

Chapter 57. Covered Services

§5701. Supported Employment Services

A. Supported employment services consists of intensive, ongoing supports and services necessary for a beneficiary to achieve the desired outcome of employment in a community setting where a majority of the persons employed are without disabilities. Beneficiaries utilizing these services may need ongoing supports for the life of their employment due to the nature of their disability, and natural supports may not meet this need.

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

1. individual job, group employment, or self-employment;
2. job assessment, discovery and development, placement; and
3. initial job support and job retention, 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 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. Transportation is a separate billable component for supported employment services, both individual and group. Transportation may be billed on the same day as a supported employment service is delivered.

E. These services are also available to those 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. the services furnished are not part of the normal duties of the coworker or other job-site personnel; and
2. these coworkers meet the pertinent qualifications for the providers of the service.

G. Service Limitations

1. Services for job assessment, discovery and development in individual jobs and self-employment shall not exceed the number of units as defined in a plan of care year and must have a prior authorization.

2. Services for job assessment, discovery and development in group employment shall not exceed the number of units as defined in a plan of care year and must have a prior authorization.

3. Services for individual initial job support, job retention and follow-along shall not exceed the number of units of service as defined in a plan of care year and must have prior authorization. Individual job follow-along services may be delivered virtually.

4. Services for initial job support, job retention and follow-along in group employment shall not exceed the number of units of service as defined in a plan of care year and must have prior authorization.

H. Restrictions

1. Beneficiaries receiving individual and/or group supported employment services may also receive other services in the same service day. However, these services cannot be provided at the same time of the day.

2. All virtual individual supported employment services must be documented and included in the plan of care. Virtual delivery of group supported employment is not allowed.

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

J. 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 [20 U.S.C. 1401 (26 and 29)], as amended, and those covered under the state plan, if applicable.

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Disabilities, LR 43:2532 (December 2017), LR 48: LR 48:1575 (June 2022), LR 50:212 (February 2024).

§5703. Day Habilitation

A. Day habilitation is services that assist the 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 beneficiary an opportunity to contribute to his or her community. These services may be coordinated with any physical, occupational, or speech therapies identified in the individualized plan of care. Volunteer activities may be a part of this service and should follow the state guidelines for volunteering.

B. Day habilitation is the overarching service and may be delivered in a combination of these two service types:

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

NOTE: Day habilitation services may be delivered virtually and be included in the approved plan of care.

C. 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 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. Day habilitation services may include assistance in personal care with activities of daily living.

E. Transportation is a separate billable component for day habilitation services. A day habilitation service must be billed on the same day that transportation is billed. Transportation cannot be billed if the service is delivered virtually.

F. Service Limitations. Services shall not exceed the number of units of service as defined in a plan of care year and must have a prior authorization.

G. Restrictions

1. Beneficiaries receiving day habilitation services may also receive other services on the same day but not at the same time of the day.

2. All virtual delivery of day habilitation services must be on an approved plan of care.

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§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 and targeted for people who have an interest in becoming employed in individual jobs in the community, but who may need additional skills, information, and experiences to determine their employment goal and 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 is the overarching service and may be delivered in a combination of these two service types:

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

NOTE: Prevocational services may be delivered virtually.

C. Prevocational services are to be 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 should focus on preparing the beneficiary for integrated individual employment 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. Beneficiaries receiving prevocational services must participate in activities 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. Prevocational services may also include assistance in personal care with activities of daily living.

F. Transportation is a separate billable component for prevocational services. A prevocational service must be billed on the same day that transportation is billed. Transportation cannot be billed if the prevocational service is delivered virtually.

G. Service Limitations. Services shall not exceed the number of units of service as defined in a plan of care year and must have a prior authorization.

H. Restrictions

1. Beneficiaries receiving prevocational services may also receive other services on the same day but cannot be provided during the same time of the day.

2. All virtual prevocational services must be included on the approved plan of care.

I. Prevocational services are not available to individuals who are eligible to participate in programs that are available and 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.

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§5707. Respite

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

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

C. Service Limitations. Services shall not exceed 428 units of service in a plan of care year.

D. Choice and need for this service must be documented on the plan of care.

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§5709. Habilitation

A. Habilitation offers services designed to assist the 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 included on the plan of care as determined to be appropriate.

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

1. acquisition of skills needed to do household tasks which include, but are not limited to laundry, dishwashing, housekeeping, grocery shopping in the community, and other

tasks to promote independence in the home and community; and

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. Service Limitations. Services shall not exceed 285 units of service in a plan of care year.

E. Choice and need for this service must be documented on the plan of care.

F. 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: Beneficiaries who are age 18 through 21 may also receive available services as outlined on their plan of care through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program, if applicable. Beneficiaries who are age 21 and older may receive available services as outlined on their plan of care through the Long-Term Personal Care Services (LT-PCS) Program, if applicable.

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

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§5713. Personal Emergency Response System

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

B. This service must be prior authorized and be in accordance with the plan of care.

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§5715. Support Coordination

A. Support coordination is a service that will assist 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 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 48:1578 (June 2022), LR 50:214 (February 2024).

§5717. Housing Stabilization Transition Services

A. Housing stabilization transition services enable 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 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 beneficiary's preferences related to housing (i.e., type, location, living alone or with someone else, need for accommodations, and other important preferences), and his/her needs for support to maintain housing, including:

- a. access to housing;
- b. meeting the terms of a lease;
- c. eviction prevention;
- d. budgeting for housing/living expenses;
- e. obtaining/accessing sources of income necessary for rent;
- f. home management;
- g. establishing credit; and
- h. understanding and meeting the obligations of tenancy as defined in the lease terms;

2. assisting the beneficiary to view and secure housing as needed, which may include arranging and providing transportation;

3. assisting the 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. includes short- and long-term measurable goals for each issue;
- b. establishes the beneficiary's approach to meeting the goal; and
- c. identifies where other provider(s) or services may be required to meet the goal;

5. participating in the development of the plan of care and incorporating elements of the housing support plan; and

6. exploring alternatives to housing if permanent supportive housing is unavailable to support completion of transition.

B. Housing stabilization transition services are only available upon referral from the support coordinator. This service is not duplicative of other waiver services, including support coordination. This service is only available to persons who are residing in a state of Louisiana permanent supportive housing unit or who are linked for the state of Louisiana permanent supportive housing selection process.

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

1. Exceptions to exceed the 165 unit limit may be made only with written approval from the OCDD.

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 48:1578 (June 2022), LR 50:214 (February 2024).

§5719. Housing Stabilization Services

A. Housing stabilization services enable waiver beneficiaries to maintain their own housing as set forth in a 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 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. access to housing;
- b. meeting the terms of a lease;
- c. eviction prevention;
- d. budgeting for housing/living expenses;
- e. obtaining/accessing sources of income necessary for rent;
- f. home management;
- g. establishing credit; and
- h. understanding and meeting the obligations of tenancy as defined in the lease terms;

2. participating in the development of the plan of care, incorporating elements of the housing support plan;

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 beneficiary's approach to meeting the

goal, and identifies where other provider(s) or services may be required to meet the goal;

4. providing supports and interventions according to the individualized housing support plan;

a. if additional supports or services are identified as needed outside the scope of housing stabilization service, the needs must be communicated to the support coordinator;

5. providing ongoing communication with the landlord or property manager regarding the 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 beneficiary's situation or status; and

7. if at any time the 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. Housing stabilization services are only available upon referral from the support coordinator. This service is not duplicative of other waiver services including support coordination. It is only available to persons who are residing in a state of Louisiana permanent supportive housing unit.

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

1. Exceptions to exceed the 165 unit limit may be made only with written approval from the OCDD.

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

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§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 48:1579 (June 2022), LR 50:214 (February 2024).

§5723. Community Life Engagement Development

A. Community life engagement development (CLED) facilitates the development of opportunities to assist beneficiaries in becoming involved in the community. The purpose of CLED is to find the opportunities that encourage and foster the development of meaningful relationships in the community reflecting the beneficiary's choices and values. Objectives outlined in the comprehensive plan of care will afford opportunities to increase community inclusion, participation in leisure/recreational activities, and encourage participation in volunteer and civic activities. To utilize this service, the beneficiary may or may not be present. CLED services may be performed by a staff person

for up to three waiver beneficiaries who have a common provider agency for day services and supports. Rates shall be adjusted accordingly.

B. Transportation costs are included in the reimbursement for CLED services.

C. Service Limitations. Services shall not exceed the number of units as defined in the beneficiary's plan of care and must have a prior authorization.

D. Provider Qualifications. Providers must be licensed by the Department of Health as a home and community-based services provider and must meet the module specific requirements for the service being provided.

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 50:214 (February 2024).

§5725. Specialized Medical Equipment and Supplies

A. Incontinence briefs and supplies are available for a beneficiary, 21 years or older, who has a physician's order and requires the use of incontinence briefs and supplies.

B. Service Restrictions

1. This service is for those who are 21 years of age or older.

2. This service requires a physician's order.

C. Service Limitations

1. The cost cannot exceed \$2,500 in a single plan of care year.

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HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 50:214 (February 2024).

Chapter 59. Provider Participation

§5901. General Provisions

A. In order to participate in the Medicaid Program as a provider of Supports Waiver services, a provider must meet all qualifications outlined in LAC 50.XXI, Subpart 1, Chapter 1 and all applicable amendments.

B. If the transportation component for supported employment, day habilitation, and/or prevocational services is provided by the provider, the provider must have insurance coverage that meets current home and community-based services providers licensing standards on any vehicles used in transporting a beneficiary.

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. Day Habilitation and Prevocational Services. The provider must possess a current, valid license as an adult day care center in order to provide these services.

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

3. Respite Services. The provider must possess a current, valid license as a personal care attendant agency or a respite care center in order to provide these services.

4. Habilitation Services. The provider must possess a valid license as a personal care attendant agency in order to provide this service.

5. Personal Emergency Response System. The provider must be enrolled to participate in the Medicaid Program as a provider of personal emergency response systems.

6. Support Coordination. Providers must be licensed as support coordination agencies and enrolled in the Medicaid Program to deliver these services.

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.

8. Specialized Medical Equipment and Supplies. Providers of this service must be enrolled to participate in the Medicaid Program as a provider of assistive technology, specialized medical equipment, and supplies.

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§5903. Electronic Visit Verification

A. Effective for dates of service on or after August 1, 2015, Supports Waiver providers shall use the electronic visit verification (EVV) system designated by the department for automated scheduling, time and attendance tracking, and billing for certain home and community-based services.

B. Reimbursement shall only be made to providers with use of the EVV system. The services that require use of the EVV system include the following: in home respite, center-based respite, habilitation, day habilitation, prevocational services, and supported employment services.

PUBLIC HEALTH—MEDICAL ASSISTANCE

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