DECLARATION OF EMERGENCY

Department of Health and Hospitals
Bureau of Health Service Financing and
Office for Citizens with Developmental Disabilities

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

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities amends LAC 50:XXI.Chapters 161-169 under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final rule, whichever occurs first.

The Department of Health and Hospitals, Office for Citizens with Developmental Disabilities adopted provisions establishing the Residential Options Waiver (ROW), a home and community-based services (HCBS) waiver program, to promote independence for individuals with developmental disabilities by offering a wide array of services, supports and residential options that assist individuals to transition from institutional care (*Louisiana Register*, Volume 33, Number 11). The department now proposes to

amend the provisions governing the allocation of waiver opportunities and the delivery of services for greater clarity.

This action is being taken to comply with the provisions of the approved waiver application and to secure enhanced federal funding. It is estimated that implementation of this Emergency Rule will increase expenditures in the Medical Assistance Program by approximately $52,735 for state fiscal year 2009-2010.

Effective May 1, 2010, the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities amends the provisions governing the Residential Options Waiver.

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~~ (c) home and community-based services (HCBS) waiver, is designed to enhance the ~~long~~ long-term services and supports available to individuals with developmental disabilities. These individuals would otherwise require an intermediate care facility for persons with ~~the mentally retarded~~developmental disabilities (ICF/~~MR~~DD) level of care.

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 33:2441 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 36:

§16103. Program Description

A. The ROW is designed to utilize the principles of self determination and to supplement the family and/or community supports that are available to maintain the individual in the community. In keeping with the principles of self-determination, ROW includes a self-direction option which~~. This~~ allows for greater flexibility in hiring, training and general service delivery issues. ROW services are meant to enhance, not replace existing informal networks.

B. ~~The objectives of the ROW are to~~ROW offers an alternative to institutional care that:

1. ~~promote independence for recipients 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 recipient safeguards~~utilizes a

wide array of services, supports and residential options which best meet the individual's needs and preferences;

2. ~~offer an alternative to institutional care through the provision of an array of services and supports that promote community living, community inclusion and independence by enhancing, and not replacing, existing informal networks~~meets the highest standards of quality and national best practices in the provision of services; and

3. ~~support recipients and their families in exercising their rights and sharing responsibility for their programs regardless of the method of service delivery~~ensures health and safety through a comprehensive system of participant safeguards.~~; and~~

4. ~~offer access to services on a short-term basis that would protect the health and safety of the recipient if the family or other care giver were unable to continue to provide care and supervision.~~Repealed.

C. ~~All of the services provided in the ROW are accessed through a single point of entry within the Office for Citizens with Developmental Disabilities (OCDD)~~All ROW services are accessed through the support coordination agency of the participant's choice.

1. The plan of care (POC) shall be developed using a person-centered process coordinated by the participant's support coordinator.

D. All services must be prior authorized~~. Prior authorization is completed through an independent entity contracted by the Department of Health and Hospitals.~~ and delivered in accordance with the approved ~~plan of care~~POC.

E. ~~All services must be delivered in accordance with the approved Individual Support Plan (ISP). The ISP shall be developed using a person-centered process coordinated by the support coordination agency.~~The total expenditures available for each waiver participant is established through an assessment of individual support needs and will not exceed the approved ICF/DD ICAP rate established for that individual.

1. ~~Waiver recipients choose their support coordination and direct service provider agencies through a freedom of choice process.~~Repealed.

F. ~~The total expenditures available for each waiver recipient is established through an assessment of individual support needs and will not exceed the approved ICF/MR rate established for that individual.~~No reimbursement for ROW services shall be made for a participant who is admitted to an inpatient setting.

G. ~~No reimbursement for ROW services shall be made for a recipient who is admitted to an inpatient setting.~~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 33:2441 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 36:

§16105. ~~Recipient~~ Participant Qualifications

A. In order to qualify for services through the ROW, an individual ~~must meet the definition for a developmental disability as defined in R.S. 28:451.2(12)(a)(b).~~ must be offered a ROW opportunity and meet all of the following criteria:

1. have a developmental disability as specified in the Louisiana Developmental Disability Law and determined through the developmental disabilities system entry process;

2. meet the requirements for an ICF/DD level of care which requires active treatment for developmental disabilities under the supervision of a qualified developmental disabilities professional;

3. meet the financial eligibility requirements for the Louisiana Medicaid Program;

4. be a resident of Louisiana; and

5. be a citizen of the United States or a qualified alien.

B. ~~The individual must:~~Assurances are required that the health, safety and welfare of the individual can be maintained in the community with the provision of ROW services.

~~1. be a Louisiana resident and a citizen of the United States or a qualified alien;~~

~~2. meet the requirements for an ICF/MR level of care which requires active treatment for developmental disabilities under the supervision of a qualified mental retardation professional;~~

~~3. meet the financial eligibility requirements for the Medicaid Program as a member of the group of individuals who would be eligible for Medicaid if they:~~

~~a. were in a medical institution; or~~

~~b. need home and community-based services in order to remain in the community; and~~

~~c. have a special income level equal to 300 percent of the Supplemental Security Income (SSI) federal benefit rate~~

1 - 3.c. Repealed.

C. ~~Assurances are required that the health, safety and welfare of the individual can be maintained in the community with the provision of ROW services~~Justification must be documented in the OCDD approved POC that the ROW services are appropriate, cost effective and represent the least restrictive environment for the individual.

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 Office for Citizens with Developmental Disabilities, LR 36:

§16106. Money Follows the Person Rebalancing Demonstration

A. The Money Follows the Person (MFP) Rebalancing Demonstration is a federal demonstration grant awarded by the Centers for Medicare and Medicaid Services to the Department of Health and Hospitals. The MFP demonstration is a transition program that targets individuals using qualified institutional services and moves them to home and community-based long-term care services.

1. For the purposes of these provisions, a qualified institution is a nursing facility, hospital, or Medicaid

enrolled intermediate care facility for people with developmental disabilities (ICF/DD).

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

1. Participants with a developmental disability must:

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

b. be Medicaid eligible, eligible for state developmental disability services, and meet an ICF/DD level of care.

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

C. Participants in the demonstration are not required to have a protected date on the developmental disabilities request for services registry.

D. All other ROW provisions apply to the Money Follows the Person Rebalancing Demonstration.

E. MFP participants 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 Office for Citizens with Developmental Disabilities, LR 36:

§16107. Programmatic Allocation of Waiver Opportunities

A. ~~The Request for Services Registry, hereafter referred to as "the registry", shall be used to evaluate individuals for the Residential Options Waiver and to fill all waiver opportunities for persons with developmental disabilities. The next individual on the registry shall be notified in writing that a waiver opportunity is available and that he is next in line to be evaluated for a possible waiver assignment. The individual shall then choose a support coordination agency that will assist in the gathering of the documents needed for both the financial eligibility and medical certification process for the level of care determination. If the individual is determined to be ineligible, either financially or medically, that individual shall be notified in writing. The next individual on the registry shall be notified, as stated above, and the process continues until an eligible individual is assigned the waiver opportunity. A waiver opportunity shall be assigned to an individual when eligibility is established and~~

~~the individual is certified.~~ROW opportunities will be offered to individuals in the following targeted population groups:

1. children:

a. who are from birth through age 18;

b. who reside in a nursing facility;

c. who meet the high-need requirements for a nursing facility level of care as well as the ROW level of care requirements;

d. who are participants in the MFP Rebalancing Demonstration; and

e. whose parents or legal guardians wish to transition them to a home and community-based residential services waiver; and

2. individuals who reside in a Medicaid enrolled ICF/DD and wish to transition to a home and community-based residential services waiver through a voluntary ICF-DD bed conversion process.

B. ~~Right of Refusal. An individual may be designated inactive on the registry upon written request to OCDD. When the individual determines that he is ready to begin the waiver evaluation process, he shall request, in writing, that his name be removed from inactive status. His original protected request date will be reinstated.~~ROW opportunities will be offered to:

1. children who are currently residing in a Medicaid enrolled nursing facility and will be participating in the MFP Rebalancing Demonstration; and

2. individuals who are currently residing in a Medicaid enrolled facility that goes through the ICF-DD bed conversion process.

C. ~~Utilizing the procedures described in subparagraph A, ROW opportunities will be offered with priority given to the individuals in the following groups:~~After an individual is offered a ROW opportunity, the individual shall then choose a support coordination agency that will assist in the gathering of the documents needed for both the financial eligibility and medical certification process for the level of care determination.

1. ~~participants in the Money Follows the Person Rebalancing Demonstration Grant of 2007 which includes:~~If the individual is determined to be ineligible, either financially or medically, that individual shall be notified in writing.

~~a. residents of nursing facilities who have developmental disabilities and whose care is reimbursed at the rates established for infectious disease or technology dependent care;~~

~~b. residents of private ICFs/MR who choose to receive home and community-based waiver services and the~~

~~providers voluntarily closes the licensed, Medicaid enrolled ICF/MR beds vacated by the individuals in order to fund ROW opportunities; and~~

~~c. residents of public ICFs/MR who are in licensed Medicaid enrolled beds and have chosen to receive home and community-based waiver services;~~1.a. - 1.c. Repealed.

2. ~~residents of six bed private ICFs/MR who choose to receive home and community-based waiver services and the providers voluntarily closes the licensed, Medicaid enrolled ICF/MR beds vacated by the individuals in order to fund ROW opportunities;~~A waiver opportunity shall be assigned to an individual when eligibility is established and the individual is certified.

~~3. individuals served in the Host Home contracts as identified by OCDD or persons served in existing OCDD Host Home contracts as of the effective date of the ROW; and~~

~~4. the remaining opportunities will be allocated equally among the following groups, with any unused opportunities from these groups being equally distributed among the remaining groups:~~

~~a. 25 percent will be reserved for crisis diversion for those qualifying individuals who meet the criteria for emergency waiver opportunities;~~

~~b. 25 percent will be reserved for individuals with developmental disabilities who reside in nursing facilities and do not meet the criteria in subparagraph C.1.a.;~~

~~c. 25 percent will be reserved for residents of private ICFs/MR, based on their registry protected date and on a first-come, first-served basis; and~~

~~d. 25 percent reserved capacity for qualifying individuals who request the ROW, based on their registry protected date and on a first-come, first-served basis.~~

~~D. Crisis Diversion or Emergency Waiver Opportunities. Requests for crisis diversion or emergency waiver opportunities shall be made through the regional administrative units (RAU) which are local and regional governmental entities responsible for coordination of services for individuals with developmental disabilities. To be considered for a crisis diversion or emergency waiver opportunity, the individual must need long-term supports, not temporary or short-term supports. All of the following criteria shall be used in the determination of priority for a crisis diversion or emergency waiver opportunity.~~

~~1. Urgency of Need. The individual will require further assessment for emergency services if one of the following situations exists:~~

~~a. the caregiver is unable or unwilling to continue providing care;~~

~~b. death of the caregiver and there are no other available supports;~~

~~c. the caregiver is incapacitated and there are no other available supports due to physical or psychological reasons;~~

~~d. intolerable temporary placement and immediate need for new placement; or~~

~~e. other family crisis exists with no caregiver support available.~~

~~2. Level of Risk. The individual will be assessed to determine the risk to his health and safety in areas of daily living, health care and behavioral supports if an emergency waiver opportunity is not made available. Level of risk will be categorized as follows:~~

~~a. High Risk. The individual's health or safety is at imminent risk without the requested developmental disability supports.~~

~~b. Moderate Risk. The individual has a potential risk of losing his current level of health or safety without the requested developmental disability supports.~~

~~c. Low Risk. The individual is at little or no risk of losing his current level of health or safety without the requested developmental disability supports.~~

~~3. Level of Unmet Needs. The individual's needs shall be identified and assessed to determine the level to which the needs are being met.~~

~~4. Adaptive Service Level Determination. The individual's service needs will be determined utilizing a standardized rating based on adaptive behavior levels.~~

~~5. Financial Resources Determination. Individual or family income shall be considered to determine whether it is adequate to meet unmet needs.~~

~~E. Individuals who enter the ROW and are on the RFSR for the NOW will retain their protected date for the NOW until July 1, 2008.~~C.3. – 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 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 36:

§16109. Admission Denial or Discharge Criteria

A. ~~Discharge Criteria. Recipients shall be discharged from the Residential Options Waiver if one of the following~~

~~criteria is met:~~Admission to the ROW Program shall be denied if one of the following criteria is met.

1. ~~loss of Medicaid financial eligibility;~~The individual does not meet the financial eligibility requirements for the Medicaid Program.

2. ~~loss of eligibility for an ICF/MR level of care;~~The individual does not meet the requirements for an ICF/DD level of care.

3. ~~incarceration or placement under the jurisdiction of penal authorities, courts or state juvenile authorities;~~The individual does not meet developmental disability system eligibility.

4. ~~change of residence to another state;~~The individual is incarcerated or under the jurisdiction of penal authorities, courts or state juvenile authorities.

5. ~~admission to an ICF/MR or nursing facility with the intent to stay and not to return to waiver services;~~The individual resides in another state.

6. ~~the health and welfare of the waiver recipient cannot be assured in the community through the provision of reasonable amounts of waiver services, i.e., the waiver recipient presents a danger to himself or others;~~The health and welfare of the individual cannot be assured through the provision of ROW services.

7. ~~failure to cooperate in either the eligibility determination process or the initial or annual implementation of the approved ISP or the responsibilities of the ROW recipient; or~~The individual fails to cooperate in the eligibility determination process or in the development of the POC.

8. ~~continuity of services is interrupted as a result of the recipient not receiving ROW services during a period of 30 consecutive days.~~Repealed.

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

1. loss of Medicaid financial eligibility as determined by the Medicaid Program;

2. loss of eligibility for an ICF/DD level of care;

3. loss of developmental disability system eligibility;

4. incarceration or placement under the jurisdiction of penal authorities, courts or state juvenile authorities;

5. change of residence to another state ~~with the intent to remain in that state~~;

6. admission to an ICF/DD or nursing facility with the intent to stay and not to return to waiver services;

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

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

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

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

i. the participant shall be discharged from the ROW if the treating physician documents that the institutional stay will exceed 90 days.

10. continuity of services is interrupted as a result of the participant 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 36:

Chapter 163. Covered Services

§16301. Assistive Technology and Specialized Medical Equipment and Supplies

A. ~~Assistive Technology services enable individuals to increase, maintain or improve their ability to function more independently in their home or communities through the use of devices, controls and appliances specified in their ISP. This service also includes service(s) that directly assists recipients in the selection, acquisition, or use of an assistive technology device.~~Assistive technology and specialized medical equipment and supplies (AT/SMES) are equipment, devices, controls, appliances, supplies and services which enable the participant to:

1. have life support;

2. address physical conditions;

3. increase ability to perform activities of daily living;

4. increase, maintain or improve ability to function more independently in the home and/or community; and

5. increase ability to perceive, control or communicate.

B. ~~Assistive Technology~~ AT/SMES services provided through the ROW include~~s~~ the following services:

1. ~~evaluation of the assistive technology needs of a recipient, including a functional evaluation of the impact of appropriate assistive technology services to the recipient in their customary environment~~evaluation of participant needs;

2. ~~purchase or lease of assistive technology devices for recipients, including adaptation, maintenance and replacement as necessary. This includes battery purchases and other reoccurring replacement items that contribute to ongoing maintenance of these devices~~customization of the equipment or device;

3. coordination ~~and use~~ of necessary therapies, interventions or services ~~with assistive technology devices associated with other services in the ISP~~;

4. training or technical assistance on the use and maintenance of the equipment or device for the ~~recipient~~participant or, ~~or~~ where appropriate, ~~the recipient's~~ his/her family members, legal guardian or responsible representative~~in the use and maintenance of devices, controls and appliances~~;

5. training or technical assistance, when appropriate, for professionals, ~~or~~ other ~~individuals who provide~~ service providers ~~to~~, employers, or other individuals who are substantially involved in the participant's major life functions~~of the recipient~~;

6. ~~service contracts and other warranties; and~~all service contracts and warranties included in the purchase of the item by the manufacturer; and

7. ~~repair of all items purchased~~equipment or device repair and replacement of batteries and other items that contribute to ongoing maintenance of the equipment or device.

a. Separate payment will be made for repairs after expiration of the warranty only when it is determined to be cost effective.

C. ~~Assistive technology equipment covered through ROW may include the following devices:~~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.

1. ~~assistive devices for individuals who are deaf or hearing impaired including:~~Items reimbursed in the ROW may be in addition to any medical equipment and supplies furnished under the Medicaid State Plan.

~~a. visual alarms;~~

~~b. telecommunications devices for the deaf (TDDs);~~

~~c. telephone amplifying devices; and~~

~~d. other devices for the protection of health and safety;~~

~~2. assistive devices for individuals who are blind or visually impaired including:~~

~~a. tape recorders;~~

~~b. talking calculators;~~

~~c. magnifiers;~~

~~d. Braille writers;~~

~~e. talking computerized devices; and~~

~~f. other devices for the protection of health and safety;~~

~~3. environmental controls including devices to operate appliances, use telephones or open doors;~~

~~4. assistive devices for individuals with fine motor limitations including:~~

~~a. living and recreational home aides such as reachers, adaptive cooking devices and adapted games.~~

~~b. employment or school aides such as book holders, adapted writing devices, page turners and fine motor devices;~~

~~5. assistive devices for individuals with sensory processing disorder including multi-sensory devices such as bubble tubes, vestibular swings and tactile boards;~~

~~6. control interfaces to assist the person in controlling assistive technology such as keyboards and head and mouth sticks; and~~

~~7. other devices, controls, appliances specified in the recipient's ISP which are used to increase, maintain or improve his ability to function more independently in his home or community.~~1.a. - 7. Repealed.

D. ...

E. Service Exclusions~~. Assistive technology devices that are of general utility or maintenance and have no direct medical or remedial benefit to the individual are excluded from coverage in the ROW.~~

1. Assistive technology devices and specialized equipment and supplies that are of general utility or maintenance and have no direct medical or remedial benefit to the participant are excluded from coverage.

2. Any equipment, device, appliance or supply that is covered and has been approved under the Medicaid State Plan, Medicare or any other third party insurance is excluded from coverage.

3. For adults over the age of 20 years, specialized chairs, whether mobile or travel, are not covered.

F. ~~Provider Qualifications. In order to enroll to participate in the Medicaid Program, assistive technology~~

~~providers must furnish written documentation of authorization to sell, install and/or repair technological equipment and supplies from the respective manufacturer of the designated equipment and supplies.~~Provider Participation Requirements. Providers of AT/SMES services must meet the following participation requirements. The provider must:

1. be enrolled in the Medicaid Program as a assistive devices or durable medical equipment provider and must meet all applicable vendor standards and requirement for manufacturing, design and installation of technological equipment and supplies;

2. furnish written documentation of authorization to sell, install and/or repair technological equipment and supplies from the respective manufacturer of the designated equipment and supplies; and

3. provide documentation of individual employees' training and experience with the application, use, fitting and repair of the equipment or devices which they propose to sell or repair;

a. upon completion of the work and prior to payment, the provider shall give the participant 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 36:

§16303. Community Living Supports

A. Community Living Supports (CLS) are services provided to assist ~~individuals with residing successfully in an individual or family home and to help them~~participants to achieve and maintain the outcomes of increased independence, productivity and inclusion in the community by ~~Utilizing~~ utilizing teaching and support strategies~~, CLS focuses on achieving one or more of the goals outlined in the recipient's approved ISP~~. ~~These services~~CLS may be furnished through self-direction or through a licensed, enrolled agency.

B. Community Living Supports are related to acquiring, retaining and improving independence, autonomy and adaptive skills. CLS may include the following services:

1. direct support services or self-help skills training for the performance of all the activities of daily living and self-care;

2. socialization skills training~~ which is intended to foster community inclusion and well-being, such as involvement in community recreational and leisure activities~~;

a. ~~CLS providers may provide out-of-home support, community-integration planning (event/location identification and scheduling), transportation, travel training not related to vocational or habilitative services, or other supports needed for socialization skills development.~~Repealed.

3. cognitive, communication tasks, and adaptive skills training~~which may include homemaker tasks, safety skills, recognition of basic concepts, academic skills (outside of those skills mandated by the local education agency) and a variety of interpersonal communication objectives~~; and

a. ~~CLS providers may work collaboratively with natural supports, the support coordinator, habilitation and vocational providers or professional services providers to identify areas that connect with the individual's choice of daily routine.~~Repealed.

4. ~~replacement behavior components which include those skills required to effectively address situations and antecedents of frequently occurring maladaptive or challenging behavior;~~development of appropriate, positive behaviors.

~~a. CLS providers may work, as directed by an assigned professional, to assist the person to develop skills~~

~~necessary to reduce or eliminate episodes in which the individual becomes a danger to self or others.~~

~~b. The provider of this service shall provide 24-hour back-up and emergency staff to meet unpredictable needs of recipients in a way that promotes maximum dignity and independence while enhancing supervision, safety and security.~~

4.a. – 4.b. Repealed.

C. ...

D. Community Living Supports may be shared by up to three recipients who may or may not live together, and who have a common direct service provider. ~~Recipients may share CLS staff when agreed to by the recipients, or their legal guardian, and when the health and welfare of each recipient can be assured.~~In order for CLS services to be shared, the following conditions must be met:

1. ~~The shared staff must be reflected on the recipients' Individual Support Plans and based on an individual-by-individual determination.~~an agreement must be reached among all involved participants or their legal guardians regarding the provisions of shared CLS services;

2. ~~A shared rate must be billed when CLS staff is shared~~the health and welfare of each participant must be assured though the provision of shared services;

3. services must be reflected in each participant's approved plan of care and based on an individual-by-individual determination; and

4. a shared rate must be billed.

E. – E.1. ...

2. Routine care and supervision that is normally provided by the ~~recipient's~~ participant's spouse or family, and services provided to a minor by the child's parent or step-parent, are not covered ~~in the ROW~~.

3. ~~The recipient may not live in the same home as CLS staff.~~CLS services may not be furnished in a home that is not leased or owned by the participant or the participant's family.

4. ~~Room and board or maintenance, upkeep and improvement of the individual's or family's residence is not covered in the ROW.~~Participants may not live in the same house as CLS staff.

5. ~~Community Living Supports shall not be provided in a licensed respite care facility. Providers cannot bill for CLS provided at the same time, on the same day, as respite services are provided.~~Room and board or maintenance, upkeep and improvement of the individual's or family's residence is not covered.

6. ~~Community Living Supports services are not available to individuals receiving the following services:~~Community Living Supports shall not be provided in a licensed respite care facility.

~~a. Shared Living Conversion;~~

~~b. Shared Living;~~

~~c. Host Home; or~~

~~d. Companion Care.~~6.a. - 6.d. Repealed.

7. ~~Community Living Supports cannot be provided at the same time that the recipient is receiving the following services:~~Community Living Supports services are not available to individuals receiving the following services:

a. ~~Day Habilitation~~Shared Living;

b. ~~Prevocational~~Home Host; or

c. ~~Supported Employment~~Companion Care.

8. Community Living Supports cannot be billed or provided for during the same hours on the same day that the participant is receiving the following services:

a. Day Habilitation;

b. Prevocational;

c. Supported Employment;

d. respite-out of home services; or

e. transportation-community access.

F. - F.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, 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 36:

§16305. Companion Care

A. Companion Care services assist the recipient to achieve and/or maintain the outcomes of increased independence, productivity and inclusion in the community. These services are designed for individuals who live independently and can manage their own household with limited supports. The companion ~~is a principal care provider who~~ provides services in the ~~recipient's~~ participant's home and lives with the ~~recipient~~ participant as a roommate. Companion Care services may be furnished through self-direction or through a licensed provider agency~~organization~~ as outlined in the ~~recipient's ISP~~participant's POC. This service includes:

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

2. community integration and coordination of transportation services, including medical appointments~~; and~~.

3. ~~providing medical and physical health care that can be delivered by unlicensed persons in accordance with Louisiana's Nurse Practice Act.~~Repealed.

B. Companion Care services ~~are~~ can be arranged by ~~provider organizations that are subject to licensure.~~licensed providers who hire companions, or services can be self-directed by the participant. The companion is ~~an employee of the provider organization and is responsible for providing limited, daily direct services to the recipient~~ a principal care provider who is at least 18 years of age who lives with the participant as a roommate and provides services in the participant's home.

~~1. The companion shall be available in accordance with a pre-arranged time schedule and available by telephone for crisis support on short notice.~~

~~2. Services may be provided may be provided by a family member who is not the recipient's spouse, legally responsible relative or legal guardian.~~ 1. - 2. Repealed.

C. Provider Responsibilities

1. The provider organization shall develop a written agreement as part of the ~~recipient's ISP~~participant's POC which defines all of the shared responsibilities between the companion

and the ~~recipient~~participant. The written agreement shall include, but is not limited to:

a. – c. …

2. Revisions to this agreement must be facilitated by the provider ~~organization~~ and approved by the ~~ISP Team~~support team. Revisions may occur at the request of the ~~recipient~~participant, the companion, the provider or other ~~ISP Team~~support team members.

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

a. arranging the delivery of services and providing emergency services as needed;

b. making an initial home ~~visit~~inspection to the ~~recipient's~~ participant's home, as well as periodic home visits as required by the ~~Department~~department;

c. contacting the companion a minimum of once per week or as specified in the ~~recipient's Individual Support Plan~~participant's POC; and

d. providing 24-hour oversight and supervision of the Companion Care services, including back-up for the scheduled and unscheduled absences of the companion.

4. The provider shall facilitate a signed written agreement between the companion and the ~~recipient~~participant. ~~which assures that:~~

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

~~b. inclusion of any other expenses must be negotiated between the recipient and the companion. These negotiations must be facilitated by the provider and the resulting agreement must be included in the written agreement and in the recipient's ISP.~~4.a. – 4.b. Repealed.

D. Companion Responsibilities

1. The companion is responsible for:

a. participating in~~,~~ and abiding by~~,~~ the ~~ISP~~POC;

b. …

c. purchasing his/her own food and personal care items.

E. Service Limits

1. ~~Companion Care services may be authorized for up to 360 hours per year as documented in the recipient's ISP.~~The provider agency must provide relief staff for scheduled and unscheduled absences, available for up to 360 hours (15 days) as

authorized by the POC. Relief staff for scheduled and unscheduled absences is included in the provider agency's rate.

F. Service Exclusions

1. ~~Separate payment will not be made for Community Living Supports since these services are integral to, and inherent in, the provision of Companion Care services.~~Companion Care is not available to individuals receiving the following services:

a. Respite Care Service-Out of Home;

b. Shared Living;

c. ~~Shared Living-Conversion~~Community Living Supports; or

d. Host Home.

~~2. Separate payment will not be made for the following residential service models if the recipient is receiving Companion Care services:~~

~~a. Respite Care Service-Out of Home;~~

~~b. Shared Living;~~

~~c. Shared Living-Conversion; or~~

~~d. Host Home.~~2. - 2.d. Repealed.

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 36:

§16307. Day Habilitation Services

A. Day Habilitation services are aimed at developing activities and/or skills acquisition to support or further community integration opportunities outside of an individual's home. These activities shall promote independence, autonomy and assist the ~~recipient~~ participant with developing a full life in his community. The primary focus of Day Habilitation services is acquisition of new skills or maintenance of existing skills based on individualized preferences and goals.

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

2. …

3. As an individual develops new skills, ~~his~~ training should ~~move~~ progress along a continuum of habilitation services offered toward greater independence and self-reliance.

B. Day Habilitation s~~S~~ervices shall:

1. focus on enabling ~~individuals~~ participants to attain ~~their~~ maximum skills;

2. be coordinated with any physical, occupational or speech therapies ~~listed~~ included in the ~~recipient's ISP~~participant's POC;

3. – 4. …

a. ~~services may be furnished either half-day (over 2 and up to 4 hours per day) or full-day (over 4 hours per day) based on time spent on-site by the recipient.~~services are based on a one-half day unit of service and on time spent at the service site by the participant;

b. the one-half day unit of service requires a minimum of 2.5 hours;

c. two one-half day units may be billed if the participant spends a minimum of 5 hours at the service site;

d. any time less than 2.5 hours of services is not billable or payable; and

e. no rounding up of hours is allowed.

C. ~~Service Exclusions~~The provider is responsible for all transportation from the agency to all work sites related to the provision of service.

1. ~~The provider is responsible for all transportation related to provision of the service, but is not responsible for transportation to and from the recipient's~~

~~home.~~Transportation to and from the service site is offered and billable as a component of the Day Habilitation service; however, transportation is payable only when a Day Habilitation service is provided on the same day.

~~2. Time spent in traveling to and from the habilitation program site shall not be included in the calculation of the total number of service hours provided per day.~~

~~a. Travel training for the purpose of teaching the recipient 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 recipient's ISP.~~

~~3. Billing may be made for only one habilitative or vocational service per day.~~

~~4. Day Habilitation services cannot be billed for the same time as any of the following services:~~

~~a. Community Living Supports;~~

~~b. Professional Services, except those direct contacts needed to develop a behavioral management plan; or~~

~~c. Respite Care Services-Out of Home.~~2. - 4.c. Repealed.

D. ~~Provider Qualifications. Providers must be licensed as an Adult Day Care Agency or certified by the Louisiana~~

~~Rehabilitation Services as a Community Rehabilitation Agency.~~Participants may receive more than one type of vocational/habilitative service per day as long as the service and billing criteria are followed and as long as requirements for the minimum time spent on site are adhered to.

E. Service Exclusions

1. Time spent traveling to and from the day habilitation program site shall not be included in the calculation of the total number of day habilitation service hours provided per day.

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, but only for the period of time specified in the POC.

2. Transportation-Community Access will not be used to transport ROW participants to any day habilitation services.

3. Day habilitation services cannot be billed or provided during the same hours on the same day as any of the following services:

a. Community Living Supports;

b. Professional services, except those direct contacts needed to develop a behavioral management plan or any other type of specialized assessment/plan; or

c. Respite Care Services-Out of Home.

F. Provider Qualifications. Providers must be licensed as an adult day care agency.

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 36:

§16309. Dental Services

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

1. diagnostic services~~comprehensive oral examinations~~;

2. preventative services~~x-ray films~~;

3. restorative services~~cleanings~~;

4. endodontic services~~scalings~~;

5. periodontal services~~root canals~~;

6. removable prosthodontics services~~crowns~~;

7. maxillofacial prosthetics services~~surgical and non-surgical extractions~~;

8. fixed prosthodontics services~~sedations and anesthesia~~;

9. oral and maxillofacial surgery~~topical fluoride treatments; and~~

10. orthodontic services; and~~full or partial dentures~~

11. adjunctive general services.

B. Service Exclusion. ~~Recipients~~ Participants must first access dental services covered under the Medicaid State Plan before utilizing dental services through the Residential Options Waiver.

C. Provider Qualifications. Providers must have a current, valid license to provide dental services from the Louisiana State Board of Examiners for Dentistry for the specific dental services in all specialty areas provided to the ~~recipient~~participant.

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 36:

§16311. Environmental Accessibility Adaptations

A. Environmental Accessibility Adaptations are physical adaptations to the ~~recipient's home or vehicle which are necessary to ensure his health, welfare and safety, or which enable him to function with greater independence in the home.~~participant's home or vehicle which must be specified in the POC as necessary to enable the participant to integrate more fully into the community and to ensure his/her health, welfare and safety.

1. ~~All adaptations to the home and vehicle must meet all applicable standards of manufacture, design and installation.~~Reimbursement shall not be paid until receipt of written documentation that the job has been completed to the satisfaction of the participant.

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

1. ~~training the recipient and appropriate direct care staff in the use and maintenance of devices, controls, appliances and related items;~~assessments to determine the types of modifications that are needed;

2. ~~repair of all equipment and/or devices, including battery purchases and other reoccurring replacement items that contribute to the ongoing maintenance of the adaptation(s); and~~training the participant and appropriate direct care staff in the use and maintenance of devices, controls, appliances and

related items;

3. ~~service contracts and other warranties.~~repair of all equipment and/or devices, including replacement of batteries and other items that contribute to the ongoing maintenance of the adaptation(s); and

4. all service contracts and warranties which the manufacturer includes in the purchase of the item.

C. ~~Home accessibility adaptations may include the performance of assessments to determine the types of modifications that are needed and may include the following services to accommodate the medical equipment and supplies which are necessary to assure the welfare of the recipient~~In order to accommodate the medical equipment and supplies necessary to assure the welfare of the participant, home accessibility adaptations may include the following:

1. installation of ramps and grab-bars;

2. widening of doorways;

3. modification of bathroom facilities; or

4. installation of specialized electric and plumbing systems.

D. Home accessibility adaptations may be applied to rental or leased property only ~~with the written approval of the landlord and approval by OCDD.~~under the following conditions:

1. the participant is renting or leasing the

property; and

2. written approval is obtained from the landlord and OCDD.

E. – F.4.g. ...

5. Home modifications shall not be paid for in the following residential services:

a. Host Home; or

b. Shared Living settings which are provider owned or leased.

G. Vehicle adaptations are modifications to an automobile or van that is the waiver ~~recipient~~participant's primary means of transportation in order to accommodate his/her special needs. ~~These adaptations must be specified in the ISP as necessary to enable the recipient to integrate more fully into the community and to ensure his health, welfare and safety~~.

1. The ~~scope of vehicle~~ modifications ~~may include the performance of necessary assessments to determine the types of modifications that are necessary and~~ may include the installation of a lift or other adaptations to make the vehicle accessible to the ~~recipient~~participant or for ~~the recipient~~him/her to drive.

2. ~~Maintenance and/or repair of vehicle adaptations are included for coverage under ROW.~~Repealed.

H. Service Exclusions for Vehicle Adaptations

1. Payment will not be made to ~~adapt vehicles that are owned or leased by paid caregivers or providers of waiver services, or to purchase or lease a vehicle.~~:

a. adapt vehicles that are owned or leased by paid caregivers or providers of waiver services, or

b. to purchase or lease a vehicle.

2. – 4. ...

I. Provider ~~Qualifications~~Responsibilities ~~. In order to participate in the Medicaid Program, providers must meet the following qualifications.~~

1. ~~Providers of environmental accessibility adaptations for the home must be registered through the Louisiana State Licensing Board for Contractors as a Home Improvement Contractor.~~The environmental accessibility adaptation(s) must be delivered, installed, operational and reimbursed in the POC year in which it was approved.

~~a. In addition, these providers must meet the applicable state and/or local requirements governing their licensure or certification.~~

~~b. The individuals performing the actual service (building contractors, plumbers, electricians, carpenters, etc.) must also comply with the applicable state and/or local requirements governing individual licensure or certification.~~1.a. – 1.b. Repealed.

2. ~~Providers of environmental accessibility adaptations to vehicles must be licensed by the Louisiana Motor Vehicle Commission as a specialty vehicle dealer and accredited by the National Mobility Equipment Dealers Association under the Structural Vehicle Modifier category.~~A written itemized detailed bid, including drawings with the dimensions of the existing and proposed floor plans relating to the modifications, must be obtained and submitted for prior authorization.

a. ~~Existing providers of environmental accessibility adaptations to vehicles must comply with the licensing and accreditation requirements within 12 months of the effective date of the final Rule.~~Repealed.

3. Vehicle modifications must meet all applicable standards of manufacture, design and installation for all adaptations to the vehicle.

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

J. Provider Qualifications. In order to participate in the Medicaid Program, providers must meet the following qualifications.

1. Providers of environmental accessibility

adaptations for the home must be registered through the Louisiana State Licensing Board for Contractors as a home improvement contractor.

a. In addition, these providers must:

i. meet the applicable state and/or local requirements governing their licensure or certification; and

ii. comply with the applicable state and local building or housing code standards governing home modifications.

b. The individuals performing the actual service (building contractors, plumbers, electricians, carpenters, etc.) must also comply with the applicable state and/or local requirements governing individual licensure or certification.

2. Providers of environmental accessibility adaptations to vehicles must be licensed by the Louisiana Motor Vehicle Commission as a specialty vehicle dealer and accredited by the National Mobility Equipment Dealers Association under the Structural Vehicle Modifier category.

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 36:

§16313. Host Home

A. Host Home services assist ~~recipients~~ participants in meeting their basic adaptive living needs and offer direct support where required. ~~Recipients~~ Participants are afforded a welcoming, safe and nurturing family atmosphere in a family home environment in which the participant may receive supports, services and training in accordance with the POC. Host Home services ~~are available to waiver recipients of any age and~~ take into account compatibility, including individual interests, age, needs for privacy, supervision and support needs. These services are provided in a private home by a contractor of the host home agency who lives in the home, and either rents or owns the residence. The contractor utilizes specific teaching strategies to encourage independence and autonomy when r~~R~~equired as a part of the participant's POC.

1. ~~Host Home services may be provided by an individual unrelated to the recipient or by a family member, but shall not be provided by a parent, spouse or legally responsible relative or legal guardian.~~ Repealed.

B. Host Home services include:

1. ~~include~~ assistance with the activities of daily living s~~pecified in the recipient's ISP~~and adaptive living needs;

2. ~~assist recipients~~assistance to develop ~~their~~ leisure interests and daily activities in the home setting~~ and their relationships with other members in the household~~; ~~and~~

3. ~~provide other supports consistent with the recipient's goals, person-centered plans and identified support needs.~~assistance to develop relationships with other members of the household;

4. supports in accessing community services, activities and pursuing and developing recreational and social interests outside the home; and

5. teaching community living skills to achieve participant's goals concerning community and social life as well as to maintain contacts with biological families and natural supports.

C. Host Home ~~services are managed by provider organizations that are subject to licensure by the State. The provider organization is responsible for the following functions which are included in the reimbursement rate:~~provider agencies oversee and monitor the Host Home contractor to ensure the availability, quality, and continuity of services as specified

in the ROW manual. Host Home provider agencies are responsible for the following functions:

1. arranging for a host home ~~and overseeing the delivery of services by the contractor and providing emergency services~~;

2. making an initial and periodic ~~inspection~~ inspections of the host home~~, as well as periodic inspections, as required by licensing regulations~~; and

3. providing 24-hour oversight and supervision of Host Home services including providing emergency services and back-up ~~for the host home contractor~~ for the scheduled and nonscheduled absences of the contractor;

a. ~~The recipient, or his legally authorized representative if he is a minor, may agree for the recipient to temporarily move in with another host home family. In this instance, the host home provider is still responsible for oversight, supervision and back-up of the Host Home service.~~Repealed.

D. Host Home contractors are responsible for:

1. assisting with the development of the ~~recipient~~participant's ~~ISP~~POC and ~~must abide by~~complying with the provisions of the plan;

2. maintaining and providing data to assist in the evaluation of the ~~recipient~~participant's personal goals

3. maintaining adequate records to substantiate service delivery and producing such records upon ~~the Department's~~ request;

4. undergoing any specialized training deemed necessary by the provider agency, or required by the ~~Department~~department, to provide supports in the Host Home setting; and

5. immediately reporting to the department and applicable authorities~~ir agencies~~ any major issues or concerns related to the ~~recipient's~~ participant's safety and well-being.~~;~~

~~6. assisting the recipient to access community services, activities and in pursuing and developing recreational and social interests outside the home;~~

~~7. facilitating the recipient in becoming a part of his community and assisting with the teaching of community living skills as outlined in the ISP to achieve the recipient's goals concerning his community and social life, as well as to maintain contacts with his biological family and natural supports as specified in the person-centered plans;~~

~~8. furnishing assistance to the recipient, who is either working or interested in working, and to the provider agency and other service entities in order to support the recipient's vocational objectives;~~

~~9. assisting recipients in keeping medical and therapy appointments, as well as attending these appointments when their support is beneficial; and~~

~~10. providing or arranging for transportation to school, work and medical/therapy appointments~~.6. - 10. Repealed.

E. ...

F. Host home contractors serving adults are required to be available for daily supervision, support needs or emergencies as outlined in the adult ~~recipient~~participant's ~~ISP~~POC based on medical, health and behavioral needs, age, capabilities and any special needs.

1. - ~~G~~I.1. ...

2. Separate payment will not be made for the following residential service models if the ~~recipient~~participant is receiving Host Home services:

a. 4. …

J. Provider Qualifications~~. Providers must be licensed as a Class A Child Placing Agency to serve children or be approved by OCDD to serve adults in the Host Home setting.~~

1. All agencies must:

a. have experience in delivering therapeutic services to persons with developmental disabilities;

b. have staff who have experience working with persons with developmental disabilities;

c. screen, train, oversee and provide technical assistance to the Host Home contractors in accordance with OCDD requirements, including the coordination of an array of medical, behavioral and other professional services appropriate for persons with developmental disabilities; and

d. provide on-going assistance to the Host Home contractors so that all HCBS requirements are met.

2. Agencies serving children must be licensed by the Department of Social Services as a Class "A" Child Placing Agency.

3. Agencies serving adults must be licensed by the Department of Health and Hospitals as a provider of Substitute Family Care 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, 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 36:

§16315. Intensive Community Supports

~~A. Intensive Community Supports (ICS) are specialized behavioral and psychiatric supports for people in the community~~

~~who are at imminent risk of institutionalization. ICS include a collaborative, inter-disciplinary approach to develop individualized behavioral and psychiatric strategies that are both person-centered and effective.~~

~~1. Intensive Community Supports are provided through a specialized professional treatment team consisting of a/an:~~

~~a. psychologist;~~

~~b. psychiatrist;~~

~~c. registered nurse;~~

~~d. social worker; and as needed,~~

~~e. an associate or assistant to a psychologist.~~

~~2. Each member is involved collaboratively in the development of an inter-disciplinary plan. The most clinically appropriate team member(s) represents the team in providing direct service to the recipient.~~

~~3. Critically appropriate team members must spend a minimum of one hour weekly meeting with the recipient and/or care givers at the onset of treatment.~~

~~4. Core team members include the:~~

~~a. psychologist;~~

~~b. social worker; and~~

~~c. registered nurse.~~

~~NOTE: Psychologists must provide clinical leadership and provide supports consistent with person-centered practices and~~

~~Louisiana's Guideline for Behavioral Supports.~~

~~5. Core team members must review summary data at least weekly. Written behavioral support strategies must be reviewed and updated at least monthly, based on the recipient's response to services.~~

~~6. The team also works closely with support coordinators to assure a coordinated team effort when other professionals in the community are providing supports (e.g., a neurologist, primary care physician, or physical therapist).~~

~~B. Supports and services available through the ICS include:~~

~~1. psychological evaluations;~~

~~2. psychosocial assessments;~~

~~3. psychiatric evaluations;~~

~~4. medical screenings;~~

~~5. intensive formalized positive behavioral supports;~~

~~6. psychiatric treatments;~~

~~7. family and/or agency training;~~

~~8. service transition planning;~~

~~9. brief counseling therapies;~~

~~10. 24-hour on-call telephone supports; and~~

~~11. crisis planning.~~

~~C. Recipient Qualifications. Documentation is required~~

~~to demonstrate that all of the following criteria for Intensive Community Supports services have been met. This documentation should especially demonstrate that existing services have not been able to remediate the participant's behavior and that more intensive interventions are necessary. To qualify for ICS, an individual must:~~

~~1. have an ongoing pattern of behavior that includes:~~

~~a. physical harm to self or others;~~

~~b. behaviors/psychiatric symptoms which have led to institutionalization in the past; or~~

~~c. psychiatric symptoms with a high probability of institutionalization including, but not limited to:~~

~~i. self-injurious behavior;~~

~~ii. physical aggression;~~

~~iii. illegal or inappropriate sexual acts;~~

~~iv. reckless endangerment;~~

~~v. psychiatric conditions leading to the denial of self-preservation; or~~

~~vi. extremely poor hygiene.~~

~~2. be at imminent risk of institutionalization;~~

~~3. have a need for 24-hour on-call telephone supports and crisis planning to support health and safety; and~~

~~4. have a rating of four or greater in Behavioral~~

~~Supports on the Louisiana PLUS.~~

~~D. Service Exclusions~~

~~1. Intensive Community Supports do not include onsite crisis intervention services and cannot adequately serve people who:~~

~~a. threaten or attempt suicide or homicide; or~~

~~b. have a pattern of felony violations involving violence or the victimization of others.~~

~~2. When the ICS team is officially invoked for intensive or specialized situations, service authorization will not be approved and reimbursement will not be paid for other behavioral consultants/professional service providers who are not members of the ICS Team. The team may bill a team rate under the ICS definition provided their new service plan has been written and their assessment conducted.~~

~~3. Individual ICS Team members can subsequently bill an individual rate under the Professional Services definition for their follow-up services related to the ICS Team's assessment and service plan, provided this service is clearly linked to their ICS Team responsibilities.~~

~~4. Individual ICS Team members may also bill an individual rate under the Professional Services definition for services not linked to their ICS Team responsibilities, provided these services are clearly differentiated as regular, non-ICS~~

~~professional services.~~

~~E. Provider Qualifications~~

~~1. Providers of ICS must have a current, valid license as a Family Support Agency serving individuals with developmental disabilities.~~

~~F. Staffing Qualifications~~

~~1. ICS Team members must possess a current, valid license issued by the appropriate governing board of Louisiana for that profession. The specific service delivered must be consistent with the scope of the license held by the professional.~~

~~a. Each ICS Team member must have a minimum of two years experience providing professional services to people with developmental disabilities or receive supervision by professional staff that has the requisite experience.~~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 33:2448 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 36:

§16317. Nursing Services

A. Nursing services are medically necessary services ordered by a physician and provided by a licensed registered nurse or a licensed practical nurse within the scope of the State's Nurse Practice Act. ~~The services require an individual nursing service plan and must be included in the Individual Support Plan.~~ Nursing services provided in the ROW are an extension of nursing services provided through the Home Health Program covered under the Medicaid State Plan.

1. ~~Nursing services provided in the ROW are an extension of nursing services provided through the Home Health Program under the Medicaid State Plan.~~ The services require an individual nursing service plan and must be included in the plan of care.

2. ~~A physician's letter of medical necessity, 90-L and 485, an individual nursing service plan, a summary of medical history and the nursing checklist are required for nursing services.~~The nurse must submit updates of any changes to the individual's needs and/or the physician's orders to the support coordinator every 60 days.

3. ~~The nurse must submit updates of any changes to the individual's needs and/or the physician's orders to the support coordinator every 60 days.~~Repealed.

B. Nursing consulting services include assessments and health related training and education for ~~recipients~~ participants and caregivers.

1. - 2. ...

3. The health related training and education service is the only nursing service which can be provided to more than one ~~recipient~~ participant simultaneously. ~~In this instance, each recipient is billed for his or her portion of the total service time.~~The cost of the service is allocated equally among all participants.

C. Service Requirement. ~~Recipients~~ Participants over the age of 21 years must first exhaust all available nursing visits provided under the Medicaid State Plan prior to receiving services through the waiver program.

D. Provider Qualifications

1. In order to participate in the Medicaid Program ~~under the ROW Shared Living Conversion Model~~, the provider agency must possess a current, valid license as a home health agency or, if under the ROW Shared Living Conversion Model, be an enrolled Shared Living Services agency with a current, valid license as a Supervised Independent Living agency.

E. Staffing Requirements

1. ...

2. The RN or the LPN must possess ~~two~~one year~~s~~ of service delivery experience to persons with developmental disabilities ~~post licensure.~~ defined under the following criteria:

a. full-time experience gained in advanced and accredited training programs (i.e. masters or residency level training programs), which includes treatment services for persons with developmental disabilities;

b. paid, full-time nursing experience in specialized service/treatment settings for persons with developmental disabilities (i.e. intermediate care facilities for persons with developmental disabilities;

c. paid, full-time nursing experience in multi-disciplinary programs for persons with developmental disabilities (i.e. mental health treatment programs for persons with dual diagnosis – mental illness and developmental disabilities); or

d. paid, full-time nursing experience in specialized educational, vocational and therapeutic programs or settings for persons with developmental disabilities (i.e. school special education program).

3. Two years of part-time experience with a minimum of 20 hours per week may be substituted for one year of full-time experience.

4. The following activities do not qualify for the required experience:

a. volunteer nursing experience; or

b. experience gained by caring for a relative or friend with developmental disabilities.

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 36:

§16319. One Time Transitional Services

A. One Time Transitional Services are one-time, set-up services to assist individuals in making the transition from an ICF/~~MR~~ DD to their own home or apartment in the community of their choice.

~~1. Allowable transitional expenses may include:~~

~~a. nonrefundable security deposits that do not include rental payments;~~

~~b. set up fees for utilities;~~

~~c. essential furnishings to establish basic living arrangements, including:~~

~~i. bedroom and living room furniture;~~

~~ii. table and chairs;~~

~~iii. window blinds~~

~~iv. food preparation items and eating utensils; and~~

~~v. a telephone; and~~

~~vi. moving expenses to occupy a community domicile;~~

~~d. health and safety assurances including,:~~

~~i. pest eradication;~~

~~ii. allergen control; or~~

~~iii. one-time cleaning prior to occupancy.~~1. - 1.d.iii. Repealed.

B. ~~The recipient's support coordinator will arrange for transitional services for the individual.~~Allowable transitional expenses may include:

1. nonrefundable security deposits that do not include rental payments;

2. set up fees for utilities;

3. essential furnishings to establish basic living arrangements, including:

a. bedroom and living room furniture;

b. table and chairs;

c. window blinds; and

d. food preparation items and eating utensils;

4. set-up/deposit fee for telephone service;

5. moving expenses; and

6. health and safety assurances including:

a. pest eradication; or

b. one-time cleaning prior to occupancy.

C. Service Limits

1. ~~Set-up~~One time transitional expenses are capped at $3,000 per person over a ~~recipient's~~ participant's lifetime.

D. Service Exclusions

1. ~~Payment shall not be made for housing, rent or refundable security deposits.~~One time transitional services may not be used to pay for:

a. housing, rent or refundable security deposits; or

b. furnishings or setting up living arrangements that are owned or leased by a waiver provider.

2. One time transitional services are not available to ~~waiver recipients~~participants who are receiving Host Home services.

3. One time transitional services are not available to ~~waiver recipients~~participants 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 36:

§16321. Personal Emergency Response System (PERS)

A. Personal Emergency Response System (PERS) is ~~an electronic device which enables individuals to secure help in an emergency. The individual may also wear a portable help button to allow for mobility. The system is connected to the person's telephone and programmed to signal a response center once a help button is activated.~~ a system connected to the participant's telephone that incorporates an electronic device which enables the participant to secure help in an emergency. The device can be worn as a portable "help" button and when activated, a response center is contacted.

B. ~~Recipient~~ Participant Qualifications. PERS services are available to individuals who:

1. …

2. are unable to use other communication systems ~~because they are inadequate to summon~~ due to experiencing difficulty in summoning emergency assistance; or

3. …

C. ~~Coverage of the~~ PERS services includes ~~the~~ rental of the electronic device, ~~the~~ initial installation, training the ~~recipient~~ participant to use the equipment, and monthly maintenance fees.

D. Service Exclusions

1. Separate payment will not be made for Shared Living Services ~~when PERS services are utilized since 24-hour direct supervision is available~~.

E. Provider Qualifications~~. The provider must be authorized by the manufacturer to install and maintain equipment for personal emergency response systems. The provider shall be in compliance with all applicable federal, state, and local regulations governing the operation of personal emergency response systems including staffing requirements for the response center.~~

1. The provider must be authorized by the manufacturer to install and maintain equipment for personal emergency response systems.

2. The provider shall be in compliance with all applicable federal, state, and local regulations governing the operation of personal emergency response systems including staffing requirements for the response center.

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 36:

§16323. Prevocational Services

A. Prevocational Services are ~~pre-vocational~~ activities designed to assist ~~individuals~~ participants in acquiring and maintaining basic work-related skills~~ for competitive employment~~ necessary to acquire and retain meaningful employment.~~ Because of their disabilities, these individuals need intensive ongoing support to perform in a paid work setting.~~ Services should ~~be offered to engage individuals in~~include real and simulated employment tasks to ~~determine~~ assist in determining their

vocational potential. Overall goals ~~of the program~~ include regular community inclusion and development of work skills and habits to improve the ~~employability of the individual~~participant's employability. ~~These services~~ Services must be reflective of the ~~recipient's ISP~~participant's POC and ~~directed~~ focused toward habilitation rather than teaching a specific job skill.

1. – 2.b. ...

B. In the event ~~recipients~~ participants are compensated ~~in the employment-related training~~while receiving prevocational services, the compensation must be in accordance with the United States Fair Labor Standards Act of 1985.

1. If ~~recipients~~ participants are paid in excess of 50 percent of the minimum wage, the provider must, at a minimum:

a. – c. ...

C. ~~Service Limits~~The provider is responsible for all transportation from the agency to all vocational sites related to provision of services.

1. ~~Services shall be furnished on a regularly scheduled basis for no more than 8 hours a day, 5 days a week.~~ Travel training may be included in determining the number of hours of services provided per day for the period of time specified in the participant's POC.

a. ~~services may be furnished either half-day (over 2 and up to 4 hours per day) or full-day (over 4 hours per day) based on time spent on-site by the recipient.~~Repealed.

D. Service ~~Exclusions~~Limits

1. ~~Prevocational Services are not available to individuals who are eligible to participate in programs funded under §110 of the Rehabilitation Act of 1973 or §602(16) and (17) of the Individuals with Disabilities Education Act, 20 U.S.C. 1401(16) and (17)~~Services shall be limited to no more than eight hours per day, five days per week.

2. ~~Claims may be submitted for only one vocational or habilitative service per day.~~Services are based on a one-half day unit of service and time spent at the service site by the participant.

a. the one-half day unit of service requires a minimum of 2.5 hours at the service site by the participant;

b. two one-half day units may be billed in one day if the participant spends a minimum of 5 hours at the service site;

c. any time less than 2.5 hours of service is not billable or payable; and

d. no rounding up of hours is allowed.

3. ~~Prevocational Services cannot be provided or~~

~~billed for the same time as the following services:~~Participants may receive more than one vocational/habilitative service per day as long as the billing criteria are followed for each service and the requirements for the minimum time spent on site are adhered to.

~~a. Community Living Supports;~~

~~b. Professional Services except direct contacts needed to develop a behavioral management plan; or~~

~~c. Respite Care Services-Out of Home.~~

~~The provider is responsible for all transportation related to provision of the service, but is not responsible for transportation to and from the recipient's home.~~

~~5. Time spent in traveling to and from the prevocational program site shall not be included in the calculation of the total number of service hours provided per day.~~

~~a. Travel training for the purpose of teaching the recipient 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 recipient's ISP.~~ 3.a. - 5.a. Repealed.

E. ~~Provider Qualifications~~Service Exclusions~~. Providers must have a current, valid license as an Adult Day Care Center~~

~~or have a Compliance Certificate from Louisiana Rehabilitation Services as a Community Rehabilitation Program.~~

1. Prevocational Services are not available to participants who are eligible to participate in programs funded under the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act.

2. Multiple vocational/habilitative services cannot be provided or billed for during the same hours on the same day as the following services:

a. Community Living Supports;

b. Professional Services, except those direct contacts needed to develop a behavioral management plan or other type of specialized assessment/plan; or

c. Respite Care Services-Out of Home.

3. Transportation to and from the service site is only payable when a vocational/habilitative service is provided on the same day.

4. Time spent in traveling to and from the prevocational program site shall not be included in the calculation of the total number of service hours provided per day.

a. 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.

5. Transportation-Community Access shall not be used to transport ROW participants to any Prevocational Services.

F. Provider Qualifications. Providers must have a current, valid license as an adult day care center.

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 36:

§16325. Professional Services

A. Professional Services are direct services to ~~recipients~~participants, based on need, ~~that are designed~~ that may be utilized to increase the individual's independence, participation and productivity in the home, work and community. ~~Professional services must be delivered with the recipient present and be provided based on the approved ISP and an individualized service plan.~~ Service intensity, frequency and duration will be determined by individual need. ~~Professional services may be utilized to:~~ Professional services must be

delivered with the participant present and in accordance with approved POC.

~~1. provide training or therapy to an individual and/or their natural and formal supports, necessary to either develop critical skills that may be self-managed by the individual or maintained according to the individual's needs;~~

~~2. perform assessments and/or re-assessments and provide recommendations;~~

~~3. intervene in and stabilize a crisis situation (behavioral or medical) that could result in the loss of home and community-based services, including the development, implementation, monitoring, and modification of behavioral support plans;~~

~~4. provide consultative services and recommendations;~~

~~5. provide necessary information to the individual, family, caregivers, and/or team to assist in planning and implementing plans per the approved ISP;~~

~~6. provide caregiver training that includes instructions in skills and knowledge pertaining to the support and assistance of persons with developmental disabilities and is intended to allow caregivers to become more proficient in meeting the needs of eligible individuals;~~

~~a. All caregiver training must be included in the recipient's ISP.~~

~~7. provide caregiver counseling for the natural, adoptive, foster, or host family members of individuals with disabilities, to develop and maintain healthy, stable relationships among all caregivers, including family members, to meet the needs of the recipient; and~~

~~a. Emphasis is placed on the acquisition of coping skills by building upon family strengths. Services are intended to maximize the emotional and social adjustment and well-being of the individual, family, and caregiver.~~

~~8. provide nutritional services, including dietary evaluation and consultation with individuals or their care provider.~~

~~a. Services are intended to maximize the individual's nutritional health.~~1. - 8.a. Repealed.

B. Professional services ~~covered in the ROW~~ include the services provided by the following licensed professionals:

1. occupational ~~therapy~~therapist;

2. physical ~~therapy~~therapist;

3. speech ~~therapy~~therapist;

4. ~~dietary and nutritional services~~registered dietician;

5. social ~~work services~~worker; and

6. ~~psychological services~~psychologist.

C. ~~Service Exclusions~~Professional services may be utilized to:

1. ~~Professional services related to behavioral health services will not be authorized once the Intensive Community Supports team is officially invoked for intensive or specialized situations.~~perform assessments and/or re-assessments specific to professional disciplines to accomplish the desired outcomes for the participant and to provide recommendations, treatment, and follow-up;

~~a. Individual ICS Team members may subsequently submit a claim under the Professional Services for their follow-up services related to the ICS Team's assessment and service plan provided this service is clearly linked to their ICS Team responsibilities.~~

~~b. Individual ICS Team members may also submit a claim under the Professional Services for services that are not linked to their ICS Team responsibilities provided these services are clearly differentiated as regular, non-ICS professional services.~~a. - b. Repealed.

2. ~~Professional services may only be furnished and reimbursed through ROW when the services are not covered under the Medicaid State Plan as medically necessary, but are of habilitative or remedial benefit to the recipient.~~provide

training or therapy to a participant and/or natural and formal supports necessary to either develop critical skills that may be self-managed by the participant or maintained according to the participant's needs;

3. ~~Recipients who are participating in ROW and are up to the age of 21 must access these services through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.~~intervene in and stabilize a crisis situation (behavioral or medical) that could result in the loss of home and community-based services, including the development, implementation, monitoring, and modification of behavioral support plans;

a. ~~Recipients who are over the age of 21 must exhaust the professional services available under the Medicaid State Plan before accessing these services through ROW.~~Repealed.

4. provide consultative services and recommendations;

5. provide necessary information to the participant, family, caregivers, and/or team to assist in planning and implementing services or treatment;

6. provide caregiver counseling for the participant's natural, adoptive, foster, or host family members in order to develop and maintain healthy, stable relationships

among all caregivers, including family members, to support meeting the needs of the participant;

a. emphasis is placed on the acquisition of coping skills by building upon family strengths; and

b. services are intended to maximize the emotional and social adjustment and well-being of the individual, family, and caregiver; and

7. provide nutritional services, including dietary evaluation and consultation with individuals or their care provider.

a. Services are intended to maximize the individual's nutritional health.

NOTE: Psychologists and social workers will provide supports and services consistent with person-centered practices and Guidelines for Support Planning.

D. ~~Provider Qualifications.~~ Service Exclusions

1. ~~Individual practitioners who enroll as providers of Professional Services must have a current, valid license from the appropriate governing board of Louisiana for that profession.~~ Professional services may only be furnished and reimbursed through ROW when the services are ~~not covered under the Medicaid State Plan as~~ medically necessary, ~~but are of~~or

have habilitative or remedial benefit to the ~~recipient~~participant.

a. ~~In addition, the professional must possess two years of service delivery experience with persons with developmental disabilities or receive supervision by professional staff that has the requisite experience.~~Repealed.

2. ~~Provider agencies must have Medicare certification as a Free-Standing Rehabilitation Center or a current, valid license as a:~~Recipients who are participating in ROW and are up to the age of 21 must access these services through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

~~a. Home Health agency,~~

~~b. Personal Care Attendant agency,~~

~~c. Supervised Independent Living agency; or~~

~~d. Family Support Agency serving people with developmental disabilities.~~ a. - d. Repealed.

E. ~~Staffing Requirements. Individuals furnishing professional services may either be employed by or have a contract with the enrolled provider agency.~~Provider Qualifications

1. ~~Professional services must be provided by individuals with a current, valid license from the appropriate governing board of Louisiana for that profession. The specific~~

~~service delivered must be consistent with the scope of the license held by the professional.~~Enrollment of individual practitioners. Individual practitioners who enroll as providers of professional services must:

a. have a current, valid license from the appropriate governing board of Louisiana for that profession; and

b. possess one year of service delivery experience with persons with developmental disabilities.

c. In addition, the specific service delivered must be consistent with the scope of the license held by the professional.

2. ~~Each professional must also possess two years of service delivery experience with persons with developmental disabilities or receive supervision by professional staff that has the requisite experience.~~Provider agency enrollment of professional services.

a. The following provider agencies may enroll to provide professional services:

i. a Medicare certified free-standing rehabilitation center;

ii. a licensed home health agency; ~~or~~

iii. a supervised independent living agency licensed by the department to provide shared living services; or

iv. a substitute family care agency licensed by the department to provide host home services.

b. Enrolled provider agencies may provide professional services by one of the following methods:

i. employing the professionals; or

ii. contracting with the professionals.

c. Provider agencies are required to verify that all professionals employed by or contracted with their agency meet the same qualifications required for individual practitioners as stated in §16325.E.1.a. - c.

3. All professionals delivering professional services must meet the required one year of service delivery experience as defined by the following:

a. full-time experience gained in advanced and accredited training programs (i.e. master's or residency level training programs), which includes treatment services for persons with developmental disabilities;

b. paid, full-time experience in specialized service/treatment settings for persons with developmental disabilities (i.e. ICFs/DD);

c. paid, full-time experience multi-disciplinary programs for persons with developmental disabilities (i.e. mental health treatment programs for persons with dual diagnosis – mental illness and developmental disability); or

d. paid, full-time experience in specialized educational, vocational, and therapeutic programs or settings for persons with developmental disabilities (i.e. school special education program).

e. Two years of part-time experience with a minimum of 20 hours per week of the qualifying work experience activities may be substituted for one year of full-time experience.

4. The following activities do not qualify for the professional's required service delivery experience:

a. volunteer experience; or

b. experience gained by caring for a relative or friend with developmental disabilities.

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 36:

§16327. Respite Care Services–Out of Home

A. Respite Care Services–Out of Home are supports and services provided for the relief of those unpaid caregivers who normally provide care to ~~recipients~~ participants who are unable to care for themselves. These services are furnished on a short-term basis in a ~~respite center by a~~ licensed respite ~~provider~~care center. ~~Respite Care services are necessary to prevent individuals from being institutionalized.~~

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

a. …

2. While receiving respite care services, the ~~recipient's~~ participant's routine is maintained in order to attend school, school activities, ~~work~~ or other community activities ~~he would receive if he was~~that he/she would typically participate in if not in the center-based respite facility.

B. Service Limits

1. Respite Care Services are limited to 720 hours per ~~recipient~~participant~~,~~ per ~~Individual Support Plan~~POC year.

~~Requests for an extension of the service limit are subject to the Department's established approval process and require proper justification and documentation.~~

2. Requests for an extension of the service limit are subject to the department's established approval process and require proper justification and documentation.

C. Service Exclusions

1. …

2. Respite Care Services-Out of Home may not be billed for ~~recipients~~ participants receiving the following services:

a. Shared Living;

b. ~~Shared Living Conversion~~ Companion Care; or

c. ~~Companion Care~~Host Home~~; or~~.

d. ~~Host Home.~~Repealed.

D. Provider Qualifications. The provider must possess a current, valid license as a ~~Respite~~ respite ~~Care~~ care ~~Center~~ center issued by the department.

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 36:

§16329. Shared Living Services

A. Shared Living Services assist the ~~recipient~~ participant in acquiring, retaining and improving the self-care, adaptive and leisure skills needed to reside successfully in a shared home setting within the community. Services are chosen by the ~~recipient~~ participant and developed in accordance with his/her goals and wishes ~~for his particular shared living setting~~ with regard to compatibility, interests, age and privacy in the shared living setting.

1. A Shared Living ~~Services~~ services provider delivers supports which include~~ 24-hour staff presence and responsibilities as required in each recipient's ISP.~~:

a. 24-hour staff availability;

b. assistance with activities of daily living included in the participant's POC;

c. a daily schedule;

d. health and welfare needs;

e. transportation;

f. any non-residential ROW services delivered by the Shared Living services provider; and

g. other responsibilities as required in each participant's POC.

~~2. The provider is responsible for the daily schedule to provide the support, supervision, safety and security pertinent to the individual as he engages in a variety of community work and recreational/leisure activities and associations.~~

~~3. This service includes assistance with all of the activities of daily living.~~2. – 3. Repealed.

B. ~~Shared Living Conversion Option. The Shared Living Conversion Option is allowed only in homes which were previously licensed and certified as an ICF/MR for up to a maximum of eight licensed and Medicaid-funded beds on June 30, 2007.~~ An ICF/DD may elect to permanently relinquish its ICF/DD license and all of its Medicaid Facility Need Review approved beds from the total number of Certificate of Need (CON) beds for that home and convert it into a shared living waiver home or in combination with other ROW residential options as deemed appropriate in the approved conversion agreement.

1. ~~The number of individuals residing in this service model shall not exceed the licensed and Medicaid-funded bed capacity of the ICF/MR on June 30, 2007 or up to six individuals, whichever is less.~~In order to convert, provider request must be approved by the department and by OCDD.

2. ICF/DD residents who choose transition to a shared living waiver home must also agree to conversion of their residence.

3. If choosing ROW services, persons may select any ROW services and provider(s) based upon freedom of choice.

C. Shared Living Options

1. ~~A Shared Living Option is allowed for new or existing providers for up to a maximum of three individuals in a shared home setting. These shared home settings must be either a home owned or leased by the waiver recipients, or a home owned or leased and operated by a licensed shared living provider.~~Shared Living Conversion Option. The shared living conversion option is only allowed for providers of homes which were previously licensed and Medicaid certified as an ICF/DD for up to a maximum of eight licensed and Medicaid-funded beds on October 1, 2009.

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

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

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

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

2. ~~A Shared Living Option for up to a maximum of four individuals in a shared home setting is limited to existing licensed and certified public or private ICFs/MR which elect to downsize into this model.~~Shared Living Non-Conversion (New) Option. The shared living non-conversion option is allowed only for new or existing ICF/DD providers to establish a shared living waiver home for up to a maximum of three individuals.

a. The shared living waiver home must be located separate and apart from any ICF/DD.

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

c. The shared living waiver home must meet department's operational, programming and quality assurances for home and community-based services.

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

D. Service Exclusions

1. ...

2. ~~Separate payment will not be made for transportation for the purpose of community access as this is a component of Shared Living services.~~Payments shall not be made for environmental accessibility adaptations when the provider owns or leases the residence.

3. ~~The following services are not available to recipients utilizing Share Living and Shared Living Conversion Services:~~ Participants may receive one-time transitional services only if the participant owns or leases the home and the service provider is not the owner or landlord of the home.

~~a. Community Living Supports;~~

~~b. Respite Care Services;~~

~~c. Companion Care; or~~

~~d. Host Home.~~a. - d. Repealed.

4. MFP participants 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 receiving Shared Living services, as this is a component of Shared Living services.

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

a. Community Living Supports;

b. Respite Care Services;

c. Companion Care;

d. Host Home; or

e. Personal emergency response system.

E. Provider Qualifications. Providers must be ~~enrolled as a Shared Living agency~~approved by the department and have a current, valid license as a Supervised Independent Living agency.

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 36:

§16331. Specialized Medical Equipment and Supplies

~~A. Specialized Medical Equipment and Supplies includes durable and non-durable equipment that is necessary to address the functional limitations of the recipient as well as items necessary to support life or to address physical conditions, along with the ancillary supplies and equipment needed for proper functioning of such items. Specialized medical equipment and supplies may only be furnished and reimbursed through ROW when the services are not covered under the Medicaid State Plan as medically necessary, but are of habilitative or remedial benefit to the recipient.~~

~~1. Coverage includes for the purchase and/or rental of equipment, devices, controls, appliances and supplies specified in the ISP which increases the recipient's ability to:~~

~~a. perform activities of daily living;~~

~~b. perceive, control or communicate with his environment; or~~

~~c. maintain health and safety.~~

~~B. Items provided through this waiver are in addition to any medical equipment and supplies covered under the Medicaid State Plan. All items must meet applicable standards of manufacture, design and installation.~~

~~C. Services include the following:~~

~~1. training the recipient and caregivers in the use and maintenance of equipment, devices, controls, appliances, supplies and related items;~~

~~2. repair and upkeep of all equipment, including battery purchases and other reoccurring replacement items that contribute to ongoing maintenance of the equipment; and~~

~~3. service contracts and other warranties.~~

~~D. Equipment includes the following items that are not covered under the Medicaid State Plan, Medicare and/or other funding sources:~~

~~1. specialized mobility devices (excluding wheelchairs);~~

~~2. specialized positioning devices or equipment;~~

~~3. therapeutic shoe inserts;~~

~~4. specialized medical equipment such as electronic lifts;~~

~~5. adaptive devices and equipment prescribed by a therapist for exercise;~~

~~7. alternative and augmentative communication boards, electronic communication devices and interfaces to operate prescribed devices.~~

~~E. Service Exclusions~~

~~1. Any equipment, device, appliance or supply that is covered under the Medicaid State Plan, Medicare or any other third party insurance is excluded from coverage in the ROW.~~

~~2. Specialized equipment and supplies that are of general utility or maintenance and are not of direct medical or remedial benefit to the individual are excluded from coverage in the ROW.~~

~~F. Provider Requirements. In order to enroll to participate in the Medicaid Program, vendors of specialized medical equipment and supplies must furnish written documentation of authorization to sell, install and/or repair specialized equipment and supplies from the respective manufacturer of the designated equipment and supplies.~~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 33:2452 (November 2007), repealed by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 36:

§16333. Support Coordination

A. Support Coordination services are provided to all ROW ~~recipients~~ participants to assist them in gaining access to ~~all~~

~~of their~~ needed waiver services, Medicaid State Plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services. Support ~~Coordination~~ coordinators ~~will~~ provide information and assistance to waiver ~~recipients~~ participants ~~in~~ by directing and managing their services in compliance with the rules and regulations governing case management services.

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

2. Support coordinators shall also participate in the ~~Evaluation~~ evaluation and ~~R~~re-evaluation of the ~~recipient's ISP~~participant's POC.

B. Support coordinators are responsible for providing assistance to ~~recipients~~ participants who choose the self-direction option with their review of the Self-Direction Employer Handbook and for being available to these ~~recipients~~participants for on-going support and help with carrying out their employer responsibilities.

C. Provider Qualifications. Providers must have a current, valid license as a case management agency and meet all other requirements for targeted case management services as set forth in LAC 50:XV.Chapter 105 and the Medicaid Targeted Case Management Manual.

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 36:

§16335. Supported Employment

A. Supported Employment ~~is competitive work~~provides assistance in an integrated work setting~~, or employment in an integrated work setting, in which the individuals are working toward competitive work~~ to assist in the achievement and attainment of work related skills and includes on-going support to maintain employment.

~~1. The support services provided are consistent with the individual's:~~

~~a. strengths;~~

~~b. resources;~~

~~c. priorities;~~

~~d. concerns;~~

~~e. abilities;~~

~~f. capabilities;~~

~~g. interests; and~~

~~h. informed choices.~~

~~2. Ongoing support services are provided to individuals for whom competitive employment has not traditionally occurred.~~

~~3. Services are provided to individuals who are not served by Louisiana Rehabilitation Services and need more intense, long-term follow along, and usually cannot be competitively employed because supports cannot be successfully faded.~~1. - 3. Repealed.

B. Supported Employment services include:

1. …

2. services that assist a ~~recipient~~ participant to develop and operate a micro-enterprise;

a. This service consists of:

i. assisting the ~~recipient~~ participant to identify potential business opportunities;

ii. …

iii. identification of the supports that are necessary in order for the ~~recipient~~ participant to operate the business; and

iv. …

3. enclave services which is an employment situation in competitive employment in which a group of eight or fewer workers with disabilities are working at a particular work

setting. The ~~disabled~~ workers with disabilities may be disbursed throughout the company and among ~~non-disabled~~ workers without disabilities or congregated as a group in one part of the business; ~~and~~

4. mobile work crews which is 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); and

5. all transportation from the agency to all work sites related to provision of the service. The provider is responsible for furnishing the transportation.

C. Service Limits

1. The required minimum number of service hours per day ~~for Supported Employment~~per participant is as follows for:

a. individual placement services, the minimum is one hour;

b. services that assist a ~~recipient~~participant to develop and operate a micro-enterprise, the minimum is one hour;

c. an enclave, the minimum is ~~five~~ 2.5 hours; and

d. a mobile work crew, the minimum is ~~five~~ 2.5 hours.

2. Two half-day units may be billed if the participant spends a minimum of five hours at the service site.

3. Participants may receive more than one vocational or habilitative service per day as long as the service and billing requirements for each service are met.

4. Transportation to and from the service site is offered and billable as a component of the support employment service; however, transportation is payable only when a supported employment service is provided on the same day.

D. Service Exclusions

1. ...

2. ~~Billing may be made for only one vocation or habilitative service per day~~Any time less than one hour for individual placement and micro-enterprise is not billable or payable.

3. – 3.c. ...

4. ~~The provider is responsible for all transportation related to provision of the service, but is not responsible for transportation to and from the recipient's home~~Any time less than 2.5 hours for enclaves and mobile crews is not billable or payable.

5. ...

a. Travel training for the purpose of teaching the recipient 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 ~~recipient's ISP~~POC.

6. – 6.c. ...

7. Services are not available to individuals who are eligible to participate in programs funded under ~~§110 of~~ the Rehabilitation Act of 1973 or ~~§602(16) and (17) of~~ the Individuals with Disabilities Education Act~~, 20 U.S.C. 1401(16) and (17)~~.

8. No rounding up of hours is allowed.

E. Provider Qualifications. In order to enroll in the Medicaid Program, p~~P~~roviders must have a ~~Compliance~~ compliance ~~Certificate~~ certificate from the Louisiana Rehabilitation Services as a Community Rehabilitation Program or a current, valid license as an Adult Day Care Center.

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 36:

§16337. Transportation ~~Services~~-Community Access

A. Transportation-community access services enable ~~waiver recipients~~ participants to gain access to waiver and other community services, activities and resources. These services are necessary to increase independence, productivity, ~~and~~ community inclusion and to support self-directed employees benefits as outlined in the ~~recipient's ISP~~participant's POC. Transportation- community access services ~~under the waiver~~ shall be offered as documented in ~~accordance with~~ the ~~recipient's ISP~~ participant's approved POC~~and must be documented in the ISP~~.

1. The ~~recipient~~ participant must be present to receive this service.

2. Whenever possible, the ~~recipient~~ participant must utilize the following resources for transportation:

a. - b. ...

B. ~~Transportation for community access and for habilitative and vocational services represents two separate and distinct services.~~Service Limits

1. ~~Transportation-Community Access is intended to assist the recipient to access community activities, resources and services to increase integration with persons who do not have developmental disabilities~~Community access trips are limited to three per day and must be arranged for geographic efficiency.

2. ~~Transportation-Habilitative and Vocational is intended to assist the recipient to access Day Habilitation, Pre-Vocational and Supported Employment services.~~Greater than three trips per day require approval from the department or its designee.

a. ~~These services are meant to provide maximum flexibility to the recipient to choose the mode of transportation that he wishes to use to reach a habilitative or vocational site. Therefore, transportation for this purpose is available and billable only if the individual receives a vocational or habilitative service on the day that this service is provided.~~Repealed.

C. Service ~~Limits~~Exclusions

1. ~~All community access trips shall be identified in the recipient's ISP. These trips are limited to three per day and must be arranged for geographic efficiency. Greater than three trips per day require approval from the Department of Health and Hospitals or its designee.~~Transportation services offered through ROW shall not replace the medical transportation services covered under the Medicaid State Plan or transportation services provided as a means to get to and from school.

2. ~~This service is limited to a maximum of two one-way trips per service day for a maximum of 264 days, 528 service~~

~~units per year.~~Separate payment will not be made for transportation-community access and the following services:

a. Shared Living Services; or

b. Community Living Services.

3. Transportation-community access will not be used to transport participants to Day Habilitation, Pre-vocational, or Supported Employment services.

D. ~~Service Exclusions~~Provider Qualifications. Friends and family members who furnish Transportation-Community Access services to waiver participants must be enrolled as Medicaid Friends and Family Transportation providers. .

1. ~~Transportation services offered through ROW shall not replace the medical transportation services covered under the Medicaid State Plan or transportation services provided as a means to get to and from school.~~ In order to receive reimbursement for transporting Medicaid recipients to waiver services, family and friends must maintain:

a. the state minimum automobile liability insurance coverage;

b. a current state inspection sticker; and

c. a current valid driver's license.

2. ~~Separate payment will not be made for transportation-community access and the following services:~~ No special inspection by the Medicaid agency will be conducted.

a. ~~Shared Living Services; or~~

b. ~~Respite Care Services-Out of Home.~~

3. Documentation of compliance with the three listed requirements for this class of provider must be submitted when enrollment in the Medicaid agency is sought. Acceptable documentation shall be the signed statement of the individual enrolling for payment that all three requirements are met.

a. The statement must also have the signature of two witnesses.

4. Family and friends transportation providers are limited to transporting up to three specific waiver participants.

E. ~~Provider Qualifications. In order to participate in the Medicaid Program, transportation providers must comply with the following requirements. Providers of other waiver services (Day Habilitation, Supported Employment, Shared Living, etc.) may also separately enroll as transportation providers and must comply with the same requirements.~~Vehicle Requirements. All vehicles utilized by for profit and non-profit transportation services providers for transporting waiver recipients must comply with all of the applicable state laws and regulations and

are subject to inspection by the department or its designee.

~~1. Transportation providers must comply with all state laws and local ordinances governing vehicle licensing, registration, inspection and operation.~~

~~2. For profit providers shall have a minimum liability insurance coverage of $100,000 per person and $300,000 per accident or a $300,000 combined service limits policy.~~

~~a. The liability policy shall cover all automobiles owned or leased by the provider utilized for furnishing transportation services.~~

~~b. Premiums shall be prepaid for a period of six months. Verification of prepaid insurance must be a true and correct copy of the policy issued by home office of the insurance company. The verification must include the dates of coverage and a 30 day cancellation notification clause.~~

~~i. Statements from the agent writing the policy will not be acceptable.~~

~~c. Verification of renewal of the insurance policy must be submitted to the Bureau of Health Services Financing (BHSF) no later than 48 hours prior to the end date of coverage.~~

~~i. The policy must provide that the 30 day cancellation notification be issued to BHSF. Upon receipt of the cancellation or expiration of coverage notice, the provider~~

~~agreement for participation will be immediately cancelled. The ending date of participation shall be the ending date of insurance coverage.~~

~~ii. Retroactive coverage statements will not be accepted.~~

~~d. Providers who lose the right to participate in the Medicaid Program due to lack of prepaid insurance may re-enroll and will be subject to all applicable enrollment procedures, policies, and fees for new providers.~~

~~3. In order to receive reimbursement for transporting Medicaid recipients to waiver services, family and friends must maintain the state minimum automobile liability insurance coverage, a current state inspection sticker, and a current valid driver's license.~~

~~a. No special inspection by the Medicaid agency will be conducted.~~

~~b. Documentation of compliance with the three listed requirements for this class of provider must be submitted when enrollment in the Medicaid agency is sought. Acceptable documentation shall be the sworn and notarized statement of the individual enrolling for payment that all three requirements are met.~~

~~c. Family and friends transportation providers are limited to transporting up to three specific waiver recipients.~~1. - 3.c. Repealed.

F. ~~Staffing Requirements. All drivers employed by for profit and non-profit transportation services providers must have a current, valid class D (chauffeur) license. of the department .~~

G. ~~Vehicle Requirements. All vehicles utilized by for profit and non-profit transportation services providers for transporting waiver recipients must comply with all applicable state laws and regulations and are subject to inspection by the Department of Health and Hospitals or its designee.~~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 33:2454 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 36:

Chapter 165. Self-Direction Initiative

§16501. Self-Direction Service Option

A. The self-direction initiative is a voluntary, self-determination option which allows the waiver ~~recipient~~

participant to coordinate the delivery of designated ROW services through an individual direct support professional rather than through a licensed, enrolled provider agency. Selection of this option requires that the recipient utilize a payment mechanism approved by the ~~Department~~ department to manage the required fiscal functions that are usually handled by a provider agency.

B. Recipient Responsibilities. Waiver ~~recipients~~ participants choosing the self-direction service option must understand the rights, risks and responsibilities of managing their own care and individual budget. If the ~~recipient~~ participant is unable to make decisions independently, he must have an authorized representative who understands the rights, risks and responsibilities of managing his care and supports within his individual budget. Responsibilities of the ~~recipient~~ participant or authorized representative include:

1. – 2. …

a. ~~Recipients~~ Participants must adhere to the health and welfare safeguards identified by the support team, including:

i. …

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

3. …

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

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

C. Termination of Self-Direction Service Option. Termination of participation in the self-direction service option requires a revision of the ~~ISP~~POC, the elimination of the fiscal agent and the selection of the Medicaid-enrolled waiver service provider(s) of choice.

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

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

a. the health or welfare of the ~~recipient~~ participant is compromised by continued participation in the self-direction service option;

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

c. there is misuse of public funds by the ~~recipient~~ participant or the authorized representative; or

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

i. …

ii. fails to follow the Personal Purchasing Plan and the ~~ISP~~POC;

iii. - D. …

E. 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 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 36:

Chapter 167. Provider Participation

§16701. General Provisions

A. …

1. meet all of the requirements for licensure and the standards for participation in the Medicaid Program as a home and community-based services provider in accordance with state laws and the rules promulgated by the ~~Department~~department; ~~and~~

2. comply with the regulations and requirements specified in LAC 50:XXI, Subparts 1 and 13 and the ROW provider manual~~.~~;

3. comply with all of the state laws and regulations for conducting business in Louisiana, and when applicable, with the state requirements for designation as a non-profit organization; and

4. comply with all of the training requirements for providers of waiver services.

B. Providers must maintain adequate documentation to support service delivery and compliance with the approved ~~ISP~~ POC and provide said documentation upon the ~~Department's~~ department's request.

C. In order for a provider to bill for services, the waiver ~~recipient~~ participant 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 ~~recipient~~ participant is not present:

a. – c. ...

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

D. If transportation is provided as part of a waiver service, the provider must comply with ~~the requirements for transportation services providers set forth in §16337.G.– I.~~all of the state laws and regulations applicable to vehicles and drivers.

E. All services rendered shall be prior approved and in accordance with the POC.

F. Providers, including direct care staff, cannot live in the same residence as the participant, except Host Home contractors and Companion Care workers.

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 36:

§16703. Staffing Restrictions and Requirements

A. Payments shall not be made to persons who are legally responsible for the care of the waiver participants which include:

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.

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.

1. Relatives must also comply with the following requirements:

a. become an employee of the participant's chosen waiver provider agency;

b. become a Medicaid enrolled provider agency; or

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

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

ii. have a Medicaid provider agreement executed by the fiscal agent as authorized by the Medicaid agency.

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 36:

Chapter 169. Reimbursement

§16901. Reimbursement Methodology

A. Reimbursement for the following services shall be a prospective flat rate for each approved unit of service provided to the waiver ~~recipient~~participant. One quarter hour (15 minutes) is the standard unit of service, which covers both the service provision and administrative costs for these services:

1. – 3.e. …

f. registered dietician~~/nutritionist~~;

4. ~~Nursing Services~~Support Coordination; or

5. ~~Intensive Community Supports; and~~Supported Employment:

a. individual placement; and

b. micro-enterprise.

6. ~~Supported Employment.~~Repealed.

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

1. Environmental Accessibility Adaptations; and

a. Upon completion of the environmental accessibility adaptations and prior to submission of a claim for reimbursement, the provider shall give the ~~recipient~~ participant a certificate of warranty for all labor and installation work and supply the ~~recipient~~ participant with all manufacturers' warranty certificates.

2. Assistive Technology/Specialized Medical Equipment and Supplies~~; and~~.

3. ~~Specialized Medical Equipment and Supplies.~~Repealed.

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

1. …

2. Companion Care~~ Living Service~~s; and

3. Shared Living Services;

a. Per diem rates are established based on the number of individuals sharing the living service module for both

~~for~~ Shared Living Non-Conversion and Shared Living Conversion Services.

D. The following services are reimbursed at a per ~~diem rate which may be billed either half-day (over 2 and up to 4 hours per day) or full-day (over 4 hours per day) based on time~~ one-half-day unit of service based on a minimum of 2.5 hours spent on-site by the ~~recipient~~participant:

1. Day Habilitation; ~~and~~

2. Pre-vocational~~.~~; and

3. Supported Employment:

a. mobile crew; and

b. enclave.

E. ...

F. ~~Support coordination services shall be reimbursed at a fixed monthly rate in accordance with the terms of the established contract.~~Nursing services are reimbursed at either an hourly or per visit rate for the allowable procedure codes.

G. ...

H. Transition expenses from an ICF/~~MR~~ DD or nursing facility to a community living setting are reimbursed at the cost of the service(s) up to a ~~one-time maximum rate~~lifetime maximum rate of $3,000.

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 36:

§16903. Direct Support Staff Wages

A. In order to maximize staffing stability and minimize turnover among direct support staff, providers of the following services furnished under the Residential Options Waiver are required to pay direct support workers an hourly wage that is at least 29 percent ($1.50) more than the federal minimum wage in effect as of July 23, 2007 or the current federal minimum wage, whichever is higher~~.~~ :

1. Community Living Supports;
2. Respite Services-Out of Home;
3. Shared Living~~ Conversion Option~~;
4. ~~Shared Living Option~~Day Habilitation;
5. ~~Day Habilitation~~Prevocational services; and
6. ~~Prevocational Services; and~~Supported Employment.
7. ~~Supported Employment.~~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 33:2456 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 36:

Interested persons may submit written comments to Don Gregory, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Alan Levine

Secretary