OVERVIEW

The Community Choices Waiver (CCW) is a Medicaid Home and Community-Based Services Waiver providing an array of alternative services to individuals that assist them to live in their own home or community instead of in a nursing facility or institution.

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 CCW providers and support coordination agencies with the information necessary to fulfill their 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 an agency or provider 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, licensure compliance, program monitoring, and overall compliance with the rules and regulations.

Waiver services to be provided are specified in the 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 (as applicable). Notification of approved services is forwarded to the provider by the support coordinator, and the contracted data management agency 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).