Personal Emergency Response Systems<br><br>**Specialty 90:**<br>Personal Emergency Response Systems (Waiver) |
| **Transportation-Community Access** | Must maintain the state minimum automobile liability insurance coverage, have a current state inspection sticker, and have a current valid driver's license. | Enrolled agency<br>**Provider Type 42:**<br>Friends and Family<br><br>**Specialty:**<br>4W<br><br>**Subspecialty:**<br>4W |
| **Professional Services** | Must possess a current valid Louisiana license to practice in the following fields of expertise:<br><br>1. Registered dietician; | Enrolled agency<br><br>Employed or contracted by Home and Community- |

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| | 2. Speech therapist;<br>3. Occupational therapist;<br>4. Physical therapist;<br>5. Social worker; and<br>6. Psychologist.<br><br>Professionals are able to enroll individually and/or be linked to an agency. Professionals must have one-year experience in delivering services to persons with developmental disabilities based on the following criteria:<br><br>1. Verification that every professional meets the one-year experience requirement for delivering services to persons with developmental disabilities;<br>2. Full-time employment gained in advanced and accredited training programs (i.e., masters or residency level training programs) which includes services for persons with developmental disabilities);<br>3. Paid, full-time professional experience in specialized service/treatment settings for persons with developmental disabilities (i.e., intermediate care facilities for persons with developmental disabilities);<br>4. Paid, full-time professional experience in multi-disciplinary programs for persons with developmental disabilities (i.e., mental health treatment programs for persons with dual diagnosis-mental illness and developmental disabilities);<br>5. Paid, full-time professional experience in specialized educational, vocational and therapeutic programs or settings for persons with developmental disabilities (i.e., school special education program); and<br>6. Two years of part-time experience (minimum of 20 hours per week) may be substituted for one year of full-time experience.<br><br>Items that do not qualify for the required experience:<br>1. Volunteer professional experience; and<br>2. Experience gained in caring for a relative or friend with developmental disabilities.<br><br>If a professional chooses to link to an agency, the agency must be licensed by the LDH as one of the following:<br>1. Home health agency;<br>2. Free-standing rehabilitation clinic;<br>3. Supervised independent living agency (shared living);<br>4. Substitute family care (host home-adult); or | Based Service Provider (Personal Care Attendant Module, Supervised Independent Living Module or Home Health agency<br><br>**Individual Enrollment**<br><br>**Provider Type 41:** Registered Dietician **Specialty 4R:** Registered Dietician<br><br>**Provider Type 39:** Speech Therapist **Specialty 71:** Speech Therapy<br><br>**Provider Type 37:** Occupational Therapist **Specialty 74:** Occupational Therapy<br><br>**Provider Type 35:** Physical Therapist **Specialty 65:** Individual Physical Therapy<br><br>**Provider Type 73:** Social Worker **Specialty 73:** Social Work<br><br>**Provider Type 31:** Psychologist **Specialty 62:** Psychologist (Crossovers Only) **Specialty 95:** |

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| | 5. Class "A" child placing agency (host home-child) by the Department of Children and Family Services. | Psychologist (PBS Program Only)<br>**Specialty 96:**<br>Psychologist (PBS Program and Crossovers)<br><br>**For All Professionals:**<br>**Subspecialty:**<br>4W<br><br>**Individual Professionals can link to:**<br><br>**Provider Type 11:**<br>Shared Living<br>and/or<br>**Provider Type 84:**<br>Substitute Family Care |
| **Nursing** | Registered nurse and licensed practical nurse: must meet Louisiana licensing requirements<br><br>Nurses are only able to provide services by linking to an agency. The agency must be licensed by the LDH as one of the following:<br>1. Home health agency; or<br>2. Shared living (only subspecialty-conversion).<br><br>Nurses must have one-year experience delivering services to persons with developmental disabilities. OCDD requires verification that every professional meets the one-year experience requirement for delivering services to persons with developmental disabilities based on the following criteria:<br><br>1. Full-time experience gained in advanced and accredited training programs (i.e., masters or residency level training programs) which includes treatment services to persons with developmental disabilities);<br>2. Paid, full-time experience in specialized service/treatment services for persons with developmental disabilities (i.e., intermediate care facilities for persons with developmental disabilities);<br>3. Paid, full-time nursing experience in multi-disciplinary programs for persons with developmental | Enrolled agency<br>**Must be linked to:**<br>**Provider Type 11:**<br>Shared Living Agency (only w/Subspecialty 4H and/or 4J)<br>or<br>**Provider Type 44:**<br>Home Health Agency<br><br>**Specialty 87:**<br>All Other<br><br>**Subspecialty:**<br>**4W** |

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| | disabilities (i.e., mental health treatment programs for persons with dual diagnosis-mental illness and developmental disabilities); or<br>4. Paid, full-time nursing experience in specialized education, vocational and therapeutic programs or settings for persons with developmental disabilities (i.e., school special education program).<br>**NOTE:** Two years of part-time experience (minimum of 20 hours per week) may be substituted for one year of full-time experience.<br>Activities not included toward the required experience include:<br>1. Volunteer nursing experience; and<br>2. Experience gained by caring for a relative or friend with developmental disabilities. | |

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| **Supported Employment** | Valid Certificate of Compliance as a Community Rehabilitation Provider from Louisiana Rehabilitation Services; or<br>Adult Day Center Module | Enrolled agency<br>**Provider Type 98:**<br>Habilitative Supportive Employment<br><br>**Specialty 98:**<br>Supported Employment |
| **Prevocational Services** | Home and Community-Based Services Provider License (Adult Day Care Module) | Enrolled agency<br>**Provider Type 13:**<br>Prevocational Habilitation<br><br>**Specialty 36:**<br>Prevocational Habilitation |
| **Day Habilitation** | Home and Community-Based Services Provider License (Adult Day Center Module) | Enrolled agency<br>**Provider Type 14:**<br>Adult Day Habilitation<br><br>**Specialty 50:**<br>Day Habilitation |
| **Community Life Engagement Development** | Home and Community-Based Services Provider License (Adult Day Center Module) | Enrolled agency<br>**Provider Type 14:**<br>Adult Day Habilitation |

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| **Adult Day Health Care (ADHC)** | Home and Community-Based Services Provider License (Adult Day Center Module)<br><br>**NOTE:** Qualifications for ADHC staff are set forth in the licensing regulations found in the Louisiana Administrative Code. | Enrolled agency<br>**Provider Type 85:** Adult Day Health Care<br><br>**Specialty 35:** Adult Day Health Care<br><br>**Subspecialty: 4W** |
| **Monitored In Home Caregiving** | Home and Community-Based Services Provider License (Monitored In-Home Caregiving Module) | Enrolled agency<br>**Provider Type MI Monitored In- Home Caregiving**<br><br>**Specialty 35: Monitored In- Home Caregiving** |

When required by state law, the person performing the service, such as building contractors, plumbers, electricians, or engineers, must meet applicable requirements for professional licensure and modifications to the home and must meet all applicable building code standards.

A provider is able to enroll and select up to three sub-specialties per one provider number. For example, if a shared living provider wishes to enroll and provide all four subspecialties, two separate provider numbers will need to be obtained.

## Provider Responsibilities for All Providers

All providers of ROW services are responsible for the following:

1. Ensuring an appropriate representative from the agency attends the POC planning meeting and is an active beneficiary in the team meeting;

   **NOTE:** An appropriate representative is considered to be someone who has knowledge and authority to make decisions about the beneficiary's service delivery. This person may be a program manager, a direct services professional, case supervisor, or the executive director or designee. An unlicensed direct service worker who works with or will work with the beneficiary is not considered an appropriate representative for the POC planning meeting.

2. Communicating and working with support coordinators and other support team members to achieve the beneficiary's personal outcomes;

3. Ensuring the provider POC documents are updated as changes occur, including the beneficiary's emergency contact information and list of medications and kept current;

4. Informing the support coordinator by telephone or e-mail as soon as the agency recognizes that any goals, objectives or timelines in the POC will not meet the beneficiary's needs, but not later than 10 days prior to the expiration of any timelines in the service plan that cannot be met;

5. An update to the provider's document should only occur as a result of a documented meeting with the beneficiary or authorized representative where the reason for change is indicated and all parties sign the meeting attendance record;

6. Ensuring the provider agency support team member(s) sign and date any revisions to the service plan indicating agreement with the changes to the goals, objectives, or time lines;

7. Providing the support coordination agency or LDH representatives with requested written documentation including, but not limited to:

    a. Completed, signed, and dated service plan;

    b. Service logs, progress notes, and progress summaries;

    c. Direct service worker attendance and payroll records;

    d. Written grievances or complaints filed by beneficiaries/family;

    e. Critical or other incident reports involving the beneficiary; and

    f. Entrance and exit interview documentation.

8. Explaining to the beneficiary/family in his/her native language the beneficiary rights and responsibilities within the agency; and

9. Assuring that beneficiaries are free to make a choice of providers without undue influence.

Note: It is the policy of LDH, OCDD that all critical incidents for HCBS be reported, investigated and tracked. The statewide incident management system MUST be used for ALL critical incident reporting.

## Support Coordination

Support coordination is a service that will assist beneficiaries in gaining access to all of their needed support services, including medical, social, educational, and other services, regardless of the funding source for the services.

## Support Coordination Providers

Providers of support coordination for the ROW program must have a signed performance agreement with OCDD to provide services to waiver beneficiaries. Support coordination agencies must meet all of the performance agreement requirements in addition to any additional criteria outlined by OCDD.

Support coordination activities include, but are not limited to the following:

1. Convening the person-centered planning team comprised of the beneficiary, beneficiary's family, direct service providers, medical and social work professionals, as necessary, and advocates, who assist in determining the appropriate supports and strategies needed in order to meet the beneficiary's needs and preferences;

2. On-going coordination and monitoring of supports and services included in the beneficiary's approved POC;

3. Building and implementing the supports and services as described in the POC;

4. Assisting the beneficiary to use the findings of formal and informal assessments to develop and implement support strategies to achieve the personal outcomes defined and prioritized by the beneficiary in the POC;

5. Providing information to the beneficiary on potential community resources, including formal resources and informal/natural resources, which may be useful in developing strategies to support the beneficiary in attaining his/her desired personal outcomes;

6. Assisting with coordinating transportation to access medical services and community resources;

7. Assisting with problem solving with the beneficiary, families, services providers, and/or the LGE;

8. Assisting the beneficiary to initiate, develop, and maintain informal and natural support networks and to obtain the services identified in the POC, assuring that they meet their individual needs;

9. Advocating on behalf of the beneficiary to assist him or her in obtaining benefits, supports or services, i.e. to help establish, expand, maintain, and strengthen the beneficiary's information and natural support networks. This may involve calling and/or visiting beneficiaries, community groups, organizations, or agencies with or on behalf of the beneficiary;

10. Training and supporting the beneficiary in self-advocacy, i.e. the selection of providers and utilization of community resources to achieve and maintain his/her desired outcomes;

11. Oversight of the service providers to ensure that their beneficiary receives appropriates services and outcomes as designated in the POC;

12. Assisting the beneficiary to overcome obstacles, recognize potential opportunities, and developing creative opportunities;

13. Meeting with the beneficiary in face-to-face meetings, as well as via telephone contact, as specified. This includes meeting the beneficiary where the services take place;

14. If criteria are met, virtual visits are permitted; however, the initial and annual POC meeting and at least one other meeting per year must be conducted face to face;

15. When a relative is living in the home or a legally responsible individual or legal guardian provides a paid ROW service, all support coordination visits must be conducted face-to-face, with no option for virtual visits;

16. Reporting and documenting any incidents/complaints/abuse/neglect according to the OCDD policy and in accordance with licensure, state laws, rules, and regulations, as applicable;

17. Arranging any necessary professional/clinical evaluations needed and ensuring beneficiary choice;

18. Identifying, gathering, and reviewing the array of formal assessments and other documents that are relevant to the beneficiary's needs, interests, strengths, preferences, and desired personal outcomes;

19. Developing an action plan in conjunction with the beneficiary to monitor and evaluate strategies to ensure continued progress toward the beneficiary's personal outcomes; and

20. On-going discussions with the beneficiary (16 years of age and older) about employment including:

    a. Identifying barriers to employment and working to overcome those barriers, connecting the beneficiary to certified work incentive coordinators (CWIC) to do benefits planning;

    b. Referring the beneficiary to Louisiana Rehabilitation Services (LRS); and

    c. Following the case through closure with LRS, and other activities of the employment process as identified, including the quarterly completion of data input using the Path to Employment form.

**NOTE:** Advocacy is defined as assuring that the beneficiary receives appropriate supports and services of high quality and locating additional services not readily available in the community.

## Support Coordination Providers Qualifications

Support Coordination providers must meet the following requirements:

1. Be licensed as a support coordination provider; and

2. Meet all requirements as outlined in the *Support Coordination Performance Agreement.*

**NOTE:** Please refer to the Guidelines for Support Planning, Operational Instruction for Critical Incident Review, and OCDD Support Coordination Reference Guide for additional information.

## Provider Responsibilities for All Residential Care Service Providers

Direct service provider agencies must have written policy and procedure manuals that include; but, are not limited to the following:

1. Training policy that includes orientation and staff training requirements according to the Home and Community-Based Service (HCBS) Providers Licensing Standards, the Direct Service Worker (DSW) Registry, and the Class A Child Placing Licensing Standards (as applicable to specific residential service being provided);

2. Direct care abilities, skills, and knowledge requirements that employees must possess to adequately perform care and assistance as required by waiver beneficiaries;

3. Employment and personnel job descriptions, hiring practices including a policy against discrimination, employee evaluation, promotion, disciplinary action, termination, and hearing of employee grievances, staffing, and staff coverage plan;

4. Record maintenance, security, supervision, confidentiality, organization, transfer, and disposal;

5. Identification, notification, and protection of beneficiary's rights both verbally and in writing in a language that the beneficiary/family is able to understand;

6. Written grievance procedures;

7. Information about abuse and neglect as defined by LDH regulations and state and federal laws;

8. Electronic visit verification (EVV): requirements/proper use of check in/out; acceptable editing of electronically captured services; reporting services when in "no service zones" or failure to clock in/out (Electronic Connectivity form and manual entry); confidentiality of log in information; monitoring of EVV system for proper use;

9. DSW Registry: requirement for accessing the department's Adverse Action database for findings placed against the direct service workers prohibiting employment; and

10. Criminal history checks: requirement for compliance with state statutes for non-licensed direct care personnel.

11. Medicaid has established a direct support worker (DSW) wage floor. Provider agencies must follow these rules and pay the DSW as directed by Medicaid. The current wage floor can be found in the Louisiana Administrative Code and OCDD will post a memo on the OCDD website. Providers will be responsible for following this directive.

## POC Provider Documents

The direct service provider must complete the provider portion of the POC to include all waiver services that the agency provides to the beneficiary based on the beneficiary's identified POC goals and other supports required.

The provider documents in the POC must be person-centered, focused on the beneficiary's desired outcomes, and include the following elements:

1. Specific goals matching the goals outlined in the beneficiary's approved POC;

2. Measurable objectives and timelines to meet the specified goals and strategies to meet the objectives;

3. Identification of the direct service provider staff and any other support team members who will be involved in implementing the strategies; and

4. The method that will be used to document and measure the implementation of specified goals and objectives.

The POC provider documents must be reviewed and updated as necessary to comply with the specified goals, objectives, and timelines stated in the beneficiary's approved POC or when changes are necessary based on beneficiary needs.

### Back-up Planning

Direct service providers are responsible for providing all necessary staff to fulfill the health and welfare needs of the beneficiary when paid supports are scheduled to be provided. This also includes times when the scheduled direct service worker is absent, unavailable or unable to work for any reason.

All direct service providers are required to develop an individualized back-up plan for each beneficiary that includes detailed strategies and person-specific information that addresses the specialized care and supports needed by the beneficiary.

Direct service providers are required to:

1. Have policies in place which outline the protocols that the agency has established to assure that back-up direct service workers are readily available;

2. Ensure that lines of communication and chain of command procedures have been established; and

3. Have procedures for dissemination of the back-up plan information to beneficiaries, their authorized representatives, and their support coordinators.

Protocols must also describe how and when the direct support staff will be trained in the care needed by the beneficiary. This training must occur prior to any direct support staff member being solely responsible for a beneficiary.

Back-up plans must be updated as changes occur and at least annually to assure that the information is kept current and applicable to the beneficiary's needs. The back-up plan must be submitted to the beneficiary's support coordinator in a timely manner to be included as a component of the beneficiary's initial and annual POC.

Direct service providers may not use the beneficiary's informal support system as a means of meeting the agency's individualized back-up plan and/or emergency evacuation response plan requirements without documented consent of the informal support system. The beneficiary's family members and others identified in the beneficiary's circle of support may elect to provide backup, but this does not exempt the provider from the requirement of providing the necessary staff for backup purposes when paid supports are scheduled.

## Emergency Evacuation Planning

Emergency evacuation plans must be developed in addition to the beneficiary's individualized back-up plan. Providers must have an emergency evacuation plan that specifies in detail how the direct service provider will respond to potential emergency situations such as fires, hurricanes, tropical storms, hazardous material release, flash flooding, ice storms, and terrorist attacks.

The emergency evacuation plan must be person-specific and include at a minimum the following components:

1. Individualized risk assessment of potential health emergencies;

2. A detailed plan to address the beneficiary's individualized evacuation needs, including a review of the beneficiary's individualized back-up plan, during geographical and natural disaster emergencies and all other potential emergency conditions;

3. Policies and procedures outlining the agency's implementation of emergency evacuation plans and the coordination of these plans with the local Office of Emergency Preparedness and Homeland Security;

4. Establishment of effective lines of communication and chain of command procedures;

5. Establishment of procedures for the dissemination of the emergency evacuation plan to beneficiaries and support coordinators; and

6. Protocols outlining how and when direct service workers and beneficiaries will be trained in the implementation of the emergency evacuation plan and post-emergency procedures.

Training for direct service workers and surety of competency must occur prior to the worker being solely responsible for the support of the beneficiary.

The beneficiary must be provided with regular, planned opportunities to practice the emergency evacuation response plan.

OCDD, support coordination agencies, and direct service provider agencies are responsible for following the established emergency protocol before, during, and after hurricanes or other natural disasters or events as outlined in the "Emergency Protocol for Tracking Location Before, During, and After Hurricanes" document found in the OCDD Guidelines for Support Planning manual. (Refer to Appendix D for website information).

## Host Home Provider Responsibilities

The Host Home provider is responsible for screening, training, overseeing, and providing technical assistance to Host Home families in accordance with OCDD requirements, including the coordination of medical, behavioral, and other professional services geared to persons with developmental disabilities.

Host Home providers must provide on-going assistance to Host Home families so that all HCBS waiver health and safety assurances, monitoring, and critical incident reporting requirements are met. The Host Home provider and the Host Home family are required to participate in the POC process and follow the POC as indicated.

Host Home providers are responsible for:

1. Assisting in the selection of Host Home families (determining suitable matches between Host Home families and Host Home beneficiaries);

2. Inspecting the home setting, completing reference checks on each person in the home (criminal record and background checks), conducting a home study, verifying that Host Home family has a stable income sufficient to meet routine expenses independent of ROW service payments, and making a certification determination of prospective Host Home families;

3. Developing contracts with Host Home families;

4. Participating in the development of the beneficiary's POC;

5. Providing and/or arranging routine and specialized training specific to the needs of the beneficiary;

6. Providing ongoing follow-up and oversight of Host Home families to ensure that the POC is being followed (including the documentation and maintenance of data and records), that the services being provided meet quality standards, that there is continuity of services, and that the home environment continues to be a safe and suitable environment;

7. Providing emergency services as needed;

8. Providing 24-hour oversight and supervision of Host Home services, including approved alternative supports, and supervision as identified in the approved POC; and

9. Providing Host Home family relief supports (scheduled and unscheduled relief) during absences of the Host Home Family with the following guidelines:

    a. Limited to 360 hours (15 days) per POC year as indicated in the POC;

    b. Relief staff for scheduled and unscheduled absences are included in the Host Home provider's rate;

    c. Relief staff for scheduled and unscheduled absences may be provided either in the Host Home family setting or at a location of the beneficiary's choosing, but must be indicated in the POC;

    d. The beneficiary (or if the beneficiary is a minor, the beneficiary's legal representative) may agree to have the beneficiary reside with another Host Home family;

e. Regardless of where the Host Home services are provided, the Host Home provider is responsible for oversight, supervision, and back-up of the Host Home service; and

f. Assuring that only persons approved in accordance with licensing regulations are allowed to provide services to or reside in the same residence as the beneficiary.

Host Home families are responsible for:

1. Participating with the Host Home provider during the selection of Host Home families (determination of families as a suitable match for Host Home beneficiaries);

2. Being available during inspections of the home setting, participating in a home study, and complying with all activities conducted by the Host Home provider in the determination process;

3. Participating in the Host Home provider's contract development for the Host Home family;

4. Participating in routine and specialized training specific to the needs of the beneficiary;

5. Participating in the development of the beneficiary's POC;

6. Following the beneficiary's POC and providing any specialized supports as specified in the POC;

7. Providing assistance to ensure that the beneficiary has access to community services/activities and assistance in the development of community recreational and social interests;

8. Providing assistance to the beneficiary in keeping medical appointments, therapy appointments, and other appointments necessary for the health and well-being of the beneficiary;

9. Providing or arranging appropriate transportation to school, work, medical appointments, therapy appointments, and other appointments/activities necessary for the health and well-being of the beneficiary;

10. If indicated in the POC, the Host Home family will support the beneficiary in maintaining contact with his/her biological family and/or natural supports;

11. Providing unpaid supports when the beneficiary is either working or interested in working;

12. Maintaining adequate records to substantiate service delivery and producing such records upon request;

13. Maintaining data to assist in the evaluation of the beneficiary's personal goals as identified in the POC and producing such records upon request; and

14. Immediately reporting to the Host Home provider any major issues or concerns related to the beneficiary's safety and well-being.

**Host Home Services (Provided to Children)**

Host Home families who provide serves to children are required to provide daily supports and supervision on a 24-hour basis in order to:

1. Meet the on-going support needs of the beneficiary; and

2. Handle emergencies as any family would do for its minor child as required based on age, capabilities, health conditions, and special needs.

Providers serving children or adults in the Host Home setting must meet the following requirements:

1. Have experience in delivering therapeutic services to persons with developmental disabilities;

2. Have staff who have experience working with persons with developmental disabilities;

3. Screen, train, oversee, and provide technical assistance to Host Home families in accordance with OCDD requirements, including the coordination of medical, behavioral, and other professional services geared to persons with developmental disabilities; and

4. Provide on-going assistance to Host Home families so that all HCBS waiver health and safety assurances, monitoring, and critical incident reporting requirements are met.

### Host Home Services (Provided to Adults)

Host Home families who serve adults who have been interdicted must ensure that services are furnished in accordance with the legal requirements of the interdiction and must assist in providing information to supervisory authorities.

### Host Home Families Employed Outside of the Home

Host Home families who are employed outside of the home must adjust their employment/business duties/responsibilities to allow for the flexibility needed to meet their responsibilities to the beneficiary.

## Companion Care Provider Responsibilities

The provider organization shall develop a written agreement as part of the beneficiary's POC which defines all of the shared responsibilities between the companion and the beneficiary. The written agreement shall include, but is not limited to:

1. Types of support provided by the companion;
2. Activities provided by the companion;
3. A typical weekly schedule;
4. Assisting in the selection of companions who would be a suitable match for each beneficiary;
5. Participating in the development of the beneficiary's POC;
6. Facilitating in the development of the beneficiary/companion agreement;
7. Ensuring that the POC is being followed;
8. Conducting an initial inspection as well as periodic inspections of the beneficiary's home;
9. Providing all required training to companions, including any training specific to the special needs of the beneficiary; and

10. Contacting the companion a minimum of once per week or more, if specified in the POC.

The provider organization is responsible for performing the following functions which are included in the daily rate:

1. Arranging the delivery of services and providing emergency services;

2. Making an initial home visit to the beneficiary's home, as well as periodic home visits, as required by the department;

3. Contacting the beneficiary/companion a minimum of once per week or as specified in the beneficiary's comprehensive plan of care;

4. Providing 24-hour oversight, back-up, and supervision of the companion care services, including back-up for the scheduled and unscheduled absences of the companion;

5. Providing emergency services;

6. Providing Companion Care relief supports (scheduled and unscheduled relief) during absences of the companion with the following guidelines:

    a. Limited to 360 hours (15 days) per POC year as indicated in the POC;

    b. Relief staff members or scheduled and unscheduled absences are included in the Companion Care rate; and

    c. The Companion Care provider is responsible for oversight, supervision, and back-up of the companion care service.

7. Facilitating a signed written agreement between the companion and the beneficiary which assures:

    a. The companion's portion of expenses must be at least $200 per month, but shall not exceed 50 percent of the combined monthly costs, which includes rent, utilities, and primary telephone expenses; and

    b. Inclusion of any other expenses must be negotiated between the beneficiary and the companion. These negotiations must be facilitated by the provider, and the resulting agreement must be included in the written agreement and in the beneficiary's POC.

### Responsibilities of the Companion

Responsibilities of the companion include:

1. Participating in the beneficiary's POC;
2. Participating in the development of the beneficiary/companion agreement;
3. Maintaining records in accordance with OCDD and provider requirements; and
4. Following the POC and beneficiary/companion agreement, which includes:
    a. Implementing the identified supports as indicated;
    b. Assisting with activities of daily living as indicated;
    c. Assisting the beneficiary in accessing community activities as indicated;
    d. Being available as indicated and outlined in the pre-arranged time schedule as outlined;
    e. Being available on short notice by telephone during crises situations as outlined; and
    f. Coordinating transportation as needed.

## Shared Living Provider Responsibilities

In addition to the aforementioned responsibilities, Shared Living providers must also have OCDD approval which includes the following:

1. Conversion Option:
    a. Current ICF/IID provider in good standing and licensed to operate by LDH-Health Standards Section;
    b. Application for and meeting ROW provider qualifications for the Shared Living Conversion; and
    c. Documentation by the LGE that the shared living option was explained to, understood by, and agreed upon by all individuals who will be affected when the ICF/IID is closed and its license is surrendered.
2. New Option:

a. If any ICF/IID license is held or was previously held, the licensee must be or have been a provider in good standing; and

b. Application for and meeting ROW provider qualifications for the Shared Living.

## Day Habilitation Provider Responsibilities

The service provider must possess a current valid HCBS provider's license to provide adult day care services and adhere to the following requirements in order to provide transportation to beneficiaries.

The provider's vehicles used in transporting beneficiaries must adhere to the following requirements of the HCBS licensing rule:

1. Be in good condition and repair;

2. Have a current Louisiana inspection sticker; and

3. Have a first aid kit on board.

Providers must:

1. Maintain liability insurance in the amount specified in the HCBS licensing requirements;

2. Ensure drivers have a current Louisiana driver's license applicable to the vehicle being used;

3. Document this service in the beneficiary's record; and

4. Ensure the trip is documented in the provider's transportation log, which can be either electronic with GPS tracking or a paper log.

   **NOTE:** The log is not required to be filed in the beneficiary's record file, but must contain information that identifies the beneficiary, the time of pick up, and the time of drop off. It shall also be available upon request for review by any Louisiana state agency, including LGE and support coordination.

## Supported Employment Provider Responsibilities

Supported employment providers must maintain documentation in the file of each individual beneficiary that the services are not available to the beneficiary in programs funded under Section 110 of the Rehabilitation Act of 1973 or Section 602 (16) and (17) of the Individuals with Disabilities Education Act (IDEA) [20 u.s.c. 1401 (16) and (71)].

The service provider must possess a current valid HCBS provider license to provide adult day care services and supported employment, and adhere to the following requirements in order to provide transportation to beneficiaries:

1. Vehicles used in transporting beneficiaries must adhere to the requirements of the HCBS licensing rule;

2. Drivers must have a current Louisiana driver's license applicable to the vehicle being used;

3. Vehicles used in transporting beneficiaries must:

    a. Be in good condition and repair;

    b. Have a current Louisiana inspection sticker;

    c. Have a first aid kit on board.

4. The provider must document this service in the beneficiary's record, and the trip must be documented in the provider's transportation log, which can be either electronic with GPS tracking or a paper log.

**NOTE:** The log is not required to be filed in the beneficiary's record file, but must contain information that identifies the beneficiary, the time of pick up, and the time of drop off. It shall also be available upon request for review by any Louisiana state agency, including LGE and districts and support coordination.

## Prevocational Provider Responsibilities

The provider must maintain documentation in the file of each individual beneficiary receiving prevocational services that the services are not available to eligible beneficiaries in programs funded under Section 110 of the Rehabilitation Act of 1973 or Section 602 (26) and (29) of the IDEA Act [20 U.S.C. 1401 (16) and (71)].

The service provider must adhere to the following requirements in order to provide transportation to beneficiaries:

1. The provider's vehicles used in transporting beneficiaries must:

    a. Be in good condition and repair;

    b. Have a current Louisiana inspection sticker; and

    c. Have a first aid kit on board.

2. Drivers must have a current Louisiana driver's license applicable to the vehicle being used; and

3. The provider must document this service in the beneficiary's record, and the trip must be documented in the provider's transportation log.

## Professional Services Provider Responsibilities (Psychological)

Providers of psychological services must:

1. Perform an initial evaluation to assess the beneficiary's need for services;

2. Develop an individualized service plan for the provision of psychological services, which must document the supports that will be provided to the beneficiary to meet his/her goals based on the beneficiary's approved POC;

3. Implement the beneficiary's therapy service plan in accordance with appropriate licensing and certification standards;

4. Complete progress notes for each session, within ten days of the session, and provide notes to the beneficiary's support coordinator every three months or as otherwise specified in the POC;

5. Maintain both current and past records and make them available upon request to OCDD, service providers, support coordinators, CMS, and/or legislative auditors, and

6. Bill only for services rendered, based on the beneficiary's approved POC and prior authorization.

## Nursing Services Provider Responsibilities

Provider agencies of nursing services must:

1. Ensure that all nurses employed to provide nursing services are either registered nurses or who have a current Louisiana Board of Nursing license or licensed practical nurses who have a current Louisiana State Board of Practical Nurse Examiners license, and have a minimum of one year of supervised nursing experience in providing skilled nursing services in a community setting to beneficiaries;

2. Provide an orientation on waiver services to licensed nurses and assure that licensed nurses adhere to the OCDD Critical Incident Reporting policy (See Appendix D for information regarding this policy);

3. Collect and submit the following documents to the beneficiary's support coordination agency:

    a. Primary care physician's order for nursing services;

        **NOTE:** The physician's order must be signed and dated and must contain the number of hours per day and the duration of nursing services required to meet the beneficiary's needs. The physician's order must also be updated at least every 60 days, and a copy must be sent to the support coordination agency prior to expiration of the previous approval to ensure continuation of services. The physician's order must be submitted to the LGE with the beneficiary's annual POC and upon request. Prior authorization will not be released if the physician's order is not submitted as required.

    b. Primary care physician's ***letter of necessity*** for nursing services. The physician's letter of necessity must be on the physician's letterhead, identify all nursing duties to be performed by the nurse, and state the beneficiary's current medical condition and need for nursing services;

    c. Current ***Form 90-L*** signed by the beneficiary's primary care physician;

    d. ***Summary*** of the beneficiary's medical history, which indicates the beneficiary's service needs based on a documented record review and specifies any recent (within one year) early and periodic screening, diagnosis, and treatment (EPSDT) extended home health approvals; and

    e. ***CMS Form 485*** completed by the home health agency to identify the skilled nursing service needs.

4. Develop and implement an individual nursing service plan in conjunction with the beneficiary's physician, support team, and the support coordinator to identify and fulfill the beneficiary's specific needs in a cost-effective manner;

5. Render services to the beneficiary as ordered by the beneficiary's primary care physician and as reflected in the beneficiary's POC within the requirements of the Louisiana Nurse Practice Act. For the purpose of this policy, nursing assessments, nursing care planning, and revisions of care planning must be consistent with the Outcome and Assessment Information Set (OASIS) requirements used by home health agencies who provide skilled nursing services;

6. Complete progress notes for each treatment, assessment, intervention, and critical incident;

7. Provide the support coordination agency with physician-ordered changes every 60 days regarding the beneficiary's health status and health needs;

8. Inform the support coordinator immediately of the providers' inability to provide staff according to the beneficiary's nursing service plan;

9. Report any beneficiary's non-compliance with or refusal of the established individual nursing service plan and provide these notes to the designated support coordinator every three months, or as otherwise specified in the POC;

10. Maintain both current and past records and make them available upon request to the OCDD, service providers, support coordinators, CMS, and/or legislative auditors;

11. Bill for prior authorized services rendered based on the beneficiary's approved POC;

12. Ensure that the home health nurse and the beneficiary's support coordinator communicate at least monthly to determine if any further planning is required;

13. Report any changes in the beneficiary's nursing service needs to the support coordinator. If necessary, the support coordinator will call an Interdisciplinary Team meeting to review the POC and to discuss any needed revisions. Changes to skilled nursing services in accordance with regulations must be reflected in the individual nursing services plan and submitted to the support coordinator every 60 days;

    **NOTE:** It is not necessary to revise the POC every 60 days unless there is a change in the beneficiary's medical condition requiring the need for additional skilled nursing services or the beneficiary requests a change.

14. Changes in the individual nursing service plan must be approved by the primary care physician and reflect the physician's orders for the skilled nursing service;

15. Ensure the individual nursing service plan is current and available in the beneficiary's home at all times;

16. Follow all ROW requirements, minimum standards for home health agencies, and State and Federal rules and regulations for licensed home health agencies and nursing care; and

17. Comply with OCDD standards for payment, Medical Assistance Program Integrity Law (MAPIL), Health Insurance Portability and Accountability Act (HIPAA), Americans with Disabilities Act (ADA), and licensing requirements.

## Adult Day Health Care Providers

Services provided by an (Adult Day Health Care) ADHC provider that:

1. Is licensed by the LDH Health Standards Section (HSS) as an ADHC provider in accordance with Louisiana Revised Statutes 40:2120.47;

2. Has enrolled in Medicaid as an ADHC provider; and

3. Is listed on the OCDD FOC form.

   **NOTE:** Qualifications for ADHC staff are set forth in the licensing regulations found in the Louisiana Administrative Code.

ADHC providers must:

1. Comply with all applicable LDH rules and regulations including the use of an approved EVV system; and

2. Provide transportation to any beneficiary within their licensed region in accordance with ADHC licensing standards.

   **NOTE:** An ADHC center may serve a person residing outside of the ADHC center's licensed region. However, transportation by the ADHC center is not required.

ADHC providers are not allowed to require that beneficiaries attend a minimum number of days per week. A beneficiary's repeated failure to attend as specified in the plan of care may warrant a revision to the plan of care, or a possible discharge from the ADHC services and/or the ROW.

ADHC providers should notify the beneficiary's support coordinator when a beneficiary routinely fails to attend the ADHC as specified.

When an ADHC provider reaches licensed capacity, the Human Services Authority or District should be notified immediately. The ADHC provider's name will be removed from the OCDD FOC form until the ADHC provider notifies the human services authority or district that they are able to admit new beneficiaries. (Refer to the ADHC Manual 9.5- Provider Requirements for additional information.)

ADHC providers shall complete the LDH approved cost report and submit the cost report(s) to the LDH designated contractor on or before the last day of September following the close of the cost-reporting period.

## Monitored In-Home Caregiving Service Providers

Services provided by a monitored in-home caregiving (MIHC) services provider that:

1. Has a home and community-based services provider license with MIHC;

2. Is approved by OCDD to provide MIHC services; and

3. Has enrolled in Medicaid to provide MIHC services.

MIHC providers must comply with LDH rules and regulations and be listed as a provider of choice on the OCDD FOC form as a MIHC services provider before being approved to provide services.

Monitored in-home caregiving providers:

1. Must be agency providers who employ professional nursing staff and other professionals to train and support caregivers to perform the direct care activities performed in the home;

2. Must assess and approve the home in which services will be provided;

3. Shall enter into contractual agreements with caregivers whom they have approved and trained; and

4. Must pay per-diem stipends to caregivers.