

NOTICE OF INTENT

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

**Home and Community-Based Services Waivers
Supports Waiver
Dental Services
(LAC 50:XXI.Chapters 53-61)**

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:XXI.Chapters 53-61 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 Supports Waiver in order to add adult dental services as a covered service. The department also proposes to amend the provisions governing delivery of services in the Supports 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 5. Supports Waiver

Chapter 53. General Provisions

§5301. Purpose

A. The mission of this waiver is to create options and provide meaningful opportunities that enhance the lives of men and women with developmental disabilities through vocational and community inclusion. The goals of the supports waiver ~~is designed to~~are as follows:

1. promote independence for ~~individuals~~beneficiaries with a developmental disability who are ~~age~~aged 18 years or older while ensuring health and safety through a system of ~~participant~~beneficiary safeguards;

2. - 3. ...

B. Allocation of Waiver Opportunities. The Office for Citizens with Developmental Disabilities (OCDD) maintains the intellectual/developmental disabilities request for services registry, hereafter referred to as "the registry," ~~shall be used to identify~~which identifies persons with intellectual and/or developmental disabilities who are ~~waiting for an OCDD waiver opportunity~~found eligible for developmental disabilities services using standardized tools, and who request waiver services.

1. ~~Individuals who~~Services are ~~found eligible for developmental disabilities services using standardized tools, and who request waiver services will be added to~~ accessed through a single point of entry in the local governing entity (LGE). When criteria are met, individuals' names are placed on the registry and a screening of urgency of need (SUN) is completed.

2. ~~The request for services registry (RFSR) is arranged by the urgency of need and date of application for developmentally disabled (DD)~~ Individuals determined to have current unmet needs as defined as a SUN score of urgent [three] or emergent [four] are offered a waiver ~~services~~ opportunity.

3. ~~Funded OCDD~~ The registry is arranged by the urgency of need and date of application for developmentally disabled (DD) waiver ~~opportunities will be offered based on the following two priority groups~~ services.

a. ~~Individuals living at Pinecrest Supports and Services Center or in a publicly operated ICF-ID when it was transitioned to a private ICF-ID through a cooperative endeavor agreement, or their alternates. Alternates are defined as individuals living in a private ICF-ID who will give up the private ICF-DD bed to an individual living at Pinecrest or to an individual who was living in a publicly operated ICF-ID when it was transitioned to a private ICF-ID through a cooperative~~

~~endeavor agreement. Individuals requesting to transition from either facility listed above are awarded the appropriate waiver when one is requested, and their health and safety can be assured in an OCDD home and community-based waiver program.~~

~~_____ i. The bed being vacated by the alternate in the private ICF ID must be reserved for 14 days for the placement of a person being discharged from a publicly operated facility. The person's discharge from a publicly operated facility and his/her subsequent placement in a private ICF ID is to occur as close as possible to the actual discharge of the alternate from the private ICF ID and is not to exceed 14 days from the date of the alternate's discharge and certification for the waiver. The bed may be held vacant beyond the 14 days with the concurrence of the private ICF ID provider.~~

~~_____ ii. The funded waiver opportunity will be reserved for a period not to exceed 120 days. However, this 120-day period may be extended as needed.~~

~~_____ b. Individuals on the registry who have the highest level of need and the earliest registry date shall be notified in writing when a funded OCDD waiver opportunity is available and that he/she is next in line to be evaluated for a possible waiver assignment.~~a. - b. Repealed.

4. OCDD waiver opportunities shall be offered based on the following priority groups:

a. Individuals living at publicly operated intermediate care facilities for the developmentally disabled (ICF/DDs) or who lived at a publically operated ICF/DD when it was transitioned to a private ICF/DD through a cooperative endeavor agreement (CEA facility), or their alternates.

Alternates are defined as individuals living in a private ICF/DD who will give up the private ICF/DD bed to an individual living at a publicly operated ICF/DD or to an individual who was living in a publicly operated ICF/DD when it was transitioned to a private ICF/DD through a cooperative endeavor agreement.

Individuals requesting to transition from a publicly operated ICF/DD are awarded a slot when one is requested, and their health and safety can be assured in an OCDD waiver. This also applies to individuals who were residing in a publicly operated facility at the time the facility was privatized and became a CEA facility.

b. Individuals on the registry who have a current unmet need as defined by a SUN score of urgent [three] or emergent [four] and the earliest registry date shall be notified in writing when a funded OCDD waiver opportunity is available and a waiver offer is available.

~~C. The Office for Citizens with Development Disabilities has the responsibility to monitor the utilization of Supports Waiver opportunities. At the discretion of OCDD, specifically~~

~~allocated waiver opportunities may be reallocated to better meet the needs of citizens with developmental disabilities in the state of Louisiana.~~

~~D. Funded waiver opportunities will only be allocated to individuals who successfully complete the financial and medical eligibility process required for waiver certification.~~ C. - D.

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 of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1604 (September 2006), amended LR 40:2583 (December 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 43:2531 (December 2017), LR 48:

§5303. Settings for Home and Community-Based Services

A. Supports Waiver 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.

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 48:

Chapter 55. Target Population

§5501. Participant Qualifications and Admissions Criteria

A. In order to qualify for the supports waiver, ~~an individual~~ a beneficiary must be 18 years of age or older, offered a waiver opportunity (slot), and meet all of the following criteria:

1. ...
2. be on the ~~developmental disabilities request for services~~ registry ~~-(DDRFSR)~~, unless otherwise specified through programmatic allocation in §5501;
3. - 4. ...
5. have assurance that the health and welfare of the ~~individual~~ beneficiary can be maintained in the community with the provision of supports waiver services;
6. have justification, as documentation in the approved plan of care, that supports waiver services are

appropriate, cost effective and represent the least restrictive environment for the ~~individual~~beneficiary;

7. - 8. ...

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 of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1604 (September 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:2583 (December 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 43:2532 (December 2017), LR 48:

§5503. Denial of Admission or Discharge Criteria

A. ~~Individuals~~Beneficiaries shall be denied admission to, or discharged from, the supports waiver if one of the following criteria is met:

1. the ~~individual~~beneficiary does not meet the financial eligibility requirements for the Medicaid Program;

2. the ~~individual~~beneficiary does not meet the requirement for an ~~ICF/ID~~ICF/DD level of care;

3. the ~~individual~~beneficiary is incarcerated or placed under the jurisdiction of penal authorities, courts or state juvenile authorities;

4. the ~~individual~~beneficiary resides in another state or has a change of residence to another state;

5. the ~~participant~~beneficiary is admitted to an ~~ICF/ID~~ICF/DD facility or nursing facility with the intent to stay and not to return to waiver services:

a. the waiver ~~participant~~beneficiary may return to waiver services when documentation is received from the treating physician that the admission is temporary and shall not exceed 90 days;

b. the ~~participant~~beneficiary will be discharged from the waiver on the ninety-first day if the participant is still in the ~~ICF/ID~~ICF/DD or nursing facility;

6. the health and welfare of the ~~participant~~beneficiary cannot be assured through the provision of supports waiver services within the ~~participant's~~beneficiary's approved plan of care;

7. the ~~individual~~beneficiary fails to cooperate in the eligibility determination/re-determination process and in the development or implementation of the approved plan of care; and/or

8. continuity of services is interrupted as a result of the ~~individual~~-beneficiary not receiving a supports waiver service during a period of 30 or more consecutive days. This does not include interruptions in supports waiver services because of hospitalization, institutionalization (such as ~~ICFs/ID~~-ICFs/DD or nursing facilities), or non-routine lapses in services where the family agrees to provide all needed or paid natural supports. There must be documentation from the treating physician that this interruption will not exceed 90 days. During this 90-day period, the OCDD will not authorize payment for supports waiver services.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:2584 (December 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 48:

§5505. Needs-Based Assessment

A. ~~A uniform needs-based assessment in conjunction with person-centered planning is utilized in the service planning process~~The Office for Citizens with Developmental Disabilities (OCDD) has developed a framework for ~~the individuals receiving~~

~~or participating in an OCDD waiver. The results of this assessment activity shall be utilized~~all activities related to determine which OCDD waiver will be offered to the individual during the initial plan of care processplanning for individualized supports and services. Discovery activities include:

1. ~~The participant or his/her representative may request a reconsideration and present supporting documentation if he/she disagrees with the specific OCDD waiver offered as a result of the needs-based assessment and person-centered~~a review of the beneficiary's records relevant to service planning process. ~~If the participant disagrees with the reconsideration decision, he/she may request a fair hearing through the formal appeals process.~~(i.e. school, vocational, medical, and psychological records);

2. completing person-centered tools and worksheets, which may include a personal outcomes assessment, which assists the planning team in determining what is important to the beneficiary and his/her satisfaction or dissatisfaction with different life domain areas;

3. completion and review of the needs-based assessment within 30 days of a person being linked to a waiver opportunity and support coordination agency; and

4. review and/or completion of any additional interviews, observations, or other needed professional assessments (i.e. occupational therapist, physical therapist, or speech therapist assessments).

B. A needs-based assessment is completed within the discovery process for all applicants aged 21 years and over who have received an OCDD waiver offer in order to identify the individual's service needs. The needs-based assessment instrument(s) is designed to evaluate the practical support requirements of individuals with developmental disabilities in daily living, medical areas, and behavioral areas ~~including as~~ well as to identify living arrangements, existing relationships, and preferences and the levels of satisfaction in various life areas.

~~1. home living;~~

~~2. community living;~~

~~3. lifelong learning;~~

~~4. employment;~~

~~5. health and safety;~~

~~6. social activities; and~~

~~7. protection and advocacy.~~

~~C. The needs based assessment instrument(s) is also used to evaluate the individual's support needs based on information and data obtained from the following four areas~~

~~of the person's life:~~

~~1. support needs scale measurements including:~~

~~a. material supports;~~

~~b. vision related supports;~~

~~c. hearing related supports;~~

~~d. supports for communicating needs;~~

~~e. positive behavior supports;~~

~~f. physicians supports;~~

~~g. professional supports (e.g., registered nurse, physical therapist, occupational therapist, etc.); and~~

~~h. stress and risk factors;~~

~~2. living arrangements and program participation including:~~

~~a. people living in the home;~~

~~b. natural supports in the home;~~

~~c. living environments; and~~

~~d. supports and service providers;~~

~~3. medical and diagnostic information findings including:~~

~~a. diagnoses;~~

~~b. medications and dosages; and~~

~~c. need for relief from pain or illness;~~

~~4. personal satisfaction reports including:~~

~~a. agency supports provided at home;~~

~~b. work or day programs;~~
~~c. living environment;~~
~~d. family relationships; and~~
~~e. social relationships.~~ B.1. - C.4.e. 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, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 43:2532 (December 2017), LR 48:

Chapter 57. Covered Services

§5701. Supported Employment Services

A. Supported employment services consists of intensive, ongoing supports and services necessary for a ~~participant~~ beneficiary 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. ~~Participants~~ Beneficiaries utilizing these services may need long-term supports for the life of their employment due the nature of their disability, and natural supports ~~would~~ may not meet this need.

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

1. - 2. ...

3. initial job support and job retention, ~~including~~ which may include assistance in personal care with activities of daily living in the supported employment setting and follow-along.

C. When supported employment services are provided at a work site where a majority of the persons employed are without disabilities, payment is only made for the adaptations, supervision and training required by ~~participants~~ beneficiaries receiving the service as a result of their disabilities. It does not include payment for the supervisory activities rendered as a normal part of the business setting.

D. ...

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. Supported employment services may be furnished by a coworker or other job-site personnel under the following circumstances:

1. ...

2. these ~~individuals~~ beneficiaries meet the pertinent qualifications for the providers of service.

G. Service Limitations

1. - 2 ...

3. Services for individual initial job support, job retention and follow-along shall not exceed 960 units of service in a plan of care year. Individual job follow-along services may be delivered virtually.

4. ...

H. Restrictions. ~~Participants receiving individual supported employment services may also receive prevocational or day habilitation services. However, these services cannot be provided during the same service hours and cannot total more than five hours of services in 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. Beneficiaries receiving individual supported employment services may also receive prevocational or day habilitation services. However, these services cannot be provided during the same service hours and cannot total more than five hours of services in the same day. Beneficiaries receiving group supported employment services may also receive prevocational or day habilitation services; however, these services cannot be provided in the same service day.

2. All virtual supported employment services must be approved by the LGE or the OCDD state office.

I. Choice of this service and staff ratio needed to support the ~~participant~~-beneficiary must be documented on the plan of care.

J. ~~There must be documentation in the participant's file that these~~ Supported employment services are not available to individuals who are eligible to participate in services that are available from programs funded under section 110 of the Rehabilitation Act of 1973 or sections 602 (16) or (17) of the Individuals with Disabilities Education Act [~~230~~20 U.S.C. 1401 (~~16~~26 and ~~71~~29)] , as amended, and those covered under the state plan, if applicable.

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 of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1605 (September 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:2585 (December 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 43:2532 (December 2017), LR 48:

§5703. Day Habilitation

A. Day habilitation is services that assist the ~~partieipant~~ beneficiary to gain desired community living experience, including the acquisition, retention or improvement in self-help, socialization and adaptive skills, and/or to provide the ~~partieipant~~ beneficiary an opportunity to contribute to his or her community. These services ~~focus on enabling the participant to attain or maintain his/her maximum functional level and shall~~ may be coordinated with any physical, occupational, or speech therapies identified in the individualized plan of care. ~~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.

B. Day habilitation ~~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 participant's private residence. Day habilitation services should not be limited to a fixed site facility. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice.~~ may be delivered in a combination of these three service types:

1. onsite day habilitation;
2. community life engagement; and
3. virtual day habilitation.

C. Day habilitation ~~includes assistance in personal care with activities of daily living~~ 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. 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 HCBS.

D. ~~All transportation costs are included in the reimbursement for day~~ Day habilitation services may include. ~~The participant must be present to receive this service. If a participant needs transportation, the provider must physically provide, arrange for, or pay for appropriate transport to and from a central location that is convenient for the recipient and agreed upon by the team. The recipient's transportation needs and this central location shall be documented in the plan of assistance in personal care with activities of daily living.~~

E. ~~Service Limitations. Services~~ All transportation costs are included in the reimbursement for day habilitation services. The beneficiary must be present to receive this service. If a beneficiary needs transportation, the provider must physically provide, arrange for, or pay for appropriate transport to and

from a central location that is convenient for the beneficiary and agreed upon by the team. The beneficiary's transportation needs and this central location shall ~~not exceed 4,800 units of service~~ be documented in ~~a~~the plan of care.

F. ~~Restrictions. Participants receiving day habilitation services may also receive prevocational or individual supported employment services, but these services cannot be provided during the time period of the day and cannot total more than five hours combined. Group supported employment services cannot be provided on the same day but can be utilized on a~~
different Service Limitations. Services shall not exceed 4,800 units of service ~~day~~ in a plan of care year.

G. ~~Choice of service and staff ratio needed to support the participant must be documented on the plan of care.~~ Restrictions

1. Beneficiaries receiving day habilitation services may also receive prevocational or individual supported employment services, but these services cannot be provided during the same time of the day and cannot total more than five hours combined. Group supported employment services cannot be provided on the same day but can be utilized on a different service day.

2. All virtual day habilitation services must be approved by the LGE or the OCDD state office.

H. Choice of service, which includes the staff ratio, must be documented on the plan of care.

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 of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1605 (September 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:2585 (December 2014), amended by Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 48:

§5705. Prevocational Services

A. Prevocational services are individualized, person centered services that assist the beneficiaries in establishing their path to obtain individualized community employment. This service is time limited ~~with employment at the individual's highest level of work in the most integrated~~ and targeted for people who have an interest in becoming employed in individual jobs in the community ~~setting, with the job matched to the individual's interests, strengths, priorities, abilities and capabilities, with integrated competitive~~ but who may need additional skills, information, and experiences to determine their employment ~~as the optimal outcome. Individuals~~ 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. Career planning must be a major component of prevocational services and should include activities focused on beneficiaries becoming employed to their highest ability.

B. Prevocational services ~~are to~~ may be ~~provided delivered~~ in a ~~variety of locations in the community and are not to be limited to a fixed site facility.~~ Activities associated with prevocational services ~~should be focused on preparing the participant for paid employment or a volunteer opportunity in the community. These services are operated through a provider agency that is licensed by the appropriate state licensing agency. Services are furnished one or more hours per day on a regularly scheduled basis for one or more days per week.~~ combination of these three service types:

1. onsite prevocational;
2. community career planning; and
3. virtual prevocational.

C. ~~Participants receiving prevocational~~ Prevocational services ~~must have an employment related goal in their plan of care, and the general habilitation activities must~~ are to be ~~designed to support such employment goals. Prevocational provided in a variety of locations in the community and are not~~

to be limited to a fixed site facility. Activities associated with prevocational services ~~are designed to create a path to~~ should focus on preparing the beneficiary for integrated ~~community-based individual employment for which a participant is compensated at or above minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities~~ in the community. These services are operated through a provider agency that is licensed by the appropriate state licensing agency. Services are furnished on a regularly scheduled basis for one or more days per week.

D. ~~Prevocational~~ Beneficiaries receiving prevocational services ~~can include assistance in personal care with~~ must participate in ~~activities of daily living. Choice of this service and staff ratio needed to support the participant must be documented on the plan of care~~ designed to establish an employment goal. Prevocational services are 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 level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

E. ~~All transportation costs are included in the reimbursement for prevocational~~ Prevocational ~~services. The~~

~~participant must be present to receive~~ may include assistance in
personal care with activities of daily living. Choice of this
~~service. If a participant needs transportation, the provider~~
~~must physically provide, arrange, or pay for appropriate~~
~~transport and staff ratio needed~~ to and from a central location
~~that is convenient for the participant and agreed upon by the~~
~~team. The participant's transportation needs and this central~~
~~location shall~~ support the beneficiary must be documented ~~in~~on
the plan of care.

F. ~~Service Limitations. Services~~ All transportation costs
are included in the reimbursement for prevocational services.
The beneficiary must be present to receive this service. If a
beneficiary needs transportation, the provider must physically
provide, arrange, or pay for appropriate transport to and from a
central location that is convenient for the beneficiary and
agreed upon by the team. The beneficiary's transportation needs
and this central location shall ~~not exceed 4,800 units of~~
~~service be documented~~ in ~~at~~the plan of care.

G. ~~Restrictions. Participants receiving prevocational~~
~~services may also receive day habilitation or individualized~~
~~supported employment services, but these services cannot be~~
~~provided during the same time period of the day and cannot total~~
~~more than five hours combined in the same~~ Service Limitations.
Services shall not exceed 4,800 units of ~~service-day. Group~~

~~supported employment services cannot be provided on the same day but can be utilized on a different service day~~ in a plan of care year.

H. ~~There must be documentation in the participant's file that this service is not available from programs funded under section 110 of the Rehabilitation Act of 1973 or sections 602 (16) or (17) of the Individuals with Disabilities Education Act [230 U.S.C. 1401 (16 and 71)] and those covered under the state plan.~~ Restrictions

1. Beneficiaries receiving prevocational services may also receive day habilitation or individualized supported employment services, but these services cannot be provided during the same time of the day and cannot total more than five hours combined in the same service day. Group supported employment services cannot be provided on the same day but can be utilized on a different service day.

2. All virtual prevocational services must be approved by the LGE or the OCDD state office.

I. Prevocational services are not available to individuals who are eligible to participate in programs funded under section 110 of the Rehabilitation Act of 1973 or sections 602 (16) or (17) of the Individuals with Disabilities Education Act [20 U.S.C. 1401 (26 and 29)], as amended, and those covered under the state plan, if applicable.

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 of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1605 (September 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:2585 (December 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 48:

§5707. Respite

A. Respite care is a service provided on a short-term basis to a ~~participant~~beneficiary who is unable to care for himself/herself because of the absence or need for relief of those unpaid persons normally providing care for the ~~participant~~beneficiary.

B. Respite may be provided in a licensed respite care facility determined appropriate by the ~~participant~~beneficiary, responsible party, in the ~~participant's~~beneficiary's home or private place of residence.

C. - 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 of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1606 (September 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:2586 (December 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 48:

§5709. Habilitation

A. Habilitation offers services designed to assist the ~~participant~~ beneficiary in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community settings.

B. Habilitation is provided in the home or community, includes necessary transportation and ~~is based on need with a specified number of hours weekly as outlined in~~ included on the ~~approved~~ plan of care as determined appropriate.

C. Habilitation services may include, but are not limited to:

1. ...
2. travel training activities in the community that promote community independence, to include but not limited to, place of individual employment, church or other community

activity. This does not include group supported employment, day habilitation, or prevocational sites.

D. - E. ...

F. ~~Participants~~ Beneficiaries receiving habilitation may use this service in conjunction with other supports waiver services, as long as other services are not provided during the same period in a day.

NOTE: ~~Participants~~ Beneficiaries who are age 18 through 21 may receive these services as outlined on their plan of care through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program, if applicable.

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 of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1606 (September 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:2586 (December 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 48:

§5713. Personal Emergency Response System

A. A personal emergency response system (PERS) is an electronic device connected to the ~~participant's~~ beneficiary's phone which enables a ~~participant~~ beneficiary to secure help in the community. The system is programmed to signal a response center staffed by trained professionals once a "help" button is activated.

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 of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1607 (September 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 40:2587 (December 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 48:

§5715. Support Coordination

A. Support coordination is a service that will assist ~~participants~~ beneficiaries in gaining access to all of their necessary services, as well as medical, social, educational and other services, regardless of the funding source for the services. Support coordinators shall be responsible for on-going

monitoring of the provision of services included in the
~~participant's~~ beneficiary's approved plan of care.

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 of the Secretary, Office for Citizens with
Developmental Disabilities, LR 34:662 (April 2008), amended by
the Department of Health and Hospitals, Bureau of Health
Services Financing, Office for Citizens with Developmental
Disabilities, LR 40:2587 (December 2014), amended by the
Department of Health, Bureau of Health Services Financing and
the Office for Citizens with Developmental Disabilities, LR 48:

§5717. 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. The 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 the ~~participant~~ beneficiary to view and secure housing as needed, which may include arranging and providing transportation;

3. assisting the ~~participant~~ beneficiary to secure supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings;

4. 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

A.4.c. - B. ...

C. ~~Participants~~ Beneficiaries may not exceed 165 combined units of this service and the housing stabilization service.

1. ...

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 40:81 (January 2014) amended by the Department of Health, Bureau of

Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 48:

§5719. Housing Stabilization Services

A. Housing stabilization services enable waiver ~~participants~~ beneficiaries to maintain their own housing as set forth in a ~~participant's~~ beneficiary's approved plan of care. Services must be provided in the home or a community setting. This 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. - A.2. ...

3. developing an individualized housing stabilization service provider plan based upon the housing assessment that includes short- and long-term measurable goals for each issue, establishes the ~~participant's~~ beneficiary's approach to meeting the goal, and identifies where other provider(s) or services may be required to meet the goal;

4. - 4.a. ...

5. providing ongoing communication with the landlord or property manager regarding the ~~participant's~~ beneficiary's

disability, accommodations needed, and components of emergency procedures involving the landlord or property manager;

6. updating the housing support plan annually or as needed due to changes in the ~~participant's~~ beneficiary's situation or status; and

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

B. ...

C. ~~Participants~~ Beneficiaries may not exceed 165 combined units of this service and the housing stabilization transition service.

1. ...

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 40:81 (January 2014), amended LR 40:2587 (December 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 48:

§5721. Dental Services

A. Dental services are available to adult beneficiaries over the age of 21. Covered dental services include:

1. adult diagnostic services;
2. preventative services;
3. 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. Dental services are not available to beneficiaries who are 18 to 21 years of age as this group accesses dental services through the EPSDT benefit.

2. 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 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 are enrolled through the LA Dental Benefit Program, which is responsible for 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, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 48:

Chapter 59. Provider Participation

§5901. General Provisions

A. ...

B. If transportation is provided as part of a service, the provider must have ~~\$1,000,000 liability~~ insurance coverage on any vehicles used in transporting a ~~participant~~beneficiary that meets current home and community-based services providers licensing standards.

C. In addition to meeting the requirements cited in this 5901 A. and B., providers must meet the following requirements for the provision of designated services.

1. ...

2. Supported Employment Services. The provider must possess a valid certificate of compliance as a community rehabilitation provider (CRP) from ~~Louisiana rehabilitation services~~an approved program or the certification and training as required per OCDD.

3. - 6. ...

7. Dental Services. Providers of this service are managed through the LA Dental Benefit Program and must have a current, valid license from the State Board of Dentistry.

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 of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1607 (September 2006), LR 34:662 (April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, Office for Citizens with Developmental Disabilities, LR 40:2587 (December 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 43:2532 (December 2017), LR 48:

§5903. Electronic Visit Verification

A. ...

B. Reimbursement shall only be made to providers with ~~documented~~ use of the EVV system. The services that require use of the EVV system ~~will be published in the Supports Waiver provider manual.~~ include the following: center-based respite, day habilitation, prevocational services and supported employment services.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:1288

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

Chapter 61. Reimbursement

§6101. Unit of Reimbursement

A. ...

B. Supported Employment Services. Reimbursement shall be a prospective flat rate for each approved unit of service provided to the ~~participant~~beneficiary. A standard unit of service in both individual and group job assessment, discovery and development is one-quarter hour (15 minutes). A standard unit of service in individual initial job support, job retention and follow-along is one-quarter hour (15 minutes). A standard unit of service in group initial job support, job retention and follow-along is one hour or more per day.

C. Day Habilitation. Reimbursement shall be a prospective flat rate for each approved unit of service provided to the ~~participant~~beneficiary. A standard unit of service is one-quarter hour (15 minutes), ~~excluding time spent in transportation.~~

D. Prevocational Services. Reimbursement shall be a prospective flat rate for each approved unit of service provided to the ~~participant~~beneficiary. A standard unit of service is

one-quarter hour (15 minutes), ~~excluding time spent in transportation.~~

E. Respite, housing stabilization transition services and housing stabilization services shall be reimbursed at a prospective flat rate for each approved unit of service provided to the ~~participant~~beneficiary. One-quarter hour (15 minutes) is the standard unit of service.

F. Habilitation. Reimbursement shall be a prospective flat rate for each approved unit of service provided to the ~~participant~~beneficiary. One-quarter hour (15 minutes) is the standard unit of service.

G. - I. ...

J. Dental Services. Dental services are reimbursed according to the LA Dental Benefit Program.

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 of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1607 (September 2006), amended LR 34:662 (April 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 36:2281 (October 2010), LR 37:2158 (July 2011), LR 39:1050 (April 2013), LR 40:82 (January 2014), LR 40:2587 (December 2014), 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 48:43 (January 2022), 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 and autonomy as described in R.S. 49:972, as it will ensure access to dental services and additional care options for Supports Waiver 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 in relation to individual or community asset development as described in R.S. 49:973 as it assures access to dental services and additional care options for Supports Waiver

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 a positive impact on the staffing level requirements required to provide the same level of service, 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 because it provides reimbursement for adult dental services that were previously not 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 29, 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