PROVIDER REQUIREMENTS

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

- Meet all of the requirements, including licensure, as established by state laws and rules promulgated by the Louisiana Department of Health (LDH);
- 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
- 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. Section 1.1 - Provider Requirements contains detailed information concerning topics relative to Medicaid provider enrollment. (http://www.lamedicaid.com/provweb1/Providermanuals/manuals/GIA/GIA.pdf)

Providers must not have been terminated or actively sanctioned by Medicaid, Medicare or other health-related programs in Louisiana or any other state. The provider must not have an outstanding Medicaid Program audit exception or other unresolved financial liability owed to the state.

Providers must document that criminal record history checks have been obtained and that employees and the employees of subcontractors do not have a criminal record as defined in R.S. 40:1203.1 et seq. Providers are not to employ individuals who have been convicted of abuse, neglect, or mistreatment, or of a felony involving physical harm to an individual. Providers must determine whether applicants for employment have histories indicating involvement in abuse, neglect or mistreatment, or a criminal record involving physical harm to an individual.

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

- Recoupment;
- Sanctions;
- Loss of enrollment; or
- Loss of licensure.

Providers must also check the certified nursing assistant CNA and Direct service worker (DSW)

Registries for placement of findings of abuse, neglect, or misappropriation and shall be in accordance with licensing regulations.

Providers must attend all mandated meetings and training sessions as directed by LDH and/or its designee as a condition of enrollment and continued participation as a waiver provider. A Provider Enrollment Packet must be completed for each LDH administrative region in which the agency or provider 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.

Providers must participate in the initial training for prior authorization (PA) and data collection and any training provided on changes in the system. Initial training is provided at no cost to the agency. Any repeat training must be paid for by the requesting agency.

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

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.

Waiver services are to be provided strictly in accordance with the provisions of the approved plan of care (POC). ADHC 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:

- Written notification of the time frames for POC planning meetings;
- Timely notification of meeting dates and times to allow for provider participation;
- Assurance that the appropriate provider representative is present at planning meetings as invited by the beneficiary; and
- Information on how the agency is notified when a change occurs in the POC or service delivery.

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 OAAS, or its designee, with the specified requirements and timelines. (See Appendix B for information on accessing the *OAAS Critical Incident Reporting*

Policies and Procedures manual).

Each ADHC provider shall complete the LDH approved cost report and submit the cost report(s) to the designated LDH contractor on or before the last day of September following the close of the cost reporting period. (See Appendix A to obtain web address for additional information).

Licensure and Specific Provider/Agency Requirements

Providers, or 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 and Transition Services
Provided by a **support coordination agency** that: • Is certified by the Louisiana Department of Health (LDH) /OAAS to provide support coordination services; • Has signed the OAAS Performance Agreement; • Has at least one support coordinator supervisor and one support coordinator who has passed the assessment and care planning certification training; • Has a brochure that has been approved by OAAS; • Has submitted a completed OAAS agency contact information form to OAAS; • Has enrolled as a Medicaid provider of support coordination services in all regions in which it intends to provide services; and • Is listed on the Support Coordination Agency Freedom of Choice (FOC) form.

Adult Day Health Care (ADHC)
Provided by an **ADHC provider** that: • Is licensed by the LDH Health Standards Section (HSS) as an ADHC provider in accordance with Louisiana Revised Statute 40:2120.47; • Has enrolled in Medicaid as an ADHC provider; and • 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.**

Provider Responsibilities

Providers of ADHC Waiver services 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:

- The 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;
- Written notice shall be made via certified mail, return receipt requested and shall be in a language and manner that the beneficiary understands;
- A copy of the written discharge/transfer notice shall be put in the beneficiary's record; and
- 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:
    - The written notice shall include the following:
        - A reason for the transfer or discharge;
        - The effective date of the transfer or discharge;

- An explanation of a beneficiary's right to personal and/or third party representation at all stages of the transfer or discharge process;
- Contact information for the Advocacy Center;
- Names of provider personnel available to assist the beneficiary and family in decision making and transfer arrangements;
- The date, time, and place for the discharge planning conference;
- A statement regarding the beneficiary's appeal rights;
- The name of the director, current address and telephone number of the Division of Administrative Law; and
- A 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:

- Developing a written report detailing the circumstances leading to any discharge;
- Holding a transfer or discharge planning conference with the beneficiary, family, support coordinator, legal representative and advocate, if such is known;
- Developing a discharge plan that specifies the beneficiary's needed supports and the resources available to him/her 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 his/her needs;
- Providing all services required and contained in the final update of the service plan and in the transfer or discharge plan up until the transfer or discharge;
- Coordinating and consulting with the receiving center or other program (if applicable) to discuss the beneficiary's needs as warranted; and
- 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:

- Medical diagnoses;
- Medication and treatment history/regimen (current physician's orders);
- Functional needs (inabilities);
- Any special equipment utilized (dentures, ambulatory aids, eyeglasses, etc.);
- Social data and needs;
- Financial resources; and
- 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:

- Meet all of the requirements included in the OAAS support coordination performance agreement, the OAAS Home and Community- Based Services Waivers Support Coordination Standards for Participation rule, and comply with all LDH and OAAS policies and procedures;
- 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;
- Have brochures that provide information about their agency's experience, including the provider's toll-free number and the OAAS toll-free information number;
- Assure staff attends all training mandated by OAAS;
- Furnish information and assistance to beneficiaries in directing and managing their services; and
- Provide the beneficiary's approved POC to the ADHC provider in a timely manner.

ADHC Providers

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

- 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;
- Employment Qualifications: Must possess direct care abilities, skills and knowledge to adequately perform care and assistance as required by waiver beneficiaries;
- Training: Staff orientation in safety and emergency procedures as stipulated by LDH licensing and certification rules and regulations;
- Records: Maintenance, security, supervision, confidentiality, organization, transfer and disposal;
- 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;
- Grievances: Written grievance procedures;
- Abuse/Neglect: Information about abuse and neglect as defined by LDH regulations and state and federal laws; reporting responsibilities;
- Discharges: Voluntary and involuntary discharges/transfers from their center; and
- 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 also:

- Comply with all applicable LDH rules and regulations including the use of an approved Electronic Visit Verification (EVV) system;
- Provide transportation to any beneficiary within their licensed region in accordance with

ADHC licensing standards; and

- 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 OAAS regional office should be notified immediately. The center's name will be removed from the ADHC FOC 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:

- Administrative;
- Fiscal;
- Clerical;
- Housekeeping, maintenance and food service;
- Direct services;
- Supervision;
- Record-keeping and reporting;
- Social services; and
- Ancillary services.

The ADHC provider shall ensure the following:

- 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;
- All staff members are properly certified and/or licensed as legally required;
- An adequate number of qualified direct service staff is present with beneficiaries as necessary to ensure the health and welfare of beneficiaries;
- Procedures are established to assure adequate communication among staff in order to provide continuity of services to beneficiaries to include:
    - Regular review of individual and aggregate problems of beneficiaries, including actions taken to resolve these problems;
    - Sharing daily information, noting unusual circumstances and other information requiring continued action by staff; and
    - Maintenance of all accidents, injuries, and incident records related to beneficiaries.
- Employees working with beneficiaries have access to information from case records necessary for effective performance of the employees' assigned tasks;
- A 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;
- A staff member shall be designated to supervise the ADHC center in the absence of the director;
- A 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
- All furnishings and equipment must be:
    - Kept clean;
    - In good repair; and

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

In addition, 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 Home and Community-Based Services (HCBS).

Changes

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

- Name of the ADHC center;
- Physical location;
- Mailing address;
- Contact information (i.e. telephone number, fax number, email address); and
- 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 days prior to the effective date of the CHOW.

When an ADHC provider closes or decides to no longer participate in the Medicaid program, the provider must provide at least 30-day written advance notice to beneficiaries and their responsible representatives, support coordination agencies, and LDH (OAAS and HSS) prior to discontinuing service.