

CHAPTER 32: NEW OPPORTUNITIES WAIVER**SECTION 32.3: RECIPIENT REQUIREMENTS****PAGE(S) 3****RECIPIENT REQUIREMENTS**

To qualify for the New Opportunities Waiver (NOW), a person must be three years of age or older, offered a waiver opportunity slot and meet all of the following criteria:

- Meet the Developmental Disability Law criteria as defined in Appendix A;
- Have his/her name on the Developmental Disabilities Request for Services Registry (RFSR);
- Meet the financial and non-financial Medicaid eligibility criteria for Medicaid services;
- Meet the medical requirements;
- Meet the requirements for an Intermediate Care Facility for individuals with an intellectual disability (ICF/IID) level of care which requires active treatment of a developmental disability under the supervision of a qualified intellectual disabilities professional;
- Meet the health and welfare assurance requirements for home and community based waiver services; and
- Be a resident of Louisiana.

To remain eligible for waiver services, a recipient must receive one or more waiver services every thirty days.

Request for Services Registry

Enrollment in the waiver is dependent upon the number of approved and available funded waiver slots. Individuals who request waiver services are placed on a statewide Developmental Disabilities Request for Services Registry (RFSR) and are selected for an Office of Citizens with Developmental Disabilities (OCDD) waiver opportunity based on their urgency of need and earliest registry date.

Requests for waiver services must be made from the applicant or his/her authorized representative by contacting the applicant's Human Services Authority or District.

Once it has been determined by the Human Services Authority or District that the applicant meets the definition of a developmental disability as defined by the Louisiana Developmental Disability Law (See Appendix A), the applicant's name will be placed on the RFSR and the

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applicant/authorized representative will be sent a letter stating the individual's name has been secured on the RFSR along with the original request (protected) date. The individual will then undergo a screening for urgency of need. Entry into an OCDD Waiver will be offered to applicants from the RFSR by urgency of need and the earliest request for services date.

Verifying Screening for Urgency of Need (SUN) and Request Date

Applicants or their authorized representatives may verify their screening for urgency of need (SUN) score and request date by calling their local Human Services Authority or District (See Appendix C).

Level of Care

The NOW program is an alternative to institutional care. All waiver applicants must meet the definition of developmental disability (DD) as defined in Appendix A. The Human Services Authority or District will issue either a Statement of Approval (SOA) or a Statement of Denial (SOD).

The OCDD "Request for Medical Eligibility Determination" 90-L Form is the instrument used to determine if an applicant meets the level of care of an ICF/IID. The 90-L Form must be completed, signed, and dated by the individual's Louisiana licensed primary care physician. A licensed advanced nurse practitioner or licensed physician's assistant may sign the 90-L, but the supervising or collaborating physician's name and address must be listed. The 90-L Form must be submitted with the individual's initial and annual Plan of Care (POC) to the Human Services Authority or District office. The Human Services Authority or District office is responsible for determining that the required level of care is met for each recipient.

The applicants/authorized representatives are ultimately responsible for obtaining the completed 90-L Form from the applicant's primary care physician's office. This form must be obtained prior to certification for the waiver for an initial POC and no more than 180 days before the annual POC start date.

Supported Independent Living providers are responsible for assisting recipients who receive their services in obtaining the completed 90-L Form from the primary care physician on an annual basis.

Discharge Criteria

Recipients will be discharged from the waiver if any one of the following criteria is met:

- Loss of Medicaid financial eligibility as determined by the BHSF;

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- Loss of eligibility for an ICF/IID level of care as determined by the Human Services Authority or District;
- Incarceration or placement under the jurisdiction of penal authorities, courts or state juvenile authorities;
- Change of residence to another state with the intent to become a resident of that state;
- Admission to an ICF/IID or nursing facility with the intent to stay and not return to waiver services. The waiver recipient may return to waiver services when documentation is received from the treating physician that the admission is temporary and shall not exceed 90 days. The recipient will be discharged from the waiver on the 91st day if the recipient is still in the facility. Payment for waiver services will not be authorized when the recipient is in a facility,
- Unable to assure the health and welfare of the recipient in the community through the provision of reasonable amounts of waiver services as determined by the Human Services Authority or District, or OCDD Central Office, i.e., the recipient presents a danger to himself/herself or others;
- Failure to cooperate in either the eligibility determination process or the initial or annual implementation of the POC, or fulfilling his/her responsibilities as a NOW recipient; or
- Interruption of services as a result of the recipient not receiving and/or refusing NOW services (exclusive of support coordination services) for a period of 30 or more consecutive days. This does not include interruptions in NOW services because of hospitalization, institutionalization (such as ICF/IID or nursing facilities) or non-routine lapses in services where the family agrees to provide all needed or paid natural supports. This interruption cannot exceed 90 days and there is a documented expectation from the treating physician that the individual will return to the NOW services. During this 90-day period, OCDD will not authorize payment for NOW services.

In the event of a force majeure, support coordination agencies, direct service providers, and recipients, whenever possible, will be informed in writing, by phone and/or via the Louisiana State Medicaid website of interim guidelines and timelines for retention of waiver slots and/or temporary suspension of continuity of services.