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SERVICE ACCESS AND AUTHORIZATION

When funding is appropriated for a new Adult Day Health Care (ADHC) Waiver opportunity or an existing opportunity is vacated, the individual who meets criteria for the priority group, or whose date is reached on the ADHC Waiver Request for Services Registry (RFSR), shall receive a written notice indicating that an ADHC Waiver opportunity is available. The applicant will receive an ADHC Waiver offer packet that includes the following:

1. ADHC Waiver Services Decision form; and
2. Support Coordination Agency Freedom of Choice (FOC) and Release of Information form.

If the applicant is interested in accepting the ADHC Waiver opportunity, they must complete and return the packet.

If the applicant meets the waiver offer criteria, they will be linked to a support coordination agency and assigned a support coordinator. The support coordinator must:

1. Conduct a face-to-face, in-home assessment with the applicant;
2. Inform them of all available services under the ADHC Waiver program; and
3. Assist the applicant with the financial eligibility process conducted by the Medicaid eligibility office as needed.

After the assessment is finalized and it has been determined that the applicant meets the nursing facility level of care requirements for the ADHC Waiver program, the support coordinator may continue with the Plan of Care (POC) development. The POC development may be completed at the intake home visit or the support coordinator may schedule a second home visit to finalize the POC.

NOTE: The support coordinator may conduct the assessment and POC development at the same meeting, as long as the support coordinator has the equipment/capability to finalize the assessment and obtain the results during this visit.

The following must be addressed at the POC meeting:

1. Types and number of services (including waiver and all other services) necessary to reasonably assure health and welfare and to maintain the beneficiary safely in the community;

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2. Individual cost of each waiver service; and
3. Total cost of waiver services covered by the POC.

Provider Selection

The support coordinator must present the beneficiary with a list of providers who are enrolled in Medicaid to provide those services that have been identified on the POC. The support coordinator will have the beneficiary or responsible representative complete the provider FOC list. FOC will be offered initially and annually thereafter for each identified waiver service.

The support coordinator is responsible for the following:

1. Notifying the selected provider that they have been chosen by the beneficiary to provide the necessary services;
2. Completing assessments and POCs;
3. Obtaining an agreement to provide services and copies of any completed assessments and/or plans completed by the ADHC provider; and
4. Forwarding the POC packet to the Office of Aging and Adult Services (OAAS) Regional Office (RO) or its designee, for review and approval following the established protocol.

NOTE: Authorization to provide service is always contingent upon having an approved POC or POC revision.

Prior Authorization

All services under the ADHC Waiver must be prior authorized. Prior authorization (PA) is the process to approve specific services for a Medicaid beneficiary by an enrolled Medicaid provider prior to service delivery and reimbursement. PA does not guarantee payment for the service as payment is contingent upon the passing of all edits contained within the claims payment process, the beneficiary's continued Medicaid eligibility, the provider's continued Medicaid eligibility, and the ongoing medical necessity for the service.

The PA is performed by the data contractor and is specific to a beneficiary, provider, service code, established quantity of units, and for specific dates of service.

The PA revolves around the POC document, which means that only the service codes and units specified in the approved POC will be prior authorized. Services provided without a current PA

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are not eligible for reimbursement. There will be no exceptions made for reimbursement of services performed without a current PA.

The ADHC provider is responsible for developing an Individualized Service Plan (ISP) in accordance with the approved POC and as stipulated in the ADHC licensing regulations and Medicaid certification rules (LAC 50. XXI.2303. A.).

The ADHC Waiver providers are responsible for the following activities:

1. Checking PAs to verify that they match the approved services in the beneficiary's POC and any mistakes must be immediately corrected;
2. Verifying that services were documented as specified in Section 9.6 – Record Keeping and are within the approved service limits as identified in the beneficiary's POC prior to billing for the service;
3. Verifying that services were delivered according to the beneficiary's approved POC prior to billing for the service;
4. Proper use of the Electronic Visit Verification (EVV) system (if applicable);
5. Inputting the correct date(s) of service, authorization numbers, provider number, and beneficiary number in the billing system;
6. Billing only for the services that were delivered to the beneficiary and are approved in the beneficiary's POC;
7. Reconciling all remittance advices issued by the Louisiana Department of Health (LDH) fiscal intermediary with each payment; and
8. Checking billing records to ensure that the appropriate payment was received.

NOTE: Providers have a one-year timely filing billing requirement under Medicaid regulations. See Section 1.4, Timely Filing Guidelines in Chapter General Information and Administration of the *Medicaid Services Manual* at the following link:

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/GIA/GIA.pdf>

Support Coordination

The data contractor issues authorizations for support coordination services for the POC year. A service unit is one (1) month and each authorization covers a maximum of seven months, or seven

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(7) service units. Typically, two (2) PAs will be issued for a one year POC. At the end of each month, after the support coordination agency fulfills the service requirements and inputs the required documentation in the data contractor's database, the data contractor will release one (1) service unit of the PA.

Transition Intensive Support Coordination

Authorization for TISC is issued upon receipt of the POC (provisional or initial).

A service unit is one (1) month. The authorization includes a unit of service for each month with a maximum of six (6) units of service per authorization. At the end of each month, after the support coordination agency fulfills the service requirements and inputs the required documentation in the data contractor's database, the data contractor will release one (1) service unit of the PA.

NOTE: Authorization for services will not be issued retroactively unless an individual leaving a facility is involved with special circumstances as determined and approved by OAAS.

Transition Services

Authorization for Transition Services has a lifetime cap of \$1,500. The authorization period is the effective date indicated on the POC or POC revision request through the POC end date. After the approved purchases are made, the POC (provisional, initial or revision) that includes the transition services, the receipts for the purchases and the "Transition Services Form" are sent to the data contractor. (See Appendix B for the hyperlink to this form).

The data contractor issues and releases the PA to the support coordination agency upon receipt of complete and accurate information. The support coordination agency is responsible for reimbursing the purchaser (beneficiary, family, provider, own agency, etc.) upon receipt of reimbursement.

Adult Day Health Care Services

ADHC service units are 15 minutes. Adult Day Health Care (ADHC) services are assigned a PA number for the year. Approved units of service are issued on a quarterly basis. Units of service approved for one week cannot exceed established limits. For PA purposes, a week is defined as beginning at 12:00 a.m. Sunday and ending at 11:59 p.m. the following Saturday. Payment for services is capped at 50 hours per week and no more than 10 hours per day.

In the event that reimbursement is received without an approved PA, the amount paid is subject to recoupment.

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ADHC providers **CANNOT** bill for ADHC services (attendance at the ADHC) and ADHC Health Status Monitoring (ADHC HSM) on the same day.

Adult Day Health Care Health Status Monitoring

Authorization for Adult Day Health Care Health Status Monitoring (ADHC HSM) is issued according to the approved POC or POC Revision. ADHC HSM is authorized at a per diem rate. This provider type uses the data contractor's database to document the provision of these services and to retrieve PAs. The provider may bill, using the proper PA, after services are delivered.

Providers **CANNOT** bill for ADHC HSM and regular ADHC services (attendance at the ADHC center) on the same day.

Home Delivered Meals

Authorization for Home Delivered Meals (HDMs) is issued according to the POC. The PA must be for a minimum of four (4) meals per week, up to a maximum of 14 meals per week, not to exceed the limit of two meals per day. A service unit is one meal.

This provider type uses the data contractor's database to retrieve PAs, but does not utilize the database to document the provision of services. The provider may bill, using the proper PA, after services are delivered.

Activity and Sensor Monitoring

Authorization for Activity and Sensor Monitoring (ASM) will be issued upon receipt of the POC (initial, provisional, or revision).

Units of service:

Type of Delivery Method	Unit of Service
ASM Installation	One-time fee
ASM Maintenance	Per month

ASM installation and monthly units of service use the data contractor's database to retrieve PAs, but do not utilize the database to document the provision of services. The provider may bill, using the proper PA, after services are delivered.

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Personal Emergency Response System (PERS)

Authorization for Personal Emergency Response System (PERS) will be issued upon receipt of the POC (initial, provisional, or revision).

Units of service:

Type of Delivery Method	Unit of Service
PERS Installation	One-time fee
PERS Maintenance	Per month

PERS installation and monthly units of service use the data contractor's database to retrieve PAs, but do not utilize the database to document the provision of services. The provider may bill, using the proper PA, after services are delivered.

Assistive Technology

Authorization for the Assistive Technology (AT) service is limited to a one-time lifetime purchase amount for the AT device (including protective case for the device) and a one-time lifetime amount for the AT procurement/set-up visit. The authorization period is the effective date indicated on the POC or POC Revision through the POC end date. The POC or POC Revision, including the applicable AT services, is submitted to the data contractor. The data contractor issues a PA for the requested services placing a hold on the PA until verification of receipt of services. After the approved device purchase is made by the support coordination agency and the set-up visit completed, the POC/POC Revision, the receipt(s) for the purchases and the Assistive Technology form are sent to the data contractor. (See Appendix B for the link to this form.)

The data contractor issues and releases the PA to the support coordination agency upon receipt of complete and accurate information.

Units of service:

Type of Delivery Method	Unit of Service
Purchasing Assistive Technology (AT) device/item(s)	Per service (one-time lifetime maximum payment)
Procurement for set-up visit in the home	Per service (one-time lifetime maximum payment)

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The PA will be released for payment once the data contractor receives documentation from the support coordinator confirming the purchase/set-up visit. (Refer to Appendix B for the hyperlink to the OAAS Assistive Technology form.)

Post Authorization

Some services require post authorization before the provider is able to bill for services rendered. Post authorization may occur either through EVV or documentation submitted by the support coordinator.

EVV	Additional Documentation
ADHC	1. Transition Services 2. Assistive Technology

The data contractor checks the information reported against the prior authorized units of service. Once post authorization is granted, the service provider may bill the LDH fiscal intermediary for the appropriate units of service.

Providers must use the correct PA number when filing claims for services rendered. Claims with the incorrect PA number will be denied.

Changing Providers

Beneficiaries or their responsible representative must request any change in amount(s) of service/units directly to their support coordinator.

All requests for changes in providers require a new Freedom of Choice by the beneficiary or their responsible representative. (Refer to 9.3- Beneficiary Rights and Responsibilities, Freedom of Choice of Agencies/Providers, for details on “good cause” criteria and timelines).

The support coordinator will provide the beneficiary with the current FOC list of providers. Once a new provider has been selected, the support coordinator will ensure the new provider is notified of the request. Depending on the type of services being provided, and with written consent from the beneficiary, both the transferring and receiving providers share responsibility for ensuring the exchange of medical and program information which includes the following:

1. Progress notes from the last six (6) months, or if the beneficiary has received services from the provider for less than six (6) months, all progress notes from date of admission;
2. Written documentation of services provided, including monthly and quarterly progress summaries;

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3. Current ISP, if applicable;
4. Current assessments upon which the ISP is based, if applicable;
5. A summary of the beneficiary's behavioral, social, health and nutritional status, if applicable;
6. Records tracking the beneficiary's progress towards ISP goals and objectives, if applicable;
7. Documentation of the amount of authorized services remaining in the POC, including direct service case record documentation; and
8. Documentation of exit interview.

The support coordinator will facilitate the transfer of the above referenced information to the receiving service provider and forward copies of the following to the new service provider:

1. Most current POC;
2. Current assessments on which the POC is based;
3. Number of services used in the calendar year; and
4. All other waiver documents necessary for the new provider to begin providing services.

NOTE: The new provider must bear the cost of copying which cannot exceed the community's competitive copying rate.

Prior Authorization for New Providers

The support coordinator will complete a POC revision that includes the start date for the new provider and the end date for the transferring provider. A new PA will be issued to the new provider with an effective starting date as indicated on the POC revision. The transferring provider's PA number will expire on the end date as indicated on the POC revision.

Changing Support Coordination Agency

A beneficiary may request a change in their Support Coordination Agency, through the support coordinator or by contacting the OAAS RO, for any reason after being with that agency for six (6) months, or at any time for good cause, as long as the new agency has not met its maximum number

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of beneficiaries, and as approved by the OAAS RO or its designee. (Refer to 9.3 – Beneficiary Rights and Responsibilities, Freedom of Choice - Providers, for details on “good cause” criteria and timelines.)

After the beneficiary has selected and been linked by the data contractor to a new support coordination agency, the new agency must inform the transferring agency and complete the “Support Coordination Transfer of Records Form”. (See Appendix B for the link to this form). The new agency must obtain the case record and authorized signature, from the transferring agency.

Upon receipt of the completed form, the transferring agency must have provided copies of the following information to the new agency:

1. Most current POC;
2. Current assessments on which the POC is based;
3. Number of services used in the POC year; and
4. Most recent six (6) months of Support Coordination Contact Documentation (SCD).

NOTE: The new support coordination agency must bear the cost of copying which cannot exceed the community’s competitive copying rate. If the new agency does not receive the information in a timely fashion, the appropriate OAAS RO should be contacted for assistance.

The transferring support coordination agency must provide services up to the transfer of records and is eligible to bill for support coordination services for the month in which the dated notification is received (transfer of records) by the receiving agency.

In the month the transfer occurs, the receiving agency shall begin services within three (3) days after the transfer of records and is eligible to bill for services the first full month after the transfer of records. Immediately after the transfer of records, the receiving agency must submit the required documentation to the data contractor to obtain prior authorization.

Prior Authorization for New Support Coordination Agency

A new PA number will be issued to the new support coordination agency with an effective starting date as the first day of the first full calendar month following the date of the transfer of the records. The transferring agency’s PA number will expire on the date of the transfer of the records.

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OAAS or its designee will not backdate the new PA period to the first day of the calendar month in which the FOC and transfer of records are completed. If the new support coordination agency receives the records and admits a beneficiary in the middle of a month, they cannot bill for services until the first day of the next month.