

**Subpart 7. Community Choices Waiver**  
**Chapter 81. General Provisions**

POC and to provide the same supervision or assistance as would be rendered in the home; and

6. extension of therapy services, defined as follows:

a. Licensed therapists may choose to instruct the attendants on the proper way to assist the participant in follow-up therapy sessions. This assistance and support provides reinforcement of instruction and aids in the rehabilitative process.

b. In addition, a registered nurse may instruct an attendant to perform basic interventions with a participant that would increase and optimize functional abilities for maximum independence in performing activities of daily living such as range of motion exercises.

B. PAS is provided in the participant's home or in another location outside of the 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. IADLs may not be performed in the participant's home when the participant is absent from the home. There shall be no duplication of services. PAS may not be provided while the participant is admitted to or attending a program which provides in-home assistance with ADLs or IADLs or while attending or admitted to a program or setting where such assistance is provided.

C. The provision of PAS services outside of the participant's home does not include trips outside of the borders of the state without prior written approval by OAAS or its designee.

D. PAS may be provided through the "a.m." and "p.m." delivery option defined as follows:

1. a minimum of one hour and a maximum of two hours of PAS provided to assist the participant at the beginning of his/her day, referred to as the "a.m." portion of this PAS delivery method; and

2. a minimum of one hour and a maximum of two hours to assist the participant at the end of his/her day, referred to as the "p.m." portion of this PAS delivery method; and

3. a minimum four hours break between the "a.m." and the "p.m." portions of this PAS delivery method;

4. not to exceed a maximum of four hours of PAS being provided within a calendar day;

5. "a.m. and p.m." PAS cannot be "shared;"

6. it is permissible to receive only the "a.m." or "p.m." portion of PAS within a calendar day;

7. "a.m." and/or "p.m." PAS may not be provided on the same calendar day as other PAS delivery methods;

8. PAS providers must be able to provide both regular and "a.m." and "p.m." PAS and cannot refuse to accept a Community Choices Waiver participant solely due to the type of PAS delivery method that is listed on the POC.

### §8307. Personal Assistance Services

A. Personal assistance services (PAS) provide assistance and/or supervision necessary for the participant with functional impairments to remain safely in the community. PAS include the following services and supports based on the approved POC:

1. supervision or assistance in performing activities of daily living (ADL);

2. supervision or assistance in performing instrumental activities of daily living (IADL);

3. protective supervision provided solely to assure the health and welfare of a participant;

4. supervision or assistance with health related tasks (any health related procedures governed under the Nurse Practice Act) where the direct service worker has received proper training pursuant to R.S. 37:1031-1034;

5. supervision or assistance while escorting/accompanying the participant outside of the home to perform tasks, including instrumental activities of daily living, health maintenance or other needs as identified in the

E. PAS may be provided by one worker for up to three waiver participants who live together and who have a common direct service provider. Waiver participants may share PAS staff when agreed to by the participants and as long as the health and welfare of each participant can be reasonably assured. Shared PAS is to be reflected in the POC of each participant. Reimbursement rates shall be adjusted accordingly.

F. A home health agency direct service worker who renders PAS must be a qualified home health aide as specified in Louisiana's minimum licensing standards for home health agencies.

G. Every PAS provider shall ensure that each waiver participant who receives PAS has a written individualized back-up staffing plan and agreement for use in the event that the assigned PAS worker is unable to provide support due to unplanned circumstances, including emergencies which arise during a shift.

H. Every PAS provider shall ensure timely completion of the emergency plan for each waiver participant they serve.

I. The following individuals are prohibited from being reimbursed for providing services to a participant:

1. the participant's spouse;
2. the participant's curator;
3. the participant's tutor;
4. the participant's legal guardian;
5. the participant's responsible representative; or
6. the person to whom the participant has given representative and mandate authority (also known as power of attorney).

J. Participants are not permitted to receive PAS while living in a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed provider of long-term care services and providers are prohibited from providing and billing for services under these circumstances. Participants may not live in the home of a direct support worker unless that worker is related by blood or marriage to the participant.

1. The provisions of §8307.J may be waived with prior written approval by OAAS or its designee.

K. It is permissible for the PAS allotment to be used flexibly within a prior authorized week in accordance with the participant's preferences and personal schedule and with proper documentation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:3519 (December 2011), amended LR 39:320 (February 2013), LR 39:1778 (July 2013), LR 40:791 (April 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 44:1898 (October 2018).

**§8323. Skilled Maintenance Therapy**

A. Skilled maintenance therapy is therapy services that may be received by participants in the home or rehabilitation center.

B. Skilled maintenance therapy services include physical therapy, occupational therapy, respiratory therapy and speech and language therapy.

C. Therapy services provided to participants are not necessarily tied to an episode of illness or injury and instead focus primarily on the person's functional need for maintenance of, or reducing the decline in, the participant's ability to carry out activities of daily living.

D. Skilled maintenance therapies may also be used to assess a participant's need for assistive devices or home modifications, training the participant and family members in the use of the purchased devices, performance of in-home fall prevention assessments, and participation on the POC planning team.

E. Services may be provided in a variety of locations including the participant's home or as approved by the POC planning team.

F. Skilled maintenance therapy services specifically include:

1. physical therapy services which promote the maintenance of, or the reduction in, the loss of gross/fine motor skills, and facilitate independent functioning and/or prevent progressive disabilities including:

a. professional assessment(s), evaluation(s) and monitoring for therapeutic purposes;

b. physical therapy treatments and interventions;

c. training regarding physical therapy activities, use of equipment and technologies;

d. designing, modifying or monitoring the use of related environmental modifications;

e. designing, modifying, and monitoring the use of related activities supportive to the POC goals and objectives; or

f. consulting or collaborating with other service providers or family members, as specified in the POC;

2. occupational therapy (OT) services which promote the maintenance of, or reduction in, the loss of fine motor skills, coordination, sensory integration, and/or facilitate the use of adaptive equipment or other assistive technology including:

- a. teaching of daily living skills;
- b. development of perceptual motor skills and sensory integrative functioning;
- c. design, fabrication, or modification of assistive technology or adaptive devices;
- d. provision of assistive technology services;
- e. design, fabrication, or applying selected orthotic or prosthetic devices or selecting adaptive equipment;
- f. use of specifically designed crafts and exercise to enhance function;
- g. training regarding OT activities; and
- h. consulting or collaborating with other service providers or family members, as specified in the POC;

3. speech language therapy (SLT) services which preserve abilities for independent function in communication, facilitate oral motor and swallowing function, facilitate use of assistive technology, and/or prevent progressive disabilities including:

- a. identification of communicative or oropharyngeal disorders;
- b. prevention of communicative or oropharyngeal disorders;
- c. development of eating or swallowing plans and monitoring their effectiveness;
- d. use of specifically designed equipment, tools, and exercises to enhance function;
- e. design, fabrication, or modification of assistive technology or adaptive devices;
- f. provision of assistive technology services;
- g. adaptation of the participant's environment to meet his/her needs;
- h. training regarding SLT activities; and
- i. consulting or collaborating with other service providers or family members, as specified in the POC; and

4. respiratory therapy services which provide preventative and maintenance of airway-related techniques and procedures including:

- a. application of medical gases, humidity and aerosols;
- b. intermittent positive pressure;
- c. continuous artificial ventilation;

d. administration of drugs through inhalation and related airway management;

e. individual care;

f. instruction administered to the waiver participant and informal supports; and

g. periodic management of ventilation equipment for participants whose ventilation care is performed by informal caregivers.

G. Where applicable, the participant must use Medicaid State Plan, Medicare, or other available payers first. The participant's preference for a certain therapist or agency is not grounds for declining another payer in order to access waiver services.

H. All services must be based on a verified need of the participant and the service must have a direct or remedial benefit to the participant with specific goals and outcomes. The authorized service will be reviewed/monitored by the support coordinator to verify the continued need for the service and that the service meets the participant's needs in the most cost effective manner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:3522 (December 2011), amended LR 39:321 (February 2013), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 44:1899 (October 2018).

3. caregiver temporary support services when provided by an adult day health care center;
4. adult day health care services;
5. housing transition or crisis intervention services; and
6. housing stabilization services.

B. The following services shall be reimbursed at the authorized rate or approved amount of the assessment, inspection, installation/fitting, maintenance, repairs, adaptation, device, equipment, or supply item and when the service has been prior authorized by the plan of care:

1. environmental accessibility adaptations;
2. environmental accessibility adaption assessment and inspections;
3. assistive devices and medical supplies;
4. home delivered meals (not to exceed the maximum limit set by OAAS);
5. transition services (not to exceed the maximum lifetime limit set by OAAS);
6. monitored in-home caregiving (MIHC) assessment; and
7. certain nursing, and skilled maintenance therapy procedures

C. The following services shall be reimbursed at a per diem rate:

1. caregiver temporary support services when rendered by the following providers:
  - a. assisted living providers;
  - b. nursing facility; or
  - c. respite center; and
2. monitored in-home caregiving services.

a. The per diem rate for monitored in-home caregiving services does not include payment for room and board, and federal financial participation is not claimed for room and board.

D. The following services shall be reimbursed at an established monthly rate:

1. support coordination;
2. transition intensive support coordination; and
3. monthly monitoring/maintenance for certain assistive devices/technology and medical supplies procedures.

E. The following services shall be reimbursed on a per-visit basis:

1. certain nursing and skilled maintenance therapy procedures; and

## Chapter 95. Reimbursement

### §9501. Unit of Reimbursement

A. Reimbursement for the following services shall be a prospective flat rate for each approved unit of service provided to the participant. One quarter hour (15 minutes) is the standard unit of service, which covers both the service provision and administrative costs for the following services, and reimbursement shall not be made for less than one quarter hour (15 minutes) of service:

1. personal assistance services (except for the “a.m. and p.m.” service delivery model);
  - a. up to three participants may share personal assistance services if they live together and share a common provider of these services; and
  - b. there is a separate reimbursement rate for shared personal care services;
2. in-home caregiver temporary support service when provided by a personal care services or home health agency;

2. personal assistance services furnished via “a.m. and p.m.” delivery method.

F. Reimbursement shall not be made for community choices waiver services provided prior to the department’s approval of the POC and release of prior authorization for the services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:3525 (December 2011), amended LR 39:322 (February 2013), LR 39:508, 508 (March 2013), repromulgated LR 39:1048 (April 2013), amended LR 39:1779 (July 2013), LR 40:793 (April 2014), LR 42:897 (June 2016), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 44:1902 (October 2018).

### **§9503. Direct Support Professionals Wage Enhancement**

A. The minimum hourly rate paid to direct support professionals shall be at least the current federal minimum.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:3525 (December 2011), amended LR 39:323 (February 2013).