

the OAAS assistant secretary to allow alternative arrangements that will secure as nearly equivalent provision of services as is practical. In no case will the modification afford less quality or protection, in the judgement of OAAS, than that which would be provided with compliance of the provisions contained in these standards.

1. Requirement modifications may be reviewed by the OAAS assistant secretary and either continued or canceled.

E. If a support coordination agency fails to comply with their requirements as a certified support coordination agency and/or requests assistance from OAAS, OAAS may temporarily perform the mandatory duties of the support coordination agency to ensure the continuity of the participants' services and the participants' health and welfare. The support coordination agency shall not be reimbursed for support coordination duties performed by OAAS.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3086 (November 2013), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 47:886 (July 2021).

### **§503. Certification Requirements**

A. All agencies that provide support coordination to OAAS-administered home- and community-based waivers must be certified by the Department of Health and Hospitals. It shall be unlawful to operate as a support coordination agency for OAAS-administered waivers without being certified by the department.

B. In order to provide support coordination services for OAAS-administered home- and community-based waiver programs, the agency must:

1. be certified and meet the standards for participation requirements as set forth in this Rule;
2. sign a performance agreement with OAAS;
3. assure staff attends all training mandated by OAAS;
4. enroll as a Medicaid support coordination agency in all regions in which it intends to provide services for OAAS-administered home- and community-based services; and
5. comply with all DHH and OAAS policies and procedures.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3087 (November 2013).

### **§505. Certification Issuance**

A. A certification shall:

1. be issued only to the entity named in the certification application;

## **Chapter 5. Support Coordination Standards for Participation for Office of Aging and Adult Services Waiver Programs**

### **Subchapter A. General Provisions**

#### **§501. Introduction**

A. The Department of Health (LDH) establishes these minimum standards for participation which provides the core requirements for support coordination services provided under home and community-based services waiver programs administered by the Office of Aging and Adult Services (OAAS). OAAS must determine the adequacy of quality and protection of waiver participants in accordance with the provisions of these standards.

B. OAAS, or its designee, is responsible for setting the standards for support coordination, monitoring the provisions of this Rule, and applying administrative sanctions for failures by support coordinators to meet the minimum standards for participation in serving participants of OAAS-administered waiver programs.

C. Support coordination are services that will assist participants in gaining access to needed waiver and other state plan services, as well as needed medical, social, educational, housing, and other services, regardless of the funding source for these services.

D. If, in the judgement of OAAS, application of the requirements stated in these standards would be impractical in a specified case; such requirements may be modified by

2. be valid only for the support coordination agency to which it is issued after all applicable requirements are met;

3. enable the support coordination agency to provide support coordination for OAAS-administered home- and community-based waivers within the specified DHH region; and

4. be valid for the time specified on the certification, unless revoked, suspended, modified or terminated prior to that date.

B. Provisional certification may be granted when the agency has deficiencies which are not a danger to the health and welfare of clients. Provisional certification shall be issued for a period not to exceed 90 days.

C. Initial certification shall be issued by OAAS based on the survey report of DHH, or its designee.

D. Unless granted a waiver by OAAS, a support coordination agency shall provide such services only to waiver participants residing in the agency's designated DHH region.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3087 (November 2013).

#### **§507. Certification Refusal or Revocation and Fair Hearing**

A. A certification may be revoked or refused if applicable certification requirements, as determined by OAAS or its designee, have not been met. Certification decisions are subject to appeal and fair hearing, in accordance with R.S. 46:107(A)(3).

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3087 (November 2013).

#### **§509. Certification Review**

A. Compliance with certification requirements is determined by OAAS through its agency review and support coordination monitoring processes. This review is usually annual but may be conducted at any time and may be conducted without advance notice. Monitors must be given access to all areas of the agency and all relevant files and records.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3087 (November 2013), amended LR 40:1936 (October 2014).

## **Subchapter B. Administration and Organization**

### **§513. Governing Body**

A. A support coordination agency shall have an identifiable governing body with responsibility for and authority over the policies and activities of the agency.

1. An agency shall have documents identifying all members of the governing body, their addresses, their terms of membership, and officers of the governing body.

2. The governing body shall hold formal meetings at least twice a year.

3. There shall be written minutes of all formal meetings of the governing body.

4. There shall be governing body by-laws which specify the frequency of meetings and quorum requirements.

B. The governing body of a support coordination agency shall:

1. ensure the agency's continual compliance and conformity with all relevant federal, state, local and municipal laws and regulations;

2. ensure that the agency is adequately funded and fiscally sound;

3. review and approve the agency's annual budget; and

4. designate a person to act as administrator and delegate sufficient authority to this person to manage the agency.

C. A support coordination agency shall maintain an administrative file that includes:

1. documents identifying the governing body;

2. a list of members and officers of the governing body, along with their addresses and terms of membership;

3. minutes of formal meetings and by-laws of the governing body, if applicable;

4. documentation of the agency's authority to operate under state law;

5. an organizational chart of the agency which clearly delineates the line of authority;

6. all leases, contracts and purchases-of-service agreements to which the agency is a party;

7. insurance policies;

8. annual budgets and, if performed, audit reports;

9. the agency's policies and procedures; and

10. documentation of any corrective action taken as a result of external or internal reviews.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3087 (November 2013), amended LR 40:1936 (October 2014).

### §515. Business Location and Operations

A. Each support coordination agency shall have a business location which shall not be in an occupied personal residence. The business location shall be in the DHH region for which the certification is issued and shall be where the agency:

1. maintains staff to perform administrative functions;
2. maintains the agency's personnel records; and
3. maintains the agency's participant service records.

B. The business location shall have:

1. a published nationwide toll-free telephone number answered by a person which is available and accessible 24 hours a day, 7 days a week, including holidays;
2. a published local business number answered by agency staff during the posted business hours;
3. a business fax number that is operational 24 hours a day, 7 days a week, including holidays;
4. internet access and a working e-mail address;
5. hours of operation, which must be at least 40 hours a week, Monday-Friday, posted in a location outside of the business that is easily visible to persons receiving services and the general public; and
6. at least one staff person on the premises during posted hours of operation.

C. Records and other confidential information shall be secure and protected from unauthorized access.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3088 (November 2013), amended LR 40:1936 (October 2014).

### §517. Financial Management

A. The agency must establish a system of financial management and staffing to assure maintenance of complete and accurate accounts, books and records in keeping with generally accepted accounting principles.

B. The agency must not permit public funds to be paid or committed to be paid, to any person who is a member of the governing board or administrative personnel who may have any direct or indirect financial interest, or in which any of these persons serve as an officer or employee, unless the services or goods involved are provided at a competitive cost or under terms favorable to the agency. The agency shall have a written disclosure of any financial transaction with the agency in which a member of the governing board, administrative personnel, or his/her immediate family is involved.

C. For the protection of its participants, staff, facilities, and the general public, the agency must have at least \$150,000 in general liability and at least \$150,000 in professional liability insurance coverage.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3088 (November 2013), amended LR 40:1936 (October 2014).

### §519. Policy and Procedures

A. The support coordination agency shall have written policies and procedures approved by the owner or governing body which must be implemented and followed that address at a minimum the following:

1. confidentiality and confidentiality agreements;
2. security of files;
3. publicity and marketing, including the prohibition of illegal or coercive inducement, solicitation and kickbacks;
4. personnel;
5. participant rights;
6. grievance procedures;
7. emergency preparedness;
8. abuse and neglect reporting;
9. critical incident reporting;
10. worker safety;
11. documentation; and
12. admission and discharge procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3088 (November 2013).

### §521. Organizational Communication

A. The agency must establish procedures to assure adequate communication among staff to provide continuity of services to the participant and to facilitate feedback from staff, participants, families, and when appropriate, the community.

B. The agency must have brochures and make them available to OAAS or its designee. The brochures must include the following information:

1. that each participant has the freedom to choose their providers and that their choice of provider does not affect their eligibility for waiver, state plan, or support coordination services;
2. that a participant receiving support coordination through OAAS may contact the OAAS help line for information, assistance with, or questions about OAAS programs;

3. the OAAS help line number along with the appropriate OAAS regional office telephone numbers;

4. information, including the Health Standards Section complaint line, on where to make complaints against support coordinators, support coordination agencies, and providers; and

5. a description of the agency, services provided, current address, and the agency's local and nationwide toll-free number.

C. The brochure may also include the agency's experience delivering support coordination services.

D. The support coordination agency shall be responsible for:

1. obtaining written approval of the brochure from OAAS prior to distributing to applicants/participants of OAAS-administered waiver programs;

2. providing OAAS staff or its designee with adequate supplies of the OAAS-approved brochure; and

3. timely completing revisions to the brochure, as requested by OAAS, to accurately reflect all program changes as well as other revisions OAAS deems necessary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3089 (November 2013), amended LR 40:1936 (October 2014).

## **Subchapter C. Provider Responsibilities**

### **§525. General Provisions**

A. Any entity wishing to provide support coordination services for any OAAS-administered home- and community-based waiver program shall meet all of the standards for participation contained in this Rule, unless otherwise specifically noted within these provisions.

B. The support coordination agency shall also abide by and adhere to any federal, state law, Rule, policy, procedure, performance agreement, manual or memorandum pertaining to the provision of support coordination services for OAAS-administered home- and community-based waiver programs.

C. Failure to comply with the requirements of these standards for participation may result in sanctions including, but not limited to:

1. recoupment of funds;
2. cessation of linkages;
3. citation of deficient practice and plan of correction submission;
4. removal from the freedom of choice list; or
5. decertification as a support coordination agency for OAAS-administered home- and community-based waiver services.

D. A support coordination agency shall make any required information or records, and any information reasonably related to assessment of compliance with these requirements, available to the department.

E. Designated representatives of the department, in the performance of their mandated duties, shall be allowed by a support coordination agency to:

1. inspect all aspects of a support coordination agency operations which directly or indirectly impact participants; and

2. conduct interviews with any staff member or participant of the agency.

F. A support coordination agency shall, upon request by the department, make available the legal ownership documents of the agency.

G. Support coordination agencies must comply with all of the department's systems/software requirements.

H. Support coordination agencies shall, at a minimum:

1. maintain and/or have access to a comprehensive resource directory containing all of the current inventory of existing formal and informal resources that identifies services within the geographic area which shall address the unique needs of participants of OAAS-administered home- and community-based waiver programs;

2. establish linkages with those resources;

3. demonstrate knowledge of the eligibility requirements and application procedures for federal, state and local government assistance programs, which are applicable to participants of OAAS-administered home- and community-based waiver programs;

4. employ a sufficient number of support coordinators and supervisory staff to comply with OAAS staffing, continuous quality improvement (CQI), timeline, workload, and performance requirements;

5. demonstrate administrative capacity and the financial resources to provide all core elements of support coordination services and ensure effective service delivery in accordance with programmatic requirements;

6. assure that all agency staff is employed in accordance with Internal Revenue Service (IRS) and Department of Labor regulations (subcontracting of individual support coordinators and/or supervisors is prohibited);

7. have appropriate agency staff attend trainings, as mandated by DHH and OAAS;

8. have a documented CQI process;

9. document and maintain records in accordance with federal and state regulations governing confidentiality and program requirements;

10. assure each participant has freedom of choice in the selection of available qualified providers and the right to

change providers in accordance with program guidelines; and

11. assure that the agency and support coordinators will not provide both support coordination and Medicaid-reimbursed direct services to the same participant(s).

I. Abuse and Neglect. Support coordination agencies shall establish policies and procedures relative to the reporting of abuse and neglect of participants, pursuant to the provisions of R.S. 15:1504-1505, R.S. 40:2009.20 and any subsequently enacted laws. Providers shall ensure that staff complies with these regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3089 (November 2013).

### **§527. Support Coordination Services**

A. Support coordination is services that will assist participants in gaining access to needed waiver and other state plan services, as well as needed medical, social, educational, housing and other services, regardless of the funding source for these services. Support coordination agencies shall be required to perform the following core elements of support coordination services:

1. intake;
2. assessment;
3. plan of care development and revision;
4. linkage to direct services and other resources;
5. coordination of multiple services among multiple providers;
6. monitoring/follow-up;
7. reassessment;
8. evaluation and re-evaluation of level of care and need for waiver services;
9. ongoing assessment and mitigation of health, behavioral and personal safety risk;
10. responding to participant crisis;
11. critical incident management; and
12. transition/discharge and closure.

B. The support coordination agency shall also be responsible for assessing, addressing and documenting delivery of services, including remediation of difficulties encountered by participants in receiving direct services.

C. A support coordination agency shall not refuse to serve, or refuse to continue to serve, any individual who chooses/has chosen its agency unless there is documentation to support an inability to meet the individual's health and welfare needs, or all previous efforts to provide service and supports have failed and there is no option but to refuse services.

1. Before an agency can refuse to provide or to continue to provide services to an individual, OAAS must be immediately notified of the circumstances surrounding a refusal by a support coordination agency to provide/continue to provide services along with supporting documentation.

2. This requirement can only be waived by OAAS.

D. Support coordination agencies must establish and maintain effective communication and good working relationships with providers of services to participants served by the agency.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3090 (November 2013).

### **§529. Transfers and Discharges**

A. All participants of OAAS-administered waiver programs must receive support coordination services. However, a participant has the right to choose a support coordination agency. This right includes the right to be discharged from his/her current support coordination agency and be transferred to another support coordination agency.

B. Upon notice by the participant or his/her authorized representative that the participant has selected another support coordination agency or the participant has decided to discontinue participation in the waiver program, the agency shall have the responsibility of planning for the participant's transfer or discharge.

C. The support coordination agency shall also have the responsibility of planning for a participant's transfer when the support coordination agency ceases to operate or when the participant moves from the geographical region serviced by the support coordination agency.

D. The transfer or discharge responsibilities of the support coordinator shall include:

1. holding a transfer or discharge planning conference with the participant, his/her family, providers, legal representative and advocate, if such are known, in order to facilitate a smooth transfer or discharge, unless the participant declines such a meeting;

2. providing a current plan of care to the receiving support coordination agency (if applicable); and

3. preparing a written discharge summary. The discharge summary shall include, at a minimum, a summary on the health, behavioral, and social issues of the participant and shall be provided to the receiving support coordination agency (if applicable).

E. The written discharge summary, along with the current plan of care, shall be completed and provided to the receiving support coordination agency and OAAS regional office, within five working days of any of the following:

1. notice by the participant or authorized representative that the participant has selected another support coordination agency;

2. notice by the participant or authorized representative that the participant has decided to discontinue participation in the waiver program;

3. notice by the participant or authorized representative that the participant will be transferring to a DHH geographic region not serviced by his/her current support coordination agency; or

4. notice from OAAS or its designee that “good cause” has been established by the support coordination agency to discontinue services.

F. The support coordination agency shall not coerce the participant to stay with the support coordination agency or interfere in any way with the participant’s decision to transfer. Failure to cooperate with the participant’s decision to transfer to another support coordination agency will result in adverse action by the department.

G. If a support coordination agency ceases to operate, the agency must give OAAS at least 60 days written notice of its intent to close. Where transfer of participants is necessary due to the support coordination agency closing, the written discharge summary for all participants served by the agency shall be completed within 10 working days of the notice to OAAS of the agency’s intent to close.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3090 (November 2013), amended LR 40:1936 (October 2014).

### §531. Staffing Requirements

A. Agencies must maintain sufficient staff to comply with OAAS staffing, timeline, workload, and performance requirements. This includes, but is not limited to, including sufficient support coordinators and support coordinator supervisors that have passed all of the OAAS training and certification requirements. At all times, an agency must have at least one certified support coordination supervisor and at least one certified support coordinator, both employed full time. Agencies may employ staff who are not certified to perform services or requirements other than assessment and care planning.

B. Agencies must maintain sufficient supervisory staff to comply with OAAS supervision and CQI requirements. Support coordination supervisors must be continuously available to support coordinators by telephone.

1. Each support coordination agency must have and implement a written plan for supervision of all support coordination staff.

2. Each supervisor must maintain a file on each support coordinator supervised and hold documented supervisory sessions and evaluate each support coordinator at least annually.

C. Agencies shall employ or contract a licensed registered nurse to serve as a consultant. The nurse

consultant shall be available a minimum of 16 hours per month.

D. Agencies shall ensure that staff is available at times which are convenient and responsive to the needs of participants and their families.

E. Support coordinators may only carry caseloads that are composed exclusively of OAAS participants. Support coordination supervisors may only supervise support coordinators that carry caseloads that are composed exclusively of OAAS participants.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3091 (November 2013), amended LR 40:1937 (October 2014).

### §533. Personnel Standards

A. Support coordinators must meet one of the following requirements:

1. a bachelor’s or master’s degree in social work from a program accredited by the Council on Social Work Education;

2. a diploma, associate’s bachelor’s or master’s degree in nursing (RN) currently licensed in Louisiana;

3. a bachelor’s or master’s degree in a human service related field which includes:

- a. psychology;
- b. education;
- c. counseling;
- d. social services;
- e. sociology;
- f. philosophy;
- g. family and participant sciences;
- h. criminal justice;
- i. rehabilitation services;
- j. substance abuse treatment;
- k. gerontology;
- l. vocational rehabilitation; or

4. a bachelor’s degree in liberal arts or general studies with a concentration of at least 16 hours in one of the fields in §533.A.3.a-1 of this Section.

B. Support coordination supervisors must meet the following requirements:

1. a bachelor’s or master’s degree in social work from a program accredited by the Council on Social Work Education and two years of paid post degree experience in providing support coordination services;

2. a diploma, associate's, bachelor's or master's degree in nursing (RN), currently licensed in Louisiana, and two years of paid post degree experience in providing support coordination services;

3. a bachelor's or master's degree in a human service related field which includes: psychology, education, counseling, social services, sociology, philosophy, family and participant sciences, criminal justice, rehabilitation services, child development, substance abuse, gerontology, and vocational rehabilitation and two years of paid post degree experience in providing support coordination services; or

4. a bachelor's degree in liberal arts or general studies with a concentration of at least 16 hours in one of the following fields: psychology, education, counseling, social services, sociology, philosophy, family and participant sciences, criminal justice, rehab services, child development, substance abuse, gerontology, or vocational rehabilitation and two years of paid post degree experience in providing support coordination services.

C. Documentation showing that personnel standards have been met must be placed in the individual's personnel file.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3091 (November 2013), amended LR 40:1937 (October 2014).

### §535. Employment and Recruitment Practices

A. A support coordination agency shall have written personnel policies, which must be implemented and followed, that include:

1. a plan for recruitment, screening, orientation, ongoing training, development, supervision and performance evaluation of staff members;

2. a policy to prevent discrimination and comply with all state and federal employment practices and laws;

3. a policy to recruit, wherever possible, qualified persons of both sexes representative of cultural and racial groups served by the agency, including the hiring of qualified persons with disabilities;

4. written job descriptions for each staff position, including volunteers;

5. an employee grievance procedure that allows employees to make complaints without fear of retaliation; and

6. abuse reporting procedures that require all employees to report any incidents of abuse or mistreatment, whether that abuse or mistreatment is done by another staff member, a family member, a participant or any other person.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3091 (November 2013).

### §537. Orientation and Training

A. Support coordinators must receive necessary orientation and periodic training on the provision of support coordination services arranged or provided through their agency at the agency's expense.

B. Orientation shall be provided by the agency to all staff, volunteers and students within five working days of begin/employment date.

C. Orientation and training of at least 32 hours shall be provided by the agency to all newly hired support coordinators within five working days of employment. The topics shall be agency/OAAS specific and shall include, at a minimum:

1. core OAAS support coordination requirements;
2. agency policies and procedures;
3. confidentiality;
4. case record documentation;
5. participant rights protection and reporting of violations;
6. professional ethics;
7. emergency and safety procedures;
8. infection control, including universal precautions;
9. overview of all OAAS waivers and services;
10. fundamentals of support coordination (e.g. person centered planning, emergency planning, back-up staff planning, critical incident reporting, risk assessment and mitigation, etc.);
11. interviewing techniques;
12. data management;
13. communication skills;
14. community resources;
15. continuous quality improvement; and
16. abuse and neglect policies and procedures.

D. Upon completion of the agency-provided training requirements set forth above, support coordinators and support coordination supervisors must successfully complete all OAAS assessment and care planning training.

E. No support coordinator shall be given sole responsibility for a participant until all of the required training is satisfactorily completed and the employee possesses adequate abilities, skills, and knowledge of support coordination.

F. All support coordinators and support coordination supervisors must complete a minimum of 16 hours of training per year. For new employees, the orientation cannot

be counted toward the 16 hour minimum annual training requirement. The 16 hours of initial training for support coordinators required in the first 90 days of employment may be counted toward the 16 hour minimum annual training requirement. Routine supervision shall not be considered training.

G. A newly hired or promoted support coordination supervisor must, in addition to satisfactorily completing the orientation and training set forth above, also complete a minimum of 24 hours on all of the following topics prior to assuming support coordination supervisory responsibilities:

1. orientation/in-service training of staff;
2. evaluating staff;
3. approaches to supervision;
4. managing workload and performance requirements;
5. conflict resolution;
6. documentation;
7. population specific service needs and resources; and
8. the support coordination supervisor's role in continuous quality improvement (CQI) systems.

H. Documentation of all orientation and training must be placed in the individual's personnel file. Documentation must include a training agenda, name of presenter(s), title, agency affiliation and/or other sources of training (e.g. web/on-line trainings, etc.).

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3092 (November 2013), amended LR 40:1937 (October 2014).

### §539. Participant Rights

A. Unless adjudicated by a court of competent jurisdiction, participants served by a support coordination agency shall have the same rights, benefits, and privileges guaranteed by the constitution and the laws of the United States and Louisiana.

B. There shall be written policies and procedures that protect the participant's welfare, including the means by which the protections will be implemented and enforced.

C. Each support coordination agency's written policies and procedures, at a minimum, shall ensure the participant's right to:

1. confidentiality;
2. privacy;
3. impartial access to treatment regardless of race, religion, sex, ethnicity, age or disability;
4. access to the interpretive services, translated material and similar accommodations as appropriate;

5. access to his/her records upon the participant's written consent for release of information;

6. an explanation of the nature of services to be received;

7. actively participate in services;

8. refuse services or participate in any activity against their will;

9. obtain copies of the support coordination agency's complaint or grievance procedures;

10. file a complaint or grievance without retribution, retaliation or discharge;

11. be informed of the financial aspect of services;

12. give informed written consent prior to being involved in research projects;

13. refuse to participate in any research project without compromising access to services;

14. be free from mental, emotional and physical abuse and neglect;

15. be free from chemical or physical restraints;

16. receive services that are delivered in a professional manner and are respectful of the participant's wishes concerning their home environment;

17. receive services in the least intrusive manner appropriate to their needs;

18. contact any advocacy resources as needed, especially during grievance procedures; and

19. discontinue services with one provider and choose the services of another provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3092 (November 2013), amended LR 40:1937 (October 2014).

### §541. Grievances

A. The support coordination agency shall establish and follow a written grievance procedure to be used to process complaints by participants, their family member(s), or a legal representative that is designed to allow participants to make complaints without fear of retaliation. The written grievance procedure shall be provided to the participant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3093 (November 2013), amended LR 40:1938 (October 2014).

### §543. Critical Incident Reporting

A. Support coordination agencies shall report critical incidents according to established OAAS policy including



timely entries into the designated DHH critical incident database.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3093 (November 2013), amended LR 40:1938 (October 2014).

#### §545. Participant Records

A. Participant records shall be maintained in the support coordinator's office. The support coordinator shall have a current written record for each participant.

B. Support coordination agencies shall maintain participant records in readily accessible form for a period of six years.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3093 (November 2013), amended LR 40:1938 (October 2014).

#### §547. Emergency Preparedness

A. Support coordination agencies shall ensure that each participant has an individual plan for dealing with emergencies and disasters and shall assist participants in identifying the specific resources available through family, friends, the neighborhood, and the community. The support coordinator shall assess monthly whether the emergency plan information is current and effective and shall make changes accordingly.

B. Continuity of Operations. The support coordination agency shall have an emergency preparedness plan to maintain continuity of the agency's operations in preparation for, during, and after an emergency or disaster. The plan shall be designed to manage the consequences of all hazards, declared disasters or other emergencies that disrupt the agency's ability to render services.

C. The support coordination agency shall follow and execute its emergency preparedness plan in the event of the occurrence of a declared disaster or other emergency.

D. The support coordinator shall cooperate with the department and with the local or parish Office of Homeland Security and Emergency Preparedness in the event of an emergency or disaster and shall provide information as requested.

E. The support coordinator shall monitor weather warnings and watches as well as evacuation orders from local and state emergency preparedness officials.

F. All agency employees shall be trained in emergency or disaster preparedness. Training shall include orientation, ongoing training, and participation in planned drills for all personnel.

G. Upon request by the department, the support coordination agency shall submit a copy of its emergency

preparedness plan and a written summary attesting to how the plan was followed and executed.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3094 (November 2013), amended LR 40:1938 (October 2014).

#### §549. Continuous Quality Improvement Plan

A. Support coordination agencies shall have a continuous quality improvement (CQI) plan which governs the agency's internal quality management activities.

B. The CQI plan shall demonstrate a process of continuous cyclical improvement and include the following:

1. *design*—continuous quality improvement approach detailing how the agency monitors its operations and makes improvements when problems are detected;

2. *discovery*—the methods used to uncover problems and deviations from plan design and programmatic processes in a timely fashion;

3. *remediation*—the process of addressing and resolving problems uncovered in the course of discovery; and

4. *improvement*—the actions taken to make adjustments to the system's processes or procedures to prevent or minimize future problems.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3094 (November 2013), amended LR 40:1938 (October 2014).

#### §551. Support Coordination Monitoring

A. Support coordination agencies shall be monitored annually as outlined in the OAAS policies and procedures.

B. Support coordination agencies shall offer full cooperation with the OAAS during the monitoring process. Responsibilities of the support coordination agency in the monitoring process include, but are not limited to:

1. providing policy and procedure manuals, personnel records, case records, and other documentation;

2. providing space for documentation review and support coordinator interviews; and

3. coordinating agency support coordinator interviews.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3095 (November 2013), amended LR 40:1939 (October 2014).

**§553. Workforce Retention Bonus Payments****A. Establishment of Support Coordination Workforce Bonus Payments**

1. Support coordination agencies (SCAs) who provided services from April 1, 2021 to October 31, 2022 shall receive bonus payments of \$300 per month for each SCA staff member that worked directly with participants for those months.

2. The SCA staff member who worked directly with participants from April 1, 2021 to October 31, 2022 must receive at least \$250 of this \$300 bonus payment paid to the agency. This bonus payment is effective for all affected SCA staff members of any working status, whether full-time or part-time.

**B. Audit Procedures for Support Coordination Workforce Bonus Payments**

1. The bonus payments reimbursed to support coordination agencies shall be subject to audit by LDH.

2. Support coordination agencies shall provide to LDH or its representative all requested documentation to verify that they are in compliance with the SCA staff member bonus payments.

3. This documentation may include, but is not limited to, payroll records, wage and salary sheets, check stubs, etc.

4. Support coordination agencies shall produce the requested documentation upon request and within the timeframe provided by LDH.

5. Non-compliance or failure to demonstrate that the bonus payments were paid directly to SCA staff member may result in the following:

- a. sanctions; or
- b. disenrollment from the Medicaid program.

**C. Sanctions for Support Coordination Workforce Bonus Payments**

1. The support coordination agencies will be subject to sanctions or penalties for failure to comply with this Rule. The severity of such action shall depend upon the following:

- a. failure to pay SCA staff members the \$250 monthly bonus payments;
- b. the number of employees identified as having been paid less than the \$250 monthly bonus payments; or
- c. the persistent failure to pay the \$250 monthly bonus payments; or
- d. failure to provide LDH with any requested documentation or information related to or for the purpose of verifying compliance with this Rule.

**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, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 49:685 (April 2023).