

- b. **Maintenance of Forms.** Per 45 CFR §92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

- The forms are maintained in the records at the LGE and the physical offices of the Support Coordination Agency

Appendix B: Participant Access and Eligibility

B-8: Access to Services by Limited English Proficiency Persons

Access to Services by Limited English Proficient Persons. Specify the methods that the State uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003):

- A language service vendor is under contract with DHH. All Medicaid application forms are published in English, Spanish, and Vietnamese and are available in alternative format upon request.

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

- a. **Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service		
Statutory Service	Day Habilitation		
Statutory Service	Habilitation		
Statutory Service	Prevocational Services		
Statutory Service	Respite		
Statutory Service	Support Coordination		
Statutory Service	Supported Employment		
Other Service	Housing Stabilization Service		
Other Service	Housing Stabilization Transition Service		
Other Service	Personal Emergency Response System		

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Day Habilitation

Alternate Service Title (if any):

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:**Sub-Category 2:**

Category 3:**Sub-Category 3:**

Category 4:**Sub-Category 4:**

Service Definition (Scope):

•Day habilitation should focus on the person centered planning process, which would allow the participant a choice in how they spend their day. Day Habilitation is furnished in a variety of community settings, (i.e. local recreation department, garden clubs, libraries) other than the person's residence and is not to be limited to a fixed- site facility.

Day habilitation activities should assist the participant to gain their desired community living experience, including the acquisition, retention or improvement in self-help, socialization and adaptive skills, and/or to provide the individual an opportunity to contribute to his or her community. Day Habilitation activities should be educational or recreational in nature, which would include activities that are related to the individual's interests, hobbies, clubs, or sports.

For individuals with degenerative conditions, day habilitation may include training and supports designed to maintain skills and functioning and to slow or prevent regression rather than acquiring new skills or improving existing skills. Day Habilitation Services may be coordinated with needed therapies in the individual's person-centered Plan of Care.

The individual of retirement age may also be supported in senior community activities or other meaningful retirement activities in the community, such as the local council on aging or senior centers. This may also involve altering schedules to allow for more rest time throughout the day.

Career planning activities may be a component of the participant's plan and may be used to develop learning opportunities and career options consistent with the person's skills and interests.

Day habilitation may not provide for the payment of services that are vocational in nature – for example, the primary purpose of producing goods or performing services.

Assistance with personal care may be a component part of day habilitation services as necessary to meet the needs of a participant, but may not comprise the entirety of the service.

Volunteer activities are provided under the guidelines of the United States Fair Labor Standards Act of 1985 as amended.

Providers of Day Habilitation services are not required to provide meals for participants. Payment for any meals provided does not include a full nutritional regimen of 3 meals per day.

Participants receiving Day Habilitation Services may also receive Prevocational or Supported Employment services, but these services cannot be provided during the same time period and cannot equal more than 5 hours per day.

Day Habilitation activities may occur with a one staff to one participant if the participant has specific behavioral or medical issues that warrant this staff ratio. Day Habilitation activities may also occur with a one staff to two to four participants or one staff to five to eight participants. Choice of this service, and staff ratio needed to support the participant must be documented on the service plan.

Participants receiving Day Habilitation Services may also receive Prevocational or Supported Employment services, but these services cannot be provided during the same time period and cannot equal more than 5 hours per day.

All transportation costs are included in the reimbursement for Day Habilitation services. Transportation needed by the participant must be documented on service plan. Participant must be present to receive this service. If participant needs transportation, Provider must physically provide, arrange for, or pay for appropriate transport to and from a central location convenient for the participant agreed upon by the Team; this location shall be documented in the service plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

•Day Habilitation is services provided on a regularly scheduled basis and may be scheduled on a Plan of Care for 1 or more days per week and may be prior authorized for up to 4800 units of service in a plan of care year with appropriate documentation. A standard unit is 15 minute increment. Post authorization may be approved upon verification of services rendered.

Participants receiving Day Habilitation Services may also receive Prevocational or Individual Supported Employment services, but these services cannot be provided during the same time period and can not total more than 5 hours combined.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
☐ Relative
☐ Legal Guardian

Provider Specifications:


Provider Category	Provider Type Title
Agency	Adult Day Care

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Day Habilitation

Provider Category:

Agency 

Provider Type:

Adult Day Care

Provider Qualifications

License (*specify*):

Adult Day Care

Louisiana Revised Statutes

40.2006(E)(2)(m)-(u) & 10.2120.11-40:2120.16

Certificate (*specify*):

Other Standard (*specify*):

DHH Standards of Participation:

LR Vol. 29, No. 09 September 20, 2003

Verification of Provider Qualifications

Entity Responsible for Verification:

Louisiana Department of Health and Hospitals, Health Standards Section

Frequency of Verification:

Initially and Annually

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Habilitation

Alternate Service Title (if any):

Habilitation

HCBS Taxonomy:**Category 1:****Sub-Category 1:****Category 2:****Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

Habilitation is provided in the home or community, with the participant's place of residence as the primary setting. Habilitation offers services designed to assist participants in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community settings in the State of Louisiana. Habilitation services may be provided at any time of day or night on any day of the week as needed by the participant to achieve a specified goal, and may only be provided on a one staff to one participant ratio. Habilitation services are educational in nature, and focus on achieving a goal utilizing specific teaching strategies. Goals may cover a wide range of opportunities including but not limited to learning how to clean house; do laundry; wash dishes; grocery shop; bank; cook meals; shop for clothing and personal items; become involved in community recreational and leisure activities; do personal yard work; and utilize transportation to access community resources.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Habilitation shall not exceed 285 standard units of service in a plan year.

Participants receiving Habilitation may use this service in conjunction with other Supports Waiver services as long as services are not provided during the same period in a day. To ensure that there is no duplication of service when a participant chooses both Habilitation and Day Habilitation services the Support Coordinator will facilitate development of a service plan that clearly specifies the training supports, staff ratio and time lines that will be provided for each service. In addition, the Provider(s) of each service must submit a detailed plan to the

Support Coordinator that provides information on the specific educational strategies and time lines for those strategies that will be used to achieve the goals and time lines on the service plan.

Habilitation services may be provided at any time of day or night on any day of the week as needed by the participant to achieve a specified goal, and may only be provided on a one staff to one participant ratio.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
☒ Relative
☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Personal Care Attendant
Individual	Therapeutic Recreational Specialist
Individual	Occupational Therapist
Agency	Adult Day Care
Individual	Physical Therapist

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Habilitation

Provider Category:

Agency

Provider Type:

Personal Care Attendant

Provider Qualifications

License (*specify*):

Personal Care Attendant Services:

Louisiana Revised Statutes

40:2006(E)(2)(m)-(u) & 40:2120.1-40:2120.7

Certificate (*specify*):

Other Standard (*specify*):

DHH Standards of Participation;

LR Vol. 29, No. 09, September 20, 2003

Verification of Provider Qualifications

Entity Responsible for Verification:

Department of Health and Hospitals (Health Standards Section)

Frequency of Verification:

Initially, annually and as needed

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service**Service Name: Habilitation**

Provider Category:**Provider Type:**

Therapeutic Recreational Specialist

Provider Qualifications**License (specify):****Certificate (specify):**

National Council for Therapeutic Recreation Certification (NCTRC)

Other Standard (specify):

NCTRC Standards, Policies and Procedures, December 2005 and as amended

Verification of Provider Qualifications**Entity Responsible for Verification:**

National Council for Therapeutic Recreation Certification

Department of Health and Hospitals (Health Standards Section)

Frequency of Verification:

Initially and Every 5th year thereafter

Initially and annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service**Service Name: Habilitation**

Provider Category:**Provider Type:**

Occupational Therapist

Provider Qualifications**License (specify):**

Occupational Therapy

Louisiana Revised Statute: RS 37:3001-3014

Certificate (specify):**Other Standard (specify):****Verification of Provider Qualifications****Entity Responsible for Verification:**

Louisiana State Board of Medical Examiners

Department of Health and Hospitals (Health Standards Section)

Frequency of Verification:

Initially, annually and as needed

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service**Service Name: Habilitation****Provider Category:**

Agency ▾

Provider Type:

Adult Day Care

Provider Qualifications**License (specify):**

Adult Day Care

Louisiana Revised Statutes

40.2006(E)(2)(m)-(u) & 40.2120.11-40:2120.16

Certificate (specify):**Other Standard (specify):**

DHH Standards of Participation;

LR Vol. 29, No. 09, September 20, 2003

Verification of Provider Qualifications**Entity Responsible for Verification:**

Department of Health and Hospitals (Health Standards Section)

Frequency of Verification:

Initially, annually and as needed

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service**Service Name: Habilitation****Provider Category:**

Individual ▾

Provider Type:

Physical Therapist

Provider Qualifications**License (specify):**

Physical Therapy Practice Act:

Louisiana Revised Statutes

37.2401-2421 as amended through 2004

Certificate (specify):**Other Standard (specify):****Verification of Provider Qualifications****Entity Responsible for Verification:**

Louisiana State Board of Medical Examiners

Department of Health and Hospitals (Health Standards Section)

Frequency of Verification:

Initially, annually and as needed

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Prevocational Services

Alternate Service Title (if any):

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

•Participants receiving prevocational services MUST have an employment related goal as part of their Plan of Care (POC) and service plan. The general habilitation activities must support their employment goals. Prevocational Services are designed to create a path to integrated community based employment for which an individual is compensated at or above minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Prevocational services are expected to last no longer than 4 years with employment at the individual's highest level of work in the most integrated setting, with the job matched to the individual's interests, strengths, priorities, abilities and capabilities, while following applicable federal wage guidelines.

Prevocational services are intended to prepare a participant for paid employment or volunteer opportunities in the community to the participant's highest level. Prevocational services are where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Prevocational services are intended to develop and teach general skills such as ability to communicate effectively with supervisors, co-workers, and customers; accepted community workplace conduct and dress; ability to follow directions and attend to tasks; workplace problem solving skills and general workplace safety and mobility training. Prevocational Services are to be provided in a variety of locations in the community and are not to be limited to a fixed site facility.

Career Planning MUST be a major component of prevocational services and should include activities focused on the participant becoming employed to their highest ability. Examples of these activities include but are not limited to the following: vocational assessment and discovery process, ongoing career counseling, including benefits planning, assessments as needed (i.e. assistive technology in the work place), job shadowing, and other activities that may assist the individual in deciding upon an employment goal. All career planning activities

should be focused on building a plan for a path to community employment at the highest level for each participant.

Assistance with personal care may be a component of prevocational services, but may not comprise the entirety of the service.

Volunteer activities are provided under the guidelines of the United States Fair Labor Standards Act of 1985 as amended.

Providers of prevocational services are not required to provide meals for participants. Payment for any meals provided does not include a full nutritional regimen of 3 meals per day.

Individuals receiving prevocational services may choose to pursue employment opportunities at any time.

All transportation costs are included in the reimbursement for Prevocational services. Transportation needed by the participant must be documented on the service plan. Participant must be present to receive this service. If participant needs transportation, Provider must physically provide, arrange, or pay for appropriate transport to and from a central location convenient for the participant agreed upon by the Team; this location shall be documented in the service plan.

Prevocational services are provided on a regularly scheduled basis and may be scheduled on a Plan of Care for 1 or more days per week and may be prior authorized for up to 1200 units of service in a plan of care year with appropriate documentation. A standard unit is 1 hour. Post authorization may be approved upon verification of services rendered.

Participants receiving Prevocational Services may also receive Day Habilitation or Supported Employment services, but these services cannot be provided during the same time period and the total of the services cannot equal more than 5 hours per day.

There must be documentation in the participant's file that this service is not available from programs funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

•Prevocational services are limited to 4 years in duration.

Prevocational services are provided on a regularly scheduled basis and may be scheduled on a Plan of Care for 1 or more days per week and may be prior authorized for up to 4800 units of service in a plan of care year with appropriate documentation. A standard unit is 15 minute increment. Post authorization may be approved upon verification of services rendered.

Participants receiving Prevocational Services may also receive Day Habilitation or Individual Supported Employment services, but these services cannot be provided during the same time period and the total of the services cannot equal more than 5 hours per day.

Service Delivery Method *(check each that applies):*

- ☐ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by *(check each that applies):*

- ☐ Legally Responsible Person
☐ Relative
☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Adult Day Care

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type:** Statutory Service**Service Name:** Prevocational Services**Provider Category:**

Agency

Provider Type:

Adult Day Care

Provider Qualifications**License (specify):**

Adult Day Care:

Louisiana Revised Statutes

40.2006(E)(2)(m)-(u) & 40.2120.11-40:2120.16

Certificate (specify):**Other Standard (specify):**

Site supervisor must have 15 hours of employment based training annually

DHH Standards of Participation;

LR Vol. 29, No. 09, September 20, 2003

Verification of Provider Qualifications**Entity Responsible for Verification:**

Louisiana Department of Health and Hospitals, Health Standards Section

Frequency of Verification:

Initially and Annually

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Respite

Alternate Service Title (if any):

Respite

HCBS Taxonomy:**Category 1:****Sub-Category 1:****Category 2:****Sub-Category 2:**

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Respite can be provided in the participant's home or private residence, or in a licensed respite care facility determined appropriate by the participant or responsible party. Respite in the participant's home or private residence can be utilized to assist the participant in their home or in the community and to provide direct care as needed to complete everyday personal tasks. Center-based respite care is a service provided to participants who are unable to care for themselves; furnished on a short-term basis due to the absence or need for relief of those persons normally providing the care. Respite care will only be provided in a licensed center-based respite care facility. It is most commonly used when families take vacations, go away for the weekend, or have a sudden emergency such as a death in the family. It is not substitute family care.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Respite shall not exceed 428 standard units of service in a plan year.

Participants receiving Respite may use this service in conjunction with other Supports Waiver services as long as services are not provided during the same period in a day.

Service Delivery Method (check each that applies):

- ☐ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
☒ Relative
☒ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Personal Care Attendant
Agency	HCBS- Center Based Respite Module

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Respite****Provider Category:**

Provider Type:

Personal Care Attendant

Provider Qualifications**License (specify):**

Personal Care Attendant Services:

Louisiana Revised Statutes

40.2006(E)(2)(m)-(u) & 40:2120.1-40:2120.7

Certificate (specify):

Other Standard (specify):

DHH Standards of Participation;

LR Vol. 29, No. 09, September 20, 2003

Verification of Provider Qualifications**Entity Responsible for Verification:**

Department of Health and Hospitals (Health Standards Section)

Frequency of Verification:

Initially, annually and as needed

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Respite****Provider Category:**Agency **Provider Type:**

HCBS- Center Based Respite Module

Provider Qualifications**License (specify):**

Home and Community Based Services Provider Licensing Standards-

LAC 48:1.Chapter 50

Certificate (specify):**Other Standard (specify):****Verification of Provider Qualifications****Entity Responsible for Verification:**


Department of Health and Hospitals (Health Standards Section)

Frequency of Verification:

Initially, annually and as needed

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Statutory Service **Service:**Case Management **Alternate Service Title (if any):**

Support Coordination

HCBS Taxonomy:**Category 1:****Sub-Category 1:**

Category 2:**Sub-Category 2:**

Category 3:**Sub-Category 3:**

Category 4:**Sub-Category 4:**

Service Definition (Scope):

Support Coordination consists of the coordination of supports and services that will assist participants who receive Supports Waiver services in gaining access to needed waiver and other Medicaid services, as well as needed medical, social, educational and other services, regardless of the funding source. The support coordinator is responsible for convening the person-centered planning team comprised of the participant, participant's family, direct service providers, medical and social work professionals, as necessary, and advocates, who assist in determining the appropriate supports and strategies to meet the participant's needs and preferences. The support coordinator shall be responsible for the ongoing coordination of supports and services included in the participant's plan of care.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- ☐ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
☐ Relative
☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Case Management

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Support Coordination****Provider Category:**

Agency

Provider Type:

Case Management

Provider Qualifications**License (specify):**

Case Management Licensing Standards:

LAC 48:I. Chapter 49 4901-4981 LR Vol. 20 No. 8 August 20, 1994.

Certificate (specify):**Other Standard (specify):**

Providers must enroll as a Medicaid Case Management provider.

Louisiana identifies "Case Management" as "Support Coordination." Support Coordinators' qualifications are the same as case managers.

Support coordination agencies are required to perform the activities

- Intake,
- Assessment,
- Plan of Care Development and Implementation,
- Follow-Up/Monitoring,
- Reassessment, and
- Transition/Closure

Support Coordinator (SC) and Support Coordinator Supervisor (SCS) Qualifications: Must meet the following:

- 1). A Bachelor's or Master Degree in social work from a program accredited by the Council on Social Work Education; or
 - 2). A Bachelors' or Master Degree in nursing (RN) currently licensed in Louisiana (one year of paid experience will substitute for the degree); or
 - 3). A Bachelor's or Master Degree in a human service field which includes; psychology, education, counseling, social services, sociology, philosophy, family and consumer sciences, criminal justice, rehab services, child development, substance abuse, gerontology, and vocational rehabilitation; or
 - 4). A Bachelor's in liberal arts or general studies with a concentration of at least 16 hours in one of the fields listed in item 3 of this part.
- (CMS) Qualifications add two years of paid post degree experience in providing case management services to numbers 1, 2, 3, and 4.

All training as identified and mandated by DHH is required in addition to the following:

Orientation and Training for New Employees
New Staff Orientation

- Orientation of at least sixteen (16) hours must be provided to all staff, volunteers, and students within five (5) working days of employment.
- A minimum of eight (8) hours of the orientation training must cover orientation to the target population including, but not limited to, specific service needs and resources.
- This orientation must include, at a minimum the following:
 - o Support Coordination Provider policies and procedures.
 - o Medicaid and other applicable DHH policies and procedures.
 - o Confidentiality.
 - o Documentation in case records.
 - o Participant rights protection and reporting of violations.
 - o Participant abuse and neglect reporting policies and procedures.
 - o Recognizing and defining abuse and neglect.
 - o Emergency and safety procedures.
 - o Data management and record keeping.
 - o Infection control and universal precautions.
 - o Working with the target or waiver populations.
 - o Professional ethics.
 - o Outcome measures.

Training for New Staff:

- In addition to the required sixteen (16) hours of orientation, all new employees with no documented training must receive an additional minimum sixteen (16) hours of training during the first ninety (90) calendar days of employment.
- This training must be related to the target or waiver populations to be served and include specific knowledge, skills, and techniques necessary to provide case management to the target or waiver populations.
- This training must be provided by an individual with demonstrated knowledge of both the training topics and the target or waiver populations.
- This training must include at a minimum the following:
 - o Assessment techniques.
 - o Support and service planning.
 - o Support and service planning for people with complex medical needs, including information on bowel management, aspiration, decubitus, nutrition.
 - o Resource identification.
 - o Interviewing and interpersonal skills.
 - o Data management and record keeping.
 - o Communication skills.
 - o Cultural awareness.
 - o Personal outcome measures.
- A new employee may not be given Support Coordination responsibility until the orientation is satisfactorily completed.

NOTE: Routine supervision may not be considered training.

Annual Training:

- It is important for SC's to receive continuing training to maintain and improve skills. Each SC must satisfactorily complete forty (40) hours of Support Coordination related training annually which may include training updates on subjects covered in orientation and initial training. SC's annual training year begins with the date of hire.
- The sixteen (16) hours of training for new staff required in the first ninety (90) days of employment may be part of the forty (40) hour minimum annual training requirement. Appropriate updates of topics covered in orientation and training for a new case manager must be included in the required forty (40) hours of annual training.
- The following is a list of suggested additional topics for training:
 - o Nature of illness or disability, including symptoms and behavior
 - o Pharmacology
 - o Potential array of services for the population
 - o Building natural support systems
 - o Family dynamics
 - o Developmental life stages
 - o Crisis management
 - o First aid/CPR
 - o Signs and symptoms of mental illness, alcohol and drug addiction, mental retardation/developmental disabilities and head injuries
 - o Recognition of illegal substances
 - o Monitoring techniques
 - o Advocacy
 - o Behavior management techniques
 - o Values clarification/goals and objectives
 - o Available community resources
 - o Accessing special education services
 - o Cultural diversity
 - o Pregnancy and prenatal care

- o Health management
- o Team building/interagency collaboration.
- o Transition/closure
- o Age and condition-appropriate preventive health care.
- o Facilitating team meetings
- o Computers
- o Stress and time management
- o Legal issues
- o Outcome measures
- o Person-centered planning
- o Self-determination or recipient-directed services

Training for Supervisors

• Each Support Coordination supervisor must complete a minimum of forty (40) hours of training a year. In addition to the required and suggested topics for case managers, the following are suggested topics for supervisory training:

- o Professional identification/ethics
- o Process for interviewing, screening, and hiring of staff
- o Orientation/in service training of staff
- o Evaluating staff
- o Approaches to supervision
- o Managing caseload size
- o Conflict resolution
- o Documentation
- o Time management

Verification of Provider Qualifications

Entity Responsible for Verification:

Louisiana Department of Health and Hospitals(Health Standards Section)

Frequency of Verification:

Initially, annually, and as necessary

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service ▼

Service:

Supported Employment ▼

Alternate Service Title (if any):

HCBS Taxonomy:

Category 1:

Sub-Category 1:

03 Supported Employment 03021 ongoing supported employment, individual ▼

Category 2:**Sub-Category 2:**

03 Supported Employment

03022 ongoing supported employment, group

Category 3:**Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

- Supported Employment - Individual

Individual Employment support services are the ongoing supports provided to participants who, because of their disabilities, need intensive on- going support to obtain and maintain an individual job in competitive or customized employment or self- employment in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

The outcome of this service is sustained paid employment in an integrated setting in the general workforce in the community in a job that meets personal and career goals. May also include support to establish or maintain self- employment, including home based self-employment.

Supported employment services may include any combination of the following services: vocational/job related discovery or assessment, person centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instructions, job coaching, benefits support, training and planning, transportation, asset development, and career advancement services, and other workplace support services including services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.

Participants who have the most significant disabilities may also need long-term employment supports to successfully maintain a job due to the ongoing nature of the waiver participant's support needs, changes in life situations or evolving and changing job responsibilities and where natural supports would not meet this need.

Career Planning may be a component of supported employment services and should include activities focused on the participant becoming employed to their highest ability. Examples of these activities include but are not limited to the following: vocational assessment and discovery process, ongoing career counseling, including benefits planning, assessments as needed (i.e. assistive technology in the work place), job shadowing, and other activities that may assist the individual in deciding upon an employment goal. All career planning activities should be focused on building a plan for a path to community employment at the highest level for each participant.

SE individual employment supports does not include volunteer work.

SE individual employment supports does not include facility based or other types of vocational services furnished in specialized facilities that are not a part of the general work place.

Supported Employment is broken down into the following categories:

- 1) Job Assessment, Discovery and Development for Individual Jobs or Self Employment
 - 2) Initial Job Support, Job Retention and Follow along for Individual Jobs or Self Employment
- Personal care/assistance may be a component part of supported employment individual employment supports, but may not comprise the entirety of the service.

Transportation is included in Supported Employment services, but whenever possible, family, neighbors, friends, co-workers or community resources that can provide needed transportation without charge should be utilized.

Participants receiving Supported Employment Services may also receive other services including Prevocational or Day Habilitation services, but these services cannot be provided in the same service day.

There must be documentation in the participant's file that these services are not available from programs funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Supported Employment-Group:

Are services and training activities provided in regular business, industry, and community settings for groups of two to eight workers with disabilities. SE group must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces.

The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment for which an individual is compensated at or above minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Career Planning may be a component of supported employment group employment services and should include activities focused on the participant becoming employed to their highest ability. Examples of these activities include but are not limited to the following: vocational assessment and discovery process, ongoing career counseling, including benefits planning, assessments as needed (i.e. assistive technology in the work place), job shadowing, and other activities that may assist the individual in deciding upon an employment goal. All career planning activities should be focused on building a plan for a path to community employment at the highest level for each participant.

Personal care/assistance may be a component part of supported employment small group employment support services, but may not comprise the entirety of the service.

Group employment does not include vocational services provided in facility based work settings.

Group employment does not include volunteer work.

Services are broken down as follows:

- 1) Job Assessment, Discovery, and development for group:
- 2) Initial job support, Job Retention, and follow along for group:

All transportation costs are included in the reimbursement for small group employment support. Transportation needed by the participant must be documented on the service plan. Participant must be present to receive this service. If participant needs transportation, Provider must physically provide, arrange, or pay for appropriate transport to and from a central location convenient for the participant agreed upon by the Team; this location shall be documented in the service plan.

Participants receiving Supported Employment, Group Services may also receive other services including Prevocational or Day Habilitation services, but these services cannot be provided in the same day.

There must be documentation in the participant's file that these services are not available from programs funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

•1) For Job Assessment, Discovery and Development for Individual Jobs or Self Employment, A standard unit is defined as 15 minute increments. 2880 standard units of service are allowed in a plan year.

2) For Initial Job Support, Job Retention and Follow along for Individual Jobs or Self Employment, a standard unit is defined as 15 minute increment. 960 standard units of service are allowed in a plan year.

3) For Job Assessment, Discovery and Development for Group Employment, a standard unit is defined as 15 minute increment. 480 standard units of service are allowed in a plan year.

4) For Initial Job Support, Job Retention and Follow along for Group Employment, a standard unit is defined as 1 or more hours a day. Providers must provide at least 1 hour of service in order to receive reimbursement. 240 standard units of service are allowed in a plan year.

Participants receiving Individual Supported Employment Services may also receive other services including Prevocational or Day Habilitation services, but these services cannot be provided during the same time period of the day and the total number of hours can not exceed 5 hours of service in a day.

Participants receiving Group Employment Supported Services may also receive prevocational services and day habilitation services, however they can not be provided in the same service day.

Service Delivery Method (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (*check each that applies*):

- ☐ Legally Responsible Person
☐ Relative
☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Adult Day Care
Agency	Community Rehabilitation Programs (CRP) who are enrolled Medicaid providers of Supported Employment Services

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Supported Employment

Provider Category:

Agency

Provider Type:

Adult Day Care

Provider Qualifications

License (*specify*):

Adult Day Care:

Louisiana Revised Statutes

40.2006(E)(2)(m)-(u) & 40.2120.11-40:2120.16

Certificate (*specify*):

Other Standard (*specify*):

Adult Day Care Site Supervisor must have 15 hours of employment based training annual.

DHH Standards of Participation;

LR Vol. 29, No. 09, September 20, 2003

Verification of Provider Qualifications

Entity Responsible for Verification:

Louisiana Department of Health and Hospitals, Health Standards Section
Frequency of Verification:
Initially and annually

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Supported Employment

Provider Category:

Agency

Provider Type:

Community Rehabilitation Programs (CRP) who are enrolled Medicaid providers of Supported Employment Services

Provider Qualifications

License (specify):

Certificate (specify):

Louisiana Rehabilitation Services (LRS) Community Rehabilitation Program Vendor Compliance Certification signed by vendor and LRS Regional Manager or designee

Other Standard (specify):

DHH Standards of Participation;

LR Vol. 29, No. 09, September 20, 2003

Verification of Provider Qualifications

Entity Responsible for Verification:

Louisiana Workforce Commission,
Louisiana Rehabilitation Services

Frequency of Verification:

Initially and Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Housing Stabilization Service

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:**Sub-Category 2:**

Category 3:**Sub-Category 3:**

Category 4:**Sub-Category 4:**

Service Definition (Scope):

Housing Stabilization Service enables waiver participants to maintain their own housing as set forth in the participant's approved plan of care (POC). Services must be provided in the home or a community setting. The service includes the following components:

1. Conduct a housing assessment identifying the participant's preferences related to housing (type, location, living alone or with someone else, accommodations needed, other important preferences) and needs for support to maintain housing (including access to, meeting terms of lease, and eviction prevention), budgeting for housing/living expenses, obtaining/accessing sources of income necessary for rent, home management, establishing credit and understanding and meeting obligations of tenancy as defined in lease terms.
2. Assist participant to view and secure housing as needed. This may include arranging or providing transportation. Assist participant to secure supporting documents/records, completing/submitted applications, securing deposits, locate furnishings.
3. Develop an individualized housing stabilization service provider plan based upon the housing assessment that includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies where other provider(s) or services may be required to meet the goal.
4. Participate in the development of the plan of care, incorporating elements of the housing stabilization service provider plan. Participate in plan of care renewal and updates as needed.
5. Provide supports and interventions per the individualized housing stabilization service provider plan. If additional supports or services are identified as needed outside the scope of Housing Stabilization Services, communicate the needs to the Support Coordinator.
6. Communicate with the landlord or property manager regarding the participant's disability, accommodations needed, and components of emergency procedures involving the landlord or property manager.
7. If at any time the participant's housing is placed at risk (eg., eviction, loss of roommate or income), Housing Stabilization Services will provide supports to retain housing or locate and secure housing to continue community based supports including locating new housing, sources of income, etc.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Available only to participants who:

- Are residing in a State of Louisiana Permanent Supportive Housing unit or
- Are linked for the State of Louisiana Permanent Supportive Housing selection process

Limited to:

- No more than 165 combined units of this service and the Housing Stabilization Transition service (units can only be exceeded with written approval from OCDD)

Service Delivery Method (check each that applies):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Permanent Supportive Housing Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Housing Stabilization Service

Provider Category:

Agency

Provider Type:

Permanent Supportive Housing Agency

Provider Qualifications

License (specify):

Certificate (specify):

Community Psychiatric and Support Team

Other Standard (specify):

Permanent Supportive Housing (PSH) Agency under contract and enrolled with the Department of Health and Hospitals Statewide Management Organization for Behavioral Health Services plus either:

1. meeting requirements for completion of training program as verified by the PSH director; or
2. have at least one year of completion of housing support team experience in the PSH program as verified by the PSH director.

Verification of Provider Qualifications

Entity Responsible for Verification:

Office of Adult and Aging Services, (OAAS), the program office housing the PSH director

Frequency of Verification:

Initially and annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Housing Stabilization Transition Service

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Housing Stabilization Transition Service enables participants who are transitioning into a PSH unit, including those transitioning from institutions, to secure their own housing. The service is provided while the participant is in an institution and preparing to exit the institution using the waiver. The service includes the following components:

1. Conduct a housing assessment identifying the participant's preferences related to housing (type, location, living alone or with someone else, accommodations needed, other important preferences) and needs for support to maintain housing (including access to, meeting terms of lease, and eviction prevention), budgeting for housing/living expenses, obtaining/accessing sources of income necessary for rent, home management, establishing credit and understanding and meeting obligations of tenancy as defined in lease terms.
2. Assist participant to view and secure housing as needed. This may include arranging or providing transportation. Assist participant to secure supporting documents/records, completing/submitted applications, securing deposits, locate furnishings.
3. Develop an individualized housing stabilization service provider plan based upon the housing assessment that includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies where other provider(s) or services may be required to meet the goal.
4. Participate in the development of the plan of care, incorporating elements of the housing stabilization service provider plan.
5. Look for alternatives to housing if permanent supportive housing is unavailable to support completion of transition.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Available only to participants who:

- Are residing in a State of Louisiana Permanent Supportive Housing unit or
- Are linked for the State of Louisiana Permanent Supportive Housing selection process

Limited to:

- No more than 165 combined units of this service and the Housing Stabilization service (units can only be exceeded with written approval from OCDD)

Service Delivery Method (check each that applies):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Permanent Supportive Housing Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Housing Stabilization Transition Service

Provider Category:

Agency 

Provider Type:

Permanent Supportive Housing Agency

Provider Qualifications

License (specify):

Certificate (specify):

Community Psychiatric and Support Team

Other Standard (specify):

Permanent Supportive Housing (PSH) Agency under contract and enrolled with the Department of Health and Hospitals Statewide Management Organization for Behavioral Health Services plus either:

1. meeting requirements for completion of training program as verified by the PSH director; or
2. have at least one year of completion of housing support team experience in the PSH program as verified by the PSH director.

Verification of Provider Qualifications

Entity Responsible for Verification:

Office of Adult and Aging Services (OAAS), the program office housing the PSH director

Frequency of Verification:

Initially and annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Personal Emergency Response System

HCBS Taxonomy:

Category 1:

Sub-Category 1:



Category 2:

Sub-Category 2:



Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

• A Personal Emergency Response System (PERS) is an electronic device connected to the participant's phone, which enables a participant to secure help when needed. The system is programmed to send a signal to the response center once a "help" button is activated. Trained professionals staff the response center.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

• Coverage of the PERS is limited to the rental of the electronic device. The fee includes a one-time installation charge, training to the participant in usage of the equipment and a monthly maintenance fee.

Service Delivery Method (check each that applies):

- ☐ Participant-directed as specified in Appendix E
☒ Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
☐ Relative
☐ Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Personal Emergency Response System supplier

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Personal Emergency Response System****Provider Category:**

Agency

Provider Type:

Personal Emergency Response System supplier

Provider Qualifications**License (specify):**

Applicable city or parish business license

Certificate (specify):**Other Standard (specify):**

Provider must install and support PERS equipment in compliance with all applicable federal, state, county (parish) and local laws and regulations and meet manufacturer's specifications, response requirements, maintenance records, and enrollee education

Enrolled Medicaid provider

Verification of Provider Qualifications**Entity Responsible for Verification:**

Unisys (Medicaid Fiscal Intermediary): For Medicaid enrollment

City or Parish issuing business license

Frequency of Verification:

Unisys: Initially and Annually
 City/Parish issuing business license:
 As required by individual city or parish

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

- b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):
- ☐ **Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
 - ☒ **Applicable** - Case management is furnished as a distinct activity to waiver participants.
Check each that applies:
 - ☒ **As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*
 - ☐ **As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*
 - ☐ **As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*
 - ☐ **As an administrative activity.** *Complete item C-1-c.*
- c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

- a. Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (*select one*):
- ☐ **No. Criminal history and/or background investigations are not required.**
 - ☒ **Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

• In accordance with Home and Community Based Services Provider Licensing Standards-LAC 48:1, Chapter 50, January 20, 2012 and Louisiana R.S. 40:1300.52 and 40:1300.53, criminal history/background checks are conducted on all unlicensed persons. The background checks are not conducted by the operating agency, but are done by the Louisiana State Police (LSP) or their authorized agent. A state wide check is performed.

• New employee background checks/security checks are reviewed by Health Standards Section during licensing and monitoring reviews.

All persons who provide direct waiver services for children and adults who have disabilities are monitored by Health Standards Section for compliance with applicable laws as follows:

- Children's Code Title VI, Chapter 1, Article 601–606 and Title VI, Chapter 5, Article 609-611;
 - LA. R.S. 14:403, abuse of children;
 - LA R.S. 14:403.2 XI-B; abuse and neglect of adults (includes disabled adults); and
 - LA R.S. 40:1300.53, "Criminal History Checks on Non-licensed Persons and Licensed Ambulance

Personnel" The LA R.S. 40:1300.52 statute was amended by Act 816 of the 2006 Regular Legislative Session which required the criminal background check to now include a security check. The security check will search the national sex offender public registry. All direct support provider agencies are encouraged to become familiar with, and have on hand, the above mentioned statutes as a reference when hiring.

- ACT 816 finalized in 6/30/2006 added security checks for identification of sex offenders & authorized release of potential employees results to the employer.
- ACT 35 finalized in 6/15/2009 prohibited providers hiring any staff with a conviction for a list of 17 crimes (non- waivable offenses).
- Home & Community-Based Services Providers Minimum Licensing Standards (LAC 48: I Chapter 50) June 20, 2011 Emergency Rule with a final Rule published on January 20, 2012 Louisiana Register Vol. 38. No.1 January 20, 2012. This final HCBS Licensing rule includes:
 - o Criminal background checks on all unlicensed persons providing direct care and services to clients.
 - o Includes providers being prohibited in hiring any staff without a criminal background and security check and cannot hire any staff with the specific convictions that are non- waivable (17 specific non-waivable convictions) and;
 - o Includes employee is not to work with client until results of criminal background check and security check is back and eligible for employment.
- Health Standards Section State Survey Agency conducts Investigations for Complaints and Monitoring for licensing surveys and reviews the staff's criminal background/security checks as well as the criminal background/security checks on the owners.

b. Abuse Registry Screening. Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- ☐ **No. The State does not conduct abuse registry screening.**
- ☒ **Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

The state maintains a registry that includes the names of all direct service workers that have had findings of abuse, neglect or misappropriation of property placed against them. Providers are required to check this registry prior to hiring a worker and every six months to assure that no existing workers have had a finding placed against them.

The Department of Health and Hospitals, Health Standards Section has a contractor that maintains the Direct Service Worker Abuse Registry for the state. Health Standards Program Manager administers the Direct Service Worker Abuse Registry Program with oversight of the contractor.

Each licensed provider is required to conduct the screening against the registry to assure a finding is not placed prior to employment and every six months thereafter to assure a finding is not placed in accordance with the Direct Service Worker Registry Final Rule published on December 20, 2012 in the Louisiana Register Vol. 38, number 12.

On each survey conducted at a provider agency a sample of employee personnel files are pulled. Those files will be reviewed for compliance with any screenings that are required by the regulations. If the provider is found not in compliance with the requirements, they will be cited and an acceptable plan of correction to assure on-going compliance will be required.

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. Services in Facilities Subject to §1616(e) of the Social Security Act. Select one:

- ☒ **No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.**

Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

- d. Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

- ☒ **No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.**

- ☐ **Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of *extraordinary care* by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.*

- e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

- ☒ **The State does not make payment to relatives/legal guardians for furnishing waiver services.**

- ☐ **The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.

Specify the controls that are employed to ensure that payments are made only for services rendered.

Other policy.

Specify:

f. Open Enrollment of Providers. Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

- Willing and qualified Licensed HCBS providers can access information on becoming an enrolled waiver service provider several ways:
 - o. Via the Louisiana Medicaid website;
 - o. Through state facilitated stakeholder meetings regarding waiver services; and
 - o. Through state facilitated meetings with provider organizations such as ARC of Louisiana, Community and Residential Services Association, Alliance of Direct Support Professionals, and Alliance of Support Coordinators.
- To date, Louisiana has not had a problem finding enough willing and qualified providers to enroll as waiver service providers.
- As per the Interagency Agreement between the Medicaid Bureau of Health Services Financing (BHSF) and the OCDD:
 - o. All willing and qualified providers have the opportunity to enroll as waiver service providers by first obtaining a license for the specific service they wish to provide through the Department of Health and Hospitals, Health Standards Section (HSS);
 - o. BHSF/HSS trains all DD waiver providers in licensing and certification procedures and requirements;
 - o. After obtaining a license, the provider applicant must complete a Medicaid Enrollment Application and sign a Louisiana Provider Enrollment form (PE-50) to enroll and participate in the Medicaid program;
 - o. BHSF, or its designee, reviews all information, and makes a determination whether to enroll the provider in the Medicaid program;
 - o. BHSF, or its designee, assigns each new enrolled provider a unique Medicaid provider number and sends the OCDD/HSS this information;
 - o. The provider's name is then added to the Freedom of Choice list;
 - o. BHSF, OCDD, or its agent train DD waiver providers in the proper procedures to follow in submitting claims to the Medicaid program BHSF handles all questions concerning the submission of claims;
 - o. BHSF/HSS is responsible for insuring that DD waiver providers remain in compliance with all rules and regulations required for participation in the Medicaid program; and
 - o. HSS, or its designee notifies OCDD State Office in the event any previously enrolled waiver services provider is removed from the active Medicaid provider files. This notification includes the effective date of the closure and the reason.

All prospective providers must go through a licensing and a Medicaid provider enrollment on-site visit. The provider is listed on the Provider Freedom of Choice form for regions of the state for which they have completed enrollment and licensure. HSS (Health Standards Section) notifies the OCDD State Office when an enrolled provider is removed from the active Medicaid provider file and requires removal from the Freedom of Choice list. Notification will include the reason and the date of closure.

The time frame for obtaining a license is approximately three to four months once a provider has submitted a completed application and paid the required fee. Once the licensing process is completed, the enrollment process takes fifteen (15 working days from receipt of a completed enrollment application form.

Once the licensing process is completed, the enrollment process proceeds.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. Sub-Assurances:

- a. *Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

C.a.i.a.1. Number and percentage of initial providers for who obtained licensure/certification in accordance with state law/policy prior to services provision. Numerator = number of initial providers who obtained licensure/certification prior to services provisions; Denominator = Total number of initial providers

Data Source (Select one):

Other

If 'Other' is selected, specify:

Aspen Complaint Database (ACO)

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:

	<input type="checkbox"/> Other Specify: 	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: 	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

C.a.i.a.2. Number and percentage of substantiated licensing complaints.

Numerator = number of substantiated licensing complaints; Denominator = the total number of complaints.

Data Source (Select one):**Other**

If 'Other' is selected, specify:

ACO Database

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =

<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

C.a.i.a.3. Number and percentage of provider's who conducted background checks on direct services workers in accordance with state laws/policies.

Numerator = Number of providers who conducted background checks on direct services workers in accordance with state laws/policies; Denominator = Total number of providers

Data Source (Select one):

Other

If 'Other' is selected, specify:

ACO Database

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review

<input checked="" type="checkbox"/> State Medicaid Agency		
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- b. *Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.*

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- c. **Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.**

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

C.a.i.c.1 Number and percentage of licensed providers meeting provider training requirements in accordance with state laws/policies. Numerator = Number of licensed providers meeting provider training requirements in accordance with state laws/policies; Denominator = Total number of licensed providers.

Data Source (Select one):

Other

If 'Other' is selected, specify:

ACO Database

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>

	<input type="checkbox"/> Other Specify: 	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: 	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
- Performance Measure C.a.i.a.1, C.a.i.a.2, C.a.i.a.3, C.a.i.c.1.: For every deficiency cited, the provider will be required to submit a plan of correction. If acceptable, a follow up survey will be conducted. This will be accomplished either via onsite visit or via written evidence submitted by the provider, depending on the deficiencies. The plan of correction will require the provider to give a completion date (no more than 90 days) for each deficiency as well as identify the staff person responsible for monitoring and assuring continued compliance. Failure to come into substantial compliance could result in license revocation and or cancellation of the Medicaid provider agreement. Civil monetary penalties may be imposed for deficiencies resulting in actual harm or death to a client or when there are repeat deficiencies within 18 months. Failure to pay the fine will result in withholding Medicaid reimbursements.

If a provisional license is issued, the provider will be reviewed at the end of the provisional license period for compliance history. If the provider is still not in compliance, a revocation action will be initiated.

Providers who do not provide staff with orientation and on-going in-service training as per the licensing

standards will be cited with deficiencies and subject to the remediation procedures stated above.

Remediation will be required for each area of non-compliance and may include sanctions, plans of corrections, issuance of provisional license, license revocation, and/or civil monetary penalties.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: _____

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

☒ No

☐ Yes

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

- a. **Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

☒ **Not applicable-** The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.

☐ **Applicable -** The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c)

how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. *(check each that applies)*

- ☐ **Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
Furnish the information specified above.

- ☐ **Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

- ☐ **Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

- ☐ **Other Type of Limit.** The State employs another type of limit.
Describe the limit and furnish the information specified above.

Appendix C: Participant Services

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (1 of 8)

State Participant-Centered Service Plan Title:
Plan of Care (POC)

- a. Responsibility for Service Plan Development.** Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals *(select each that applies)*:

- ☐ Registered nurse, licensed to practice in the State
- ☐ Licensed practical or vocational nurse, acting within the scope of practice under State law
- ☐ Licensed physician (M.D. or D.O)
- ☒ Case Manager (qualifications specified in Appendix C-1/C-3)
- ☐ Case Manager (qualifications not specified in Appendix C-1/C-3).

Specify qualifications:

- ☐ Social Worker

Specify qualifications:

- ☐ Other

Specify the individuals and their qualifications:

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (2 of 8)

b. Service Plan Development Safeguards.*Select one:*

- ☒ Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.

- ☐ Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.

The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. *Specify:*

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (3 of 8)

c. Supporting the Participant in Service Plan Development.*Specify:* (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

- Following selection of and linkage to a Support Coordination Agency, the assigned Support Coordinator explains all available services in the waiver during the initial contact so that the participant and/or legal representatives can make informed choices. The participant is also informed of any procedural safeguards, their rights and responsibilities, how to request a change of Support Coordination agencies or Direct Service Providers, and the grievance and/or complaint procedures. Printed information is given to the participant at this visit. The Support Coordinator provides assistance in gaining access to the full range of needed services including medical, social, educational, and/or other supports as identified by the participant.

• The initial planning meeting is conducted in a face-to-face visit in the participant's place of residence. During this visit, the participant chooses who will be part of his/her planning process and support team. The Support Coordinator assists the participant in contacting the team members with the date(s) and time(s) of meeting(s). The Support Coordinator facilitates the planning meeting with the participant driving the planning process.