PROVIDER REQUIREMENTS

Provider participation in the Louisiana Medicaid program is voluntary. In order to participate in the Medicaid program, a provider must:

1. Meet all of the requirements, including licensure, as established by state laws and rules promulgated by the Louisiana Department of Health (LDH);

2. Agree to abide by all rules, regulations, policies and procedures established by the Centers for Medicare and Medicaid Services (CMS), LDH and other state agencies, if applicable; and

3. Comply with all of the terms and conditions for Medicaid enrollment.

Providers should refer to the General Information and Administration manual chapter of the *Medicaid Services Manual* located on the Louisiana Medicaid website at: http://www.lamedicaid.com/provweb1/Providermanuals/manuals/GIA/GIA.pdf. Section 1.1 - Provider Requirements contains detailed information concerning topics relative to Medicaid provider enrollment.

Providers must not:

1. Have been terminated or actively sanctioned by Medicaid, Medicare or other health-related programs in Louisiana or any other state; and

2. Have an outstanding Medicaid Program audit exception or other unresolved financial liability owed to the state.

Providers are required to:

1. Complete a criminal background check for all potential new employees, including subcontractors;

2. Retain the results of the criminal background check as documentation;

3. Not hire individuals that have criminal convictions preventing employment that are listed under 42 CFR §441.404(b) and listed in La. R.S. 40:1203.1 et seq.;

4. Complete the following database checks for potential new employees, upon hire, and for current employees, on a monthly basis:

    a. Louisiana State Adverse Actions List Search; and

b. Office of Inspector General (OIG) List of Excluded Individuals.

5. Retain the results of database checks' print outs/documents as proof that the search was conducted; and

   NOTE: Regardless of the search results, the provider MUST keep the documentation that the search was conducted.

6. Not hire the individual as an employee or allow the employee to continue working for you, if their name appears on one of the database searches/lists.

NOTE: For instructions and details on the database checks, please see Appendix G – Database Checks.

Failure to comply with regulations may result in any or all of the following:

1. Recoupment;

2. Sanctions;

3. Loss of enrollment; and/or

4. Loss of licensure.

Providers and support coordination agencies must attend all mandated meetings and training sessions as directed by LDH and/or its designee as a condition of enrollment/certification and continued participation as a waiver provider or support coordination agencies.

A provider enrollment packet must be completed for each LDH administrative region in which the provider/agency will deliver services. Providers will not be added to the Freedom of Choice (FOC) list of available providers until they have been issued a Medicaid provider number for that provider type.

ADHC providers and support coordination agencies must:

1. Participate in all training for prior authorization (PA) and data collection. Initial training is provided at no cost to the provider. Any repeat training must be paid for by the requesting provider/agency; and

2. Have available computer equipment, software, and internet connectivity necessary to participate in PA, data collection, and Electronic Visit Verification (EVV).

All other providers must participate in the initial training for PA and data collection and any training provided on changes in the system. Initial training is provided at no cost to the provider. Any repeat training must be paid for by the requesting provider.

All brochures provided by the Adult Day Health Care (ADHC) provider must be approved by the Office of Aging and Adult Services (OAAS) prior to use.

All support coordination agency brochures must be approved by OAAS prior to use.

Waiver services are to be provided strictly in accordance with the provisions of the waiver beneficiary's approved plan of care (POC). All providers and support coordination agencies are obligated to immediately report changes to LDH that could affect the beneficiary's eligibility including, but not limited to, those changes cited in the denial or discharge criteria.

The beneficiary's support coordination agency and ADHC provider must have a written working agreement that includes the following:

1. Written notification of the time frames for POC planning meetings;

2. Timely notification of meeting dates and times to allow for provider participation;

3. Assurance that the appropriate provider representative is present at planning meetings as invited by the beneficiary; and

4. Information on how the agency is notified when a change occurs in the POC or service delivery.

Support coordination agencies are responsible for reporting critical incidents. For additional details regarding reporting requirements, procedures and timelines. (See Appendix B for the link to the *OAAS Critical Incident Reporting Manual.)*

ADHC providers are responsible for documenting the occurrence of incidents or accidents that affect the health, safety, and welfare of the beneficiary and completing an incident report. The incident report shall be submitted to the beneficiary's support coordinator with the specified requirements and timelines. (See Appendix B for the link to the *OAAS Critical Incident Reporting* manual).

Each ADHC provider must complete the LDH approved cost report and submit the cost report(s) to the designated LDH contractor on or before September 30th following the close of the cost reporting period, which is July 1st – June 30th. (See Appendix A to obtain web address for additional information).

Licensure and Specific Provider/Agency Requirements

Providers and agencies must meet licensure and/or certification and other additional requirements as outlined in the tables below and in other sections of 9.5:

Support Coordination, Transition Intensive Support Coordination (TISC), Assistive Technology (AT) , and Transition Services
Provided by a **Support Coordination Agency** that: 1. Is certified by LDH /OAAS to provide support coordination services; 2. Has signed the OAAS Performance Agreement; 3. Has at least one support coordinator supervisor and one support coordinator who has passed the assessment and care planning certification training; 4. Has a brochure that has been approved by OAAS; 5. Has submitted a completed OAAS agency contact information form to OAAS; 6. Has enrolled as a Medicaid provider of support coordination services in all regions in which it intends to provide services; and 7. Is listed on the Support Coordination Agency FOC form.

Adult Day Health Care (ADHC) and ADHC Health Status Monitoring (HSM)
Provided by an **ADHC provider** that: 1. Is licensed by the LDH Health Standards Section (HSS) as an ADHC provider in accordance with Louisiana Revised Statute 40:2120.47; 2. Has enrolled in Medicaid as an ADHC provider; and 3. Is listed on the ADHC FOC form. **NOTE:** Qualifications for ADHC staff are set forth in the licensing regulations found in the Louisiana Administrative Code.

Home Delivered Meals (HDM)
Provided by a **Home Delivered Meals (HDM) provider** that: 1. Is enrolled in Medicaid as a HDM's provider; and 2. **For in-state providers (including their subcontractors)** - Has met all Louisiana Office of Public Health's (OPH's) certification permits/licenses and inspection requirements for retail food preparation, processing, packaging, storage, and distribution; or 3. **For out-of-state providers** – Has met all of the United States Department of Agriculture (USDA) food preparation, processing, packaging, storage and out-of-state distribution requirements. Permits and licenses must be issued by the state in operation.

Activity and Sensor Monitoring (ASM)
Provided by an **Assistive Devices provider** that: 1. Has enrolled in Medicaid as an OAAS Waivers - Assistive Devices provider (provider type 17); **OR** Provided by a **Durable Medical Equipment (DME) provider** that: 1. Is enrolled to provide DME; and 2. Has enrolled in Medicaid as an OAAS - Assistive Devices provider (provider type 17); **OR** Provided by a **Home Health Agency provider** that: 1. Is licensed to provide home health services; 2. Is Medicare certified; and 3. Has enrolled in Medicaid as an OAAS Assistive Devices provider (provider type 17).

Personal Emergency Response System (PERS)
Provided by a **Personal Emergency Response System (PERS) provider** that: 1. Has enrolled in Medicaid as a PERS provider (provider type 16); and 2. Has furnished verification (copy of letter from the manufacturer written on the manufacturer's letterhead stationary) that the provider is an authorized dealer, supplier or manufacturer of a PERS product.

Provider Responsibilities

ADHC Waiver providers must abide by all staffing and training requirements and ensure that staff and supervisors possess the minimum requisite education, skills, qualifications, training, supervision and coverage as set forth by their respective licensing authorities and in accordance with all applicable LDH and OAAS rules and policies.

Providers shall not refuse to serve any beneficiary who chooses their agency, unless there is documentation to support an inability to meet the beneficiary's health and welfare needs, or all previous efforts to provide services and supports have failed and there is no option but to refuse services.

Refusal to serve a beneficiary must be put in writing by the provider to the support coordinator

and the beneficiary. This written notice must provide a detailed explanation as to why the provider is unable to provide services to the beneficiary. Upon receipt of this written documentation, the support coordinator is to forward the notice to the OAAS Regional Office for approval/refusal.

Providers shall not interfere with the eligibility, assessment, care plan development, or care plan monitoring processes with use of methods including, but not limited to harassment, intimidation or threats against the beneficiary or members of the beneficiary's informal network, support coordination staff or employees of LDH.

Providers shall have the capacity and resources to provide all aspects of any service they are enrolled to provide in the specified service area.

If the provider proposes involuntary transfer of a beneficiary, discharge of a beneficiary or if a provider closes in accordance with licensing standards, the following steps must be taken:

1. Provider shall give written notice to the beneficiary, a family member and/or the responsible representative, if known, and the support coordinator at least 30 calendar days prior to the transfer or the discharge;

2. Written notice shall be made via certified mail, return receipt requested and shall be in a language and manner that the beneficiary understands;

3. Copy of the written discharge/transfer notice shall be put in the beneficiary's record; and

4. When the safety or health of beneficiaries or provider staff is endangered, written notice shall be given as soon as possible before the transfer or discharge:

    a. Written notice shall include the following:

        i. Reason for the transfer or discharge;

        ii. Effective date of the transfer or discharge;

        iii. Explanation of a beneficiary's right to personal and/or third party representation at all stages of the transfer or discharge process;

        iv. Contact information for the Advocacy Center;

        v. Names of provider personnel available to assist the beneficiary and family in decision making and transfer arrangements;

        vi. Date, time, and place for the discharge planning conference;

vii. Statement regarding the beneficiary's appeal rights;

viii. Name of the director, current address and telephone number of the Division of Administrative Law (DAL); and

ix. Statement regarding the beneficiary's right to remain with the provider and not be transferred or discharged if an appeal is timely filed.

Provider transfer or discharge responsibilities shall include the following:

1. Developing a written report detailing the circumstances leading to any discharge;

2. Holding a transfer or discharge planning conference with the beneficiary, family, support coordinator, legal representative and advocate, if such is known;

3. Developing a discharge plan that specifies the beneficiary's needed supports and the resources available to them after discharge and includes options that will provide reasonable assurance that the beneficiary will be transferred or discharged to a setting that can be expected to meet their needs;

4. Providing all services required and contained in the final update of the service plan, as applicable, and in the transfer or discharge plan up until the transfer or discharge; and

5. Coordinating and consulting with the receiving center or other program, if applicable, to discuss the beneficiary's needs as warranted.

Additional transfer or discharge responsibilities for the ADHC provider shall include the following:

1. Preparing and submitting to the receiving center or program an updated discharge service plan and written discharge summary of the beneficiary's needs and health that shall include, at a minimum:

   a. Medical diagnoses;

   b. Medication and treatment history/regimen (current physician's orders);

   c. Functional needs (inabilities);

   d. Any special equipment utilized (dentures, ambulatory aids, eyeglasses, etc.);

e. Social data and needs;

f. Financial resources; and

g. Any other information which would enable the receiving ADHC center/caregiver(s) to provide the continued necessary care without interruption.

Support Coordination Agencies

Support coordination agencies must do the following:

1. Meet all of the requirements included in the OAAS Support Coordination Performance Agreement, the OAAS Home and Community-Based Services (HCBS) Waivers Support Coordination Standards for Participation rule, and comply with all LDH and OAAS policies and procedures;

2. Maintain a toll-free telephone line with 24-hour accessibility manned by an answering service. This toll-free number must be given to beneficiaries at intake or at the first meeting with the beneficiary;

3. Have brochures that provide information about their agency's experience, including the agency's toll-free number and the OAAS toll-free information number;

4. Ensure staff attends all training mandated by OAAS;

5. Adhere to all National Voter Registration Act (NVRA) requirements (Refer to the NVRA Manual – the link to this manual is in Appendix B);

6. Furnish information and assistance to beneficiaries in directing and managing their services; and

7. Provide the beneficiary's approved POC to the ADHC provider in a timely manner.

For additional details on support coordination agency responsibilities, procedures, and timelines, refer to Appendix B for the link to the "Office of Adult and Aging Services (OAAS) Waiver Procedures Manual".

ADHC Providers

ADHC providers must have written policy and procedure manuals that include, but are not limited to the following:

1. Administrative: Employment and personnel job descriptions; hiring practices including a policy against discrimination; employee evaluation, promotion, disciplinary action, termination and hearing of employee grievances; staffing and staff coverage plan;

2. Employment Qualifications: Must possess direct care abilities, skills and knowledge to adequately perform care and assistance as required by waiver beneficiaries;

3. Training: Staff orientation in safety and emergency procedures as stipulated by LDH licensing and certification rules and regulations;

4. Records: Maintenance, security, supervision, confidentiality, organization, transfer and disposal;

5. Beneficiary Rights: Identification, notification and protection of beneficiary's rights both verbally and in writing in a language the beneficiary/family is able to understand;

6. Grievances: Written grievance procedures;

7. Abuse/Neglect: Information about abuse and neglect as defined by LDH regulations and state and federal laws; reporting responsibilities;

8. Discharges: Voluntary and involuntary discharges/transfers from their center; and

9. EVV: Requirements/proper use of check in/out; acceptable editing of electronically captured services; confidentiality of log in information; and monitoring for proper use.

ADHC providers must do the following:

1. Comply with all applicable LDH rules and regulations, including the use of an approved Electronic Visit Verification (EVV) system;

2. Provide transportation to any beneficiary within their licensed region in accordance with ADHC licensing standards; and

NOTE: An ADHC center may serve a beneficiary residing outside of the ADHC's licensed region; however, transportation by the ADHC center is not required.

3. Provide the beneficiary's approved Individualized Service Plan (ISP) to the support coordinator in a timely manner.

An ADHC Waiver beneficiary must attend the ADHC center a minimum of 36 days per calendar quarter, absent extenuating circumstances. An ADHC provider is not allowed to impose that beneficiaries attend a minimum number of days per week. A beneficiary's repeated failure to attend as specified in the POC may warrant a revision to the POC or possibly a discharge from the waiver. ADHC providers should notify the beneficiary's support coordinator when a beneficiary routinely fails to attend the ADHC as specified.

When an ADHC provider reaches licensed capacity, the ADHC Provider must notify OAAS Regional Office immediately. The ADHC center's name will be removed from the ADHC FOC form until they notify the OAAS Regional Office that they are able to admit new beneficiaries.

An ADHC center shall employ a sufficient number of qualified staff and delegate sufficient authority to such staff to ensure that the ADHC's responsibilities are carried out and that the following functions are adequately performed:

1. Administrative;
2. Fiscal;
3. Clerical;
4. Housekeeping, maintenance and food service;
5. Direct services;
6. Supervision;
7. Record-keeping and reporting;
8. Social services; and
9. Ancillary services.

The ADHC provider shall ensure the following:

1. All non-licensed direct care staff members meet the minimum, mandatory qualifications and requirements for direct service workers as required by R.S. 40:2179-2179.1;

2. All staff members are properly certified and/or licensed as legally required;

3. Adequate number of qualified direct service staff is present with beneficiaries as necessary to ensure the health and welfare of beneficiaries;

4. Procedures are established to assure adequate communication among staff in order to provide continuity of services to beneficiaries to include:

    a. Regular review of individual and aggregate problems of beneficiaries, including actions taken to resolve these problems;

    b. Sharing daily information, noting unusual circumstances and other information requiring continued action by staff; and

    c. Maintenance of all accidents, injuries, and incident records related to beneficiaries.

5. Employees working with beneficiaries have access to information from case records necessary for effective performance of the employees' assigned tasks;

6. Staff member who has knowledge of and can apply first aid and who is certified in CPR must be in the ADHC center at all times;

7. Staff member who is designated to supervise the ADHC center in the absence of the director;

8. Written plan of emergency and safety procedures that includes training staff on their duties when responding to emergencies and evacuating beneficiaries to safe or sheltered areas; and

9. All furnishings and equipment are

    a. Kept clean;

    b. In good repair; and

    c. Appropriate for use by the beneficiaries in terms of comfort and safety.

Each ADHC provider shall ensure that its setting is integrated in and supports full access to the greater community including the option to seek employment in integrated settings if desired, engaging in community life, and to receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

ADHC Provider Changes

The following changes are reported, in writing, to HSS, OAAS and the fiscal intermediary's Provider Enrollment Section, within five (5) business days of the actual change:

1. Name of the ADHC center;
2. Physical location;
3. Mailing address;
4. Contact information (i.e. telephone number, fax number, email address); and
5. Key administrative staff (e. director, program manager, social service designee, RN/ LPN, etc.).

When a change of ownership (CHOW) occurs, the ADHC provider shall notify HSS in writing within 15 calendar days prior to the effective date of the CHOW.

Home Delivered Meals Providers

All in-state providers must meet all of the Louisiana OPH certification, permit and inspection requirements for retail food preparation, processing, packaging, storage, and distribution.

All out-of-state providers must meet retail food preparation, processing, packaging, storage, and distribution requirements of the USDA and the state of operation.

All providers must be enrolled in Medicaid and comply with LDH rules and regulations.

Activity and Sensor Monitoring Providers

Providers of the ASM service must meet the following:

1. Comply with LDH rules and regulations;
2. Be enrolled in Medicaid to provide these services; and
3. Be listed as a provider of choice on the FOC form.

ASM services must be provided by a Personal Emergency Response System (PERS) provider or an Assistive Devices provider.

Enrolled providers that provide ASM services must meet the following system requirements:

1. Be UL listed/certified or have 501(k) clearance;
2. Be web-based;
3. Be compliant with the requirements of the Health Insurance Portability and Accountability Act (HIPAA);
4. Have beneficiary specific reporting capabilities for tracking and trending;
5. Have a professional call center for technical support based in the United States; and
6. Have on-going provision of web-based data collection for each beneficiary, as appropriate. This includes response to beneficiary self-testing, manufacturer's specific testing, self-auditing, and quality control.

Personal Emergency Response System Providers

PERS providers must meet the following:

1. Comply with OAAS' standards for participation;
2. Be enrolled as the applicable Medicaid provider type; and
3. Be listed as a provider of choice on the FOC form.

The PERS provider must install and support PERS equipment in compliance with all of the applicable federal, state, parish, and local laws and regulations, as well as meet manufacturer's specifications, response requirements, maintenance records, and beneficiary education.

Assistive Technology Service Providers

Assistive technology (AT) services must be provided by support coordination agencies.

AT devices purchased for the beneficiary must meet the following requirements:

1. Have internet capability;
2. Contain security features (locking, passwords, etc.) that are compliant with the requirements of HIPAA;

3. Be either iOS or Android system based;
4. Have a minimum screen size of 10 inches;
5. Have a minimum of 32GB storage capacity; and
6. Include a shockproof full body protective cover/case and screen protector.

Provider Changes

For all other HSS licensed providers, the following changes must be reported in writing to HSS, OAAS and the fiscal intermediary's Provider Enrollment section within the time specified in the HSS licensing rule:

1. Provider's entity name ("doing business as" name);
2. Key administrative personnel;
3. Ownership;
4. Physical location;
5. Mailing address;
6. Telephone number; and
7. Account information affecting electronic funds transfer (EFT).

When an ADHC Waiver provider closes or decides to no longer participate in the Medicaid program, the provider must give at least a 30 calendar day written advance notice to all beneficiaries served and their responsible representatives, support coordination agencies, and LDH (OAAS and HSS – if licensed) prior to discontinuing service.