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SERVICE ACCESS AND AUTHORIZATION PROCESS**Diversity and Inclusion (D&I)**

The Louisiana Department of Health (LDH) characterizes equity, diversity, and inclusion as representing the differences and similarities of all individuals while creating a work environment in which those same individuals are treated fairly and respectfully, have equal access to opportunities and resources, and can contribute fully to the work of LDH in a safe and welcoming environment.

LDH values diversity in its workplace, vendor network, customers, and communities. As a state agency, LDH believes that diversity contributes to the success of Louisiana and society and values the unique contributions of individuals with wide ranging backgrounds and experiences. LDH believes an inclusive culture allows our employees to contribute their best. Because of this, LDH is committed to equal opportunity and fair treatment for all.

LDH prohibits discrimination on the basis of age, race, color, gender, religion, ethnicity, disability, marital or family status, national origin, sexual orientation, veteran status, genetic information, medical condition, or any other non-merit factor. LDH is fully committed to being a model for equity, diversity, inclusion, belonging, and accessibility, where all team members are treated with dignity and respect. This principle extends to all decisions relating to recruitment, hiring, contracting, training, placement, advancement, compensation, benefits, and termination. By signing this contract, contractor acknowledges the following:

1. LDH values diversity in the workplace and that contractor agrees to value diversity in its workplace, further; and
2. Is subject to uphold this Diversity and Inclusion statement in actions related to the execution and/or fulfillment of this contract; and
3. Subject to federal and/or state laws, agrees not to discriminate on the basis of age, race, color, gender, religion, ethnicity, disability, marital or family status, national origin, sexual orientation, veteran status, genetic information, or medical condition, in any action related to the execution and/or fulfillment of this contract.

Authorization Process

Families or individuals interested in the self-direction option may contact their support coordinators. If it is determined that they are able to handle the duties, the support coordinators will add this service to the plan of care (POC).

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The home and community-based services (HCBS) data management/electronic visit verification (EVV) system contractor will prior authorize self-direction services.

Changing Providers

Beneficiaries have the freedom of choice to select their fiscal/employer agent (F/EA) provider. This includes the right to transition to another F/EA agency.

The F/EA must not coerce or attempt to influence the beneficiary's choice or F/EA provider. Failure to cooperate with the beneficiary's decision to transfer to another F/EA will result in adverse action by the department.

Transfers and Discharges

Upon notice by the beneficiary or his/her authorized representative that the beneficiary has selected another F/EA or discontinue participation in the self-direction program, the F/EA is responsible for planning and facilitating the beneficiary's transfer or discharge.

The transfer or transition responsibilities of the F/EA shall include the following:

1. Work with the F/EA provider who the beneficiary has selected to transition by ensuring the following documents/information are submitted to the new provider:
 - a. Beneficiary/employer wages;
 - b. Federal employer identification number (FEIN); and
 - c. State Unemployment Tax Act (SUTA) account information including username and password.
2. Ensure there is only one financial management services (FMS) provider for a given employer at any time;
3. Adhere to specific processes and procedures when transitioning a beneficiary to a new FMS provider in accordance with all federal, state, and local laws; and
4. Document the activities that are required to transition the beneficiary to the receiving F/EA provider.

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When an F/EA provider closes or decides to no longer participate in the Medicaid program, the provider must give at least a 60-day written advance notice of its intent to close to LDH prior to discontinuing services. If the F/EA ceases to operate or its Medicaid enrollment is terminated, the agency must facilitate the transfer of its beneficiaries to another F/EA. The transition plan for all beneficiaries' service by the F/EA must be completed within 10 working days of the notice to LDH of the intent to close to minimize disruption of payroll services provided for the employers.