

NOTICE OF INTENT

**Department of Health
Bureau of Health Services Financing
and
Office for Citizens with Developmental Disabilities**

**Home and Community-Based Services Waivers
Residential Options Waiver
(LAC 50:XXI.Chapters 161, 163, 165, 167, and 169)**

The Department of Health, Bureau of Health Services Financing and Office for Citizens with Developmental Disabilities propose to amend LAC 50:XXI.Subpart 13 as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 40:950 et seq.

The Department of Health, Bureau of Health Services Financing and Office for Citizens with Developmental Disabilities (OCDD) propose to amend the provisions governing Residential Options Waiver (ROW) services to clarify the tiered waiver approach in OCDD waivers and add new services including technology supports with remote features, incontinence supplies, the Person Emergency Response System, Community Life Engagement, and self-directed services as well as dismissal from self-direction.

**Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXI. Home and Community-Based Services Waivers
Subpart 13. Residential Options Waiver**

Chapter 161. General Provisions

§16101. Introduction

A. The Residential Options Waiver (ROW), a 1915(c) home and community-based services (HCBS) waiver, is designed to assist beneficiaries in leading healthy, independent and productive lives to the fullest extent possible and promote the full exercise of their rights as citizens of the state of Louisiana. Services are provided with the goal of promoting independence through strengthening the participant's capacity for self-care and self-sufficiency. The ROW is person-centered incorporating the beneficiary's support needs and preferences with a goal of integrating the beneficiary into their community. The ROW provides opportunities for eligible individuals with developmental disabilities to receive HCBS services that allow them to transition to and/or remain in the community. These individuals would otherwise require an intermediate care facility for individuals with intellectual disabilities (ICF/IID) level of care.

B. ...

C. This program is not intended to provide continuous 24 hours a day, one-to-one supports.

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), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2154 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1764 (December 2019), LR 47:1507 (October 2021), LR 48:1558 (June 2022), LR 50:

§16103. Program Description

A. The ROW is designed to utilize the principles of self-determination and to supplement the family and/or community supports that are available to maintain the individual in the community and are designed to allow an individual experience that mirrors the experiences of individuals without disabilities. These services are not to be restrictive, but liberating, by empowering individuals to experience life in the most fulfilling manner as defined by the individual while still assuring health and safety. In keeping with the principles of self-determination, ROW includes a self-direction option, which allows for greater flexibility in hiring, training, and general service delivery issues. ROW services are meant to enhance, not replace, existing informal networks.

B. - B.3. ...

C. ROW services are accessed through a single point of entry in the human services district or authority, referred to as local governing entities (LGE). All waiver beneficiaries choose their support coordination and direct service provider agencies through the freedom of choice process.

C.1. - E.3. ...

4. If it is determined that the ROW can no longer meet the beneficiary's health and safety needs and/or support the beneficiary, the ~~case management~~support coordination agency will conduct person-centered discovery activities.

E.5. - F. ...

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), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2154 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1764 (December 2019), LR 47:1507 (October 2021), LR 48:1559 (June 2022), LR 50:

§16106. Money Follows the Person Rebalancing Demonstration

A. - B. ...

1. Individuals with a developmental disability must:

a. occupy a licensed, approved Medicaid

enrolled nursing facility, hospital, or ICF/IID bed for at least 60 days; and

~~B-1.b.~~ - ~~B-2.~~ ...

C. Individuals in the demonstration are not required to have a protected date on the intellectual/developmental disabilities request for services registry (RFSR).

D. - E. ...

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 41:2155 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1508 (October 2021), LR 48:1559 (June 2022), LR 50:

§16107. Programmatic Allocation of Waiver Opportunities

A. The intellectual/developmental disabilities request for services registry, hereafter referred to as "the registry," shall be used to identify individuals with intellectual and/or

developmental disabilities who are waiting for an OCDD waiver opportunity. Individuals who are found eligible for developmental disabilities services using standardized tools, and who request waiver services will be added to the registry. The ~~request for services~~ registry (~~RFSR~~) is arranged by urgency of need and date of application for developmentally disabled (DD) waiver services.

B. ~~The ROW serves eligible individuals in~~ OCDD operates on a tiered waiver approach for services delivery. If an individual's needs cannot be met with the following populations and is based on initial waiver, they may request to be moved up to the following priorities next waiver in the tiers. ~~the~~ The Residential Options Waiver (ROW) is the second tier within the OCDD tiered waiver process. ROW opportunities shall be offered based on the following groups:

1. ~~Priority 1. The one-time transition of persons eligible for developmental disability (DD) services~~ Individuals living at publicly operated ICF/IID or who lived at a publicly operated ICF/IID when it was transitioned to a private ICF/IID through a cooperative endeavor agreement (CEA) facility, or their alternates. Alternates are defined as individuals living in either OAAS Community Choices Waiver (CCW) or OAAS Adult Day Health Care (ADHC) Waiver a private ICF/IID who will give up the private ICF/IID bed to the ROW an individual living at a publicly

operated ICF/IID or to an individual who was living in a publicly operated ICF/IID when it was transitioned to a private ICF/IID through a CEA facility.

2. ~~Priority 2.~~ Individuals ~~living at Pinecrest Supports and Services Center or in a publicly operated ICF/IID when it was transitioned~~ requesting to transition from a ~~private~~ publicly operated ICF/IID ~~through~~ are awarded a ~~cooperative endeavor agreement (CEA facility), or their alternates. Alternates are defined as individuals living in a private ICF/IID who will give up the private ICF/IID bed to an individual living at Pinecrest or to an individual who was living in a publicly operated ICF/IID when it was transitioned to a private ICF/IID through a cooperative endeavor agreement. Individuals requesting to transition from Pinecrest are awarded~~ a slot when one is requested, and their health and safety can be assured in an OCDD waiver. This also applies to individuals who were residing in a ~~state~~ publicly operated facility at the time the facility was privatized and became a CEA facility.

3. ~~Priority 3.~~ Individuals on the registry who have ~~the highest level of~~ a current un-met need ~~and the earliest registry date shall be notified in writing when~~ as defined by a ~~funded OCDD waiver opportunity is available~~ screening of urgency need (SUN) score of urgent (3) or emergent (4) and ~~that he/she is next in line to be evaluated for a possible waiver~~

~~assignment, and the ROW~~earliest registry date, shall have ~~justification based on~~be notified in writing when a ~~uniform needs based assessment and a person centered planning that the ROW is the~~funded OCDD waiver ~~that will best meet the needs of the individual~~opportunity is available and a waiver offer is available.

4. ~~Priority 4.~~ Individuals transitioning from ICF/IID facilities utilizing ROW conversion.

5. Transition of eligible individuals with a statement of eligibility (SOA) for intellectual developmental disability services in either the Office of Aging and Adult Services (OAAS) Community Choices Waiver (CCW) or OAAS Adult Day Health Care (ADHC) Waiver ~~(ADHC)~~ to enter the OCDD tiered waiver process for ROW services.

C. ...

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), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2155 (October 2015), LR 42:62 (January 2016), amended by the Department of Health, Bureau of Health

Services Financing and the Office for Citizens with Developmental Disabilities, LR 43:2530 (December 2017), LR 45:1764 (December 2019), LR 47:1508 (October 2021), LR 50:

§16109. Admission, Denial or Discharge Criteria

A. Admission to the ROW ~~Program~~ shall be denied if one of the following criteria is met-:

1. ~~The~~ the individual does not meet the requirements for an ICF/IID level of care-;

2. ~~The individual does not meet the requirements for an ICF/IDICF/IID level of care-;~~ Repealed.

3. ~~The~~ the individual does not meet developmental disability system eligibility-;

4. ~~The~~ the individual is incarcerated or under the jurisdiction of penal authorities, courts, or state juvenile authorities-;

5. ~~The~~ the individual resides in another state-;

6. ~~The~~ the health and welfare of the individual cannot be assured through the provision of ROW services-;

7. ~~The~~ the individual fails to cooperate in the eligibility determination process or in the development of the plan of care (POC)-; or

A.8. - B. ...

1. loss of Medicaid financial eligibility as determined by the Medicaid ~~Program~~ program;

2. - 10. ...

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Chapter 163. Covered Services

§16301. Assistive Technology and Specialized Medical Equipment and Supplies

A. - A.1.e. ...

2. This service also includes medically necessary durable and non-durable equipment not available under the Medicaid State Plan and repairs to such items, and equipment necessary to increase/maintain the independence and well-being of the beneficiary.

a. All equipment, accessories and supplies must meet all applicable manufacture, design, and installation requirements.

b. The services under the ~~Residential Options Waiver~~ ROW are limited to additional services not otherwise covered under the Medicaid State Plan.

3. ...

4. This service includes necessary medical supplies not available under the Medicaid State Plan.

5. Prior to the beneficiary receiving any assistive technology device, a rehabilitation professional (~~which can include~~including, but ~~is not~~ limited to, an occupational therapist, speech therapist, and/or a physical therapist) must complete an evaluation. The therapist must assess the need and the type of device necessary to address the beneficiary's identified needs, and will make a recommendation for the specific assistive technology device. Assistive technology/specialized medical equipment must be included in the beneficiary's POC.

B. ~~AT/SMES~~ Assistive technology/specialized medical equipment (AT/SME) services provided through the ROW include the following:

1. the evaluation of assistive technology needs of a beneficiary, including a functional evaluation of the impact of

the provision of appropriate assistive technology and appropriate services to the beneficiary in the customary environment of the beneficiary;

2. - 4. ...

5. training or technical assistance, on the use for the beneficiary, or where appropriate, family members, guardians, advocates, ~~authorized~~responsible representatives of the beneficiary, professionals, or others;

6. - 7. ...

a. separate payment will be made for repairs after expiration of the warranty only when it is determined to be cost effective;~~and~~

8. services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for beneficiaries~~;~~;

9. technology supports with remote features that may include, but are not limited to, mobile emergency response system, medication reminder system, monitoring device, the purchase of emergency response system and other equipment used to support someone remotely; and

a. remote technology service delivery covers monthly response center/remote support monitoring fee and technology upkeep (no internet cost coverage).

b. remote technology consultation is the evaluation of technology support needs for an individual identified in the POC if necessary;

10. -incontinence briefs and supplies are available for a beneficiary, 21 years or older, who has a physician's order and requires the use of incontinence briefs and supplies.

a. Service Restrictions

-i. This service is for those who are 21 years of age or older.

ii. This service requires a physician's order.

b. Service Limitations

i. The cost cannot exceed \$2,500 in a single ~~plan of care~~POC year.

C. - D. ...

E. Service Exclusions and Limitations

1. - 2. ...

3. For adults over the age of 20 years, specialized ~~chairs~~wheelchairs, whether mobile or travel, are ~~not~~ covered ~~because they are a state plan service covered item under the~~ State Plan durable medical equipment (DME) benefit, at any age-, and are, therefore, not covered under the ROW.

4. Incontinence supplies annual maximum cost is \$2,500 per ~~plan of care~~ (POC) year, without exception.

F. Provider Participation Requirements. Providers of AT/SMES services must meet the following participation requirements. The provider must:

1. ...

2. provide documentation on manufacturer's letterhead that the agency listed on the Louisiana Medicaid Enrollment Form and Addendum (PE-50) is:

a. ...

b. has training and experience with the application, use, fitting, and repair of the equipment or devices they propose to sell or repair; and

3. ~~Upon~~upon completion of the work and prior to payment, the provider shall give the beneficiary a certificate of warranty for all labor and installation and all warranty certificates.

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HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2443 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2156 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and

the Office for Citizens with Developmental Disabilities, LR 47:1509 (October 2021), LR 48:1560 (June 2022), LR 50:

§16303. Community Living Supports

A. - C. ...

1. Services are not allowed to be provided in the direct service worker's place of residence.

D. Community living supports may be shared by up to three beneficiaries who may or may not live together, and who have a common direct service provider agency. In order for CLS services to be shared, the following conditions must be met~~;~~:

1. ~~An~~an agreement must be reached among all of the involved beneficiaries, or their legal guardians, regarding the provisions of shared CLS services. If the person has a legal guardian, their approval must also be obtained. In addition, CLS direct support staff may be shared across the Children's Choice or New Opportunities Waiver at the same time~~;~~:

2. ~~The~~the health and welfare must be assured for each beneficiary~~;~~:

3. ~~Each~~each beneficiary's plan of care must reflect shared services and include the shared rate for the service indicated~~;~~:

4. ~~A~~a shared rate must be billed~~;~~ and

5. ...

E. Service Exclusions

1. - 4.c. ...

5. Community living supports may not be billed at the same time on the same day as:

a. - b. ...

c. ~~supported employment~~ respite care services-
out of home;

d. ~~respite care services out of~~
~~home~~ transportation-community access;

e. ~~transportation community access~~ monitored in-
home caregiving (MIHC); or

f. ~~monitored in home caregiving (MIHC); or~~ adult
day health care.

~~g. adult day health care.~~ g. Repealed.

6. Community living supports is not intended to
provide continuous 24 hours a day one-to-one supports.

F. ...

1. Family members who provide CLS services must meet the same standards as providers who are unrelated to the beneficiary. Service hours shall be capped at 40 hours per week per staff member, Sunday to Saturday, for services delivered by family members living in the home.

2. ...

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 33:2443 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2157 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1765 (December 2019), LR 47:1510 (October 2021), LR 48:1561 (June 2022), LR 50:

§16305. Companion Care

A. - E.1. ...

F. Service Exclusions

1. - 2. ...

3. Legally responsible individuals and legal

guardians may provide companion care services for a ~~relative who~~ beneficiary provided that the care is extraordinary in comparison to that of a beneficiary of the same age without a disability and the care is in the best interest of the beneficiary.

F.4. - G. ...

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HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2444 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2158 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1765 (December 2019), LR 47:1511 (October 2021), LR 48:1561 (June 2022), LR 50:

§16307. Day Habilitation Services

A. Day habilitation ~~is~~ services ~~that~~ assist the beneficiary to gain desired community living experience, including the acquisition, retention, or improvement in self-help, socialization, and adaptive skills, and/or to provide the beneficiary an opportunity to contribute to his or her community. These services shall be coordinated with any physical, occupational, or speech therapies identified in the individualized plan of care (POC). Day habilitation services may include assistance with personal care or with activities of daily living, but such assistance should not be the primary activity. Day habilitation services may serve to reinforce skills or lessons taught in other settings. Volunteer activities

may be a part of this service and should follow the state guidelines for volunteering.

B.1. Day habilitation is the overarching service and may be delivered in a combination ~~of~~with these ~~three~~two service types:

- a. onsite day habilitation; and
- b. community life engagement; ~~and~~.

2. ~~virtual day~~Day habilitation services may be delivered virtually and be included in the plan of care.

C. ...

1. Transportation is a separate billable service and may be billed on the day that an in-person day habilitation service is provided.

2. Transportation is not a part of the service for virtual day habilitation.

D. ~~The~~ Beneficiaries receiving day habilitation provider ~~is responsible for all transportation between day habilitation sites and while providing community life engagement services~~ in may receive other services on the ~~community~~same day, but these services cannot be provided during the same time period, with the exception of community life engagement development and monitored in home caregiving (MIHC).

~~1. Transportation can only be billed on the day that an in-person day habilitation service is provided.~~

~~2. Transportation is not a part of the service for virtual day habilitation.~~
1. - 2. Repealed.

E. ~~Beneficiaries receiving day habilitation services may also receive prevocational and/or individual supported employment services on the same day, but these services cannot be provided during the same time period or total more than five hours per day combined.~~
Service Exclusions

1. Time spent in transportation between the beneficiary's residence/location and the day habilitation site is not to be included in the total number of day habilitation service hours per day, except when the transportation is for the purpose of travel training.

a. Travel training for the purpose of teaching the beneficiary to use transportation services may be included in determining the total number of service hours provided per day. Travel training must be included in the beneficiary's ~~plan of care~~POC.

2. Transportation-community access will not be used to transport ROW beneficiaries to any day habilitation services.

3. Day habilitation services cannot be billed for at the same time on the same day as:

a. community-living supports;

b. professional services, except when there are direct contacts needed in the development of a support plan;

c. respite-out of home;

d. adult day health care;

e. monitored in-home caregiving (MIHC);

f. prevocational services; or

g. supported employment.

4. Day habilitation services shall be furnished on a regularly scheduled basis for up to eight hours per day, one or more days per week.

a. Services are based on a 15 minute unit of service on time spent at the service site by the beneficiary. Any time less than 15 minutes of service is not billable or payable. No rounding up of units is allowed.

b. Services are based on the person-centered plan and the beneficiary's ROW budget.

5. All virtual day habilitation services must be approved on the plan of care.

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

F. ~~Service Exclusions~~Provider Qualifications. Providers must be licensed by the Department of Health as a home and community-based services provider and meet the module requirements for adult day care in LAC 48:I.Chapter 50.

~~1. Time spent in transportation between the beneficiary's residence/location and the day habilitation site is not to be included in the total number of day habilitation service hours per day, except when the transportation is for the purpose of travel training.~~

~~a. Travel training for the purpose of teaching the beneficiary to use transportation services may be included in determining the total number of service hours provided per day. Travel training must be included in the beneficiary's plan of care.~~

~~2. Transportation community access will not be used to transport ROW beneficiaries to any day habilitation services.~~

~~3. Day habilitation services cannot be billed for at the same time on the same day as:~~

~~a. community living supports;~~

~~b. professional services, except when there are direct contacts needed in the development of a support plan;~~

~~c. respite out of home;~~

~~d. adult day health care;~~

~~e. monitored in-home caregiving (MIHC);~~

~~f. prevocational services; or~~

~~g. supported employment.~~

~~4. Day habilitation services shall be furnished on a regularly scheduled basis for up to eight hours per day, one or more days per week.~~

~~a. Services are based on a 15 minute unit of service and on time spent at the service site by the beneficiary. Any time less than 15 minutes of service is not billable or payable. No rounding up of units is allowed.~~

~~b. Services are based on the person centered plan and the beneficiary's ROW budget.~~

~~5. All virtual day habilitation services must be approved by the local governing entity or the OCDD state office.~~

~~6. 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.~~

~~G. Provider Qualifications. Providers must be licensed by the Department of Health as a home and community based services provider and meet the module requirements for adult day care in LAC 48:I.Chapter 50.~~ F.1. - G. Repealed.

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

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Financing and the Office for Citizens with Developmental Disabilities, LR 41:2158 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1765 (December 2019), LR 47:1512 (October 2021), LR 48:1562 (June 2022), LR 50:

§16309. Dental Services

A. Dental services are available to adult beneficiaries over the age of 21 as ~~of a~~ component of the ROW. Covered dental services include:

A.1. - C. ...

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HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 33:2445 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2159 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1512 (October 2021), LR 48:1563 (June 2022), LR 50:

§16311. Environmental Accessibility Adaptations

A. - C.2. ...

D. Modifications may be applied to rental or leased property only with the written approval ~~of~~from the landlord and approval ~~of~~from OCDD.

E. All environmental accessibility adaptations to a home ~~and~~or to a vehicle must meet all applicable standards of manufacture, design, and installation.

F. Service Exclusions for Home Adaptations

1. - 3.a. ...

4. Home modifications may not include modifications to the home which are of general utility and not of direct medical or remedial benefit to the beneficiary~~7~~, including, but not limited to:

F.4.a. - G. ...

1. Such adaptations to the vehicle may include a lift, or other adaptations, to make the vehicle accessible to the ~~participant~~beneficiary or for the beneficiary to drive.

2. ...

H. Service Exclusions for Vehicle Adaptations

1. Payment will not be made to:

a. adapt vehicles that are owned or leased by paid caregivers or providers of waiver services~~7~~i or

b. purchase or lease ~~of~~ a vehicle.

2. - 5. ...

I. Provider Responsibilities

1. ...

2. A written itemized, detailed bid, including drawings with the dimensions of the existing and proposed floor plans relating to the modifications, must be obtained and submitted for prior authorization.

I.3. - J. ...

1. Home Adaptations. Providers of environmental accessibility adaptations for the home must:

a. - a.iii. ...

b. ~~If~~be a current Louisiana Medicaid provider of durable medical equipment, and have documentation from the manufacturing company (on ~~its~~the manufacturing company's letterhead) that confirms that the provider is an authorized distributor of a specific product that attaches to a building. The letter must specify the product and state that in which the provider has been trained on its installation.

2. - 3.

4. All environmental adaptation providers, as well as the person performing the service (i.e., building contractors, plumbers, electricians, engineers, etc.), must meet any state or local requirements for licensure or certification. When state and local building or housing code standards are applicable, modifications to the home shall meet such standards,

and all services shall be provided in accordance with applicable ~~State~~state or local requirements.

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

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§16313. Host Home

A. - E.2. ...

3. A host home family can provide compensated supports for up to two beneficiaries, regardless of the funding source.

F. - I.7. ...

J. Provider Qualifications

1. - 1.d.

2. Agencies serving children must be licensed by the Department of Children and Family Services as a Class "A" Child Placing Agency under the Specialized Provider Licensing Act

~~(R.S. 46:1401-46:1430)~~ [286 of 1985](#), LAC ~~67:V.Chapter 73~~
[48:I.Chapter 41](#).

3. ...

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§16319. One Time Transitional Services

A. ...

B. One-time transitional services may be accessed for the following:

1. - 2. ...

3. essential furnishings to establish basic living arrangements, including:

a. - c. ...

d. window blinds; ~~and~~

B.3.e. - D.3. ...

E. The Office for Citizens with Developmental Disabilities shall be the entity responsible for coordinating the delivery of one-time transitional services. Providers must have a BHSF (Medicaid) provider enrollment agreement as a transition support provider as verified by [the Louisiana Department of Health \(LDH\) Health Standards Section \(HSS\)](#).

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§16321. Personal Emergency Response System (PERS)

A. - B.2. ...

C. Coverage of the PERS is limited to the rental of the electronic device. PERS services shall include the cost of maintenance and training the beneficiary to use the equipment.

1. Reimbursement will be made for an installation fee for the PERS unit.

2. Monthly Monitoring Fee

a. Enhance Services. Mobile emergency response system (MERS) is an on-the go mobile medical alert system, used in and outside the home. This system will have cellular/GPS technology, two-way speakers and no base station will be required.

D. Service Exclusions

1. - 2. ...

3. Cell phone service is not included and is not a covered waiver service.

a. In addition to the current system that plugs into a landline, a system that uses cellular service may be used and the landline is not required~~r. this~~. This system will have a fall detection pendant.

E. - E.4. ...

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 33:2249 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental

Disabilities, LR 41:2162 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1516 (October 2021), LR 48:1565 (June 2022), LR 50:

§16323. Prevocational Services

A. Prevocational services are individualized, person-centered services that assist beneficiaries in establishing their path to obtain individualized community employment. This service is time limited and targeted for people who have an interest in becoming employed in individual jobs in the community but who may need additional skills, information, and experiences to determine their employment goal and to become successfully employed. Beneficiaries receiving prevocational services may choose to leave this service at any time or pursue employment opportunities at any time.

B. Prevocational services ~~is~~ are the overarching services and may be delivered in a combination of these ~~three~~ two service types:

1. onsite prevocational services also referred to as onsite community career planning (CP); and

2. ~~community career planning; and~~ CP in a small group
a. prevocational services may be delivered virtually.

~~3. virtual prevocational services.~~ 3. Repealed.

C. - D. ...

E. The prevocational provider is responsible for all transportation between prevocational sites. Transportation may be provided between the beneficiary's residence, or other location, as agreed upon by the beneficiary or authorized representative, and the prevocational site. The beneficiary's transportation needs shall be documented in the plan of care.

F. Service Limitations

1. Service limits shall be based on the person-centered plan and the beneficiary's ROW budget. Services are delivered in a 15-minute unit of service for up to eight hours per day, one or more days per week. The 15-minute unit of service must be spent at the service site by the beneficiary.

1.a. - 2. ...

3. Prevocational services cannot be billed for at the same time on the same day as ~~other~~the following ROW services-, except for community life engagement development or MIHC:

a. - d. ...

e. ~~monitored-in-home caregiving (MIHC)~~day habilitation services; or

f. ~~day habilitation services; or~~supported employment.

~~g. supported employment.~~g. Repealed.

4. ...

5. Transportation ~~is only~~may be provided on the day that a prevocational service is provided. Transportation is ~~part of the service except for~~not allowable for virtual delivery of prevocational services.

a. - c. ...

d. Transportation is billed as a separate service that is billed at a daily rate.

G. Restrictions

1. Beneficiaries receiving prevocational services may also receive day habilitation and/or individualized supported employment services, but these services cannot be provided during the same time period ~~or total more than five hours per day combined.~~

~~2. All virtual prevocational services must be approved by the local governing entity or the OCDD state office.~~2. Repealed.

H. Provider Qualifications. Providers must be licensed by the Department of Health as a home and community-based services provider and meet the module requirements for adult day care or supported employment in ~~LAC 48:I.Chapter 50.~~

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 33:2450 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2162 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1766 (December 2019), LR 47:1516 (October 2021), LR 48:1565 (June 2022) LR 50:

§16325. Professional Services

A. - B.6. ...

C. Professional services can include:

1. - 2. ...

3. intervening in a crisis situation with the goal of stabilizing and addressing issues related to the cause(s) of the crisis. Activities may include development of support plan(s), training, documentation strategies, counseling, on-call supports⁺, back-up crisis supports, on-going monitoring, and intervention;

4. - 8. ...

9. assistance in increasing independence, participation, and productivity in the ~~beneficiary~~beneficiary's home, work, and/or community environments.

D. - E. ...

1. Enrollment of individual practitioners.

Individual practitioners who enroll as providers of professional services must:

a. - b. ...

c. ~~In~~in addition, the specific service delivered must be consistent with the scope of the license held by the professional.

2. - 4.b. ...

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 33:2450 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2163 (October 2015), by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, amended LR 47:1518 (October 2021), LR 48:1566 (June 2022), LR 50:

§16327. Respite Care Services-Out of Home

A. ...

1. A licensed respite care facility shall ~~insure~~ensure that community activities are available to the beneficiary in accordance with his approved POC, including transportation to and from these activities.

A.2. - B.3.

C. Service Exclusions

1. ...

2. Respite care services-out of home is not a billable waiver service to a beneficiary receiving the following services:

a. community living supports (may not be provided at the same time on the same day);

b. ...

c. host home; or

d. shared living; ~~or~~.

~~e. monitored in home caregiving (MIHC).~~ e.

Repealed.

C.3. - D. ...

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 33:2451 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services

Financing and the Office for Citizens with Developmental Disabilities, LR 41:2164 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1767 (December 2019), LR 47:1519 (October 2021), LR 48:1566 (June 2022), LR 50:

§16329. Shared Living Services

A. - A.5. ...

a. Each beneficiary's essential personal rights of privacy, dignity and respect, and freedom from coercion are protected.

6. ...

a. Each beneficiary has the ability to determine whether or with whom he or she shares a room.

b. Each beneficiary has the freedom of choice regarding daily living experiences, which include meals, visitors, and activities.

c. Each beneficiary is not limited in opportunities to pursue community activities.

7. - 8 ...

a. If the person has a legal guardian, the legal guardian's approval must also be obtained.

b. Each beneficiary's plan of care must reflect the shared living services and include the shared rate for the service indicated.

A.9. - B.1. ...

2. ICF/IID residents who choose to transition to a shared living waiver home must also agree to conversion of their residence.

3. - 8. ...

9. In a provider-owned or controlled residential setting, the following additional conditions must be met. ~~Any~~ and any modifications of the conditions must be supported by a specific assessed need and documented in the plan of care. ~~.~~ .

a. - e. ...

C. Shared Living Options

1. - 4. ...

5. ICF/IID providers who elect to convert to a shared living home via the shared living conversion process shall submit a licensing application for ~~a~~ an HCBS provider license, shared living module.

D. Service Exclusions and Limitations

1. - 6.g. ...

7. Shared living services are not available to ~~beneficiary~~ beneficiaries who are 17 years of age and under.

D.8. - E. ...

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 33:2452 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2164 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1767 (December 2019), LR 47:1519 (October 2021), LR 48:1567 (June 2022), LR 50:

§16333. Support Coordination

A. - A.2. ...

3. Support coordination services ~~includes~~include on-going support and assistance to the beneficiary.

B. When beneficiaries choose to self-direct their waiver services, the support coordinator shall provide information, assistance, and management of the service being self-directed.

C. - D. ...

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 33:2453 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2165 (October 2015), by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, amended LR 47:1521 (October 2021), LR 48:1568 (June 2022), LR 50:

§16335. Supported Employment

A. - D. ...

1. Transportation is payable only when a supported employment service is provided on the same day or when the provider is transporting to/from the job in follow along services.

D.2. - G. ...

1. Individual supported employment services ~~one~~ shall be billed in quarter~~ly~~ hour ~~(four units)~~ (15 minute) units. One-on-one services shall be billed in quarter~~ly~~ hour units and shall be based on the person-centered plan and the beneficiary's ROW budget.

2. Services that assist a beneficiary to develop and operate a micro-enterprise ~~one~~ shall be billed in quarter~~ly~~ hour ~~(four units)~~ (15 minute) units. One-on-one services shall be billed in quarter~~ly~~ hour units and shall be based on the person centered plan and the beneficiary's ROW budget.

3. Group employment services shall be billed in quarter~~ly~~ hour (15 minute) units of service up to eight hours per day and shall be based on the person~~-~~centered plan and the beneficiary's ROW budget.

G.4. - H. ...

1. Payment will only be made for the adaptations, supervision, and training required by individuals receiving waiver services, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

2. ~~Supportive~~Supported employment cannot be billed for at the same time as any other ROW services, except community life engagement development and MIHC.

3. Any time less than the minimum quarter hour (15 minute) unit of service ~~is~~ provided for any model is not billable or payable. No rounding up of service units is allowed.

4. Time spent in transportation to and from the program shall not be included in the total number of ~~services~~service hours provided per day.

a. Travel training for the purpose of teaching the beneficiary how to use transportation services may be included in determining the total ~~service numbers~~number of service hours provided per day, but only for the period of time specified in the POC.

b. Transportation is payable only when a supported employment service is provided on the same day and during follow along when the provider is providing the transportation to/from the job.

H.5. - I. ...

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 33:2453 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2166 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1767 (December 2019), LR 47:1521 (October 2021), LR 48:1569 (June 2022), LR 50:

§16337. Transportation-Community Access

A. Transportation-community access services are provided to assist the beneficiary in becoming involved in his or her community. The service encourages and fosters the ~~developmental~~development of meaningful relationships in the community, which reflects the beneficiary's choice and values. This service provides the beneficiary with a means of access to

community activities and resources. The goal is to increase the beneficiary's independence, productivity, and community inclusion and to support self-directed ~~employees~~employee benefits as outlined in the beneficiary's POC.

A.1. - C.4. ...

D. Provider Qualifications. Friends and family members who furnish transportation-/community access services to waiver beneficiaries, must be enrolled as a Medicaid non-emergency medical transportation (NEMT) family and friends ~~providers~~provider with the Louisiana Department of Health, ~~(Bureau of Health Services Financing)~~.

1. In order to receive reimbursement for transporting Medicaid ~~recipients~~beneficiaries to waiver services, family and friends must maintain compliance with the following:

1.a. - 2. ...

3. Documentation of compliance with the three listed requirements for this class of provider must be submitted when enrollment ~~in~~with the Medicaid agency is sought. Acceptable documentation shall be the signed statement of the individual enrolling for payment that all three requirements are met.

D.3.a. - E. ...

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 33:2454 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2166 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1768 (December 2019), LR 47:1523 (October 2021), LR 48:1570 (June 2022), LR 50:

§16343. Adult Day Health Care Services

A. - D. ...

E. ADHC services shall be provided no more than 10 hours per day and no more than 50 hours per week.

F. ~~The following services are not available to ADHC recipients~~Provider Qualifications:

1. ~~monitored in home caregiving (MIHC)~~ADHC providers must be licensed according to the adult day health care provider licensing requirements contained in the Revised Statutes (R.S. 40:2120.41-40:2120.47).

2. ADHC providers must be enrolled as a Medicaid ADHC provider.

3. ADHC providers must comply with LDH rules and regulations.

4. Qualifications for ADHC center staff are set forth in the Louisiana Administrative Code.

~~G. Provider Qualifications:~~

~~1. ADHC providers must be licensed according to the adult day health care provide licensing requirements contained in the Revised Statutes (R.S. 40:2120.41-40:2120.47).~~

~~2. ADHC providers must be enrolled as a Medicaid ADHC provider.~~

~~3. ADHC providers must comply with LDH rules and regulations.~~

~~4. Qualifications for ADHC center staff are set forth in the Louisiana Administrative Code.~~ G. - G.4. Repealed.

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 42:62 (January 2016), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 45:1768 (December 2019), LR 47:1524 (October 2021), LR 48:1571 (June 2022), LR 50:

§16345. Monitored In-Home Caregiving Services

A. - A.1. ...

2. This goal is achieved by promoting a cooperative relationship between a beneficiary, a principal caregiver, the professional staff of a monitored in-home ~~caregiver~~caregiving agency provider, and the ~~beneficiary~~beneficiary's support coordinator.

B. The principal caregiver is responsible for supporting the beneficiary to maximize the highest level of independence possible by providing necessary care and supports that may include:

1. - 4. ...

5. supervision or assistance while escorting or accompanying the ~~individual~~beneficiary outside of the home to perform tasks, including instrumental activities of daily living, health maintenance or other needs as identified in the plan of care and to provide the same supervision or assistance as would be rendered in the home; and

6. ...

C. Service Exclusions and Restrictions

1. Beneficiaries electing ~~for~~for monitored in-home caregiving, are not eligible to receive the following ~~Residential Options Waiver~~ROW services during the period of time that the beneficiaries are receiving monitored in-home caregiving services:

a. - b. ...

- c. host home; and
- d. shared living supports; ~~and~~.
- ~~e. adult day health care services.~~ e. Repealed.

D. Monitored in-home caregiving+ providers must be agency providers who employ professional nursing staff, including a registered nurse and a care manager, and other professionals to train and support principal caregivers to perform the direct care activities ~~performed~~ in the home.

D.1. - F. ...

G. Provider Qualifications

1. MIHC providers must be licensed according to the ~~home and community based service~~ HCBS provider licensing requirements contained in the R.S. 40:2120.2-2121.9.

2. - 3. ...

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 for Citizens with Developmental Disabilities, LR 45:1768 (December 2019), amended LR 47:1525 (October 2021), LR 48:1571 (June 2022), LR 50:

§16347. Community Life Engagement Development

A. Community life engagement development (CLEd) should be used for the development of opportunities to assist

beneficiaries in becoming involved in their community and
~~helping~~ to help develop a meaningful day for each beneficiary.

B. The purpose is to encourage and foster the development
of meaningful relationships and memberships in the community,
reflecting the beneficiary's choices and values.

1. This service will be person-centered with an
outcome of increased community activities and involvement in
areas of interest as expressed by the beneficiary.

2. This should include church involvement, civic
involvement, volunteering opportunities, as well as recreational
activities.

3. The activities should be integrated with the
community and not segregated groups.

C. The role of CLED should be to develop individual
activities, memberships and volunteer positions within the
beneficiary's community, based off of each beneficiary's
community, based ~~off of~~ on each beneficiary's person-centered
plan and expressed interests and desires.

D. Transportation cost is included in the rate paid to
the provider.

E. To use this service, the beneficiary may, or may not,
be present.

F. ~~Services limitation~~Service limitations:

1. this service can be billed at the same time the beneficiary is receiving a day or employment service;
2. 15-minute unit increments;
3. 240 units per POC year (60 hours) which includes the combination of shared and non-shared CLE;
4. services shall not exceed the number of units as defined in the beneficiary's POC and must have a prior authorization.

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 for Citizens with Developmental Disabilities, LAC 50:

\$16349. Financial Management Services

A. Financial Management Services (FMS) assist the beneficiary to live independently in the community while controlling his or her services by choosing the staff who work with them.

B. FMS are provided to beneficiaries who have chosen and are capable of self-directing their ROW services.

C. FMS are provided by a Medicaid enrolled Fiscal Employer Agent (F/EA) and the F/EA's responsibilities and standards for participation are identified in LAC 50:XXI.Chapter 11, Subchapters A-C.

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 for Citizens with Developmental Disabilities, LAC 50:

Chapter 165. Self-Direction Initiative

§16501. Self-Direction Service Option

A. ...

1. Beneficiaries are informed of all available services and service delivery options, including self-direction, at the time of the initial assessment, annually, or as requested by beneficiaries or their authorized representative.

Beneficiaries~~7~~ who are interested in self-direction~~7~~ need only notify their support coordinator~~7~~ who will facilitate the enrollment process.

2. A ~~contracted~~-fiscal/employer agent is responsible for processing the beneficiary's employer-related payroll, withholding and depositing the required employment-related taxes, and sending payroll reports to the beneficiary or his/her authorized representative.

3. Support coordinators assist beneficiaries by providing the following activities:

a. - d. ...

e. back-up service and emergency preparedness planning;

A.3.f. - B.3. ...

* * *

C. Beneficiary Responsibilities. Responsibilities of the waiver beneficiary or his or her authorized representative include the following:

1. - 1.b. ...

2. Waiver beneficiary's participation in the development and management of the approved personal purchasing plan.

a. This annual budget is determined by the recommended service hours listed in the beneficiary's POC to meet his or her needs.

b. - 3. ...

4. Prior to enrolling in self-direction, the beneficiary or his or her authorized representative is trained by the support coordinator on the process for completing the following duties:

a. - k. ...

1. back-up service planning.

5. - 7. ...

D. Termination of Self-Direction Service Option.

Termination from this option may be either voluntary or

involuntary and the support coordinator will assist with the transition. Termination of participation in the self-direction service option requires a revision of the POC, the elimination of the fiscal agent and the selection of the Medicaid-enrolled waiver service provider(s) of choice.

1. ...

a. Proper arrangements will be made by the support coordinator to ensure that there is no lapse in services.

b. Should the request for voluntary withdrawal occur, the beneficiary will receive counseling and assistance from his or her support coordinator immediately upon identification of issues or concerns in any of the above situations.

c. Beneficiaries may choose, at any time, to voluntarily return to a traditional direct service provider (DSP). Beneficiaries who return to a traditional DSP must remain with this DSP for at least 90 calendar days (three months) before opting to return to the self-direction option, if they are eligible to do so.

2. Involuntary Termination. The department may terminate the self-direction service option for a beneficiary and require him or her to receive provider-managed services under the following circumstances:

a. - b. ...

c. the beneficiary is no longer able to direct his or her own care and there is no responsible representative to direct the care;

d. ...

e. over three payment cycles in the period of a year, the beneficiary or authorized representative:

i. permits employees to work over the hours approved in the beneficiary's plan of care or allowed by the ~~participant's~~ beneficiary's program;

e.ii - f. ...

g. a beneficiary may be removed from Self-Direction and required to return to traditional DSP if there are any violations of the ROW or Self-Direction program rules.

3. When action is taken to terminate a beneficiary from self-direction involuntarily, the support coordinator immediately assists the beneficiary in accessing needed and appropriate services through the ROW and other available programs, ensuring that no lapse in necessary services occurs for which the beneficiary is eligible. There is no denial of services, only the transition to a different payment option. The beneficiary and support coordinator are provided with a written notice explaining the reason for the action and citing the policy reference.

E. Employees of beneficiaries in the self-direction service option are not employees of the fiscal agent or the department.

1. Employee Qualifications. All employees under the self-direction option must meet the qualifications for furnishing personal care services as set forth in LAC 48:I.Chapter 92.

F. ...

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 33:2455 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2167 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1525 (October 2021), LR 48:1572 (June 2022), LR 49:1727 (October 2023), LR 50:

Chapter 167. Provider Participation

§16701. General Provisions

A. - C. ...

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

- a. ...
- b. personal emergency response systems; ~~and~~
- c. one-time transitional services; and
- d. community life engagement development.

2. All services must be documented in service notes which describe the services rendered and progress towards the beneficiary's personal outcomes and his or her POC.

D. - E. ...

F. Some ROW services may be provided by a member of the beneficiary's family, provided that the family member meets all ~~the~~ requirements of a non-family direct support worker and provision of care by a family member is in the best interest of the beneficiary.

1. Payment for services rendered are approved by prior and post authorization as outlined in the POC.

2. Payments to legally responsible individuals, legal guardians, and family members living in the home shall be audited on a semi-annual basis to ensure payment for services rendered.

G. - G.3.a. ...

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 33:2455 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 41:2168 (October 2015), LR 42:63 (January 2016), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1527 (October 2021), LR 48:1573 (June 2022), LR 50:

§16703. Staffing Restrictions and Requirements

A. ...

B. In order to receive payment, relatives must meet the criteria for the provision of the service and the same provider qualifications specified for the service as other providers not related to the beneficiary.

1. - 1.c.ii. ...

2. Family members who may provide services include:

a. parents/guardians of ~~an~~minor children and adult ~~child~~children;

b. - c. ...

d. aunts~~;~~ and uncles;~~and~~

e. cousins~~;~~ and

f. in-laws.

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 41:2168 (October 2015), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1527 (October 2021), LR 48:1573 (June 2022), LR 50:

Chapter 169. Reimbursement

§16901. Unit of Reimbursement

A. Reimbursement for the following services shall be a prospective flat rate for each approved unit of service provided to the waiver beneficiary. One quarter hour (15 minutes) is the standard unit of service and reimbursement shall not be made for less than one quarter hour of service. This covers both the service provision and administrative costs for these services:

1. - 4.b. ...
5. professional services furnished by a/an:
 - a. - d. ...
 - e. social worker; or
 - 5.f. - 9. ...

~~EXCEPTION: The reimbursement for support coordination shall be at a fixed monthly rate and in accordance with the terms of the established contract.~~ EXCEPTION: Repealed.

B. The following services ~~are~~ shall be reimbursed at the ~~cost~~ authorized rate or approved amount of the assessment, installation/fitting, maintenance, repairs, adaptation, device, equipment, or supply item and when the service has been prior authorized by the ~~plan of care~~ POC:

1. environmental accessibility adaptations; ~~and~~ :
a. ~~Upon~~ upon completion of the environmental accessibility adaptations and prior to submission of a claim for reimbursement, the provider shall give the beneficiary a certificate of warranty for all labor and installation work and supply the beneficiary with all manufacturers' warranty certificates. ~~;~~ ;

2. assistive technology/specialized medical equipment and supplies. ~~;~~ ;

3. personal emergency response system (PERS) installation; and

4. monitored in-home caregiving (MIHC) assessment.

C. - C.4.a. ...

D. The ~~reimbursement for transportation services is a flat fee based on a capitated~~ following services shall be reimbursed at an established monthly rate. ~~;~~ ;

1. support coordination:

a. the reimbursement for support coordination shall be in accordance with the terms of the established contract;

2. monthly service fee for ~~personal emergency response systems~~PERS; and

3. financial management services.

EXCEPTION: The reimbursement for support coordination shall be at a fixed monthly rate and in accordance with the terms of the established contract.

~~E. Nursing services are reimbursed at either an hourly or per visit rate~~The reimbursement for ~~the allowable procedure codes~~transportation services is a flat fee based on a capitated rate.

~~F. Installation of a personal emergency response system (PERS) is~~Nursing services are reimbursed at ~~a one-time fixed~~either an hourly or per visit rate ~~and maintenance of~~for the ~~PERS is reimbursed at a monthly rate~~allowable procedure codes.

G. Transition expenses from an ICF/IID or nursing facility to a community living setting are reimbursed at the cost of the service(s) up to a lifetime maximum rate of \$3,000.

H. Dental Services. Dental services are reimbursed according to the LA Dental Benefit Program.

I. ~~The assessment performed by the monitored in home caregiving provider shall~~Reimbursement Exclusion. No payment will be ~~reimbursed at the authorized rate or approved amount of the assessment when the service has been prior authorized by the plan of care~~made for room and board under this waiver program.

~~J. Reimbursement Exclusion. No payment will be made for room and board under this waiver program.~~ J. Repealed.

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 33:2456 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 39:1049 (April 2013), LR 41:2168, 2170 (October 2015), LR 42:63 (January 2016), LR 42:900 (June 2016), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 43:2530 (December 2017), LR 45:1769 (December 2019), LR 47:1527 (October 2021), LR 48:1573 (June 2022), LR 50:

§16903. Direct Service Worker Wages and Bonus Payments

A. Establishment of Direct Service Worker Wage Floor for Medicaid Home and Community-Based Services for Intellectual and Developmental Disabilities

1. ...

2. Effective October 1, 2021, this increase or its equivalent will be applied to all service units provided by direct service workers with an effective date of service for the identified home and community-based waiver services provided beginning October 1, 2021.

A.3. - C.5.b. ...

D. Sanctions for Direct Service Worker Wage Floor and Workforce Bonus Payments

1. The provider will be subject to sanctions or penalties for failure to comply with this Rule or with requests issued by LDH pursuant to this Rule. The severity of such action will depend upon the following factors:

a. Direct Service Worker Wage Floor;

i. - iii. ...

b. Direct Service Worker Workforce Bonus

Payments;

b.i. - c. ...

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 33:2456 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services

Financing and the Office for Citizens with Developmental Disabilities, LR 41:2169 (October 2015), LR 42:900 (June 2016), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities LR 48:42R (January 2022), LR 49:1071 (June 2023), LR 50:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability and autonomy as described in R.S. 49:972 as it may help ease the financial burden on the family budget by providing coverage for new services.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a positive impact on child, individual, or family

poverty in relation to individual or community asset development as described in R.S. 49:973, as it may help ease the financial burden on the family budget by providing coverage for new services.

Small Business Analysis

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule may have a positive impact on small businesses, since it provides reimbursement for new services added to the Residential Options Waiver.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, but may reduce the total direct or indirect cost to the provider to provide the same level of service, and may enhance the provider's ability to provide the same level of service as described in HCR 170 since it provides reimbursement for new services added to the Residential Options Waiver.

Public Comments

Interested persons may submit written comments to Kimberly Sullivan, JD, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. Sullivan is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on October 30, 2024.

Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on, October 10, 2024. If the criteria set forth in R.S. 49:961(B)(1) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on October 31, 2024 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after October 10, 2024. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing.

Michael Harrington, MBA, MA

Secretary