

## **RULE**

### **Department of Health and Hospitals Office of the Secretary Office for Citizens with Developmental Disabilities**

Home and Community-Based Services Waivers, New Opportunities Waiver Service Cap Increase and Clarification of Services (LAC 50:XXI.13701 and Chapters 139-143).

The Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities amends LAC 50:XXI.13701 and Chapters 139-143 under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

### **Title 50 PUBLIC HEALTH—MEDICAL ASSISTANCE Part XXI. Home and Community Based Services Waivers Subpart 11. New Opportunities Waiver**

#### **Chapter 137. General Provisions**

##### **§13701. Introduction**

A. ...

B. All NOW services are accessed through the case management agency of the recipient's choice. All services must be prior authorized and delivered in accordance with the approved comprehensive plan of care (CPOC). The CPOC shall be developed using a person-centered process coordinated by the individual's case manager.

C. Providers must maintain adequate documentation to support service delivery and compliance with the approved plan of care and will provide said documentation at the request of the department.

D. - F. ...

G. Providers shall follow the regulations and requirements as specified in the NOW provider manual.

H. Home and community-based services shall not be reimbursed while the recipient is a patient in an inpatient facility.

**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 of the Secretary, Bureau of Community Supports and Services, LR 30:1201 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1647 (August 2007).

#### **Chapter 139. Covered Services**

##### **§13901. Individualized and Family Support Services**

A. Individualized and Family Support (IFS) services are direct support and assistance services provided in the home or the community that allow the recipient to achieve and/or maintain increased independence, productivity, enhanced family functioning and inclusion in the community or for the relief of the primary caregiver. Transportation is

included in the reimbursement for these services. Reimbursement for these services includes the development of a service plan for the provision of these services, based on the approved CPOC.

1. ...

a. Additional hours of IFS day services beyond the 16 hours can be approved based on documented need, which can include medical or behavioral and specified in the approved CPOC.

2. - 2.e. ...

B. IFS services may be shared by up to three waiver recipients who may or may not live together and who have a common direct service provider agency. Waiver recipients may share IFS services staff when agreed to by the recipients and health and welfare can be assured for each individual. The decision to share staff must be reflected on the CPOC and based on an individual-by-individual determination.

*Louisiana Register Vol. 33, No. 08 August 20, 2007 1648*

Reimbursement rates are adjusted accordingly. Shared IFS services, hereafter referred to as shared support services, may be either day or night services.

C. - C.5. ...

6. accompanying the recipient to the hospital and remaining until admission or a responsible representative arrives, whichever occurs first. IFS services may resume at the time of discharge.

D. - D.1. ...

2. IFS-D and IFS-N services shall not include services provided in the IFS-D or IFS-N worker's residence, regardless of the relationship, unless the worker's residence is a certified foster care home.

D.3. - E.2. ...

3. An IFS-D or N worker shall not work more than 16 hours in a 24-hour period unless there is a documented emergency or a time-limited non-routine need that is documented in the approved CPOC. An IFS-D or N shared supports worker shall not work more than 16 hours in a 24-hour period unless there is a documented emergency or a time-limited non-routine need that is documented in the approved CPOC.

F. ...

1. IFS services shall be provided in the state of Louisiana. IFS services may be performed outside the state for a time-limited period or for emergencies. The provision of services outside of the state must be approved by the department.

2. ...

3. The provision of IFS services in licensed congregated settings shall be excluded from coverage.

G. ...

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 of the Secretary, Bureau of

Community Supports and Services, LR 30:1202 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:2063 (November 2006), LR 33:1647 (August 2007).

### **§13903. Center-Based Respite Care**

A. Center-Based Respite (CBR) Care is temporary, short-term care provided to a recipient with developmental disabilities who requires support and/or supervision in his/her day-to-day life due to the absence or relief of the primary caregiver. While receiving center-based respite care, the recipient's routine is maintained in order to attend school, work or other community activities/outings. The respite center is responsible for providing transportation for community outings, as that is included as part of their reimbursement. Individual and family support services (both day and night) will not be reimbursed while the recipient is in a center-based respite facility.

B. - 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 of the Secretary, Bureau of

Community Supports and Services, LR 30:1203 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1648 (August 2007).

### **§13905. Community Integration Development**

A. Community Integration Development (CID) facilitates the development of opportunities to assist recipients in becoming involved in their community through the creation of natural supports. The purpose of CID is to encourage and foster the development of meaningful relationships in the community reflecting the recipient's choices and values. Objectives outlined in the Comprehensive Plan of Care will afford opportunities to increase community inclusion, participation in leisure/recreational activities, and encourage participation in volunteer and civic activities. Reimbursement for this service includes the development of a service plan. To utilize this service, the recipient may or may not be present as identified in the approved CID service plan. CID services may be performed by shared staff for up to three waiver recipients who have a common direct service provider agency. The shared staff shall be reflected on the CPOC and based on an individual-by-individual determination. Rates shall be adjusted accordingly.

B. - 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 of the Secretary, Bureau of

Community Supports and Services, LR 30:1203 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1648 (August 2007).

### **§13907. Residential Habilitation-Supported Independent Living**

A. - B. ...

C. Exclusions

1. Legally responsible relatives may not be SIL providers. Payment for SIL does not include payments made directly or indirectly to members of the individual's immediate family.

2.a. - c. ...

d. routine care and supervision which could be expected to be provided by a family member; or

e. activities or supervision for which a payment is made by a source other than Medicaid, e.g., Office for Citizens with Developmental Disabilities, etc.

f. Repealed.

D. ...

E. Provider Qualifications. The provider must possess a current, valid license for the Supervised Independent Living module.

F. - F.2. ...

3. Residential habilitation services shall be coordinated with any services listed in the approved CPOC, and may serve to reinforce skills or lessons taught in school, therapy or other settings.

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 of the Secretary, Bureau of Community Supports and Services, LR 30:1204 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1648 (August 2007).

*Louisiana Register Vol. 33, No. 08 August 20, 2001649 7*

### **§13913. Supported Employment**

A. - D.1. ...

2. Follow along services are designed for individuals who are in supported employment and have been placed in a work site and only require minimum oversight for follow along at the job site.

D.3. - F.3. ...

G. Licensing Requirements. The provider must possess a valid certificate of compliance as a Community Rehabilitation Provider (CRP) from Louisiana Rehabilitation Services.

1. Existing providers of supported employment services shall be allowed 12 months after the effective date of the final Rule to comply with the licensing and accreditation requirements.

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 of the Secretary, Bureau of Community Supports and Services, LR 30:1205 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1649 (August 2007).

### **§13917. Employment-Related Training**

A. Employment-related training consists of paid employment for recipients for whom competitive employment at or above the minimum wage is unlikely, and who need intensive ongoing support to perform in a work setting because of their disabilities. Services are aimed at providing recipients with opportunities for employment and related training in work environments one to eight hours a day, one to five days a week at a commensurate wage in accordance with United States Department of Labor regulations and guidelines. Employment-related training services include training

designed to improve and maintain the recipient's capacity to perform productive work and to function adaptively in the work environment. The recipient must be 18 years or older in order to receive employment-related training services. Reimbursement for these services includes transportation and requires an individualized service plan.

B. - D. ...

E. Licensing Requirements. The provider must possess a current, valid license as an adult day care center and a valid certificate of compliance as a Community Rehabilitation Provider (CRP) from Louisiana Rehabilitation Services.

1. Existing providers of employment-related training services shall be allowed 12 months after the effective date of the final Rule to comply with the licensing requirements.

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 of the Secretary, Bureau of

Community Supports and Services, LR 30:1205 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1649 (August 2007).

### **§13919. Environmental Accessibility Adaptations**

A. - C. ...

1. Any service covered under the Medicaid State Plan shall not be authorized by NOW. The environmental accessibility adaptation(s) must be delivered, installed, operational and reimbursed in the CPOC year in which it was approved. A written itemized detailed bid, including drawings with the dimensions of the existing and proposed floor plans relating to the modification, must be obtained and submitted for prior authorization. Modifications may be applied to rental or leased property with the written approval of the landlord. Reimbursement shall not be paid until receipt of written documentation that the job has been completed to the satisfaction of the recipient.

2. Upon completion of the work and prior to payment, the provider shall give the recipient a certificate of warranty for all labor and installation and all warranty certificates from manufacturers.

3. - 5. ...

6. Excluded are those vehicle adaptations which are of general utility or for maintenance of the vehicle or repairs to adaptations. Car seats are not considered a vehicle adaptation.

D. Service Limits. There is a cap of \$7,000 per recipient for environmental accessibility adaptations. Once a recipient reaches 90 percent or greater of the cap and the account has been dormant for three years, the recipient may access another \$7,000. Any additional environmental accessibility expenditures during the dormant period reset the three-year time frame. On a case-by-case basis, with supporting documentation and based on need, an individual may be able to exceed this cap with the approved CPOC and if they have the requested funds available in Specialized Medical Equipment and Supplies service cap. An individual may access up to the available maximum in the service cap for Specialized Equipment and Supplies.

E. Provider Qualifications. The provider must be an enrolled Medicaid provider and comply with applicable state and local laws governing licensure and/or certification.

1. All providers of environmental accessibility adaptations must be registered through the Louisiana State Licensing Board for Contractors as a home improvement contractor, with the exception of providers of vehicle adaptations.
2. Providers of environmental accessibility adaptations to vehicles must be licensed by the Louisiana Motor Vehicle Commission as a specialty vehicle dealer and accredited by the National Mobility Equipment Dealers Association under the Structural Vehicle Modifier category.
3. Existing providers of environmental accessibility adaptations to vehicles shall be allowed 12 months after the effective date of the final Rule to comply with the licensing and accreditation requirements of §13919.E.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 of the Secretary, Bureau of Community Supports and Services, LR 30:1206 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1649 (August 2007).

### **§13921. Specialized Medical Equipment and Supplies**

A. - D. ...

E. Service Limitations. There is a cap of \$1,000 per individual for specialized equipment and supplies. Once a recipient reaches 90 percent or greater of the cap and the account has been dormant for three years, the recipient may access another \$1,000. Any additional specialized equipment and supplies expenditures during the dormant period reset the three-year time frame. On a case-by-case basis, with *Louisiana Register Vol. 33, No. 08 August 20, 2007* 1650 supporting documentation and based on need, an individual may be able to exceed this cap with the approved CPOC and if they have the requested funds available in Environmental Accessibility Adaptations. An individual may access up to the available maximum in the service cap for Environmental Accessibility Adaptations.

F. Provider Qualifications. All agencies who are vendors of technological equipment and supplies must be enrolled in the Medicaid Program as a durable medical equipment provider and must meet all applicable vendor standards and requirements for manufacturing, design and installation of technological equipment and supplies.

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 of the Secretary, Bureau of Community Supports and Services, LR 30:1207 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1649 (August 2007).

### **§13923. Personal Emergency Response Systems**

A. - B. ...

1. have a demonstrated need for quick emergency back-up;
2. are unable to use other communication systems as they are not adequate to summon emergency assistance; or
3. do not have 24 hour direct supervision.

4. - 5. Repealed.

C. - D. ...

E. Provider Qualifications. The provider must be an enrolled Medicaid provider of the Personal Emergency Response System. The provider shall install and support PERS equipment in compliance with all applicable federal, state, parish and local laws and meet manufacturer's specifications, response requirements, maintenance records and recipient education.

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 of the Secretary, Bureau of Community Supports and Services, LR 30:1207 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1650 (August 2007).

Editor's Note: §13925, Professional Consultation, has been repealed and new text has been inserted into §13925.

### **§13925. Professional Services**

A. Professional services are services designed to increase the individual's independence, participation and productivity in the home, work and community. Recipients, up to the age of 21, who participate in NOW must access these services through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Professional services may only be furnished and reimbursed through NOW when the services are not covered under the Medicaid State Plan. Professional services must be delivered with the recipient present and be provided based on the approved CPOC and an individualized service plan. Service intensity, frequency and duration will be determined by individual need. Professional services may be utilized to:

1. perform assessments and/or re-assessments and recommendations;
2. provide consultative services and recommendations;
3. provide training or therapy to an individual and/or their natural and formal supports necessary to either develop critical skills that may be self-managed by the individual or maintained according to the individual's needs;
4. intervene in and stabilize a crisis situation, behavioral or medical, that could result in the loss of home and community-based services; or
5. provide necessary information to the individual, family, caregivers and/or team to assist in the implementation of plans according to the approved CPOC.

B. Professional Services are limited to the following services.

1. Psychological services are direct services performed by a licensed psychologist, as specified by state law and licensure. These services are for the treatment of a behavioral or mental condition that addresses personal outcomes and goals desired by the recipient and his or her team. Services must be reasonable and necessary to preserve and improve or maintain adaptive behaviors or decrease maladaptive behaviors of a person with mental retardation or developmental disabilities. Service intensity, frequency, and duration will be determined by individual need.
2. Social work services are highly specialized direct counseling services furnished by a licensed clinical social worker and designed to meet the unique counseling needs of individuals with mental retardation and development disabilities. Counseling may address areas such as human sexuality, depression, anxiety disorders, and social skills.

Services must only address those personnel outcomes and goals listed in the approved CPOC.

3. Nutritional/Dietary services are medically necessary direct services provided by a licensed registered dietician or licensed nutritionist. Services must be ordered by a physician. Direct services may address health care and nutritional needs related to prevention and primary care activities, treatment and diet. Reimbursement is only available for the direct service performed by a dietitian or nutritionist, and not for the supervision of a dietician or nutritionist performing the hands-on direct service.

C. Service Limits. There shall be a \$2,250 cap per recipient per CPOC year for the combined range of professional services in the same day but not at the same time.

D. Provider Qualifications. The provider of professional services must be a Medicaid enrolled provider. Each professional must possess a current valid Louisiana license to practice in his/her field and have at least one year of experience post licensure in their area of expertise.

E. Non-Reimbursable Activities. The following activities are not reimbursable:

1. friendly visiting, attending meetings;
2. time spent on paperwork or travel;
3. time spent writing reports and progress notes;
4. time spent on the billing of services; and
5. other non-Medicaid reimbursable activities.

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 of the Secretary, Bureau of Community Supports and Services, LR 30:1207 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1650 (August 2007).

*Louisiana Register Vol. 33, No. 08 August 20, 2001651 7*

### **§13927. Skilled Nursing Services**

A. Skilled Nursing services are medically necessary nursing services ordered by a physician and provided by a licensed registered nurse or a licensed practical nurse. Skilled nursing services shall be provided by a licensed, enrolled home health agency and require an individual nursing service plan. These services must be included in the individual's approved CPOC. All Medicaid State Plan services must be utilized before accessing this service. Recipients, up to the age of 21, must access these services as outlined on their CPOC through the Home Health Program.

B. When there is more than one recipient in the home receiving skilled nursing services, services may be shared and payment must be coordinated with the service authorization system and each recipient's approved CPOC. Nursing consultations are offered on an individual basis only.

C. Provider Qualifications. The provider must possess a current valid license as a home health agency.

D. - D.6. 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 of the Secretary, Bureau of

Community Supports and Services, LR 30:1208 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1651 (August 2007).

**§13929. One Time Transitional Expenses**

A. One time transitional expenses are those allowable expenses incurred by recipients who are being transitioned from an ICF-MR to their own home or apartment in the community of their choice. "Own home" shall mean the recipient's own place of residence and does not include any family members home or substitute family care homes.

B. Allowable transitional expenses include:

1. the purchase of essential furnishings such as:
  - a. bedroom and living room furniture;
  - b. table and chairs;
  - c. window blinds;
  - d. eating utensils; and
  - e. food preparation items;
2. moving expenses required to occupy and use a community domicile;
3. health and safety assurances, such as pest eradication, allergen control or one-time cleaning prior to occupancy; and
4. nonrefundable security deposits.
5. - 9. Repealed.

C. Service Limits. Set-up expenses are capped at \$3,000 over a recipient's lifetime.

D. Service Exclusion. Transitional expenses shall not constitute payment for housing, rent, or refundable security deposits.

E. Provider Qualifications. This service shall only be provided by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities (OCDD) with coordination of appropriate entities.

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 of the Secretary, Bureau of

Community Supports and Services, LR 30:1209 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1651 (August 2007).

**§13931. One Time Transitional Expenses**

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 of the Secretary, Bureau of Community Supports and Services, LR 30:1209 (June 2004), repealed by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1651 (August 2007).

**§13933. Transitional Professional Support Services**

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 of the Secretary, Bureau of

Community Supports and Services, LR 30:1209 (June 2004), repealed by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1651 (August 2007).

#### **§13935. Consumer Directed Service**

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 of the Secretary, Bureau of Community Supports and Services, LR 30:1209 (June 2004), repealed by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1651 (August 2007).

### **Chapter 141. Self-Direction Initiative**

#### **§14101. Self-Direction Service Option**

A. The self-direction initiative is a voluntary, self-determination option which allows the recipient to coordinate the delivery of designated NOW services through an individual direct support professional rather than through a licensed, enrolled provider agency. Selection of this option requires that the recipient utilize a payment mechanism approved by the department to manage the required fiscal functions that are usually handled by a provider agency.

1. - 10. Repealed.

B. Recipient Responsibilities. Waiver recipients choosing the self-directed services option must understand the rights, risks and responsibilities of managing their own care and individual budget. If the recipient is unable to make decisions independently, he must have an authorized representative who understands the rights, risks and responsibilities of managing his care and supports within his individual budget.

Responsibilities of the recipient or authorized representative include:

1. completion of mandatory trainings, including the rights and responsibilities of managing their own services and supports and individual budget;
2. participation in the self-direction service option without a lapse in or decline in quality of care or an increased risk to health and welfare, and:

*Louisiana Register Vol. 33, No. 08 August 20, 2007 1652*

a. adhere to the health and welfare safeguards identified by the team, including the application of a comprehensive monitoring strategy and risk assessment and management systems;

3. 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 recipient's CPOC to meet his needs;

b. the recipient's individual budget includes a potential amount of dollars within which the recipient or his authorized representative exercises decision-making responsibility concerning the selection of services and service providers.

C. Termination of the Self-Direction Service Option. Termination of participation in the self-direction service option requires a revision of the CPOC, the elimination of the fiscal agent and the selection of the Medicaid-enrolled waiver service provider(s) of choice.

1. Voluntary Termination. The waiver recipient may chose at any time to withdraw from the self-direction service option and return to the traditional provider agency management of services.

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

a. the health or welfare of the recipient is compromised by continued participation in the self-directed option;

b. the recipient is no longer able to direct his own care and there is no responsible representative to direct the care;

c. there is misuse of public funds by the recipient or the authorized representative; or

d. over three consecutive payment cycles, the recipient or authorized representative:  
i. places barriers to the payment of the salaries and related state and federal payroll taxes of direct support staff;

ii. fails to follow the Personal Purchasing Plan;

iii. fails to provide required documentation of expenditures and related items; or

iv. fails to cooperate with the fiscal agent or support coordinator in preparing any additional documentation of expenditures.

3. Repealed.

D. - E.1. 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 of the Secretary, Bureau of Community Supports and Services, LR 30:1209 (June 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1651 (August 2007).

## **Chapter 143. Reimbursement**

### **§14301. Reimbursement Methodology**

A. Reimbursement for services shall be a prospective flat rate for each approved unit of service provided to the recipient. One quarter hour (15 minutes) is the standard unit of service, which covers both service provision and administrative costs for the following services:

1. Center-Based Respite;

2. Community Integration Development:

a. services furnished to two recipients who choose to share supports will be reimbursed at 75 percent of the full rate for each recipient;

b. services furnished to three recipients who choose to share supports will be reimbursed at 66 percent of the full rate for each recipient;

3. Day Habilitation;

4. Employment Related Training;

5. Individualized and Family Support-Day and Night:

a. services furnished to two recipients who choose to share supports will be reimbursed at 75 percent of the full rate for each recipient;

- b. services furnished to three recipients who choose to share supports will be reimbursed at 66 percent of the full rate for each recipient;
- 6. Professional Services;
- 7. Skilled Nursing Services, and:
  - a. services furnished to two recipients who choose to share supports will be reimbursed at 75 percent of the full rate for each recipient;
  - b. services furnished to three recipients who choose to share supports will be reimbursed at 66 percent of the full rate for each recipient;
  - c. nursing consultations are offered on an individual basis only;
- 8. Supported Employment, One-to-One Intensive and Mobile Crew/Enclave.
  - B. The following services are to be paid at cost, based on the need of the individual and when the service has been prior authorized and on the CPOC:
    - 1. environmental accessibility adaptations;
    - 2. specialized medical equipment and supplies; and
    - 3. transitional expenses.
  - C. The following services are paid through a per diem:
    - 1. substitute family care;
    - 2. residential habitation-supported independent living; and
    - 3. supported employment-follow along.
  - D. Maintenance of the personal emergency response system is paid through a monthly rate.
  - E. Installation of the personal emergency response system is paid through a one time fixed cost.

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 of the Secretary, Office for Citizens with Developmental Disabilities, LR 33:1652 (August 2007).

*Louisiana Register Vol. 33, No. 08 August 20, 2001653 7*

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.