
H-900 HOME AND COMMUNITY-BASED SERVICES (HCBS)**H-910 GENERAL INFORMATION**

Home and community-based services offered under a waiver program are provided:

- To individuals who would otherwise require long-term care services in an institutional setting; and
- The total cost of waiver services is no more than the average cost of institutional care services the individual would otherwise require.

Eligibility for HCBS differs from other Medicaid eligibility in the following ways:

- Persons covered under a waiver must meet specific medical criteria;
- The number of enrollees that can be served may be limited; and
- The geographical area where services are provided may be limited.

Medicaid HCBS Waivers

The following HCBS waivers are offered in Louisiana:

- (1) Adult Day Health Care (ADHC);
- (2) Children's Choice Waiver (OCDD-CCW);
- (3) New Opportunities Waiver (NOW);
- (4) Residential Options Waiver (ROW);
- (5) Supports Waiver (SW);
- (6) Community Choices Waiver (OAAS-CCW), **; and
- (7) Coordinated System of Care – Severely Emotionally Disturbed Waiver (CSoc-SED).

Note:

An individual cannot be enrolled in two HCBS waiver programs at the same time.

Adult Day Health Care (ADHC)

The ADHC waiver covers direct care provided in a licensed and Medicaid enrolled ADHC center for persons age 65 and older or age 22 to 64 with a disability who would otherwise require nursing facility services.

Other services covered under the waiver include:

- Support coordination;
- Transition intensive support coordination; and
- Transition services.

New Opportunities Waiver (NOW)

The NOW is intended to provide specific, activity focused services rather than continuous custodial care.

The NOW is offered to individuals who are age three and older and have an intellectual and/or developmental disability that meets the Louisiana definition for developmental disability.

Persons requesting NOW must meet the Intermediate Care Facility for persons with Intellectual Disabilities (ICF/ID) level of care.

The following are services provided under the NOW:

- Center-based respite care;
- Community integration development (CID);
- Day habilitation and transportation;
- Prevocational services;
- Environmental accessibility adaptations;
- Individual and family support (IFS) services;
- One-time transitional expenses;
- Personal emergency response system;
- Professional services;
- Skilled nursing services;
- Specialized medical equipment and supplies;
- Substitute family care (SFC);

- Supported employment and transportation;
- Supported independent living (SIL);
- Adult companion care;
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- Housing stabilization service; and
- Housing stabilization transition service.

Children’s Choice Waiver (OCDD-CCW)

The OCDD-CCW provides supplemental support services to children who have intellectual and/or developmental disabilities, which meet the Louisiana definition for developmental disability, and who currently live at home with their families or who will leave a residential facility to return home.

The OCDD-CCW is an option offered to children ** who meet the level of care requirements for ICF/ID. The age requirement is birth through age 20.

Participants who reach age 18 and remain enrolled in school may continue to receive waiver services until their 21st birthday at which time they will transfer into an appropriate adult waiver as long as they remain eligible for waiver services.

Participants currently receiving waiver services who reach age 18 and choose to no longer attend school may transition to a Supports Waiver anytime until their 21st birthday based on a person-center planning process.

OCDD-CCW covers one or more of the following services:

- Center-based respite;
- Environmental accessibility adaptations;
- Family training;
- Family support;
- Support coordination;
- Specialized medical equipment and supplies;
- Professional services;
 - Aquatic therapy;

- Art therapy;
- Music therapy;
- Sensory integration
- Hippotherapy/therapeutic horseback riding;
- Housing stabilization service; and
- Housing stabilization transition service.

Supports Waiver (SW)

The SW is intended to provide specific, activity focused services rather than continuous custodial care to support individuals living in the community who would otherwise require ICF/ID facility services.

Persons requesting the SW must be 18 years and older with an intellectual and/or a developmental disability which manifested prior to age 22.

The SW covers one or more of the following services to individuals:

- Supported employment;
- Day habilitation;
- Prevocational services;
- Respite;
- Habilitation;
- Personal emergency response system (PERS);
- Support coordination;
- Housing stabilization service; and
- Housing stabilization transition service.

Residential Options Waiver (ROW)

The ROW offers an alternative to institutional care that utilizes an array of services, supports, and residential options to individuals who would otherwise require ICF/ID facility services. There is no age-specific requirement for the ROW.

The ROW provides the following services:

- Professional services:
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 - Psychology;
 - Physical therapy;
 - Occupational therapy;
 - Nutrition/Dietary;
 - Social Work; and
 - Speech therapy.
- Nursing services;
- Dental services;
- Community living supports;
- Day habilitation;
- Prevocational services;
- Supported employment;
- Respite care out of home;
- Shared living services;
- Support coordination;
- Companion care;
- Host home;
- Transportation - community access;
- Assistive technology/specialized medical equipment and supplies;
- Personal emergency response system;
- Environmental accessibility adaptations;
- One-time transition services;
- Adult Day Health Care services (ADHC);
- Housing stabilization services; and
- Housing stabilization transition services.

Community Choices Waiver (OAAS-CCW)

The OAAS-CCW waiver provides one or more of the following services to persons age 65 and older or physically disabled adults age 21 to 64 with disabilities who would otherwise require nursing facility services.

The OAAS-CCW provides the following services:

- Adult day health care service;
- Caregiver temporary support service;
- Assistive devices and medical supplies;
- Environmental accessibility adaptations (home modification);
- Home delivered meals;
- Support coordination;
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- Nursing services;
- Personal assistance services (PAS);
- Skilled maintenance therapy;
- Transition intensive support coordination;
- Transition services;
- Housing stabilization services;
- Monitored in-home caregiving; and
- Housing transition or crisis intervention services.

Coordinated System of Care (CSoC) Severely Emotionally Disturbed (SED) Children's Waiver

The CSoc SED waiver provides intensive home and community-based psychosocial supportive services for youth from the age of 5 and individuals under the age of 21 who:

- Have a qualifying mental health diagnosis;
- Are identified as seriously emotionally disturbed (SED), which applies to youth ages 5 through 17 or seriously mentally ill (SMI) which applies to youth ages 18 through 20;
- Would otherwise require nursing facility or hospital placement; and

- Meet all other eligibility factors

Note:

Individuals between the ages of 0 to 5 and 20 to 21, who were enrolled in CSoC waiver prior to March 1, 2017, may continue to receive services as long as they continue to meet the level of care criteria and all other eligibility factors.

The CSoC SED waiver provides four specialized services that are not available to other Medicaid youth:

- Independent living/skills building;
- Short term respite;
- Youth support and training; and
- Parent support and training.

Note:

An individual cannot be enrolled in CSoC SED and another HCBS waiver program at the same time.

H-910.1 Coverage

Medicaid provides vendor payment for eligible waiver enrollees for services that are not available to other enrollees. The specific services covered are described in the waiver document.

Waiver services are covered in addition to regular non-institutional Medicaid services.

H-910.2 Medical Certification

Medical certification requires that the applicant meet the level of care requirements for the waiver program for which he is applying.

Therefore, before HCBS vendor payments can be authorized for any applicant, a comprehensive report and evaluation of the individual's medical needs must be completed.

For all waivers, except CSoC SED

The waiver applicant's physician completes the report and evaluation and recommends a specific classification of care. This report and recommendation are submitted with the plan of care to

the Office of Aging and Adult Services (OAAS) or its designee for ADHC and Community Choices and to Office for Citizens with Developmental Disabilities (OCDD) for NOW, Children's Choice, Supports and ROW regional office staff for approval.

The plan of care is prepared by the following entities for each respective waiver:

ADHC – the potential ADHC provider;

Community Choices – the support coordinator;

NOW – the support coordinator or OCDD if applicant is not already Medicaid eligible;

Children's Choice – the support coordinator;

Supports Waiver – the support coordinator; and

ROW – the support coordinator.

For cases with a Level II assessment, the first day of eligibility for HCBS is no earlier than the effective date indicated by the Office of Behavioral Health (OBH) or OCDD regional office on BHSF Form 142 or the date financial eligibility is established, whichever is later.

Medical certification must be obtained any time the enrollee's medical needs indicate a change in level of care or the enrollee is eligible for participation in a new waiver program.

Documentation of Medical Certification

OAAS or OCDD regional waiver office (or their designee) issues the BHSF Form 142 (Notice of Medical Certification).

The BHSF Form 142 documents the following:

- Approval or disapproval of the level of care;
- The effective date of medical certification approval; and
- All approved waiver services. Federal financial participation (FFP) is available only to services specified in the approved plan of care.

Note:

A change in a support coordination agency does not require a BHSF Form 142.

For CSoC SED Waiver only

A child/youth must have a mental health diagnosis determined by a physician or licensed mental health professional and qualifying scores on the Child and Adolescent Needs and Strengths (CANS) Comprehensive Multisystem to be clinically eligible for the enrollment in the HCBS CSoC SED waiver.

Documentation of Medical Certification

The CSoC Contractor Clinical criteria must be met to be eligible for the enrollment in the HCBS CSoC SED waiver. The CSoC contractor is responsible for adding the CSoC SED segment information to MMIS.

A medical certification is needed every six (6) months for CSoC-SED.

If a new medical certification is not received for the next six (6) month period, continuous eligibility is applicable to those children under age 19 for coverage of regular Medicaid services. The child can remain in the CSoC-SED waiver case but no segment is added.

H-910.3 Special Income Level (SIL)

Income eligibility is based on the applicant/enrollee's gross income (excluding VA Aid and Attendance).

Gross income is compared to the SIL rate. The SIL rate for HCBS is three times the Supplemental Security Income (SSI) Federal Benefit Rate (FBR) for an individual. Refer to [Z-700 LTC/HCBS SIL Rate, Resource Limits and Personal Care Needs Allowance](#).

Review eligibility under the HCBS Spend-Down Medically Needy program for an applicant/enrollee eligible to participate in the CC, ADHC, NOW, or ROW waivers, but who has countable gross monthly income over the SIL. Refer to [H-1050 Spend-Down Medically Needy - Home and Community Based Services – SSI-Related](#).

Review eligible under the Regular and Spend-down Medically Needy program for an applicant/enrollee eligible to participate in CSoC-SED (only), but who has income over the SIL. Refer to [H-1020 Regular and Spend-Down Medically Needy - MAGI-Related](#). Refer to H-1030

Spend-Down Medically Needy.

H-910.4 Patient Liability

There is no patient liability for a HCBS applicant/enrollee who has countable gross income below the SIL. Refer to H-910.5, Maintenance Needs Allowance and [Z-700 LTC/HCBS SIL Rate, Resource Limits and Personal Care Needs Allowance](#) .

An applicant/enrollee eligible to participate in the Community Choices, ADHC, ROW, or NOW SD-MNP may have a patient liability. The patient liability is based on the amount of income remaining after the allowable deductions. Refer to [H-1050 Spend-Down Medically Needy - Home and Community Based Services - SSI Related](#).

H-910.5 Maintenance Needs Allowance

HCBS enrollees are allowed maintenance_needs allowance up to three (3) times the FBR.

H-910.6 Categories F, V, I, and O

The Louisiana Department of Children and Family Services (DCFS) Child Welfare office is responsible for determining HCBS eligibility and patient liability for children in state custody who are certified in categories F, V, I, and O.

H-920 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

H-921.1 Determine Assistance Unit

The assistance unit consists of the applicant/enrollee.

H-921.2 Establish Categorical Requirements

Verify that the applicant/enrollee is:

- Aged;
- Blind; or
- Disabled.

Refer to [E-0000 Category](#).

Exception:

For the CSoC-SED, the only categorical requirement is that an applicant/enrollee meets the CSoC 1915(c) level of care.

H-921.3 Establish Non-financial Eligibility

Verify eligibility for the applicant/enrollee with regard to the following factors:

- [Assignment of Third Party Rights](#) I-200
- [Citizenship/Alien Status](#) I-300
- [Continuity of Stay](#) I-400
- [Enumeration](#) I-600
- [Medical Certification](#) I-1000
- [Residence](#) I-1900

H-921.4 Establish Need

Verify that the applicant has been offered an opportunity (slot) for HCBS.

A. Determine Composition of the Income Unit

The income unit consists of:

- The applicant/enrollee;
- Applicants/enrollees who are a couple and both receive HCBS waiver services; or for the month of admission (the month of eligibility listed on the BHSF Form 142) only the applicant/enrollee who is a minor and the parent(s) with whom he lived during the month. Refer to [I-1420 Need - Deeming](#).

Exception:

- Do not deem income from a spouse or from parents to a child who has been discharged from a facility to his home

to receive HCBS.

- Do not deem income from parents to a child in the CSoC-SED waiver.
- Do not deem income from a parent to a child in HCBS after the first calendar month of admission.

B. Determine Countable Income

Determine countable gross income of the applicant/enrollee including any parental deemed income. Refer to [I-1530 Need – SSI-Related Income](#) and [Z-700 LTC/HCBS SIL Rate, Resource Limits and Personal Care Needs Allowance](#).

The applicant/enrollee must be income eligible based on his gross income to be eligible for HCBS.

Note:

Exclude any income received from VA Aid and Attendance.

Add the gross earned and gross unearned income including any income deemed from the parent(s) and compare the total to the SIL. If the applicant/enrollee is an individual, including a minor child, use the individual SIL.

If the total gross income of the applicant/enrollee is over the SIL, the applicant/enrollee is income ineligible. For an applicant eligible to participate in the Community Choices, ADHC, NOW or ROW program consider eligibility under HCBS Spend-down MNP (Refer to [H-1050 Spend-Down Medically Needy - HCBS - SSI-Related](#)). For an applicant eligible to participate in CSoC-SED consider eligibility under Spend-Down MNP. (Refer to [H-1020 Regular and Spend-Down Medically Needy - MAGI-Based](#)). Refer to H-1030 Spend-Down Medically Needy.

If the total gross income is equal to or less than the SIL, the applicant/enrollee is income eligible. Continue the determination of need.

Note:

Consider QMB or SLMB eligibility for all HCBS applicants. Refer to [H-1000 Medically Needy Program - General Information](#) or [H-1300 Specified Low-income Medicare Beneficiary \(SLMB\)](#).

Couples Receiving HCBS

Beginning with the month each member of a married couple is offered a waiver opportunity determine whether it is to the couple's advantage to have eligibility reviewed as:

- As a couple; or
- As individuals.

First, consider eligibility for each applicant as an individual using the individual SIL.

If one member of the couple has gross income which is greater than the individual SIL, consider eligibility as a couple using the couple SIL.

If the total combined gross income of the couple is equal to or less than the couple SIL, the couple is income eligible. Continue the determination of need.

If eligibility for HCBS is established using the couple SIL, consider eligibility for QMB or SLMB using the couple QMB or SLMB standard.

If the total combined gross income of the couple is greater than the couple SIL rate, the couple is income ineligible. Eligibility for each applicant must be reviewed using the individual SIL.

If the total gross income of the individual is over the SIL, the applicant is income ineligible. Applicants/enrollees eligible to participate in the CC, ADHC, NOW, or ROW waivers, consider eligibility under HCBS Spend-Down Medically Needy Program. Refer to [H-1050 Spend-Down Medically Needy - Home and Community Based Services - SSI Related](#)

C. Determine Composition of the Resource Unit

The resource unit consists of:

- The applicant/enrollee;
- Applicant/enrollee and community spouse; or
- For the month of admission (the month of eligibility listed on

the BHSF Form 142) only the applicant/enrollee who is a minor and the parent(s) with whom he lived during the month. Refer to [I-1420 Need - Deeming](#). After the first month of eligibility, the income/resource unit only consists of the HCBS individual.

Exception:

Do not deem resources from parents to a child who has been discharged from a facility to his home to receive HCBS.

D. Determine Need/Countable Resources

Determine eligibility with regard to resources:

- Determine total countable resources of the applicant/enrollee or couple. Refer [I-1630 Need - SSI-Related Resources](#).

If resources were disposed of within (sixty) 60 months prior to application, refer to [I-1670 Transfer of Resources For Less Than Fair Market Value](#). If a transfer of resources for less than fair market value has occurred or the individual's home equity exceeds the limit, the individual will be totally ineligible for the waiver program. However, eligibility should be considered in other non-waiver programs.

If the applicant/enrollee has a community spouse, refer to [I-1660 Spousal Impoverishment Resource Provisions \(LTC/HCBS\)](#).

- Compare total countable resources to the SSI resource limit for an individual (or couple). Refer to [Z-900 Resource Limits by Program](#).

Note:

If eligibility for HCBS is established for a couple using the couple SIL, but the couple's resources exceeds the \$3,000 couple resource limit, eligibility as a couple is not met. Re-evaluate the eligibility for each member as an individual using the individual SIL and resource limit.

If resources are greater than the resource limit, the applicant/enrollee is resource ineligible for HCBS.

If resources are equal to or less than the resource limit, the applicant/enrollee is resource eligible for HCBS.

H-921.5 Eligibility Decision

Evaluate all eligibility requirements and verification received to make the eligibility decision.

H-921.6 Reserved**H-921.7 Certification Period**

The certification period cannot exceed twelve (12) months.

Children certified for the CSoC-SED waiver are eligible for twelve (12) months continuous eligibility for regular Medicaid services.

H-921.8 Notice of Decision

Send notice of decision to the applicant/enrollee.

Send a copy of the decision notice to OAAS or OCDD regional office and the specified support coordinator for:

- ADHC;
- OCDD-CCW;
- NOW;
- OAAS-CCW;
- SW; or
- ROW.

H-921.9 Post Certification

Refer potentially eligible enrollees for SSI.