

NOTICE OF INTENT

**Department of Health
Bureau of Health Services Financing
and
Office for Citizens with Developmental Disabilities**

**Home and Community-Based Services Waivers
Residential Options Waiver
Dental Services
(LAC 50:XXI.Chapters 161-169)**

The Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities propose to amend LAC 50:XXI.Chapters 161-169 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Act 450 of the 2021 Regular Session of the Louisiana Legislature directed the Department of Health to provide dental care to each person age 21 or older enrolled in any Medicaid waiver program for persons with developmental or intellectual disabilities. In compliance with Act 450, the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities propose to amend the provisions governing the Residential Options Waiver in order to add adult dental services as a covered service. The department also proposes to amend the provisions governing the delivery of services in the Residential Options Waiver under certain

conditions including allowing family members as paid caregivers and shared services.

Title 50

PUBLIC HEALTH-MEDICAL ASSISTANCE

Part XXI. Home and Community-Based Services Waivers

Subpart 13. Residential Options Waiver

Chapter 161. General Provisions

§16101. Introduction

A. The Residential Options Waiver (ROW), a 1915(c) home and community-based services (HCBS) waiver, is designed to assist ~~participants~~beneficiaries in leading healthy, independent and productive lives to the fullest extent possible and promote the full exercise of their rights as citizens of the state of Louisiana. The ROW is person-centered incorporating the ~~participant's~~beneficiary's support needs and preferences with a goal of integrating the ~~participant~~beneficiary into their community. The ROW provides opportunities for eligible individuals with developmental disabilities to receive HCBS services that allow them to transition to and/or remain in the community. These individuals would otherwise require an intermediate care facility for individuals with intellectual disabilities (ICF/IID) level of care.

B. The Residential Options Waiver services are provided with the goal of promoting independence through strengthening the ~~participant's~~beneficiary's capacity for self-care, self-

sufficiency and community integration utilizing a wide array of services, supports and residential options. The ROW is person-centered incorporating the ~~participant's~~beneficiary's support needs and preferences, while supporting the dignity, quality of life, and security with the goal of integrating the participant into the community.

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, Office for Citizens with Developmental Disabilities, LR 33:2441 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2154 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1764 (December 2019), LR 47:1507 (October 2021), LR: 48

§16103. Program Description

A. ...

B. The ROW offers an alternative to institutional care with the objectives to:

1. promote independence for ~~participants~~beneficiaries through the provision of services meeting the highest standards of quality and national best practices, while

ensuring health and safety through a comprehensive system of ~~participant~~ beneficiary safeguards;

2. ...

3. offer access to services which would protect the health and safety of the ~~participant~~ beneficiary.

C. ROW services are accessed through a single point of entry in the human services district or authority. All waiver ~~participants~~ beneficiaries choose their support coordination and direct service provider agencies through the freedom of choice process.

1. The plan of care (POC) shall be developed using a person-centered process coordinated by the ~~participant's~~ beneficiary's support coordinator. The initial POC is developed during this person-centered planning process and approved by the human services district or authority. Annual reassessments may be approved by the support coordination agency supervisor as allowed by Office for Citizens with Developmental Disabilities (OCDD) policy.

D. ...

E. The total expenditures available for each waiver ~~participant~~ beneficiary is established through an assessment of individual support needs and may not exceed the approved ICF/IID Inventory for Client and Agency Planning (ICAP) rate/ROW budget level established for that individual except as approved by the

OCDD assistant secretary, deputy assistant secretary, or his/her designee to prevent institutionalization. ROW acuity/budget cap level(s) are based upon each ~~participant's~~ beneficiary's ICAP assessment tool results and may change as the ~~participant's~~ beneficiary's needs change.

1. When the department determines that it is necessary to adjust the ICF/IID ICAP rate, each waiver ~~participant's~~ beneficiary's annual service budget may be adjusted to ensure that the ~~participant's~~ beneficiary's total available expenditures do not exceed the approved ICAP rate. A reassessment of the ~~participant's~~ beneficiary's ICAP level will be conducted to determine the most appropriate support level.

2. The average ~~participant's~~ beneficiary's expenditures for all waiver services shall not exceed the average Medicaid expenditures for ICF/IID services.

3. ~~Participants~~ Beneficiaries may exceed assigned ROW acuity/budget cap level(s) to access defined additional support needs to prevent institutionalization on a case by case basis according to policy and as approved by the OCDD assistant secretary or his/her designee.

4. If it is determined that the ROW can no longer meet the ~~participant's~~ beneficiary's health and safety needs and/or support the ~~participant~~ beneficiary, the case management agency will conduct person centered discovery activities.

5. ...

F. No reimbursement for ROW services shall be made for a ~~participant~~ beneficiary who is admitted to an inpatient setting.

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, Office for Citizens with Developmental Disabilities, LR 33:2441 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2154 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1764 (December 2019), LR 47:1507 (October 2021), LR 48:

§16104. Settings for Home and Community Based Services

A. ROW ~~participants~~ beneficiaries are expected to be integrated in and have full access to the greater community while receiving services, to the same extent as individuals without disabilities. Providers shall meet the requirements of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) home and community-based setting requirements for home and community-based services (HCBS) waivers as delineated in LAC 50:XXI.901 or any superseding rule.

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, Bureau of Health Services Financing and the Office for
Citizens with Developmental Disabilities, LR 45:1764 (December
2019), amended LR 47:1508 (October 2021), LR 48:

§16105. ~~Participant~~ Beneficiary Qualifications

A. - A.9. ...

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, Office for Citizens with Developmental
Disabilities, LR 33:2441 (November 2007), amended by the
Department of Health and Hospitals, Bureau of Health Services
Financing and the Office for Citizens with Developmental
Disabilities, LR 41:2155 (October 2015), amended by the
Department of Health, Bureau of Health Services Financing and
the Office for Citizens with Developmental Disabilities, LR
43:2530 (December 2017), LR 45:1764 (December 2019), LR 47:1508
(October 2021), LR 48

§16106. Money Follows the Person Rebalancing Demonstration

A. - A.1. ...

B. Individuals must meet the following criteria for participation in the MFP Rebalancing Demonstration.

1. Individuals with a developmental disability must:

a. occupy a licensed, approved Medicaid enrolled nursing facility, hospital or ICF/IID bed for at least ~~three consecutive months~~ 60 days; and

b. ...

2. The ~~participant~~ beneficiary or his/her responsible representative must provide informed consent for both transition and participation in the demonstration.

C. - D. ...

Person Rebalancing Demonstration.

E. MFP ~~participants~~ beneficiaries cannot participate in ROW shared living services which serve more than four persons in a single residence.

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 for Citizens with Developmental Disabilities, LR 41:2155 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1508 (October 2021), LR 48:

§16109. Admission Denial or Discharge Criteria

A. - A.8. ...

B. ~~Participants~~ Beneficiaries shall be discharged from the ROW if any of the following conditions are determined:

1. - 6. ...

7. the health and welfare of the ~~participant~~ beneficiary cannot be assured through the provision of ROW services in accordance with the ~~participant's~~ beneficiary's approved POC;

8. the ~~participant~~ beneficiary fails to cooperate in the eligibility renewal process or the implementation of the approved POC, or the responsibilities of the ROW ~~participant~~ beneficiary;

9. continuity of stay for consideration of Medicaid eligibility under the special income criteria is interrupted as a result of the ~~participant~~ beneficiary not receiving ROW services during a period of 30 consecutive days;

a. continuity of stay is not considered to be interrupted if the ~~participant~~ beneficiary is admitted to a hospital, nursing facility, or ICF/IID.

b. the ~~participant~~ beneficiary shall be discharged from the ROW if the treating physician documents that the institutional stay will exceed 90 days; or

10. continuity of services is interrupted as a result of the ~~participant~~ beneficiary not receiving ROW services during a period of 30 consecutive days.

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, Office for Citizens with Developmental Disabilities, LR 33:2443 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2156 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1765 (December 2019), LR 47:1509 (October 2021), LR 48:

Chapter 163. Covered Services

§16301. Assistive Technology and Specialized Medical Equipment and Supplies

A. Assistive technology and specialized medical equipment and supplies (AT/SMES) service includes providing specialized devices, controls, or appliances which enable a ~~participant~~ beneficiary to increase his/her ability to perform activities of daily living, ensure safety, and/or to perceive, control, and communicate within his/her environment.

1. - 1.c. ...

d. items that will increase, maintain, or improve ability of the ~~participant~~ beneficiary to function more independently in the home and/or community; and

e. ...

2. This service also includes medically necessary durable and non-durable equipment not available under the Medicaid State Plan and repairs to such items and equipment necessary to increase/maintain the independence and well-being of the ~~participant~~ beneficiary.

2.a. - 3. ...

B. AT/SMES services provided through the ROW include the following services:

1. the evaluation of assistive technology needs of a ~~participant~~ beneficiary including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the ~~participant~~ beneficiary in the customary environment of the ~~participant~~ beneficiary;

2. - 3. ...

4. training or technical assistance on the use and maintenance of the equipment or device for the ~~participant~~ beneficiary or, where appropriate, his/her family members, legal guardian or responsible representative;

5. training or technical assistance, on the use for the ~~participant~~ beneficiary, or where appropriate, family

members, guardians, advocates, authorized representatives of the ~~participant~~ beneficiary, professionals, or others;

6. - 7.a. ...

8. services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for ~~participants~~ beneficiaries.

C. Approval of AT/SMES services through ROW is contingent upon the denial of a prior authorization request for the item as a Medicaid State Plan service and demonstration of the direct medical, habilitative, or remedial benefit of the item to the ~~participant~~ beneficiary.

C.1. - D. ...

E. Service Exclusions

1. Assistive technology devices and specialized equipment and supplies that are of general utility or maintenance and items that are not of direct medical or remedial benefit to the ~~participant~~ beneficiary are excluded from coverage.

2. - 3. ...

F. Provider Participation Requirements. Providers of AT/SMES services must meet the following participation requirements. The provider must:

1. - 2.b. ...

3. Upon completion of the work and prior to payment, the provider shall give the ~~participant~~beneficiary a certificate of warranty for all labor and installation and all warranty certificates.

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, Office for Citizens with Developmental Disabilities, LR 33:2443 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2156 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1509 (October 2021), LR 48:

§16303. Community Living Supports

A. Community living supports (CLS) are provided to a ~~participant~~beneficiary in his/her own home and in the community to achieve and/or to maintain the outcomes of increased independence, productivity, and enhanced family functioning, to provide relief of the caregiver, and to provide for inclusion in the community. Community living supports may be a self-directed service.

B. Community living supports focus on the achievement of one or more goals as indicated in the ~~participant's~~ beneficiary's approved plan of care by incorporating teaching and support strategies. Supports provided are related to the acquisition, improvement, and maintenance of independence, autonomy and adaptive skills. These skills include:

1. - 4. ...

C. Place of Service. CLS services are furnished to adults and children who live in a home that is leased or owned by the ~~participant~~ beneficiary or his/her family. Services may be provided in the home or community, with the place of residence as the primary setting.

D. Community living supports may be shared by up to three ~~participants~~ beneficiaries who may or may not live together, and who have a common direct service provider agency. In order for CLS services to be shared, the following conditions must be met.

1. An agreement must be reached among all of the involved ~~participants~~ beneficiaries, or their legal guardians, regarding the provisions of shared CLS services. If the person has a legal guardian, their approval must also be obtained. In addition, CLS direct support staff may be shared across the Children's Choice or New Opportunities Waiver at the same time.

2. The health and welfare must be assured for each ~~participant~~ beneficiary.

3. Each ~~participant's~~beneficiary's plan of care must reflect shared services and include the shared rate for the service indicated.

4. - 5. ...

E. Service Exclusions

1. ...

2. Payment ~~will~~does not ~~be made for routine care and support that is normally provided by the participant's family or for services provided to a minor by the child's parent or step parent~~include room and board or ~~by a participant's spouse~~the maintenance, upkeep, and improvement of the provider's or family's residence.

3. ~~CLS services~~Community living supports may not be ~~furnished~~provided in a ~~home that is not leased or owned by the participant or the participant's family~~licensed respite care facility.

4. ~~The participant and community~~Community living supports ~~staff may~~services are not ~~live in the same place of residence.~~available to beneficiaries receiving any of the following services:

a. shared living;

b. host home; or

c. companion care.

5. ~~Payment does~~ Community living supports may not include room and board or be billed at the maintenance, upkeep, and improvement of same time on the ~~provider's or family's~~ residence. same day as:

- a. day habitation;
- b. prevocational services;
- c. supported employment;
- d. respite care services-out of home;
- e. transportation-community access;
- f. monitored in-home caregiving (MIHC); or
- g. adult day health care.

~~6. Community living supports may not be provided in a licensed respite care facility.~~

~~7. Community living supports services are not available to participants receiving any of the following services:~~

- ~~a. shared living;~~
- ~~b. host home;~~
- ~~c. companion care; or~~
- ~~d. monitored in home caregiving (MIHC);~~

~~8. Community living supports may not be billed at the same time on the same day as:~~

- ~~a. day habilitation;~~
- ~~b. prevocational services;~~

~~c. supported employment;~~
~~d. respite care services out of home;~~
~~e. transportation community access;~~
~~f. monitored in home caregiving (MIHC); or~~
~~g. adult day health care.~~

~~9. Payment will not be made for services provided by a relative who is:~~

~~a. parent(s) of a minor child;~~
~~b. legal guardian of an adult or child with developmental disabilities;~~
~~c. spouse of or legally responsible adult for the participant; or~~
~~d. power of attorney, curator, or authorized responsible representative for the waiver participant.~~ 6. - 9.d.

Repealed.

F. ...

1. Family members who provide CLS services must meet the same standards as providers who are unrelated to the ~~participant~~ beneficiary. Service hours shall be capped at 40 hours per week, Sunday to Saturday, for services delivered by family members living in the home.

2. Legally responsible individuals (such as a parent or spouse) and legal guardians may provide community living supports services for a beneficiary provided that the care is

extraordinary in comparison to that of a beneficiary of the same age without a disability and the care is in the best interest of the beneficiary.

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, Office for Citizens with Developmental Disabilities, LR 33:2443 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2157 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1765 (December 2019), LR 47:1510 (October 2021), LR 48:

§16305. Companion Care

A. Companion care services provide supports to assist the ~~participant~~beneficiary in achieving and/or maintaining increased independence, productivity and community inclusion as identified in the ~~participant's~~beneficiary's plan of care. These services are designed for individuals who live independently and can manage their own household with limited supports. The companion provides personal care and supportive services to a ~~participant~~beneficiary who resides as a roommate with his/her caregiver. This service includes:

1. providing assistance with all of the activities of daily living as indicated in the ~~participant's~~beneficiary's POC; and

2. ...

B. Companion care services can be arranged by licensed providers who hire companions. The ~~participant~~beneficiary must be able to self-direct services to companion. The companion is a principal care provider who is at least 18 years of age, who lives with the ~~participant~~beneficiary as a roommate, and provides services in the ~~participant's~~beneficiary's home. The companion is a contracted employee of the provider agency and is paid as such by the provider.

C. Provider Responsibilities

1. The provider organization shall develop a written agreement that defines all of the shared responsibilities between the companion and the ~~participant~~beneficiary. This agreement becomes a part of the ~~participant's~~beneficiary's plan of care. The written agreement shall include, but is not limited to:

a. - c. ...

2. Revisions to this agreement must be facilitated by the provider and approved as part of the ~~participant's~~ plan of care following the same process as would any revision to a plan of care. Revisions can be initiated by the ~~participant~~

beneficiary, the companion, the provider, or a member of the ~~participant's~~beneficiary's support team.

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

a. ...

b. conducting an initial inspection of the ~~participant's~~beneficiary's home with on-going periodic inspections of a frequency determined by the provider;

c. making contact with the companion at a minimum of once per week, or more often as specified in the ~~participant's~~beneficiary's plan of care; and

d. ...

4. The provider shall facilitate a signed written agreement between the companion and the ~~participant~~beneficiary.

D. Responsibilities of the companion include:

1. - 4. ...

5. participating in and following the ~~participants~~beneficiary's plan of care and any support plans;

6. ...

7. being available in accordance with a pre-arranged time schedule as outlined in the ~~participant's~~beneficiary's plan of care;

8. ...

9. being available 24 hours a day (by phone contact) to the ~~participant~~ beneficiary to provide supports on short notice as a need arises.

E. - E.1. ...

F. Service Exclusions

1. - 1.e. ...

2. Companion care services are not available to ~~participants~~ beneficiaries under the age of 18.

3. ~~Payment will not be made for~~ Legally responsible individuals and legal guardians may provide companion care services ~~provided by for~~ a relative who beneficiary provided that the care is extraordinary in comparison to that of a ~~beneficiary of the same age without a disability and the care is in the best interest of the beneficiary.~~

~~a. parent(s) of a minor child;~~

~~b. legal guardian of an adult or child with developmental disabilities; or~~

~~c. spouse of the participant.~~ a. - c. Repealed.

4. Payment does not include room and board or maintenance, upkeep, and improvement of the ~~participants~~ beneficiaries or provider's property.

F.5. - G. ...

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, Office for Citizens with Developmental Disabilities, LR 33:2444 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2158 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1765 (December 2019), LR 47:1511 (October 2021), LR 48:

§16307. Day Habilitation Services

A. Day habilitation is services ~~are aimed at developing activities and/or skills acquisition to support or further community integration opportunities outside of a participant's home that promote independence and autonomy and~~ that assist him/her in developing a full life in his/her the beneficiary to gain desired community. ~~Services should focus on habilitation activities that enable the participant to attain maximum skills based on his/her valued outcomes. These services should be provided in a variety of community venues, and these venues and services should routinely correspond with the context of the skill acquisition activity to enhance the habilitation activities. Overarching goals of the program shall include regular community inclusion and the opportunity to build towards maximum. The primary focus of day habilitation services is~~

~~acquisition of new skills or maintenance of existing~~ living experience, including the acquisition, retention, or improvement in self-help, socialization, and adaptive ~~skills-based on individualized preferences and goals.~~, and/or to provide the beneficiary an opportunity to contribute to his or her community. These services shall be coordinated with any physical, occupational, or speech therapies identified in the individualized plan of care. Day habilitation services may include assistance with personal care or with activities of daily living, but such assistance should not be the primary activity. Day habilitation services may serve to reinforce skills or lessons taught in other settings. Volunteer activities may be a part of this service and should follow the state guidelines for volunteering.

~~1. The skill acquisition and maintenance activities should include formal strategies for teaching the personalized skills and include the intended outcome for the participant.~~

~~2. Personalized progress for the skill acquisition and maintenance activities should be routinely reviewed and evaluated, with revisions made as necessary to promote continued skill acquisition.~~

~~3. As a participant develops new skills, his/her training should move along a continuum of habilitation services~~

~~offered toward greater independence and self-reliance.~~1. - 3.

Repealed.

B. Day habilitation ~~services may serve to reinforce skills or lessons taught in school, therapy, or other settings. Day habilitation services shall~~be delivered in a combination of these three service types:

1. ~~focus on enabling the participant to attain his/her maximum skills~~onsite day habilitation;
2. ~~be coordinated with any physical, occupational, or speech therapies listed in the participant's plan of care~~community life engagement; and
3. ~~be furnished on a regularly scheduled basis and limited to no more than eight hours a day, five days per week~~virtual day habilitation.

~~a. Services are based on a 15 minute unit of service and on time spent at the service site by the participant.~~

~~b. Services shall not exceed 32 units of service on any given day or 160 units in any given week in a plan of care.~~

~~c. Any time less than 15 minutes of service is not billable or payable.~~

~~d. No rounding up of units is allowed.~~a. - d.

Repealed.

C. ~~The day~~Day habilitation ~~provider is responsible for~~
~~all transportation between~~ services are provided on a regularly
scheduled basis for one or more days per week in a variety of
community settings that are separate from the beneficiary's
private residence, with the exception of virtual day
habilitation sites. Day habilitation services should not be
limited to a fixed site facility. Activities and environments
are designed to foster personal choice in developing the
beneficiary's meaningful day including community activities
alongside people who do not receive home and community-based
services.

~~1. Transportation is only provided on the day that a~~
~~day habilitation service is provided.~~

~~2. Transportation services are offered and billable~~
~~as a component of day habilitation. Transportation may be~~
~~provided to and/or from the participant's residence or a~~
~~location agreed upon by the participant or authorized~~
~~representative.~~ 1. - 2. Repealed.

D. ~~Participants may receive more than one type of~~
~~vocational or habilitative service per day as long as the~~
~~service~~ The day habilitation provider is responsible for all
transportation between day habilitation sites and ~~billing~~
~~criteria are followed and as long as requirements for the~~

~~minimum time spent on site are adhered to~~ while providing community life engagement services in the community.

1. Transportation can only be billed on the day that an in-person day habilitation service is provided.

2. Transportation is not a part of the service for virtual day habilitation.

E. ~~Service Exclusions~~ Beneficiaries receiving day habilitation services may also receive prevocational and/or individual supported employment services on the same day, but these services cannot be provided during the same time period or total more than five hours per day combined.

~~1. Time spent in transportation between the participant's residence/location and the day habilitation site is not to be included in the total number of day habilitation service hours per day, except when the transportation is for the purpose of travel training.~~

~~a. Travel training for the purpose of teaching the participant to use transportation services may be included in determining the total number of service hours provided per day. Travel training must be included in the participants plan of care.~~

~~2. Transportation community access will not be used to transport ROW participants to any day habilitation services.~~

~~3. Day habilitation services cannot be billed for at the same time on the same day as:~~

~~a. community living supports;~~

~~b. professional services, except when there are direct contacts needed in the development of a support plan;~~

~~c. respite out of home;~~

~~d. adult day health care;~~

~~e. monitored in home caregiving (MIHC);~~

~~f. prevocational services; or~~

~~g. supported employment.~~ 1. - 3.g. Repealed.

~~F. Provider Qualifications. Providers must be licensed by the Department of Health as a home and community based services provider and meet the module requirements for adult day care in LAC 48:I.Chapter 50.~~ Service Exclusions

1. Time spent in transportation between the beneficiary's residence/location and the day habilitation site is not to be included in the total number of day habilitation service hours per day, except when the transportation is for the purpose of travel training.

a. Travel training for the purpose of teaching the beneficiary to use transportation services may be included in determining the total number of service hours provided per day. Travel training must be included in the beneficiary's plan of care.

2. Transportation-community access will not be used to transport ROW beneficiaries to any day habilitation services.

3. Day habilitation services cannot be billed for at the same time on the same day as:

a. community living supports;

b. professional services, except when there are direct contacts needed in the development of a support plan;

c. respite-out of home;

d. adult day health care;

e. monitored in-home caregiving (MIHC);

f. prevocational services; or

g. supported employment.

4. Day habilitation services shall be furnished on a regularly scheduled basis for up to eight hours per day, one or more days per week.

a. Services are based on a 15 minute unit of service and on time spent at the service site by the beneficiary. Any time less than 15 minutes of service is not billable or payable. No rounding up of units is allowed.

b. Services are based on the person centered plan and the beneficiary's ROW budget.

5. All virtual day habilitation services must be approved by the local governing entity or the OCDD state office.

6. Day Habilitation may not provide for the payment of services that are vocational in nature - for example, the primary purpose of producing goods or performing services.

G. Provider Qualifications. Providers must be licensed by the Department of Health as a home and community-based services provider and meet the module requirements for adult day care in LAC 48:I.Chapter 50.

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, Office for Citizens with Developmental Disabilities, LR 33:2445 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2158 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1765 (December 2019), LR 47:1512 (October 2021), LR 48:

§16309. Dental Services

A. Dental services are available to adult ~~participants~~ beneficiaries over the age of 21 as of component of the ROW. Covered dental services include:

1. adult diagnostic services ~~-(radiographs, complete series including bitewing);~~

2. preventative services ~~(comprehensive oral examination, new patient or periodic oral examination patient of record); and~~

3. ~~prophylaxis, new and patient of record adult (cleanings).~~ restorative services;

4. endodontics;

5. periodontics;

6. prosthodontics;

7. oral and maxillofacial surgery;

8. orthodontics;

9. emergency care; and

10. adjunctive general services

B. Dental Service Exclusions

1. ROW dental services are not available to children (up to 21 years of age). Children access dental services through the EPSDT benefit.

2. ~~All available Medicaid State Plan~~ services must first be exhausted prior to accessing ROW dental services. Non-covered services include but are not limited to the following:

a. services that are not medically necessary to the beneficiary's dental health;

b. dental care for cosmetic reasons;

c. experimental procedures;

d. plaque control;

e. any periapical radiographic images, occlusal radiographic images, complete series, or panoramic radiographic images taken annually or routinely at the time of a dental examination for screening purposes;

f. routine post-operative services - these services are covered as part of the fee for the initial treatment provided;

g. treatment of incipient or non-carious lesions (other than covered sealants and fluoride);

h. services that are eligible for reimbursement by insurance or covered under any other insurance or medical health plan;

i. dental expenses related to any dental services:

i. started after the beneficiary's coverage ended, or

ii. received before the beneficiary became eligible for these services; and

j. Administration of in-office pre-medication.

C. Provider Qualifications. Providers ~~must have a current, valid license to provide dental services from the Louisiana State Board of Dentistry~~ are enrolled through the LA Dental Benefit Program, which is responsible for ~~the specific~~

~~dental services in all specialty areas provided to the participant~~maintaining provider lists.

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, Office for Citizens with Developmental Disabilities, LR 33:2445 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2159 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1512 (October 2021), LR 48:

\$16311. Environmental Accessibility Adaptations

A. Environmental accessibility adaptations are physical adaptations to the ~~participant's~~beneficiary's home or vehicle which are necessary to ensure health, welfare, and safety of the ~~participant~~beneficiary, or which enable the ~~participant~~beneficiary to function with greater independence, without which the ~~participant~~beneficiary would require additional supports or institutionalization. Environmental adaptations must be specified in the ~~participant's~~beneficiary's plan of care.

1. Reimbursement shall not be paid until receipt of written documentation that the job has been completed to the satisfaction of the ~~participant~~ beneficiary.

B. Environmental adaptation services to the home and vehicle include the following:

1. ...

2. training the ~~participant~~ beneficiary and the provider in the use and maintenance of the environmental adaptation(s);

3. - 4. ...

C. Home adaptations which pertain to modifications that are made to a ~~participant's~~ beneficiary's primary residence. Such adaptations to the home may include bathroom modifications, ramps, or other adaptations to make the home accessible to the ~~participant~~ beneficiary.

1. ...

2. The service may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the ~~participant~~ beneficiary.

D. - F.3.a. ...

4. Home modifications may not include modifications to the home which are of general utility and not of direct medical or remedial benefit to the ~~participant~~ beneficiary, including, but not limited to:

4.a. - 5. ...

G. Vehicle adaptations pertain to modifications to a vehicle that is the waiver ~~participant's~~ beneficiary's primary means of transportation in order to accommodate his/her special needs.

1. Such adaptations to the vehicle may include a lift, or other adaptations, to make the vehicle accessible to the participant or for the ~~participant~~ beneficiary to drive.

G.2. - H.1.b. ...

2. Vehicle modification funds may not be used for modifications which are of general utility and are not of direct medical or remedial benefit to the ~~participant~~ beneficiary.

H.3. - I.3. ...

4. Upon completion of the work and prior to payment, the provider shall give the ~~participant~~ beneficiary a certificate of warranty for all labor and installation and all warranty certificates from manufacturers.

J. - J.4. ...

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, Office for Citizens with Developmental Disabilities, LR 33:2446 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2159 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1513 (October 2021), LR 48:

§16313. Host Home

A. Host home services are personal care and supportive services provided to a ~~participant~~ beneficiary who lives in a private home with a family who is not the ~~participant's~~ beneficiary's parent, legal representative, or spouse. Host home families are a stand-alone family living arrangement in which the principle caregiver in the host home assumes the direct responsibility for the ~~participant's~~ beneficiary's physical, social, and emotional well-being and growth in a family environment. Host home services are to take into account compatibility with the host home family members, including age, support needs, and privacy needs.

B. – B.4. ...

NOTE: Natural supports are also encouraged and supported when possible. Supports are to be consistent with the

~~participant's~~ beneficiary's skill level, goals, and interests.

C. Host home provider agencies oversee and monitor the host home contractor to ensure the availability, quality, and continuity of host home services. Host home provider agencies are responsible for the following functions:

1. ...
2. making an initial inspection and periodic inspections of the host home and upon any significant changes in the host family unit or significant events which may impact the ~~participant~~ beneficiary;
3. having 24-hour responsibility over host home services to the ~~participant~~ beneficiary, which includes back-up staffing for scheduled and unscheduled absences of the host home family for up to 360 hours (15 days) as authorized by the ~~participant's~~ beneficiary's plan of care; and
4. providing relief staffing in the ~~participant's~~ beneficiary's home or in another host home family's home.

D. Host home contractors are responsible for:

1. attending the ~~participant's~~ beneficiary's plan of care meeting and participating, including providing information needed in the development of the plan;
2. following all aspects of the ~~participant's~~ beneficiary's plan of care and any support plans;

3. maintaining the ~~participant's~~ beneficiary's documentation;

4. assisting the ~~participant~~ beneficiary in attending appointments (i.e., medical, therapy, etc.) and undergoing any specialized training deemed necessary by the provider agency, or required by the department, to provide supports in the host home setting;

5. following all requirements for staff as in any other waiver service including immediately reporting to the department and applicable authorities any major issues or concerns related to the ~~participant's~~ beneficiary's safety and well-being; and

D.6. - E. ...

1. If the ~~participant~~ beneficiary is a child, the host home family is to provide the supports required to meet the needs of a child as any family would for a minor child.

2. ...

3. A host home family can provide compensated supports for up to two ~~participants~~ beneficiaries, regardless of the funding source

F. Host home contractors serving adults are required to be available for daily supervision, support needs or emergencies as outlined in the adult ~~participant's~~ beneficiary's POC based on

medical, health and behavioral needs, age, capabilities and any special needs.

1. ...

G. Host home contractors who are engaged in employment outside the home must adjust these duties to allow the flexibility needed to meet their responsibilities to the ~~participant~~ beneficiary.

H. Host Home Capacity. Regardless of the funding source, a host home contractor may not provide services for more than two ~~participants~~ beneficiaries in the home.

I. - I.3. ...

4. Payment will not be made for services provided by a relative who is a:

a. - c. ...

d. spouse of the ~~participant~~ beneficiary.

5. - 6. ...

7. Environmental adaptations are not available to ~~participants~~ beneficiaries receiving host home services since the ~~participant's~~ beneficiary's place of residence is owned or leased by the host home family.

J. - J.3. ...

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, Office for Citizens with Developmental Disabilities, LR 33:2447 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2160 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1765 (December 2019), LR 47:1514 (October 2021), LR 48:

§16317. Nursing Services

A. ...

1. Nursing services must be included in the ~~participant's~~beneficiary's plan of care and must have the following:

a. - g. ...

2. The ~~participant's~~beneficiary's nurse must submit updates every 60 days and include any changes to the ~~participant's~~beneficiary's needs and/or physician's orders.

B. Consultations include assessments, health related training/education for the ~~participant~~beneficiary and the ~~participant's~~beneficiary's caregivers, and healthcare needs related to prevention and primary care activities.

1. - 2. ...

3. Health related training and education service is the only nursing procedure which can be provided to more than one ~~participant~~ beneficiary simultaneously.

C. - C.1. ...

D. Service Requirements

1. Nursing services are secondary to EPSDT services for ~~participants~~ beneficiaries under the age of 21 years. ~~Participants~~ Beneficiaries under the age of 21 have access to nursing services (home health and extended care) under the Medicaid State Plan.

2. Adults have access only to home health nursing services under the Medicaid State Plan. ~~Participants~~ Beneficiaries must access and exhaust all available Medicaid State Plan services prior to accessing ROW nursing services.

E. - F.4.b. ...

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2449 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2161 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1515 (October 2021), LR 48:

§16319. One Time Transitional Services

A. One-time transitional services are non-reoccurring set-up expenses to assist a ~~participant~~ beneficiary who is moving from an institutional setting to his or her own home. The ~~participant's~~ beneficiary's support coordinator assists in accessing funds and making arrangements in preparation for moving into the residence.

B. - B.5. ...

C. Service Limits

1. There is a one-time, lifetime maximum services cap of \$3,000 per ~~participant~~ beneficiary.

C.2. - D.1.b. ...

2. One-time transitional services are not available to ~~participants~~ beneficiaries who are receiving host home services.

3. One-time transitional services are not available to ~~participants~~ beneficiaries who are moving into a family member's home.

E. ...

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, Office for Citizens with Developmental Disabilities, LR 33:2449 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services

Financing and the Office for Citizens with Developmental Disabilities, LR 41:2162 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1766 (December 2019), LR 47:1516 (October 2021), LR 48:

§16321. Personal Emergency Response System (PERS)

A. Personal emergency response system (PERS) service is an electronic device connected to the ~~participant's~~ beneficiary's phone that enables him or her to secure help in an emergency. The service also includes an option in which the ~~participant~~ beneficiary would wear a portable help button. The device is programmed to emit a signal to the PERS response center where trained professionals respond to the ~~participant's~~ beneficiary's emergency situation.

B. ~~Participant~~ Beneficiary Qualifications. PERS service is most appropriate for ~~participants~~ beneficiaries who:

1. - 2. ...

C. Coverage of the PERS is limited to the rental of the electronic device. PERS services shall include the cost of maintenance and training the ~~participant~~ beneficiary to use the equipment.

D. Service Exclusions

1. ...

2. PERS services are not available to ~~participants~~ beneficiaries who receive 24-hour direct care supports.

E. Provider Qualifications

1. ...

3. Providers must meet ~~manufacturers~~ manufacturer's specifications, response requirements, maintenance records, and enrollee education.

4. ...

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, Office for Citizens with Developmental Disabilities, LR 33:2249 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2162 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1516 (October 2021), LR 48:

§16323. Prevocational Services

A. Prevocational services are ~~activities designed to~~ individualized, person centered services that assist ~~a~~ participant ~~beneficiaries~~ in acquiring establishing their path to obtain individualized community employment. This service is

time limited and ~~maintaining basic work-related skills necessary to acquire and retain competitive employment. Overall goals of~~ targeted for people who have an interest in becoming employed in individual jobs in the ~~program include regular~~ community ~~inclusion and development of work~~ but who may need additional skills, information, and ~~habits~~ experiences to ~~improve the employability of the participant~~ determine their employment goal and to become successfully employed. Beneficiaries receiving prevocational services may choose to leave this service at any time or pursue employment opportunities at any time.

B. Prevocational services ~~should~~ may be ~~offered that engage workers~~ delivered in ~~real and simulated employment tasks to determine vocational potential. Services focus on teaching concepts and skills, such as following directions, attending to tasks, task completion, problem solving, and job safety skills. All prevocational services are to be reflective of the participant's plan of care and directed toward habilitation rather than teaching a specific job skill.~~ a combination of these three service types:

1. ~~The primary focus of prevocational~~ onsite prevocational services ~~is the acquisition of employment related skills based on the participant's vocational preferences and goals.~~ ;

~~2. Activities associated with prevocational services should include formal strategies for teaching the skills and the intended outcome for the participant.~~community career planning;
and

~~3. Personalized progress for the activities should be routinely reviewed and evaluated with revisions made as necessary.~~virtual prevocational services.

~~4. As an Employment First state, the state's strategy to facilitate participant transition from prevocational services to supported employment and/or employment in the participant's occupation of choice includes individually identifying persons receiving prevocational services and targets them for transition to integrated employment opportunities.~~

~~a. This is accomplished through a revised person-centered process prominently featuring the values and principles of the state's Employment First initiative.~~

~~b. As part of this implementation, the support team must clearly identify integrated community based vocational goals, action steps, and timelines. This is reviewed on at least a quarterly basis and revised as needed.~~

~~c. Success is measured by the individual's transition to an integrated employment setting in addition to the state meeting national core indicator integrated employment targets.~~4. - 4.c. Repealed.

C. Prevocational services are to be provided in a variety of locations in the community and are not to participants who be limited to a fixed site facility. Activities associated with prevocational services should focus on preparing the beneficiary for integrated individual employment in the community. These services are working or will be able to work in a paid work setting operated through a provider agency that is licensed by the appropriate state licensing agency.

~~1. Participants need intensive ongoing support to perform in a paid work setting because of their disabilities.~~

~~2. In the event participants are compensated in the prevocational services, pay must be in accordance with the United States Fair Labor Standards Act of 1985.~~1. - 2. Repealed.

D. ~~Individual goals~~ Beneficiaries receiving prevocational services must participate in activities designed to establish an employment goal. Prevocational services are identified designed to help create a path to integrated community-based employment for which a beneficiary is compensated at or above minimum wage, but not less than the customary wage and included in level of benefits paid by the participant's plan of care. These goals are re-assessed at least quarterly, employer for the same or more often as needed, and revised as appropriate similar work performed by individuals without disabilities. Prevocational

services may include assistance with personal care or with activities of daily living.

~~1. During the person-centered planning process, support coordinators identify various types of activities the participant enjoys participating in or would like to participate in given personal preferences and goals.~~

~~_____ a. These activities are included in the participant's plan of care and monitored to ensure that the participant has the opportunity to participate.~~

~~_____ b. These activities are to include formal strategies for teaching the skills and the intended outcome for the participant. Personalized progress for the activities should be routinely reviewed and evaluated with revisions made as necessary.~~

~~_____ 2. Support coordinators are to monitor and ensure that meaningful activities are occurring and that the participant is not being exploited.~~

~~_____ 3. Support coordinators are required to visit the participant at the prevocational site to ensure that the participant is participating in meaningful activities, is satisfied with services, and is free from abuse/neglect. This is documented in the Case Management Information System.~~1. - 3.

Repealed.

E. The prevocational provider is responsible for all transportation between prevocational sites. ~~All transportation costs are included in the reimbursement rate for prevocational services. The participant must be present to receive this service.~~ Transportation may be provided between the ~~participant's~~ beneficiary's residence, or other location as agreed upon by the ~~participant~~ beneficiary or authorized representative, and the prevocational site. The ~~participant's~~ beneficiary's transportation needs shall be documented in the plan of care.

F. Service Limitations

1. ~~Services~~ Service limits shall be ~~limited to no more than~~ based on the person centered plan and the beneficiary's ROW budget. Services are delivered in a 15-minute unit of service for up to eight hours ~~a~~ per day, ~~five~~ one or more days per week, ~~based on a.~~ The 15-minute unit of service. ~~The 15-minute units of services~~ must be spent at the service site by the ~~participant~~ beneficiary.

a. - b. ...

2. Prevocational services are not available to individuals who are ~~otherwise~~ eligible to participate in ~~special education or related services~~ programs ~~as defined~~ funded under ~~Sections~~ section 110 of the Rehabilitation Act of 1973 or sections 602(16) and (17) of the ~~Education of the Handicapped~~

Individuals with Disabilities Education Act, ~~through a local educational agency, or in vocational rehabilitation services through a program funded~~ [20 U.S.C. 1401(26) and (29)] as amended, and those covered under ~~Section 110 of the Rehabilitation Act of 1973~~ state plan, if applicable.

3. Prevocational services cannot be billed for at the same time ~~of~~ on the same day as ~~the following:~~ other ROW services.

a. - g. ...

4. ~~Transportation is only provided~~ Prevocational services may otherwise be billed at the same time on the same day ~~that a prevocational service is provided~~ as professional services when there are direct contacts needed in the development of a support plan.

~~a. Time spent in transportation between the participant's residence/location and the prevocational site is not to be included in the total number of prevocational service hours per day, except when the transportation is for the purpose of travel training. Travel training must be included in the participant's plan of care.~~

~~b. During travel training, providers must not also bill for the transportation component as this is included in the rate for the number of service hours provided.~~

~~c. Transportation community access services shall not be used for transportation to or from any prevocational services~~
a. - c. Repealed.

5. Transportation is only provided on the day that a prevocational service is provided. Transportation is part of the service except for virtual prevocational services.

a. Time spent in transportation between the beneficiary's residence/location and the prevocational site is not to be included in the total number of prevocational service hours per day, except when the transportation is for the purpose of travel training. Travel training must be included in the beneficiary's plan of care.

b. During travel training, providers must not also bill for the transportation component as this is included in the rate for the number of service hours provided.

c. Transportation-community access services shall not be used for transportation to or from any prevocational services.

G. Restrictions

1. ~~Participants~~ Beneficiaries receiving prevocational services may also receive day habilitation and/or individualized supported employment services, but these services cannot be provided during the same time period or total more than five hours per day combined.

2. ~~Prevocational~~ All virtual prevocational services are ~~expected to be time limited to four years after which time must be approved by~~ the ~~participant should be prepared for competitive employment in~~ local governing entity or the community. This four-year time frame may be extended if needed OCDD state office.

3. ~~If a participant is compensated, compensation must be less than 50 percent of minimum wage and must be in accordance with the United States Department of Labor's Fair Labor Standards Act. If a participant is paid above 50 percent of minimum wage, there must be a review every six months to determine the suitability of continuing prevocational services or changing vocational services to supported employment.~~ Repealed.

H. Provider Qualifications. Providers must be licensed by the Department of Health as a home and community-based services provider and meet the module requirements for adult day care in. LAC ~~48:11.~~ 48:1. Chapter 50.

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, Office for Citizens with Developmental Disabilities, LR 33:2450 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services

Financing and the Office for Citizens with Developmental Disabilities, LR 41:2162 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1766 (December 2019), LR 47:1516 (October 2021), LR 48:

§16325. Professional Services

A. Professional services are direct services to ~~participants~~ beneficiaries based on the ~~participant's~~ beneficiary's need, which assist the ~~participant~~ beneficiary, unpaid caregivers, and/or paid caregivers in carrying out the ~~participant's~~ beneficiary's approved plan and which are necessary to improve the ~~participant's~~ beneficiary's independence and inclusion in his/her community. The ~~participant~~ beneficiary must be present in order for the professional to bill for services. Professional services include nutritional services, speech therapy, occupational therapy, physical therapy, social work, and psychological services. All services are to be included in the ~~participant's~~ beneficiary's plan of care. The specific service provided to a ~~participant~~ beneficiary must be within the professional's area of specialty and licensing.

B. - B.6 ...

C. Professional services can include:

1. ...

2. providing training to the ~~participant~~ beneficiary, family, and caregivers with the goal of increased skill acquisition and proficiency;

3. - 4. ...

5. providing information to the ~~participant~~ beneficiary, family, and caregivers, along with other support team members, to assist in planning, developing, and implementing a ~~participant's~~ beneficiary's plan of care;

6. - 7.a. ...

8. providing therapy to the ~~participant~~ beneficiary necessary to the development of critical skills; and

9. assistance in increasing independence, participation, and productivity in the ~~participant's~~ beneficiary home, work, and/or community environments.

D. Service Exclusions

1. Private insurance must be billed and exhausted prior to accessing waiver funds. Professional services may only be furnished and reimbursed through ROW when the services are medically necessary, or have habilitative or remedial benefit to the ~~participant~~ beneficiary.

D.2. - E.4.b. ...

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, Office for Citizens with Developmental Disabilities, LR 33:2450 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2163 (October 2015), by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, amended LR 47:1518 (October 2021), LR 48:

§16327. Respite Care Services-Out of Home

A. Respite care services-out of home are provided on a short-term basis to ~~participants~~beneficiaries who are unable to care for themselves due to the absence of, or need for, relief of caregivers who normally provide care and support. Services are provided by a center-based respite provider.

1. A licensed respite care facility shall insure that community activities are available to the ~~participant~~beneficiary in accordance with his approved POC, including transportation to and from these activities.

2. While receiving respite care services, the ~~participant's~~beneficiary's routine is maintained in order to attend school, school activities or other community activities. Community activities and transportation to and from these activities in which the ~~participant~~beneficiary typically

engages in are to be available while receiving respite services-out of home.

a. These activities should be included in the ~~participant's~~beneficiary's approved plan of care. This will provide the ~~participant~~beneficiary the opportunity to continue to participate in typical routine activities.

b. ...

B. Service Limits

1. Respite care services are limited to 720 hours per~~participant~~ beneficiary, per POC year.

2. - 3. ...

C. Service Exclusions

1. ...

2. Respite care services-out of home is not a billable waiver service to ~~participants~~beneficiary receiving the following services:

C.2.a. - D. ...

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, Office for Citizens with Developmental Disabilities, LR 33:2451 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental

Disabilities, LR 41:2164 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1767 (December 2019), LR 47:1519 (October 2021), LR 48:

§16329. Shared Living Services

A. Shared living services are provided to a ~~participant~~ beneficiary in his/her home and community to achieve, improve, and/or maintain social and adaptive skills necessary to enable the ~~participant~~ beneficiary to reside in the community and to participate as independently as possible. Services are chosen by the ~~participant~~ beneficiary and developed in accordance with his/her goals and wishes with regard to compatibility, interests, age and privacy in the shared living setting.

1. A shared living services provider delivers supports which include:

- a. ...
- b. assistance with activities of daily living included in the ~~participant's~~ beneficiary's POC;
- c. - f. ...
- g. other responsibilities as required in each ~~participant's~~ beneficiary's POC.

2. Shared living services focus on the ~~participant's~~ beneficiary's preferences and goals.

3. Supports provided are related to the acquisition, improvement, and maintenance in level of independence, autonomy, and adaptive skills and are to be included in each ~~participant's~~ beneficiary's plan of care. This includes:

a. - c. ...

4. The overall goal is to provide the ~~participant~~ beneficiary the ability to successfully reside with others in the community while sharing supports.

5. Shared living services take into account the compatibility of the ~~participants~~ beneficiaries sharing services, which includes individual interests, age of the ~~participants~~ beneficiaries, and the privacy needs of each ~~participant~~ beneficiary.

a. Each ~~participant's~~ beneficiary's essential personal rights of privacy, dignity and respect, and freedom from coercion are protected.

6. The shared living setting is selected by each ~~participant~~ beneficiary among all available alternatives and is identified in each ~~participant's~~ beneficiary's plan of care.

a. Each ~~participant~~ beneficiary has the ability to determine whether or with whom he or she shares a room.

b. Each ~~participant~~ beneficiary has the freedom of choice regarding daily living experiences, which include meals, visitors, and activities.

c. Each ~~participant~~beneficiary is not limited in opportunities to pursue community activities.

7. Shared living services may be shared by up to four ~~participants~~beneficiaries who have a common shared living provider agency.

8. Shared living services must be agreed to by each ~~participant~~beneficiary and the health and welfare must be able to be assured for each ~~participant~~beneficiary.

a. ...

b. Each ~~participant's~~beneficiary's plan of care must reflect the shared living services and include the shared rate for the service indicated.

9. The shared living service setting is integrated in, and facilitates each ~~participant's~~beneficiary's full access to, the greater community, which includes providing ~~participants~~beneficiaries with the same opportunities as individuals without disabilities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community.

B. - B.3. ...

4. All shared living service ~~participants~~beneficiaries are required to have an individualized back-up

staffing plan and an individualized emergency evacuation plan which are to be submitted with their plan of care.

5. - 6. ...

7. Shared living service providers are responsible for providing 24-hour staff availability along with other identified responsibilities as indicated in each

~~participant's~~beneficiary's individualized plan of care. This includes responsibility for each ~~participant's~~beneficiary's routine daily schedule, for ensuring the health and welfare of each ~~participant~~beneficiary while in his or her place of residence and in the community, and for any other waiver services provided by the shared living services provider.

8. Shared living services may be provided in a residence that is owned or leased by the provider or that is owned or leased by the ~~participant~~beneficiary. Services may not be provided in a residence that is owned or leased by any legally responsible relative of the ~~participant~~beneficiary. If shared living services are provided in a residence that is owned or leased by the provider, any modification of the conditions must be supported by specific assessed needs and documented in the ~~participant's~~beneficiary's plan of care. The provider is responsible for the cost of, and implementation of, the modification when the residence is owned or leased by the provider.

9. In a provider-owned or controlled residential setting, the following additional conditions must be met. Any modifications of the conditions must be supported by a specific assessed need and documented in the plan of care:

a. the unit or room is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the ~~participant~~ beneficiary receiving services, and the ~~participant~~ beneficiary has, at a minimum, the same responsibilities and protections from eviction that the tenants have under the landlord/tenant laws of the state, parish, city, or other designated entity;

b. each ~~participant~~ beneficiary has privacy in their sleeping or living unit, which requires the following:

i. ...

ii. ~~participants~~ beneficiaries share units only at the ~~participant's~~ beneficiary's choice; and

iii. ~~participants~~ beneficiaries have the freedom to furnish and decorate their sleeping or living units;

c. ~~participants~~ beneficiaries have the freedom and support to control their own schedules and activities, and have access to food at any time;

d. ~~participants~~ beneficiaries are able to have visitors of their choosing at any time; and

e. the setting is physically accessible to the ~~participant~~ beneficiary.

C. Shared Living Options

1. ...

a. The number of ~~participants~~ beneficiaries for the shared living conversion option shall not exceed the licensed and Medicaid-funded bed capacity of the ICF/IID on October 1, 2009, or up to six individuals, whichever is less.

b. The ICF/IID used for the shared living conversion option must meet the department's operational, programming and quality assurances of health and safety for all ~~participants~~ beneficiaries.

c. The provider of shared living services is responsible for the overall assurances of health and safety for all ~~participants~~ beneficiaries.

d. The provider of shared living conversion option may provide nursing services and professional services to ~~participants~~ beneficiaries utilizing this residential services option.

2. - 2.a. ...

b. The shared living waiver home must be either a home owned or leased by the waiver ~~participants~~ beneficiaries or a home owned or leased and operated by a licensed shared living provider.

c. ...

d. The shared living provider is responsible for the overall assurances of health and safety for all ~~participants~~ beneficiaries.

3. ICF/IID providers who convert an ICF/IID to a shared living home via the shared living conversion model must be approved by OCDD and licensed by HSS prior to providing services in this setting, and prior to accepting any ROW ~~participant~~ beneficiary or applicant for residential or any other developmental disability service(s).

4. - 5. ...

D. Service Exclusions and Limitations

1. Payment does not include room and board or maintenance, upkeep or improvements of the ~~participant's~~ beneficiary's or the provider's property.

2. ...

3. ~~Participants~~ Beneficiaries may receive one-time transitional services only if the ~~participant~~ beneficiary owns or leases the home and the service provider is not the owner or landlord of the home.

4. MFP ~~participants~~ beneficiaries cannot participate in ROW shared living services which serve more than four persons in a single residence.

5. Transportation-community access services cannot be billed or provided for ~~participants~~ beneficiaries receiving shared living services, as this is a component of shared living services.

6. The following services are not available to ~~participants~~ beneficiaries receiving shared living services:

a. - g. ...

7. Shared living services are not available to ~~participants~~ beneficiary 17 years of age and under.

8. - 9 ...

10. Payment will not be made for services provided by a relative who is a:

a. - c. ...

d. spouse of the ~~participant~~ beneficiary.

11. The shared living staff may not live in the ~~participant's~~ beneficiary's place of residence.

E. ...

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, Office for Citizens with Developmental Disabilities, LR 33:2452 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental

Disabilities, LR 41:2164 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1767 (December 2019), LR 47:1519 (October 2021), LR 48:

§16333. Support Coordination

A. Support coordination services are provided to all ~~participants~~beneficiaries to provide assistance in gaining access to needed waiver services and Medicaid State Plan services, as well as needed medical, social, education, and other services, regardless of the funding source for the services. Support coordination services include assistance with the selection of service providers, development/revision of the plan of care, and monitoring of services.

1. Support coordinators shall be responsible for ongoing monitoring of the provision of services included in the ~~participant's~~beneficiary's approved POC.

2. Support coordinators shall also participate in the evaluation and re-evaluation of the ~~participant's~~beneficiary's POC.

3. Support coordination services includes on-going support and assistance to the ~~participant~~beneficiary.

B. When ~~participants~~beneficiaries choose to self-direct their waiver services, the support shall provide information, assistance, and management of the service being self-directed.

C. Service Limits

1. Support coordination shall not exceed 12 units. A calendar month is a unit. Virtual visits are permitted; however, the initial and annual plan of care meeting and at least one other meeting per year must be conducted face-to-face. When a relative 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.

C.2. - D. ...

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, Office for Citizens with Developmental Disabilities, LR 33:2453 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2165 (October 2015), by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, amended LR 47:1521 (October 2021), LR 48:

§16335. Supported Employment

A. Supported employment ~~is competitive work~~ services consist of intensive, ongoing supports and services necessary

for a beneficiary to achieve the desired outcome of employment
in ~~an integrated work~~ a community setting, ~~or~~ where a majority
of the persons employed are without disabilities. Beneficiaries
utilizing these services may need long-term supports for the
life of their employment ~~in an integrated work setting in which~~
~~the participant is working toward competitive work, consistent~~
~~with strengths, resources, priorities, concerns, abilities,~~
~~capabilities, interests,~~ due to the nature of their disability,
and ~~informed choice, with ongoing support services to those~~
~~participants for whom competitive employment has~~ natural
supports may not ~~traditionally occurred~~ meet this need.

~~1. Supported employment services consists of~~
~~intensive, ongoing supports and services necessary for a~~
~~participant to achieve the desired outcome of employment in a~~
~~community setting in the state of Louisiana where a majority of~~
~~the persons employed are without disabilities.~~

~~2. Supported employment services are provided to~~
~~participants who are not served by Louisiana Rehabilitation~~
~~Services or through a local education agency under the~~
~~Individuals with Disabilities Education Act and who need more~~
~~intense, long-term monitoring and who usually cannot be~~
~~competitively employed because supports cannot be successfully~~
~~reduced due to the nature of their disability, and natural~~
~~supports would not meet this need.~~ 1. - 2. Repealed.

B. Supported employment services provide supports in the following areas:

1. ~~Individual~~ individual job placement. ~~A supported employment placement strategy in which an, group~~ employment specialist (job coach) assists a person locating competitive employment, providing training, and supporting, then gradually reducing time and assistance at the worksite., or self-employment;

2. ~~Services that assist a participant to develop and operate a micro enterprise. This consists of:~~ job assessment, discovery, and development; and

~~a. assisting the participant to identify potential business opportunities;~~

~~b. assistance in the development of a business plan, including potential sources of business financing and other assistance related to developing and launching a business;~~

~~c. identification of the supports that are necessary for the participant to operate the business; and~~

~~d. ongoing assistance, counseling, and guidance once the business has been launched.~~ a. - d. Repealed.

3. ~~Enclave. An employment situation in competitive employment in which a group of eight or fewer workers with disabilities are working at a particular work setting performing similar general~~ initial job tasks. ~~The disabled workers may be~~

~~disbursed throughout the company and among non-disabled workers or congregated as a group in one part of the business~~support and job retention.

4. ~~Mobile Work Crew. A group of eight or fewer workers with disabilities who perform work in a variety of locations under the supervision of a permanent employment specialist (job coach/supervisor).~~Repealed.

C. When supported employment services are provided at a work site ~~in which~~ where a majority of the persons employed are without disabilities ~~are employees~~, payment ~~will be~~ is made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, but payment will not be made for the supervisory activities rendered as a normal part of the business setting.

D. The provider is responsible for all transportation to all work sites related to the provision of services in group employment. Transportation to and from the service site is offered and billable as a component of the supported employment service.

1. ...

2. Time spent in transportation to and from the program shall not be included in the total number of supported employment services hours provided per day.

E. These services are also available to those ~~participants~~ beneficiaries who are self-employed. Funds for self-employment may not be used to defray any expenses associated with setting up or operating a business.

F. - F.2. ...

G. Service Limits. ~~Participants~~ Beneficiaries may receive more than one type of vocational or habilitation service per day as long as the billing criteria is followed and as long as the requirements for the minimum time spent on site are adhered to. The required minimum number of service hours per day, per ~~participant~~ beneficiary are as follows:

1. Individual ~~placement~~ supported employment services - one hour (four units). One-on-one services shall be billed in quarterly hour units and shall be based on the person centered plan and the beneficiary's ROW budget.

2. Services that assist a ~~participant~~ beneficiary to develop and operate a micro-enterprise - one hour (four units). One-on-one services shall be billed in quarterly hour units and shall be based on the person centered plan and the beneficiary's ROW budget.

3. ~~Mobile crew/enclave~~ Group employment services shall be billed in quarterly hour units of service up to eight hours per day and shall ~~not exceed 8,320 units of service per POC year, without additional documentation. Mobile crew~~ be based

on the person centered plan and ~~enclave services are an eight hours per day, five days per week service~~the beneficiary's ROW budget.

4. Individual job follow-along services may be delivered virtually.

H. Service Exclusions and Restrictions. ~~Participants~~ Beneficiaries receiving individual supported employment services may also receive prevocational~~-or,~~ day habilitation, or group supported employment services. However, these services cannot be provided during the same service hours on the same day.

~~Participants receiving group supported employment services may also receive prevocational or day habilitation services; however, these services cannot be provided in the same service day.~~

1. ...

2. Supportive employment cannot be billed for the same time as any ~~of the following~~ other ROW services~~;~~.

~~a. community living supports;~~

~~b. professional services (except those direct contacts needed to develop a behavioral management plan);~~

~~c. respite services out of home;~~

~~d. adult day health care; or~~

~~e. monitored in-home care giving (MIHC).~~a. -e.

Repealed.

3. Any time less than the minimum 15 minute unit of service is provided for any model is not billable or payable. No rounding up of service units is allowed.

4. ...

a. Travel training for the purpose of teaching the ~~participant~~beneficiary how to use transportation services may be included in determining the total service numbers hours provided per day, but only for the period of time specified in the POC.

b. ...

5. ~~FFP will not~~ All virtual supported employment services must be ~~claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following:~~ approved by the local governing entity or the OCDD state office.

~~a. incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;~~

~~b. payments that are passed through to users of supported employment programs; or~~

~~c. payments for vocational training that is not directly related to an individual's supported employment program.~~ a. - c. Repealed.

6. Supported employment services are not available to individuals who are ~~otherwise~~ eligible to participate in ~~special education or related services programs, as defined that~~ are available from programs funded under section 110 of the Rehabilitation Act of 1973 or Sections sections 602(16) and or (17) of the ~~Education of the Handicapped Individuals with~~ Disabilities Education Act, ~~through a local educational agency or in vocational rehabilitation services through a program funded under Section 110 of the Rehabilitation Act of 1973 [20 U.S.C. 1401 (26) and (29)] and those covered under the state plan, if applicable.~~

~~7. No rounding up of service units is allowed.~~

~~8. Billing for multiple vocational or habilitative services at the same time is prohibited.~~ 7. - 8. Repealed.

I. Provider Qualifications. ~~Supported employment services may be delivered either by an adult day care center~~ The provider ~~or must possess a valid certificate of compliance as~~ a community rehabilitation ~~program~~ provider (CRP) from an approved program or the certification and training as required.

~~1. Adult day care center provider agencies must be licensed by the Department of Health as home and community-based services providers and meet the module requirements for adult day care in LAC 48:I.Chapter 50.~~

~~2. Community Rehabilitation Program provider agencies must possess a Louisiana rehabilitation services compliance certificate from Louisiana Rehabilitation Services.~~1.

- 2. Repealed.

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, Office for Citizens with Developmental Disabilities, LR 33:2453 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2166 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1767 (December 2019), LR 47:1521 (October 2021), LR 48:

§16337. Transportation-Community Access

A. Transportation-community access services are provided to assist the ~~participant~~beneficiary in becoming involved in his or her community. The service encourages and fosters the development of meaningful relationships in the community which reflects the ~~participant's~~beneficiary's choice and values. This service provides the ~~participant~~beneficiary with a means of access to community activities and resources. The goal is to increase the ~~participant's~~beneficiary's independence,

productivity, and community inclusion and to support self-directed employees benefits as outlined in the

~~participant's~~beneficiary's POC.

1. Transportation-community access services are to be included in the ~~participant's~~beneficiary's plan of care.

2. The ~~participant~~beneficiary must be present for the service to be billed.

3. Prior to accessing transportation-community access services, the ~~participant~~beneficiary is to utilize free transportation provided by family, friends, and community agencies.

4. When appropriate, the ~~participant~~beneficiary should access public transportation or the most cost-effective method of transportation prior to accessing transportation-community access services.

B. - C.1.c. ...

2. Transportation-community access services are not available to ~~participants~~beneficiaries receiving the following services:

a. - c. ...

3. Transportation-community access will not be used to transport ~~participants~~beneficiaries to day habilitation, pre-vocational, or supported employment services.

4. ...

D. Provider Qualifications. Friends and family members who furnish transportation-community access services to waiver ~~participants~~ beneficiaries must be enrolled as Medicaid non-emergency medical transportation (NEMT) family and friends providers with the Department of Health (Bureau of Health Services Financing).

1. - 3.a. ...

4. NEMT (family and friends transportation) providers may provide for up to three identified waiver ~~participants~~ beneficiaries.

E. Vehicle Requirements. All vehicles utilized by for profit and non-profit transportation services providers for transporting waiver ~~participants~~ beneficiaries must comply with all of the applicable state laws and regulations and are subject to inspection by the department or its designee.

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, Office for Citizens with Developmental Disabilities, LR 33:2454 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2166 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and

the Office for Citizens with Developmental Disabilities, LR 45:1768 (December 2019), LR 47:1523 (October 2021), LR 48:

§16339. Housing Stabilization Transition Services

A. Housing stabilization transition services enable ~~participants~~ beneficiaries who are transitioning into a permanent supportive housing unit, including those transitioning from institutions, to secure their own housing. This service is provided while the ~~participant~~ beneficiary is in an institution and preparing to exit the institution using the waiver. The service includes the following components:

1. conducting a housing assessment to identify the ~~participant's~~ beneficiary's preferences related to housing (i.e., type, location, living alone or with someone else, accommodations needed, and other important preferences), and his/her needs for support to maintain housing, including:

a. - h. ...

2. assisting a ~~participant~~ beneficiary to view and secure housing, as needed. This may include the following:

a. - e. ...

3. developing an individualized housing support plan, based upon the housing assessment, that:

a. ...

b. establishes the ~~participant's~~ beneficiary's approach to meeting the goal; and

3.c. - 5. ...

B. This service is only available to ~~participants~~ beneficiaries upon referral from the support coordinator, and is not duplicative of other waiver services, including support coordination.

1. ~~participants~~ beneficiaries must be residing in a state of Louisiana permanent supportive housing unit; or

2. ~~participants~~ beneficiaries must be linked for the state of Louisiana permanent supportive housing selection process.

C. ~~Participants~~ Beneficiaries are limited to receiving no more than 165 combined units of this service and the housing stabilization transition service. This limit on combined units can only be exceeded with written approval from OCDD.

D. - D.2. ...

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 for Citizens with Developmental Disabilities, LR 41:2169 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1523 (October 2021), LR 48:

§16341. Housing Stabilization Services

A. Housing stabilization services enable waiver ~~participants~~ beneficiaries to maintain their own housing as set forth in the ~~participant's~~ approved plan of care. Services must be provided in the home or a community setting. Housing stabilization services include the following components:

1. conducting a housing assessment identifying the ~~participant's~~ beneficiary's preferences related to housing (type, location, living alone or with someone else, accommodations needed, and other important preferences), and needs for support to maintain housing, including:

a. - h. ...

2. assisting a ~~participant~~ beneficiary to view and secure housing, as needed and may include the following:

a. - e. ...

3. developing an individualized housing stabilization service provider plan, based upon the housing assessment, that:

a. ...

b. establishes the ~~participant's~~ beneficiary's approach to meeting the goal; and

3.c. -. 5. ...

6. providing ongoing communication with the landlord or property manager regarding:

a. the ~~participant's~~ beneficiary's disability;

b. - c. ...

7. if at any time the ~~participant's~~beneficiary's housing is placed at risk (i.e., eviction, loss of roommate or income), housing stabilization services will provide supports to retain housing or locate and secure housing to continue community-based supports, including locating new housing, sources of income, etc.

B. ...

1. ~~Participants~~Beneficiaries must be residing in a state of Louisiana permanent supportive housing unit; or

2. ~~participants~~beneficiaries must be linked for the state of Louisiana permanent supportive housing selection process.

C. ~~Participants~~Beneficiaries are limited to receiving no more than 165 combined units of this service and the housing stabilization transition service. This limit on combined units can only be exceeded with written approval from OCDD.

D. - D.2. ...

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 for Citizens with Developmental Disabilities, LR 41:2170 (October 2015), amended by the Department of Health, Bureau of

Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1524 (October 2021), LR 48:

§16343. Adult Day Health Care Services

A. Adult day health care (ADHC) services shall be furnished as specified in the POC and at an ADHC facility in a non-institutional, community-based setting encompassing both health/medical, and social services needed to ensure the optimal functioning of the ~~participant~~ beneficiary.

B. ADHC services include those core service requirements identified in the ADHC licensing standards (LAC 48:I.4243), in addition to the following:

1. ...

2. transportation between the ~~participant's~~ beneficiary's place of residence and the ADHC (if the ~~participant~~ beneficiary is accompanied by the ADHC staff) in accordance with licensing standards;

3. - 9. ...

C. The number of people included in the service per day depends on the licensed capacity and attendance at each facility. The average capacity per facility is 49 ~~participants~~ beneficiaries.

D. Nurses shall be involved in the ~~participant's~~ beneficiary's service delivery as specified in the plan of care (POC) or as needed. Each ~~participant~~ beneficiary

has a plan of care from which the ADHC shall develop an individualized service plan based on the ~~participant's~~beneficiary's POC. If the individualized service plan calls for certain health and nursing services, the nurse on staff shall ensure that the services are delivered while the ~~participant~~beneficiary is at the ADHC facility.

E. G.4. ...

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 for Citizens with Developmental Disabilities, LR 42:62 (January 2016), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1768 (December 2019), LR 47:1524 (October 2021), LR 48:

§16345. Monitored In-Home Caregiving Services

A. Monitored in-home caregiving (MIHC) services are provided to a ~~participant~~beneficiary living in a private home with a principal caregiver. The principal caregiver shall be contracted by the licensed HCBS provider having a MIHC service module. The principal caregiver shall reside with the ~~participant~~beneficiary. Professional staff employed by the HCBS provider shall provide oversight, support and monitoring of the

principal caregiver, service delivery, and ~~participant~~ beneficiary outcomes through on-site visits, training, and daily web-based electronic information exchange.

1. ...

2. This goal is achieved by promoting a cooperative relationship between a ~~participant~~ beneficiary, a principal caregiver, the professional staff of a monitored in-home caregiver agency provider, and the ~~participant's~~ beneficiary support coordinator.

B. The principal caregiver is responsible for supporting the ~~participant~~ beneficiary to maximize the highest level of independence possible by providing necessary care and supports that may include:

1. - 2. ...

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

4. - 6. ...

C. Service Exclusions and Restrictions

1. ~~Participants~~ Beneficiaries electing monitored in-home caregiving are not eligible to receive the following Residential Options Waiver services during the period of time that the ~~participants~~ beneficiaries are receiving monitored in-home caregiving services:

a. - c. ...

d. shared living supports; and
e. adult day health Care services; ~~and.~~
f. ~~day habilitation, pre-vocational, or~~
~~supportive employment services.~~ Repealed.

D. - D.2. ...

3. The agency provider must capture daily notes electronically and use the information collected to monitor ~~participant~~ beneficiary health and caregiver performance.

4. ...

E. The MIHC provider must use secure, web-based information collection from principal caregivers for the purposes of monitoring ~~participant~~ beneficiary health and caregiver performance. All protected health information must be transferred, stored, and otherwise utilized in compliance with applicable federal and state privacy laws. Providers must sign, maintain on file, and comply with the LDH HIPAA business associate addendum.

F. The department shall reimburse for monitored in-home caregiving services based on a two-tiered model which is designed to address the ~~participant's~~ beneficiary's acuity.

G. - G.3. ...

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, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1768 (December 2019), amended LR 47:1525 (October 2021), LR 48:

Chapter 165. Self-Direction Initiative

§16501. Self-Direction Service Option

A. Self-direction is a service delivery option which allows ~~participants~~ beneficiaries (or their authorized representative) to exercise employer authority in the delivery of their authorized self-directed services (community living supports).

1. ~~Participants~~ Beneficiaries are informed of all available services and service delivery options, including self-direction, at the time of the initial assessment, annually, or as requested by ~~participants~~ beneficiaries or their authorized representative. ~~Participants~~ Beneficiaries, who are interested in self-direction, need only notify their support coordinator, who will facilitate the enrollment process.

2. A contracted fiscal/employer agent is responsible for processing the ~~participant's~~ beneficiary's employer-related payroll, withholding and depositing the required employment-related taxes, and sending payroll reports to the ~~participant~~ beneficiary or his/her authorized representative.

3. Support coordinators assist ~~participants~~ beneficiaries by providing the following activities:
- a. the development of the ~~participant's~~ beneficiary's plan of care;
 - b. organizing the unique resources the ~~participant~~ beneficiary needs;
 - c. training ~~participants~~ beneficiaries on their employer responsibilities;
 - d. - g. ...
 - h. ensuring ~~participant's~~ beneficiary's needs are being met through services.

B. ~~Participant~~ Beneficiary Eligibility. Selection of the self-direction option is strictly voluntary. To be eligible to participate in the self-direction service option, waiver ~~participants~~ beneficiaries must:

1. - 3. ...

NOTE: If the waiver ~~participant~~ beneficiary is unable to make decisions independently, the ~~participant~~ beneficiary must have a willing decision maker (an authorized representative as listed on the ~~participant's~~ beneficiary's plan of care) who understands the rights, risks, and responsibilities of managing the care and supports of the ~~participant~~ beneficiary within the plan of care.

C. ~~Participant~~ Beneficiary Responsibilities.

Responsibilities of the waiver ~~participant~~ beneficiary or his or her authorized representative include the following:

1. ~~Participants~~ Beneficiaries must adhere to the health and welfare safeguards identified by the support team, including the following:

a. ...

b. compliance with the requirement that employees under this option must have criminal background checks prior to working with waiver ~~participants~~ beneficiaries.

2. Waiver ~~participant's~~ beneficiary's participation in the development and management of the approved personal purchasing plan.

a. This annual budget is determined by the recommended service hours listed in the ~~participant's~~ beneficiary's POC to meet his needs.

b. The ~~participant's~~ beneficiary's individual budget includes a potential amount of dollars within which the ~~participant~~ beneficiary, or his/her authorized representative, exercises decision-making responsibility concerning the selection of services and service providers.

3. ~~Participants~~ Beneficiaries are informed of the self-direction option at the time of the initial assessment, annually, or as requested by ~~participants~~ beneficiaries or their

authorized representative. If the ~~participant~~ beneficiary is interested, the support coordinator will provide more information on the principles of self-determination, the services that can be self-directed, the roles and responsibilities of each service option, the benefits and risks of each service option, and the process for enrolling in self-direction.

4. Prior to enrolling in self-direction, the ~~participant~~ beneficiary or his/her authorized representative is trained by the support coordinator on the process for completing the following duties:

4.a. - 5. ...

6. ~~Participants~~ Beneficiaries who choose self-direction verify that they have received the required training by signing the service agreement form.

7. Authorized representatives may be the employer in the self-directed option but may not also be the employee.

D. ...

1. Voluntary Termination. The waiver ~~participant~~ beneficiary may choose at any time to withdraw from the self-direction service option and return to the traditional provider agency management of services.

a. ...

b. Should the request for voluntary withdrawal occur, the ~~participant~~beneficiary will receive counseling and assistance from his or her support coordinator immediately upon identification of issues or concerns in any of the above situations.

2. Involuntary Termination. The department may terminate the self-direction service option for a ~~participant~~beneficiary and require him or her to receive provider-managed services under the following circumstances:

a. the ~~participant~~beneficiary does not receive self-directed services for 90 days or more;

b. the health, safety, or welfare of the ~~participant~~beneficiary is compromised by continued participation in the self-direction service option;

c. the ~~participant~~beneficiary is no longer able to direct his own care and there is no responsible representative to direct the care;

d. there is misuse of public funds by the ~~participant~~beneficiary or the authorized representative;

e. over three payment cycles in the period of a year, the ~~participant~~beneficiary or authorized representative:

i. permits employees to work over the hours approved in the ~~participant's~~beneficiary's plan of care or allowed by the participant's program;

ii. - v. ...

f. the ~~participant~~beneficiary or the authorized representative consistently violates Medicaid program rules or guidelines of the self-direction option.

3. When action is taken to terminate a ~~participant~~beneficiary from self-direction involuntarily, the support coordinator immediately assists the ~~participant~~beneficiary in accessing needed and appropriate services through the ROW and other available programs, ensuring that no lapse in necessary services occurs for which the ~~participant~~beneficiary is eligible. There is no denial of services, only the transition to a different payment option. The ~~participant~~beneficiary and support coordinator are provided with a written notice explaining the reason for the action and citing the policy reference.

E. Employees of ~~participants~~beneficiaries in the self-direction service option are not employees of the fiscal agent or the department.

1. - 1.c. ...

F. Relief coverage for scheduled or unscheduled absences, which are not classified as respite care services, can be covered by other participant-directed providers and the terms can be part of the agreement between the ~~participant~~beneficiary and the primary companion care provider.

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, Office for Citizens with Developmental Disabilities, LR 33:2455 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2167 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1525 (October 2021), LR 48:

Chapter 167. Provider Participation

§16701. General Provisions

A. - B. ...

C. In order for a provider to bill for services, the waiver ~~participant~~beneficiary and the direct service worker or professional services practitioner rendering service must be present at the time the service is rendered.

1. Exception. The following services may be provided when the ~~participant~~beneficiary is not present:

a. - c. ...

2. All services must be documented in service notes which describe the services rendered and progress towards the ~~participant's~~beneficiary's personal outcomes and his POC.

D. - E. ...

F. ~~Any~~ Some ROW ~~service~~ services may be provided by a member of the ~~participant's~~ beneficiary's family, provided that the family member meets all the requirements of a non-family direct support worker and provision of care by a family member is ~~not the legally responsible relative~~ in the best interest of the beneficiary.

1. ~~Services may not be provided by an individual who lives with~~ Payment for services rendered are approved by prior and post authorization as outlined in the ~~participant, whether or not the individual is a family member~~ POC.

2. ~~An exception to the lives with exclusion applies to adult companion care~~ Payments to legally responsible individuals, legal guardians, and ~~monitored in home caregiving since these services are based on a roommate/in-home caregiver providing supports to the participant~~ family members living in the home shall be audited on a semi-annual basis to ensure payment for services rendered.

~~3. Payment for services rendered are approved by prior and post authorization as outlined in the POC.~~

~~4. During periods of emergency, participants may live with their direct support staff on a temporary basis as allowed, in writing, by the OCDD Assistant Secretary or designee.~~ 3. - 4. Repealed.

G. - G.3.a. ...

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, Office for Citizens with Developmental Disabilities, LR 33:2455 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2168 (October 2015), LR 42:63 (January 2016), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1527 (October 2021).

§16703. Staffing Restrictions and Requirements

A. ~~Payments shall not~~ Legally responsible individuals may only be ~~made to persons who are legally responsible for~~ paid for ~~services when~~ the care is extraordinary in comparison to that of a beneficiary of the ~~waiver participant, which include:~~ same age without a disability and the care is in the best interest of the beneficiary.

- ~~1. parents of minor children;~~
- ~~2. spouses for each other;~~
- ~~3. legal guardians for adults or children with developmental disabilities; or~~

~~4. parents for their adult child with developmental disabilities, regardless of the legal status of the adult child.~~
1. - 4. Repealed.

B. In order to receive payment, relatives must meet the criteria for the provision of the service and the same provider qualifications specified for the service as other providers not related to the ~~participant~~beneficiary.

1. Relatives must also comply with the following requirements:

a. become an employee of the ~~participant's~~beneficiary's agency of choice and meet the same standards as direct support staff who are not related to the individual;

b. ...

c. if the self-direction option is selected, relatives must:

i. become an employee of the self-direction ~~participant~~beneficiary; and

1.c.ii. -2.e. ...

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 for Citizens with Developmental Disabilities, LR 41:2168

(October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1527 (October 2021), LR 48:

Chapter 169. Reimbursement

§16901. Unit of Reimbursement

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

1. - 4. ...

a. up to three ~~participants~~ beneficiaries may share CLS services if they share a common provider of this service;

4.b. - 9. ...

B. The following services are reimbursed at the cost of adaptation device, equipment or supply item:

1. ...

a. Upon completion of the environmental accessibility adaptations and prior to submission of a claim for reimbursement, the provider shall give the ~~participant~~

beneficiary a certificate of warranty for all labor and installation work and supply the ~~participant~~ beneficiary with all manufacturers' warranty certificates.

B.2. - G. ...

H. Dental Services. Dental services are reimbursed ~~at the Medicaid fee for service rate~~ according to the LA Dental Benefit Program.

I. - J. ...

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, Office for Citizens with Developmental Disabilities, LR 33:2456 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 39:1049 (April 2013), LR 41:2168, 2170 (October 2015), LR 42:63 (January 2016), LR 42:900 (June 2016), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 43:2530 (December 2017), LR 45:1769 (December 2019), LR 47:1527 (October 2021), LR 48:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services

(CMS), if it is determined that submission to CMS for review and approval is required.

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability or autonomy as described in R.S. 49:972 as it assures access as it assures access to dental services and additional care options for ROW beneficiaries.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a positive impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 it assures access as it assures access to dental services and additional care options for ROW beneficiaries.

Small Business Analysis

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule may have a positive impact on small businesses, as described in R.S.

49:978.1 et seq. since it provides reimbursement for services that were not previously covered.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, but may reduce the total direct and indirect cost to the provider to provide the same level of service, and may enhance the provider's ability to provide the same level of service as described in HCR 170 since it provides reimbursement for services that were not previously covered.

Public Comments

Interested persons may submit written comments to Patrick Gillies, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Mr. Gillies is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on April 31, 2022.

Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary

ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on April 11, 2022. If the criteria set forth in R.S.49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on April 28, 2022 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225)342-1342 after April 11, 2022. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Dr. Courtney N. Phillips

Secretary