

**Title 48**

**Public Health - General  
Part I. General Administration  
Subpart 1. General**

**Chapter 19. Traumatic Head and Spinal Cord Injury**

Editor's Note: This Chapter, formerly LAC 67:VII.Chapter 19, was moved to LAC 48:I.Chapter 19.

**§1901. Program Profile**

[Formerly LAC 67:VII.1901]

A. ...

B. Program Administration

1. The Department of Health ~~and Hospitals~~, Office of Aging and Adult Services (OAAS), shall be responsible for administration of the Louisiana Traumatic Head and Spinal Cord Injury Trust Fund.

2. OAAS ~~will have~~has the responsibility of:

a.-b. ...

c. evaluating the needs of head injured and spinal cord injured individuals to identify service gaps and needs; ~~submitting an annual report with recommendations to the legislature and governor 60 days prior to each Regular Session of the Legislature; and~~

d. submitting an annual report with recommendations to the legislature and governor 60 calendar days prior to each Regular Session of the Legislature; and

e. monitoring, evaluating, and reviewing the development and quality of services funded through the trust fund.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1252 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:84 (January 2014), amended by the Louisiana Department of Health, Office of Aging and Adult Services, LR 44.

### **§1905. Definitions**

[Formerly LAC 67:VII.1905]

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Medically Stable--~~no progression of deficits and/or no deterioration of physical/cognitive status; does not require acute daily medical intervention.~~Repeal

Medically Unstable--~~progression of neurologic deficits and/or deterioration of medical condition.~~ Repeal

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AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1253 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:84 (January 2014), amended by the Department of Health, Office of Aging and Adult Services, LR 42:1669 (October 2016~~)-~~), amended by the Louisiana Department of Health, Office of Aging and Adult Services, LR 44

### **§1907. General Requirements**

[Formerly LAC 67:VII.1907]

A. ...

B. Case Record Documentation. A case record will be maintained for each individual served. ~~The record shall contain documentation to support the decision to provide, deny, or amend services. The case record will contain documentation of the amounts and dates of each service delivery.~~

1. ~~All records must include~~ The record shall contain the following:

- a. documentation to support the decision to provide, deny, or amend services;
- b. documentation of the amounts and dates of each service delivery;
- c. service plans and progress notes;
- d. proof of individual identifications; and
- e. any applicable assessments.

2. ~~All records must reflect~~ must reflect individual identifications, and other pertinent medical histories. Repeal

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1253 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:85 (January 2014) ~~)-~~ , amended by the Louisiana Department of Health, Office of Aging and Adult Services, LR 44.

### **§1909. Individual Appeals Rights**

[Formerly LAC 67:VII.1911]

A. Administrative Review. The administrative review is at the first level appeal process ~~which may be~~ used by individuals for a

timely resolution of disagreements pertaining to eligibility decisions or a denial of services. ~~The administrative review will allow the individual an opportunity for a face to face or telephone meeting with the program manager of the Traumatic Head and Spinal Cord Injury Trust Fund Program regarding the issues of concern. The individual will have the right to bring representation to the administrative review.~~

1. All applicants ~~must~~ participants shall be provided ~~adequate~~ written notification to inform them of their appeal rights regarding eligibility and/or the ~~provision or~~ denial of services. ~~Unless services being provided have been obtained through misrepresentation, fraud, collusion or criminal conduct on the part of the individual, such services will continue during the administrative review process.~~

a. The written notification shall include:

i. the decision being reached;

bii. the basis for and effective date of the decision;

eiii. the specific means for appealing the decision;

iv. the individual's right to submit additional evidence and information;

v. information about the individual's right to representation; and

vi. the name and address of the trust fund program.

~~2. In order to insure that the individuals are afforded the option of availing themselves of the opportunity to appeal decisions impacting their eligibility and/or receipt of services, adequate notification will include:~~ The appeal must be requested by the individual (or their representative) and shall be:

a. ~~the decision being reached~~ made in writing; and

b. ~~the basis for and effective date of the decision~~ post-marked or received in the trust fund program office within 15 business days of the date on the written notification of denial.

c. ~~the specific means for appealing the decision;~~ Repeal

d. ~~the individual's right to submit additional evidence and information, including the individuals's right to representation;~~ and Repeal

e. ~~the name and address of the program manager of the trust fund program. The program manager should be contacted in order to schedule and administrative review or advisory board review.~~ Repeal

~~3. The appeal request must be made in writing and post-marked or received in the office of the program manager of the trust~~

~~fund program within 10 calendar days of receipt of notification of denial of eligibility or a denial of services. The administrative review must take place and a decision reached within 30 calendar days of the receipt of the individuals' appeal request. The individual must be provided with a final written decision within that time period.~~The administrative review may be conducted face-to-face or via telephone with the program manager of the Traumatic Head and Spinal Cord Injury Trust Fund Program.

~~4. If the individual fails to attend the administrative review either in person or via telephone, the appeal will be considered abandoned and the appeal process is exhausted.~~

Services shall continue during the administrative review process unless the services being provided have been obtained through:

a. misrepresentation;

b. fraud; and/or

c. collusion or criminal conduct on the part of the individual.

5. The administrative review must take place, a decision reached, and written notification of the decision provided to

the individual within 30 calendar days of the receipt of the individuals' appeal request.

6. The written notification of the administrative review decision shall include:

- a. the decision being reached;
- b. the basis for and effective date of the decision;
- c. the specific means for appealing the administrative review decision;

7. If the individual fails to attend the administrative review either in person or via telephone, the appeal will be considered abandoned and the appeal process is exhausted.

B. Advisory Board Review. In the event that a disputed decision is not resolved through the administrative review process, the individual may request a reviewsecond level appeal before the advisory board. ~~The individual must make the request for an advisory board review in writing to the program manager of the trust fund program. This request must be post marked or received in the office of the program manager within 10 calendar days of receipt of the program manager's decision following the administrative review. The advisory board review will take place at the time of the next regularly scheduled advisory board meeting following the receipt of the individual's written~~

~~request, unless the program manager deems that it is necessary to address the situation sooner, in which case a special meeting of the advisory board could be called for the purpose of conducting the review. The individual will have the right to submit additional evidence and information and will have the right to bring representation to the advisory board review.~~

- ~~1. In order to insure that the individual is afforded the option of availing himself or herself of the opportunity to appeal decisions impacting their eligibility and/or receipt of services, adequate notification will include:~~

Requests for ~~an~~ advisory board review shall be:

- ~~a. the decision being reached;~~

made in writing to the program manager of the trust fund program. ~~This request must be~~ ;

- ~~b. the basis for and effective date of the decision; post-~~  
marked or received in the trust fund program office within  
10 calendar15 business days of receipt of the program  
manager's decision followingthe date on the administrative  
review.— decision notice.

- ~~c. the specific means for appealing the decision; Repeal~~

~~d. the individual's right to submit additional evidence and information, including the individual's right to representation; and~~ Repeal

~~e. the name and address of the program manager of the trust fund program. The program manager should be contacted in order to schedule an advisory board review.~~ Repeal

~~2. The advisory board will make an impartial decision based on the provisions of the trust fund policy manual and rules of the program and will provide to the applicant or individual, or if appropriate, the representative, a full written report of findings following the review.~~ The advisory board review will shall take place at the time of the next regularly scheduled advisory board meeting following the receipt of the individual's written request, unless the program manager deems that it is necessary to address the situation sooner, in which case a special meeting of the advisory board could be called for the purpose of conducting the review.

~~3. A final written decision must be rendered within two weeks of the advisory board review. The decision of the advisory board is final and the appeal process is exhausted.~~ The individual shall have the right to:

a. submit additional evidence, and

b. bring representation; and to the advisory board review.

4. ~~If the individual fails to attend the appeal hearing either in person or via telephone, the appeal will be considered abandoned and the appeal process is exhausted. The advisory board shall:~~

a. make an impartial decision;

b. provide a written notice of the decision within 10 business days of the advisory board review.

5. The decision of the advisory board is final and the appeal process is exhausted.

6. If the individual fails to attend the appeal hearing either in person or via telephone, the appeal will be considered abandoned and all appeal processes shall be exhausted.

~~NOTE: The advisory board review will complete the individual's avenue of appeal within the trust fund program.~~Repeal

AUTHORITY NOTE; Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1254 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:85 (January

2014) ~~),~~ amended by the Louisiana Department of Health, Office of Aging and Adult Services, LR 44.

### **§1911. Program Eligibility**

[Formerly LAC 67:VII.1913]

A. In order for an individual to be determined eligible for services, the individual must:

1. ~~must~~ meet the definition of spinal cord injury or traumatic brain injury as defined in §1905 above;

2. ~~must~~ be a resident of the state of Louisiana and officially domiciled in the state of Louisiana at the time of injury and during the provision of services;

3. ~~must~~ have a reasonable expectation to achieve improvement in functional outcome with assistance;

4. ~~must~~ have exhausted all other ~~governmental~~ Medicare and ~~private~~ Medicaid sources;

5. ~~must provide proof of denial from other sources~~; be willing to accept services from an approved facility/program; and

6. ~~must be willing to accept services from an approved facility/program~~; complete and submit appropriate application for services.

7. ~~must be medically stable~~; Repeal

~~8. must complete and submit appropriate application for services.~~Repeal

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:86 (January 2014) ,amended by the Louisiana Department of Health, Office of Aging and Adult Services,LR 44.

### **§1913. Ineligibility**

[Formerly LAC 67:VII.1915]

A. A determination of ineligibility is made when ~~the individual~~ does not meet program eligibility as defined in §1911 above.

1. ~~the individual is medically unstable; or~~Repeal
2. ~~the disabling condition is other than a spinal cord injury or traumatic head injury as defined; or~~Repeal
3. ~~any of the other ineligibility criteria are not met.~~Repeal

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:86 (January 2014), , ,amended by the Louisiana Department of Health, Office of Aging and Adult Services,LR 44.

**§1915. Fiscal**

[Formerly LAC 67:VII.1917]

A. Limitations. Expenditures on behalf of any one individual shall ~~neither exceed \$15,000 for any one 12 month period nor \$50,000 in total life time expenditures.~~ not:

1. exceed \$15,000 during the 12-month period based on the participant's eligibility/anniversary date.

2. exceed the total lifetime maximum of \$50,000.

B....

C. ~~The trust fund will not purchase vehicles (automobiles, trucks, vans, etc.) or real estate.~~ Prior Written Authorization and Encumbrance. The proper authorizing document(s) must be written before the initiation of goods or services.

1. Failure to obtain prior authorization will result in a denial of products or services.

a. The program manager may approve items to be reimbursed for situations deemed unavoidable/emergency.

~~D. Prior Written Authorization and Encumbrance. The proper authorizing document(s) must be written before the initiation of goods or services. Failure to obtain prior authorization will result in a denial of products or services. The program manager may approve items to be reimbursed for situations deemed unavoidable/emergency.~~ -All monies collected, but not expended, for the Traumatic Head and Spinal Cord Injury Trust Fund Program are carried forward to the following fiscal year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S.36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:86 (January 2014)-) ,amended by the Louisiana Department of Health, Office of Aging and Adult Services,LR 44.

### **§1917. Service Plan**

[Formerly LAC 67:VII.1919]

A. ~~Following a determination of eligibility~~Once an individual has been determined eligible for services, an appropriate

individualized assessment ~~will~~shall be completed ~~to determine~~  
~~the scope of services. After a case by case assessment of needs,~~  
~~a service plan will be developed, implemented, and updated as~~  
~~appropriate. The service plan will be individualized and outcome~~  
~~oriented. The service plan will include as a minimum:~~ in order  
to:

1. ~~specific services to be delivered or rendered;~~

  determine the scope of services; ~~After a case by case~~

2. ~~frequency of the service(s) beginning and ending dates;~~

~~assessment of needs, a~~ develop, implement, and update service  
plans as appropriate;

3. ~~costs of services;~~Repeal

4. ~~service provider.~~Repeal

B. ~~The case record will include all updates and amendments to the~~  
~~service plan.~~ The service plan shall:

1. be individualized;

2. be outcome oriented;

3. include (at a minimum) all of the following:

a. specific services to be delivered or rendered;

b. frequency of the service(s)

c. beginning and ending dates;

d. costs of services;

e. service provider.

4. be presented by means understandable to the individual served.

C. The individual or authorized representative must give informed written consent to the service plan and all amendments. ~~The service plan will be presented by means understandable to the individual served.~~

D. The case record shall include all updates and amendments to the service plan.

AUTHORITY NOTE: Promulgated in accordance with  
R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:86 (January 2014).

**§1919. Services**

[Formerly LAC 67:VII.1921]

A....

B. Service plans ~~should~~shall be ~~targeted to achieve~~written with a goal of achieving specific objectives ~~for the specific individuals who are eligible. Additional documentation may be requested to show specific objectives for the requested services or goods.:~~

1. related to the participant's injury, and

2. to improve participant's functioning in their home and community.

C. ~~Services should be planned and delivered with specific identifiable anticipated and described outcomes. These outcomes should result in definable improvements in functioning in their homes and communities. Additional documentation may be requested to justify the need for a particular good/service.~~

D. Services may include, but are not limited to:

1-3. ...

4. medication and medical supplies;

5. personal care attendant ~~care~~services;

6.-7. ...

8. environmental accessibility modifications ~~(owned by participant or participant's immediate family);~~

9. vehicle accessibility modifications ~~(owned by participant or participant's immediate family);~~

10. transportation for non-emergency medical appointments.

E. The trust fund will not pay for the following ~~(This list is not~~ exclusiveall-inclusive):

1. -2. ...

3. routine vehicle maintenance and repairs;

4. routine home maintenance and repairs;

5. ~~recreation;~~ recreational items or activities;

6. routine bills or payments ~~;~~

7. funeral expenses

8. legal expenses

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1255 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:86 (January 2014) ~~;~~ , amended by the Louisiana Department of Health, Office of Aging and Adult Services, LR 44

## §1923. Conditions for Case Closure

[Formerly LAC 67:VII.1925]

A....

~~1. has an unstable medical condition;~~

~~2. has shown consistent failure to cooperate with the service plan and case managers;~~

~~3. reaches the maximum \$50,000 in total lifetime expenditures;~~

~~3. has less than \$100 of the lifetime balance remaining for a period of 12 months or more.~~

~~4. is eligible for other funding sources;~~

~~5. is not available for scheduled services;~~

~~6. does not meet the program's eligibility criteria;~~

~~7. resides in another state or has a change of residencemoves to another state;~~

~~8. fails to maintain a safe and legal home environment;~~

~~9. is unable to be contacted by after two phone ~~or mail~~call attempts on two separate days and does not respond to written notification within 15 business days of the date on the notice;~~

~~10. made misrepresentations in the eligibility determination process;~~

~~119.~~ made misrepresentations to obtain goods and services ~~;~~i

10. is incarcerated.

11. repeal

AUTHORITY NOTE: Promulgated in accordance with  
R.S. 46.2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social  
Services, Office of Rehabilitation Services, LR 21:1256  
(November 1995), amended by the Department of Health and  
Hospitals, Office of Aging and Adult Services, LR 40:87 (January  
2014~~).~~ , amended by the Louisiana Department of Health, Office  
of Aging and Adult Services, LR 44