

RULE

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

Home and Community-Based Services Waivers - Supports Waiver
(LAC 50:XXI.Chapters 53-61)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopts LAC 50:XXI Chapters 53-61 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 5. Supports Waiver

Chapter 53. General Provisions

§5301. Purpose

A. The mission of this waiver is to create options and provide meaningful opportunities that enhance the lives of men and women with developmental disabilities through vocational and community inclusion. The Supports Waiver is designed to:

1. promote independence for individuals with a developmental disability who are age 18 or older while ensuring health and safety through a system of recipient safeguards;
2. provide an alternative to institutionalization and costly comprehensive services through the provision of an array of services and supports that promote community inclusion and independence by enhancing and not replacing existing informal networks; and
3. increase high school to community transition resources by offering supports and services to those 18 years and older.

B. Allocation of Waiver Opportunities. Waiver opportunities (slots) shall be allocated in the following manner.

1. Reserved capacity will be for those persons currently receiving state general funded vocational and habilitative services through the Office for Citizens with Developmental Disabilities.
2. The next reserved capacity will be for those persons currently waiting for state general funded vocational and habilitative services through the Office for Citizens with Developmental Disabilities.
3. All other waiver opportunities shall be offered on a first come, first served basis to individuals who meet the recipient qualifications for this waiver.

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 32:1604 (September 2006).

Chapter 55. Target Population

§5501. Recipient Qualifications

A. In order to qualify for the Supports Waiver, an individual must be 18 years of age or older and meet the definition for a developmental disability as defined in R.S. 28:451.2. Developmental disability means either:

1. a severe chronic disability of a person that:

a. is attributable to an intellectual or physical impairment or combination of intellectual and physical impairments;

b. is manifested before the person reaches age 22;

c. is likely to continue indefinitely;

d. results in substantial functional limitations in three or more of the following areas of major life activity:

i. self-care;

ii. receptive and expressive language;

iii. learning;

iv. mobility;

v. self-direction;

vi. capacity for independent living; or

vii. economic self-sufficiency;

e. is not attributable solely to mental illness;

f. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated;

2. a substantial developmental delay or specific congenital or acquired condition in a person from birth through age 9 which, without services and support, has a high probability of resulting in those criteria in Subparagraphs A.1.a-f above later in life that may be considered to be a developmental disability.

B. The individual must:

1. meet the requirements for an intermediate care facility for the mentally retarded level of care, which requires active treatment of mental retardation or a developmental disability under the supervision of a qualified mental retardation or developmental disability professional;

2. meet the financial eligibility requirements for the Medicaid program as a member of the group of individuals who would be eligible for Medicaid if they:

a. were in a medical institution;

b. need home and community-based services in order to remain in the community; and

c. have a special income level equal to 300 percent of the Supplemental Security Income (SSI) federal benefit rate;

3. be a resident of Louisiana;

4. be a citizen of the United States or a qualified alien; and

5. meet the health and safety assurances.

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 32:1604 (September 2006).

Chapter 57. Covered Services

§5701. Supported Employment Services

A. Supported employment services consists of intensive, ongoing supports and services necessary for a recipient to achieve the desired outcome of employment in a community setting in the State of Louisiana where a majority of the persons employed are without disabilities. Recipients utilizing these services may need long-term supports for the life of their employment due the nature of their disability, and natural supports would not meet this need.

B. Supported employment services provide supports in the following areas:

1. individual job, group employment, or self-employment;
2. job assessment, discovery and development; and
3. initial job support and job retention, including assistance in personal care with activities of daily living in the supported employment setting and follow-along.

C. When supported employment services are provided at a work site where a majority of the persons employed are without disabilities, payment is only made for the adaptations, supervision and training required by recipients receiving the service as a result of their disabilities. It does not include payment for the supervisory activities rendered as a normal part of the business setting.

D. Transportation is included in supported employment services, but whenever possible, family, neighbors, friends, coworkers or community resources that can provide needed transportation without charge should be utilized.

E. These services are also available to those recipients who are self-employed. Funds for self-employment may not be used to defray any expenses associated with setting up or operating a business.

F. Supported employment services may be furnished by a coworker or other job-site personnel under the following circumstances:

1. the services furnished are not part of the normal duties of the coworker or other job-site personnel; and
2. these individuals meet the pertinent qualifications for the providers of service.

G. Service Limitations

1. Services for job assessment, discovery and development in individual jobs and self-employment shall not exceed 120 units of service in a Comprehensive Plan of Care year.
2. Services for job assessment, discovery and development in group employment shall not exceed 20 units of service in a Comprehensive Plan of Care year.
3. Services for initial job support, job retention and follow-along shall not exceed 240 units of service in a Comprehensive Plan of Care year.

H. Restrictions. Recipients receiving supported employment services may also receive prevocational or day habilitation services. However, these services cannot be provided in the same service day.

I. Choice of this service and staff ratio needed to support the recipient must be documented on the Comprehensive Plan of Care.

J. There must be documentation in the recipient's file that these services are not available from programs funded under Section 110 of the Rehabilitation Act of 1973 or sections 602 (16) or (17) of the Individuals with Disabilities

Education Act [230 U.S.C. 1401 (16 and 71)] and those covered under the State Plan.

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 32:1605 (September 2006).

§5703. Day Habilitation

A. Day habilitation is services that assist the recipient to gain desired community living experience, including the acquisition, retention or improvement in self-help, socialization and adaptive skills, and/or to provide the recipient an opportunity to contribute to his or her community. These services focus on enabling the recipient to attain or maintain his/her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies identified in the individualized Comprehensive Plan of Care. Day habilitation services may serve to reinforce skills or lessons taught in other settings.

B. Day habilitation services are provided on a regularly scheduled basis for one or more days per week, five or more hours per day in a setting separate from the recipient's private residence. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice.

C. Day habilitation provides services in the following areas:

1. volunteer activities;
2. community inclusion; and
3. facility-based activities.

D. Day habilitation includes assistance in personal care with activities of daily living in the day habilitation setting.

E. All transportation costs are included in the reimbursement for day habilitation services. The recipient must be present to receive this service. If a recipient needs transportation, the provider must physically provide, arrange for, or pay for appropriate transport to and from a central location that is convenient for the recipient and agreed upon by the Team. The recipient's transportation needs and this central location shall be documented in the Comprehensive Plan of Care.

F. Service Limitations. Services shall not exceed 240 units of service in a Comprehensive Plan of Care.

G. Restrictions. Recipients receiving day habilitation services may also receive prevocational or supported employment services, but these services cannot be provided in the same service day.

H. Choice of this service and staff ratio needed to support the recipient must be documented on the Comprehensive Plan of Care.

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 32:1605 (September 2006).

§5705. Prevocational Services

- A. Prevocational services prepare a recipient for paid or unpaid employment in the community and include teaching concepts such as compliance, attendance, task completion, problem solving and safety that are associated with performing compensated work. Services are aimed at a generalized result, not job task oriented, and are directed to habilitative, rather than explicit employment objectives.
- B. Prevocational services are provided in a supervised facility-based setting where more than 25 percent of the persons employed are individuals with a developmental disability. These services are operated through a provider agency that is licensed by the appropriate state licensing agency. Services are furnished five or more hours per day on a regularly scheduled basis for one or more days per week.
- C. Prevocational services are provided to persons not expected to join the general work force within one year of service initiation. If compensated, pay must be in accordance with United States Department of Labor's Fair Labor Standards Act.
- D. Prevocational services can include assistance in personal care with activities of daily living in the facility-based setting. Choice of this service and staff ratio needed to support the recipient must be documented on the Comprehensive Plan of Care.
- E. All transportation costs are included in the reimbursement for prevocational services. The recipient must be present to receive this service. If a recipient needs transportation, the provider must physically provide, arrange, or pay for appropriate transport to and from a central location that is convenient for the recipient and agreed upon by the Team. The recipient's transportation needs and this central location shall be documented in the Comprehensive Plan of Care.
- F. Service Limitations. Services shall not exceed 240 units of service in a Comprehensive Plan of Care.
- G. Restrictions. Recipients receiving prevocational services may also receive day habilitation or supported employment services, but these services cannot be provided in the same service day.
- H. There must be documentation in the recipient's file that this service is not available from programs funded under Section 110 of the Rehabilitation Act of 1973 or Sections 602 (16) or (17) of the Individuals with Disabilities Education Act [230 U.S.C. 1401 (16 and 71)] and those covered under the State Plan.

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 32:1605 (September 2006).

§5707. Respite

- A. Respite care is a service provided on a short-term basis to a recipient who is unable to care for himself/herself because of the absence or need for relief of those unpaid persons normally providing care for the recipient.
- B. Respite may be provided in:

1. the recipient's home or private place of residence;
2. the private residence of a respite care provider; or
3. a licensed respite care facility determined appropriate by the recipient or responsible party.

C. Service Limitations. Services shall not exceed 428 units of service in a Comprehensive Plan of Care year.

D. Choice and need for this service must be documented on the Comprehensive Plan of Care.

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 32:1606 (September 2006).

§5709. Habilitation

A. Habilitation offers services designed to assist recipients in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community settings.

B. Habilitation is provided in the home or community, includes necessary transportation and is based on need with a specified number of hours weekly as outlined in the approved Comprehensive Plan of Care.

C. Habilitation services include, but are not limited to:

1. acquisition of skills needed to do household tasks such as laundry, dishwashing and housekeeping, grocery shopping in the community; and
2. travel training to community sites other than supported employment, day habilitation, or prevocational sites where life activities take place.

D. Service Limitations. Services shall not exceed 285 units of service in a Comprehensive Plan of Care year.

E. Choice and need for this service must be documented on the Comprehensive Plan of Care.

F. Recipients receiving habilitation may use this service in conjunction with other Support Waiver services, as long as other services are not provided during the same period in a day.

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 32:1606 (September 2006).

§5711. Individual Goods and Services

A. Individual goods and services allow the recipient access to goods and services necessary to ensure health and safety, which are essential to his/her independence in the community and are not otherwise covered in Medicaid State Plan services. NOTE: Goods and services must be clearly linked to an assessed recipient's need established in the Comprehensive Plan of Care. Experimental or prohibited treatments are excluded.

B. Adult incontinence care products are available to all recipients through the Supports Waiver. NOTE: These services must be prior authorized, be in accordance with the Comprehensive Plan of Care, and not otherwise available through any other funding source or community resource.

C. The following services are available for recipients who are age 21 or older:

1. eyeglasses and routine eye examinations not otherwise covered;
2. dental care not related to dentures and not otherwise covered; and
3. hearing aids and other durable medical equipment not otherwise covered.

NOTE: Recipients who are age 18 through 21 may receive these services as outlined on their Comprehensive Plan of Care through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

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 32:1606 (September 2006).

§5713. Personal Emergency Response System

A. A personal emergency response system (PERS) is an electronic device connected to the recipient's phone which enables a recipient to secure help in the community. The system is programmed to signal a response center staffed by trained professionals once a "help" button is activated.

B. This service must be prior authorized and be in accordance with the Comprehensive Plan of Care.

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 32:1607 (September 2006).

Chapter 59. Provider Participation

§5901. General Provisions

A. In order to participate in the Medicaid Program as a provider of Supports Waiver services, a provider must meet all qualifications outlined in LAC 50.XXI, Subpart 1, Chapter 1 and all applicable amendments.

B. If transportation is provided as part of a service, the provider must have \$1,000,000 liability insurance coverage on any vehicles used in transporting a recipient.

C. In addition to meeting the requirements cited in this 5901.A. and B., providers must meet the following requirements for the provision of designated services.

1. Day Habilitation and Prevocational Services. The provider must possess a current, valid license as an Adult Day Care Center in order to provide these services.
2. Supported Employment Services. The provider must possess a valid certificate of compliance as a Community Rehabilitation Provider (CRP) from Louisiana Rehabilitation Services.
3. Respite and Habilitation Services. The provider must possess a current, valid license as a Personal Care Attendant agency or a Respite Care Center in order to provide these services.

4. Individual Goods and Services. The provider must comply with the applicable state and local laws governing licensure and/or certification for the service being performed.
5. Personal Emergency Response System. The provider must be enrolled to participate in the Medicaid Program as a provider of personal emergency response systems.

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 32:1607 (September 2006).

Chapter 61. Reimbursement Methodology

- A. The reimbursement for all services will be paid on a per claim basis, based on established rates determined through consultation with stakeholders, review of current rates and costs for similar services and available funding. The reimbursement rate covers both service provision and administration.
- B. Supported Employment Services. Reimbursement shall be a prospective flat rate for each approved unit of service provided to the recipient. A standard unit of service in job assessment, discovery and development is six hours or more per day. A standard unit of service in initial job support, job retention and follow-along is one hour or more per day.
- C. Day Habilitation. Reimbursement shall be a prospective flat rate for each approved unit of service provided to the recipient. A standard unit of service is one day, consisting of five or more hours, excluding time spent in transportation.
- D. Prevocational Services. Reimbursement shall be a prospective flat rate for each approved unit of service provided to the recipient. A standard unit of service is one day, consisting of five or more hours, excluding time spent in transportation.
- E. Respite. Reimbursement 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.
- F. Habilitation. Reimbursement 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.
- G. Individual Goods and Services. Reimbursement will be paid at cost, based on the recipient's need, but shall not exceed \$500 in a Comprehensive Plan of Care year.
- H. Personal Emergency Response System (PERS). Reimbursement for the maintenance of the PERS is paid through a monthly rate. Installation of the device 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 32:1607 (September 2006).

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