



**State of Louisiana**  
Louisiana Department of Health  
Office of Aging and Adult Services  
Office for Citizens with Developmental Disabilities

**MEMORANDUM**

**OCDD-SC-20-027**  
**OAAS-SC-20-012**

**TO:** Support Coordination Agencies (SCA)

**FROM:** Fernando Lopez-Evangelio, MHSA, Ph.D.  
OAAS Assistant Secretary

Charles Ayles, OCDD Deputy Assistant Secretary

**DATE:** November 18, 2020

**SUBJECT:** OAAS and OCDD Hazard Pay Policy and Procedures for  
Support Coordination Agencies for In-Home HCBS Due to the  
COVID-19 Pandemic

This memorandum is to provide Support Coordination Agencies (SCAs) with the OAAS and OCDD policies and procedures when Hazard Pay is available to Direct Service Workers (DSWs) and the required actions for SCAs, including processing the "Request for Hazard Pay" form.

The Louisiana Department of Health (LDH) received approval for hazard pay for DSWs who work with participants who have received a positive COVID-19 test, or the participant has to quarantine due to living with a household member that has received a positive COVID-19 test. Once this COVID-19 information is verified by the HCBS provider/SD Employer and Support Coordinator (SC) and entered into LaSRS by the SC, SRI will release the identified units for hazard pay for the eligible DSWs. SCAs should complete the processing of "Request for Hazard Pay" forms within 5 working days of receiving a completed form.

**Pre-Requisites:**

1. **Participant must have received a positive COVID-19 test OR live with someone (household member) who received a positive COVID-19 test on March 21, 2020 or later. These are the ONLY 2 instances in which hazard pay will be allowed.**
2. **The COVID-19 positive test (participant or participant's household member) must be reported to the Support Coordinator (SC) immediately after receiving the results.**

**OAAS and OCDD Programs and Services Affected – only in-home services are eligible as listed below:**

1. OAAS Community Choices Waiver – PAS (including Self-Directed PAS)
2. OAAS Adult Day Health Care Waiver – Participants in ADHC Waiver receiving LT-PCS
3. OCDD NOW – IFS (including Self-Directed IFS)
4. OCDD ROW – CLS (including CLS services)
5. OCDD Supports Waiver – In-Home Respite
6. OCDD Children's Choice – Family Support (including Self-Directed Family Support services)

**Number of Eligible Days for Hazard Pay:**

1. If a participant **lives with someone** who tested positive for COVID-19, then a **total of 14 calendar days** from the date of the participant's household member's test can be released for hazard pay. **Do NOT count day of test.**
2. If a participant **tests positive**, a total of 40 calendar days (including the 14 calendar days if exposed by a household member) can be released for hazard pay. **No more than a total of 40 calendar days** can be released if a participant tests positive for COVID-19. **Do NOT count day of test(s).**
3. If a **participant, who has tested positive, later tests negative**, the hazard pay will end on the date of the negative test.

**NOTE:** Intermittent release of units (dates that are not consecutive) is **NOT** allowed. The SC Supervisor cannot enter begin and end days that only align with when the DSWs were in the home. Once a positive test result is received, the date span must be 14 or 40 (depending on who tested positive) consecutive days.

**Direct Service Workers (DSWs) NOT Eligible for Hazard Pay:**

1. For OCDD, all individuals listed below are **NOT** eligible for hazard pay as a DSW:
  - a. Legal Guardian (legally responsible as delegated by court, i.e. interdicted, continuing tutorship, etc.). Does not include power of attorney;
  - b. Parent of a minor child;
  - c. Self-Direction Employer; or

- d. Individual that lived with the participant (i.e., a normal member of the participant's household such as a spouse, parent, sibling, etc.).
- 2. For OAAS, all individuals listed below are **NOT** eligible for hazard pay as a DSW:
  - a. Participant's spouse;
  - b. Participant's curator;
  - c. Participant's tutor;
  - d. Participant's legal guardian;
  - e. Participant's responsible representative; or
  - f. Participant's power of attorney.

**Self-Direction Retroactive Process:**

- 1. The Self-Direction (SD) Employer or participant must contact the SC to determine if the COVID-19 positive test results were reported.
- 2. The SC will access the COVID-19 section LaSRS and determine if the test results were reported.
- 3. If **YES**, the SC will advise the SD Employer of the test date.
- 4. The SC will complete a "Request for Hazard Pay" form by asking the following to the SD Employer/participant:
  - a. Names of DSWs who worked with the participant immediately following the positive test result. SC will list names on the form based on the responses from the SD Employer.
  - b. If the DSWs fall under any of the OAAS or OCDD exceptions listed on the hazard pay form. If **YES**, mark that DSW as "ineligible".
  - c. The SC will also review the Plan of Care (POC) to see if any of the DSWs fall under any of the OAAS or OCDD exceptions listed on the hazard pay exceptions. If **YES**, mark that/those DSW(s) as "ineligible".
  - d. If all DSWs are "ineligible" then the SC will sign the bottom of the form and send a copy to the Fiscal Employer Agent (FEA), SD Employer, OAAS Regional Office or OCDD LGE.
  - e. If any DSW is **eligible**, then the SC must proceed as follows:
    - i. Enter the SCA email address on the form and forward it to the FEA for further verification by the FEA. Once the FEA verifies if the DSW(s) are eligible or ineligible and signs the form, the FEA sends it back to the SCA for further verification/processing and the SC will mark "**eligible**" next to the appropriate DSWs.
    - ii. The SC must sign, date and print their title on the form and enter the following information in the "SCA Only" section at the bottom of the form:

1. Date of positive test in LaSRS (if participant's household member tested first and then participant tested positive soon afterwards, you can enter the household member's date of test).
2. Enter the number of calendar days to be released (14 if no positive test for participant or 40 if participant received a positive test).
- iii. The SC will forward the form to the SC supervisor/program manager for further processing.
- iv. The SC supervisor/program manager will enter the dates/days into the LaSRS Hazard Pay section and sign off in the appropriate box.

**HCBS Provider Retroactive Process:**

1. The provider will contact the SC to determine if the COVID-19 positive test results were reported.
2. The SC will access LaSRS COVID-19 section and determine if the test results were reported.
3. If **YES**, the SC will advise the provider of the test date.
4. The provider is responsible for completing their portion of the "Request for Hazard Pay" form, signing/dating it and sending it to the participant's SC.
5. The SC will review the POC to determine if any of the DSWs listed on the form fall under any of the OAAS or OCDD exceptions listed on the form. If **YES**, mark the DSWs as "**ineligible**". If **NO**, mark the DSWs as "**eligible**".
6. If all DSWs are "**ineligible**" then the SC will sign the bottom of the form and send a copy to the provider and OAAS Regional Office or OCDD LGE
7. If any DSW is "**eligible**", the SC must sign, date, print their name and enter the following information in the "SCA Only" section at the bottom of the form:
  - a. Date of positive test in LaSRS (if participant's household member tested first and then participant tested positive soon afterwards, you can enter the household member's date of test).
  - b. Enter the number of calendar days to be released (14 if no positive test for participant or 40 if participant received a positive test).
8. The SC will forward the completed form to the SC supervisor/program manager for further processing.
9. The SC supervisor or program manager will enter the dates/days into the LaSRS Hazard Pay section and sign off in the appropriate box.

**Process for Current Cases Reported by Provider or SD Employer:**

The process for current cases reported by a provider or SD Employer is the same as the retroactive cases except for the first 3 steps. Upon notification of a COVID-19 positive test, the SC will do the following:

1. If reported by a provider, contact the participant/family to confirm the COVID-19 positive test and if the individual is a household member.
2. Enter the information into LaSRS COVID-19 section.
3. Ask the provider or SD Employer to contact you if there are changes in the illness or when the illness resolves. The SC should request that the provider complete a CIR. For Self-Directed families, the SC will complete the CIR. **(OAAS ONLY: Please follow Major Medical Event procedure for CIRs.)**
4. Ask if in-home services are being provided at this time.
  - a. If **no** in-home services are being provided at the time of the positive test, or services are provided only by an **"ineligible"** DSW, a "Request for Hazard Pay" form is **NOT** required.
  - b. If response is **yes** and in-home services are being provided by an **"eligible"** DSW, refer to the Retroactive Process and complete step 4 for SD Employers and steps 4 through 8 for HCBS Provider.
5. If the participant receives a negative COVID-19 test after having tested positive, notify the SC Supervisor or Program manager and update the COVID-19 section in LaSRS with the information.

#### **Data Entry into LaSRS Hazard Pay Section:**

1. Only a SC Supervisor or SC Program Manager can enter the "Request for Hazard Pay" information into LaSRS Hazard Pay section.
2. Review the "Request for Hazard Pay" form to ensure the following:
  - a. Participant's Name is listed.
  - b. DSWs are listed and are marked either **"eligible"** or **"ineligible"**. If not marked, return to the SC or provider/FEA and ask that those boxes are marked.
3. The "Hazard Pay" section is listed under "Emergency Preparedness" section LaSRS
4. Enter the Last Name and First Name of the participant. Ensure that the correct participant is selected.
5. Enter the Begin Date (Date of Positive Test) as reported in the COVID-19 section of LaSRS (4b or 4d). Confirm that **yes** is in "5a" or "5b".
6. Count 14 calendar days for participant's household member from date of test or 40 calendar days for participant from date of test. Enter the 14<sup>th</sup> or 40<sup>th</sup> date.
7. Enter all DSWs that are marked **"eligible"**. Do **NOT** assume a DSW is eligible. It **MUST** be marked on the form.

8. Enter the EVV DSW ID, if there is one on the form. An EVV DSW ID is required for all participants in Self-Direction and for all HCBS providers who use a 3<sup>rd</sup> party EVV system. LaSRS will require the EVV DSW ID, if needed. If the ID is required but was not provided, return the form to the HCBS provider or the FEA so they can enter the missing information on the form. You can also call to get the DSW ID, if needed.
9. If you receive notification from the provider/SD Employer that the participant has tested positive after you have entered the 14 calendar days due to a participant's household member's positive test, then access the hazard pay record in LaSRS for that participant and change the end date to include an additional 26 calendar days. This will result in a total of 40 calendar days of hazard pay.
10. If you receive notification from the provider/SD Employer that the participant has received a negative test, and the test is within the dates released for hazard pay, then access the hazard pay record in LaSRS and change the end date to the date of the negative test.
11. If a provider/SD Employer notifies you of an additional DSW to be added to the list for payment, the provider/SD Employer is required to submit a new form with the DSW's name and appropriate eligibility checks and signatures.
12. SC supervisor/program manager that enters the information into LaSRS Hazard Pay section **MUST** sign the Form under the **SC Only** section at the bottom of the form.

Once the Request for Hazard Pay form has been entered into LaSRS, the SC/SC supervisor/program manager will forward a copy of the completed form to the following:

- For HCBS Providers – Providers and OAAS Regional Office or OCDD LGE Office
- For Self-Direction - Self-Direction Employer, FEA and OAAS Regional Office or OCDD LGE Office

Questions should be directed to [Cheryl.Dickerson@la.gov](mailto:Cheryl.Dickerson@la.gov) with OAAS or [Kim.Kennedy@la.gov](mailto:Kim.Kennedy@la.gov) with OCDD.

**Attachments:**

- OAAS Request for Hazard Pay – HCBS Providers Form
- OAAS Request for Hazard Pay – Self-Direction Form
- OCDD Request for Hazard Pay – HCBS Providers Form

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- OCDD Request for Hazard Pay – Self-Direction Form

## OAAS Request for Hazard Pay – HCBS Providers

Participant's Name: (List only 1 participant per form.)	Direct Service Workers (DSWs) Eligible for Hazard Pay (Print first and last name):	*Third Party EVV DSW Employee ID:	TO BE COMPLETED by the HCBS provider:		TO BE COMPLETED by OAAS (for LT-PCS ONLY) or the SC (after verified by the provider):	
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible

**\*The Employee ID is required ONLY for providers who use a third party EVV system. The Employee ID must match the information transmitted to LaSRS by the third party EVV system.**

I understand that ONLY COVID-19 positive tests reported to the **SC (for OAAS Waivers)** OR to **OAAS (for LT-PCS outside of ADHC Waiver)** will be considered for the hazard pay process for DSWs.

I understand that the following individuals who became DSWs under the **COVID-19 exceptions** are **NOT** eligible for hazard pay:

- Participant's spouse;
- Participant's tutor;
- Participant's curator; or
- Participant's responsible representative;
- Participant's legal guardian;
- Participant's power of attorney

I have verified that the DSW(s) listed above are eligible or ineligible for hazard pay based on the OAAS Hazard Pay policy/criteria and marked the appropriate box in the table above.

\_\_\_\_\_  
Provider Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Representative's Name and Title (Printed)

\_\_\_\_\_  
SCA Representative's/OAAS Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCA Representative's/OAAS Representative's Name and Title (Printed)

**To Be Completed by SCA/OAAS ONLY:**

LaSRS Positive COVID-19 Test Date:	# of Days Released (14 or 40)	End Date (add 14 or 40) to COVID-19 Test Date:	Signature of SC Supervisor Completing Data Entry:

**SCA – A copy of final completed form must be sent to OAAS RO and provider.**

## OAAS Request for Hazard Pay – Self Direction

Participant's Name: (List only 1 participant per form.)	Direct Service Workers (DSWs) Eligible for Hazard Pay (Print first and last name):	Self-Direction DSW Employee ID:	TO BE COMPLETED by the Fiscal Employer Agent (FEA):		TO BE COMPLETED by the SC (after verified by the FEA):	
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
			<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible

**Support Coordinator's Email Address:** \_\_\_\_\_

I understand that the following individuals who became DSWs under the **COVID-19 exceptions** are **NOT** eligible for hazard pay:

- Participant's spouse;
- Participant's responsible representative;
- Participant's tutor;
- Participant's legal guardian;
- Participant's curator; or
- Participant's power of attorney

I have verified that the DSW(s) listed above are eligible or ineligible for hazard pay based on the OAAS Hazard Pay policy/criteria and marked the appropriate box in the table above.

\_\_\_\_\_  
Fiscal Employer Agent's (FEA's) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiscal Employer Agent's (FEA's) Name and Title (Printed)

\_\_\_\_\_  
SCA Representative's/OAAS Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCA Representative's/OAAS Representative's Name and Title (Printed)

**To Be Completed by SCA ONLY:**

LaSRS Positive COVID-19 Test Date:	# of Days Released (14 or 40)	End Date (add 14 or 40) to COVID-19 Test Date:	Signature of SC Supervisor Completing Data Entry:

**SCA – A copy of final completed form must be sent to OAAS RO, SD Employer and FEA.**