

§16107. Programmatic Allocation of Waiver Opportunities

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

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

C. Utilizing the procedures described in subparagraph A, ROW opportunities will be offered with priority given to the individuals in the following groups:

1. participants in the Money Follows the Person Rebalancing Demonstration Grant of 2007 which includes:

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

b. residents of private ICFs/MR who choose to receive home and community-based waiver services and the providers voluntarily closes the licensed, Medicaid enrolled ICF/MR beds vacated by the individuals in order to fund ROW opportunities; and

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

2. residents of six bed private ICFs/MR who choose to receive home and community-based waiver services and the providers voluntarily closes the licensed, Medicaid enrolled ICF/MR beds vacated by the individuals in order to fund ROW opportunities;

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

4. the remaining opportunities will be allocated equally among the following groups, with any unused

opportunities from these groups being equally distributed among the remaining groups:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

E. Individuals who enter the ROW and are on the RFSR for the NOW will retain their protected date for the NOW until July 1, 2008.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2441 (November 2007).

home and community-based services provider in accordance with state laws and the rules promulgated by the Department; and

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

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

C. In order for a provider to bill for services, the waiver recipient and the direct service worker or professional services practitioner rendering service must be present at the time the service is rendered.

1. Exception. The following services may be provided when the recipient is not present:

- a. environmental accessibility adaptations;
- b. personal emergency response systems; and
- c. one-time transitional services.

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

D. If transportation is provided as part of a waiver service, the provider must comply with the requirements for transportation services providers set forth in §16337.G- I.

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HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2455 (November 2007).

§16705. Electronic Visit Verification

A. Effective for dates of service on or after July 1, 2015, Residential Options Waiver providers shall use the electronic visit verification (EVV) system designated by the department for automated scheduling, time and attendance tracking, and billing for certain home and community-based services.

B. Reimbursement shall only be made to providers with documented use of the EVV system. The services that require use of the EVV system will be published in the ROW provider manual.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:1287 (July 2015).

Chapter 169. Reimbursement

§16901. Reimbursement Methodology

A. Reimbursement for the following services shall be a prospective flat rate for each approved unit of service provided to the waiver recipient. One quarter hour (15

minutes) is the standard unit of service, which covers both the service provision and administrative costs for these services:

1. respite care;
2. community living supports (CLS):
 - a. up to three recipients may share CLS services if they share a common provider of this service;
 - b. there is a separate reimbursement rate for CLS when these services are shared;
3. professional services furnished by a/an:
 - a. psychologist;
 - b. speech therapist;
 - c. physical therapist;
 - d. occupational therapist;
 - e. social worker; or
 - f. dietician/nutritionist;
4. nursing services;
5. intensive community supports; and
6. supported employment.

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

1. environmental accessibility adaptations;
 - a. upon completion of the environmental accessibility adaptations and prior to submission of a claim for reimbursement, the provider shall give the recipient a certificate of warranty for all labor and installation work and supply the recipient with all manufacturers' warranty certificates.
2. assistive technology; and
3. specialized medical equipment and supplies.

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

1. host home;
2. companion care living services;
3. shared living services;
 - a. per diem rates are established based on the number of individuals sharing the living service module for both for shared living and shared living conversion services.

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

1. day habilitation; and
2. pre-vocational.