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 for licensure as established by state laws and rules promulgated by the Louisiana Department of Health (LDH);

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

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

Providers must attend all mandated meetings and training sessions as directed by the Office for Citizens with Developmental Disabilities (OCDD) and/or the Human Services Authorities or Districts as a condition of enrollment and continued participation as a waiver provider. Attendance at a provider enrollment orientation is required prior to enrollment as a Medicaid provider. A Provider Enrollment Packet must be completed for each LDH administrative region in which the agency will provide 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.

Providers must participate in the initial training for prior authorization 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 the necessary computer equipment and software available to participate in prior authorization and data collection.

All providers must maintain a toll-free telephone line with 24-hour accessibility manned by an answering service. This toll-free number must be given to beneficiaries/guardians at intake or at the first meeting.

Brochures providing information on the agency's experience must include the agency's toll-free number along with the OCDD's toll-free information number. All brochures are subject to OCDD approval prior to distribution.

Providers must develop a Quality Improvement and Self-Assessment Plan. This is a document completed by the provider describing the procedures that are used, and the evidence that is presented, to demonstrate compliance with program requirements. The first Self-Assessment is due six months after approval of the Quality Improvement Plan and yearly thereafter. The Quality Improvement Plan must be submitted for approval within 60 days after the training is provided by LDH.

Providers must be certified for a period of one year. Re-certification must be completed no less than 60 days prior to the expiration of the certification period.

The agency must not have been terminated or actively sanctioned by Medicaid, Medicare or other health-related programs in Louisiana or any other state. The agency must not have an outstanding Medicaid Program audit exception or other unresolved financial liability owed to the state. The agency shall document that its employees and the employees of subcontractors do not have a criminal record as defined in 42 CFR 441.404(b).

Changes in the following areas are to be reported to the Office of the Secretary's Health Standards Section, OCDD and the fiscal intermediary's Provider Enrollment Section in writing at least 10 days prior to any change:

1. Ownership;
2. Physical location;
3. Mailing address;
4. Telephone number; and
5. Account information affecting electronic funds transfer (EFT).

The provider must complete a new provider enrollment packet when a change in ownership of five percent to 50 percent of the controlling interest occurs, but may continue serving beneficiaries. When 51 percent or more of the controlling interest is transferred, a complete re-certification process must occur and the agency shall not continue serving beneficiaries until the re-certification process is complete.

Waiver services are to be provided only to persons who are waiver beneficiaries, and strictly in accordance with the provisions of the approved plan of care (POC).

Providers may not refuse to serve any waiver beneficiary that chooses their agency unless there is documentation to support an inability to meet the individual's health, safety and welfare needs, or all previous efforts to provide services and supports have failed and there is no option but to refuse services. Such refusal to serve an individual must be put in writing by the provider, and include a detailed explanation as to why the provider is unable to serve the individual. Written notification must be submitted to the local Human Service Authority or District. Providers who contract with other entities to provide waiver services must maintain copies of such contracts signed by both agencies. Such contracts must state that the subcontractor may not refuse to serve any waiver beneficiary referred to them by the enrolled direct service provider agency.

The beneficiary's provider and support coordination agency 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. Information on how the agency is notified when there is a POC or service delivery change; and

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

Support Coordination Provider Requirements

Providers of support coordination for the Children's Choice Waiver program must:

1. Have a current, valid support coordination license;

2. Meet all requirements for targeted case management services as set forth in Louisiana Administrative Code 50:XV Chapter 105;

3. Have a signed performance agreement with OCDD to provide services to waiver beneficiaries. Support coordination agencies must meet all of the performance agreement requirements; and

4. Meet any additional criteria outlined in the Medicaid Case Management Services manual chapter.

Direct Service Provider Requirements

Direct service providers must be licensed by the LDH as a Home and Community-Based Services Provider and meet the module specific requirements for the services being provided. Direct service providers must provide at a minimum the Family Support and Crisis Support services. Other direct services outlined below may be provided directly by the direct service provider or by a written agreement (subcontract) with other agents. The actual provider of the service, whether it is the direct service provider or a subcontracted agent, must meet the following licensure or other qualifications:

Waiver Service	Licensure Requirements	Service Provided by
Family Support	HCBS Provider Minimum Licensing Standards – Personal Care Attendant	Enrolled agency
Crisis Support		
Center-Based Respite	HCBS Provider Minimum Licensing Standards – Respite Care – Center-Based Respite Care	Enrolled/licensed agency or through an agreement and reimbursed through the enrolled agency

Waiver Service	Licensure Requirements	Service Provided by
Family Training	No license required	Professionals at approved meetings and reimbursed through the enrolled agency
Ramp – Home	Registered through the Louisiana State Licensing Board for Contractors as a Home Improvement Contractor.	An individual/agency deemed capable to perform the service by the beneficiary's family and direct service provider agency. Payment reimbursed through the enrolled provider
Bathroom Modifications		
General Adaptations		
Vehicle Lifts	Licensed by the Louisiana Motor Vehicle Commission as a specialty vehicle dealer and accredited by the National Mobility Equipment Dealers Association under the Structural Vehicle Modifier category.	
Specialized Medical Equipment and Supplies	Meet all applicable vendor standards and requirements for manufacturing, design and installation of technological equipment and supplies.	Medicaid enrolled durable medical equipment provider
Therapy Services: Aquatic Therapy, Art Therapy, Music Therapy, Hippotherapy/Therapeutic Horseback Riding, and Sensory Integration	Enrolled as Individual Waiver Therapy Provider with applicable sub-specialty	Individual Waiver Therapist

Waiver Service	Licensure Requirements	Service Provided by
Housing Stabilization Transition Services	Provider agency who is under contract and enrolled with LDH's Statewide Management Organization for Behavioral Services who meet requirements for completion of training program verified by the Permanent Supportive Housing director with at least one year experience	Individual Permanent Supportive Housing Program Agency
Housing Stabilization Services		

When required by state law, the person performing the service, such as building contractors, plumbers, electricians, or engineers, must meet applicable requirements for professional licensure and modifications to the home and must meet all applicable building code standards.

It is the responsibility of the enrolled family support provider to verify the provider's qualifications, reimburse other providers for their services and maintain records of service delivery in the agency's office located in the appropriate LDH administrative region.

Professional Services Provider Requirements

Individual practitioners of therapy services (aquatic, art, music, hippotherapy/horseback riding, and sensory integration) must enroll as a Medicaid provider and meet the following criteria:

1. Have a current, valid license or certification from the appropriate governing board for that profession; and

2. Possess one year of post-licensure or certification experience consistent with the scope of the license or certification held by the professional.

Provider Responsibilities

Support Coordination Providers

Support coordination providers are responsible for the following:

1. Facilitating the development of the POC with the beneficiary/family, authorized representative and direct service provider;

2. Reviewing the POC at least quarterly to:

    a. Determine that the goals and objectives in the POC have been achieved;

b. Determine that the beneficiary's needs are being met;

c. Assess satisfaction with scheduled services; and

d. Make adjustments or changes to the POC; if necessary.

3. Revising the POC when requests are made from the beneficiary/family; and

4. Scheduling and facilitating the annual POC meeting.

NOTE: Refer to Section 14.11 – Support Coordination for additional information regarding support coordination responsibilities.

Direct Service Providers

The direct service provider is responsible for the following:

1. Ensuring an appropriate representative from the agency attends the POC planning meeting and is an active participant in the team meeting;

   NOTE: An appropriate representative is considered to be someone who has knowledge and authority to make decisions about the beneficiary's service delivery. This person may be a program manager, a direct service professional who works with or will work with the beneficiary, the executive director or designee.

2. Communicating and working with support coordinators and other support team members to achieve the beneficiary's personal outcomes;

3. Ensuring the beneficiary's emergency contact information and list of medications are kept current;

4. Informing the support coordinator by telephone or e-mail as soon as the agency recognizes that any goals, objectives or time lines in the POC will not meet the beneficiary's needs, but not later than 10 days prior to the expiration of any time lines in the POC that cannot be met;

5. Ensuring all support team members sign and date any revisions to the POC indicating agreement with the changes to the goals, objectives or time lines;

6. Providing the support coordination agency or LDH representatives with requested written documentation including, but not limited to:

    a. Completed, signed and dated POC;

    b. Service logs, progress notes, and progress summaries;

    c. Direct service worker attendance and payroll records;

    d. Written grievances or complaints filed by beneficiaries/family;

    e. Critical or other incident reports involving the beneficiary; and

    f. Entrance and exit interview documentation.

7. Ensuring all staff receives training within established time lines as specified in licenses, certifications, etc.;

8. Explaining to the beneficiary/family in his/her native language the beneficiary rights and responsibilities within the agency; and

9. Assuring that beneficiaries are free to make a choice of providers without undue influence.

Provider agencies must also have written policy and procedure manuals that include but are not limited to the following:

1. Training policy that includes orientation and staff training requirements according to the HCBS Provider Minimum Licensing Standards for Personal Care Attendant and the Direct Service Worker Registry rule;

2. Direct care abilities, skills and knowledge requirements that employees must possess to adequately perform care and assistance as required by waiver beneficiaries;

3. 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;

4. Record maintenance, security, supervision, confidentiality, organization, transfer, and disposal;

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

6. Written grievance procedures; and

7. Information about abuse and neglect as defined by LDH regulations and state and federal laws.

Back-up Planning

Direct service providers are responsible for providing all necessary staff to fulfill the health and welfare needs of the beneficiary when paid supports are scheduled to be provided. This includes times when the scheduled direct service worker is absent or unavailable or unable to work for any reason.

All direct service providers are required to develop a functional individualized back-up plan for each beneficiary that includes detailed strategies and person-specific information that addresses the specialized care and supports needed by the beneficiary. Direct service providers are required to have policies in place which outline the protocols the agency has established to assure that back-up direct service workers are readily available, lines of communication and chain of command procedures have been established, and procedures for dissemination of the back-up plan information to beneficiaries, their authorized representatives and support coordinators. Protocols must also describe how and when the direct support staff will be trained in the care needed by the beneficiary. This training must occur prior to any direct support staff being solely responsible for a beneficiary.

Back-up plans must be updated at least annually to assure that the information is kept current and applicable to the beneficiary's needs. The back-up plan must be submitted to the beneficiary's support coordinator in a timely manner to be included as a component of the beneficiary's initial and annual POC.

Emergency Evacuation Planning

The emergency evacuation plan must be included in the beneficiary's POC and provide detailed information which specifies how the direct service provider will respond to potential emergency situations, such as fires, hurricanes, hazardous material release, tropical storms, flash flooding, ice storms, and terrorist attack.

The emergency evacuation plan must be person-specific and include the following components:

1. Individualized risk assessment of potential health emergencies;

2. A detailed plan that addresses the beneficiary's evacuation needs, including a review of the beneficiary's back-up plan during geographical and natural disaster emergencies and all other potential emergency conditions;

3. Policies and procedures outlining the agency's implementation of emergency evacuation plans and the coordination of these plans with the local Office for Emergency Preparedness and Homeland Security;

4. Establishment of effective lines of communication and chain-of-command procedures;

5. Establishment of procedures for the dissemination of the emergency evacuation plan to beneficiaries and support coordinators; and

6. Protocols outlining how and when direct service workers and beneficiaries will be trained in the implementation of the emergency evacuation plan and post-emergency procedures.

The beneficiary must be provided with regular, planned opportunities to practice their emergency evacuation response plan.

Support coordination and direct service provider agencies are responsible for following the "Emergency Protocol for Tracking Location Before, During, and After Hurricanes." (See Appendix D for information on obtaining a copy of this document).