OVERVIEW

The Adult Day Health Care (ADHC) Waiver is a Medicaid Home and Community-Based Services (HCBS) Waiver program that expands the array of services available to individuals with functional impairments, and helps to bridge the gap between independence and institutional care by allowing them to remain in their own homes and communities.

This provider manual chapter specifies the requirements for reimbursement for services provided through an approved waiver of the Title XIX regulations. This document is a combination of federal and state laws and Louisiana Department of Health (LDH) policy which provides direction for provision of these services to eligible individuals in the State of Louisiana.

These regulations are established to assure minimum compliance under the law, equity among those served, provision of authorized services and proper fund disbursement. Should a conflict exist between manual chapter material and pertinent laws or regulations governing the Louisiana Medicaid Program, the latter will take precedence.

This manual chapter is intended to provide ADHC Waiver providers and support coordination agencies with the information necessary to fulfill its vendor contract with the State of Louisiana, and is the basis for federal and state reviews of the program. Full implementation of these regulations is necessary for a provider or agency to remain in compliance with federal and state laws and department rules.

Providers should refer to the General Information and Administration manual chapter of the *Medicaid Services Manual* located on the Louisiana Medicaid website (below) for general information concerning topics relative to Medicaid provider enrollment and administration.
http://www.lamedicaid.com/provweb1/Providermanuals/manuals/GIA/GIA.pdf

The LDH Bureau of Health Services Financing (BHSF), Office of Aging and Adult Services (OAAS), and Health Standards Section (HSS) are responsible for assuring oversight of the waiver services, licensing and enforcement, program monitoring, and compliance with the applicable rules and regulations.

Waiver services to be provided are specified in each beneficiary's person-centered Plan of Care (POC) which is written by the support coordinator based on input from the planning team. The planning team is comprised of the beneficiary, the support coordinator, and in accordance with the beneficiary's preferences, members of the family/natural support system, appropriate professionals and others whom the beneficiary chooses. The POC contains all services and activities involving the beneficiary, non-waiver as well as waiver services. Beneficiaries are to receive those waiver services included in the POC and approved by the appropriate support coordination designee or OAAS regional office (as applicable). Notification of approved services

is forwarded to the provider by the support coordinator, and the data contractor issues prior authorization to the providers based on the approved POC.

The number of persons approved for waiver participation each year is limited to the number of unduplicated beneficiaries authorized by the waiver agreement with the Centers for Medicare and Medicaid Services (CMS).