

STAFFING REQUIREMENTS

The Louisiana Department of Health (LDH) has the responsibility to establish reasonable qualifications for providers to ensure that they are capable of providing services of acceptable quality to beneficiaries. The provider qualifications delineated in this section are dictated by the needs of the population to be served, and by the duties and responsibilities inherent in the provision of services as defined by LDH. LDH has established these staffing requirements to maintain an adequate level of quality, efficiency and professionalism in the provision of all services in the New Opportunities Waiver (NOW) program.

Individualized and Family Support

1. Family members who provide individualized and family support (IFS) services must meet the same standards as providers or direct care staff who are unrelated to the beneficiary. Service hours for family members living in the home will be capped at 40 hours per week, Sunday to Saturday.
2. Legally responsible individuals (such as a parent or spouse) and legal guardians may provide individual and family support services for a beneficiary provided that the care is extraordinary in comparison to that of a beneficiary of the same age without a disability and the care is in the best interest of the beneficiary.
3. Family members who provide IFS services must meet the same standards as providers or direct care staff who are unrelated to the individual; and
4. Services are not allowed to be provided in the direct service worker's (DSWs) place of residence.
5. IFS services shall be provided in the state of Louisiana. IFS services may be performed outside the state for a time-limited period or for emergencies. The provision of services outside of the state must be prior-approved by the Department.
6. Provision of IFS services shall not be authorized outside of the United States or the Territories of the United States.
7. The provision of IFS services in licensed congregated settings shall be excluded from coverage.

Residential Habilitation – Supported Independent Living

Supported independent living (SIL) shall not include the cost of:

1. Meals or the supplies needed for preparation;
2. Room and board;
3. Home maintenance, or upkeep, improvement, modifications, or adaption to a home, or to meet the requirements of the applicable life safety code;
4. Routine care and supervision which could be expected to be provided by a family member; or
5. Activities or supervision for which a payment is made by a source other than Medicaid, e.g., Office for Citizens with Developmental Disabilities (OCDD), etc.

SIL services cannot be provided in a substitute family care setting.

Beneficiaries receiving adult companion care services are not eligible to receive supported independent living services.

Monitored in-home-caregiving services are not eligible to be provided at the same time or on the same day as SIL.

Service Limit

SIL services are limited to one service per day, per comprehensive plan of care (CPOC) year, except when the beneficiary is in center-based respite. When a beneficiary living in an SIL setting is admitted to a center-based respite facility, the SIL provider shall not bill the SIL per diem beginning with the date of admission to the center-based respite facility and through the date of discharge from the center-based respite facility.

Substitute Family Care

Immediate family members, such as a beneficiary's mother, father, brother, sister, spouse, or curator, cannot be Substitute Family Care parents.

Adult Companion Care

Companions must meet the direct service worker (DSW) requirements as provided by LDH Licensing. The individual and the companion live in the same household.

The companion is a principal care provider chosen by the beneficiary, who provides services in the beneficiary's home and lives with the beneficiary as a roommate. Adult companion care services are furnished through a licensed provider organization as outlined in the beneficiary's POC.

The companion shall be available in accordance with a pre-arranged time schedule and available by telephone for crisis support on short notice; and

The companion is responsible for participating in, and abiding by, the POC; maintaining records in accordance with state and provider requirements; and purchasing his/her own food and personal care items.

Monitored In-Home Caregiving

The principal caregiver is responsible for supporting the beneficiary to maximize the highest level of independence possible by providing necessary care and supports that may include:

1. Supervision or assistance in performing activities of daily living;
2. Supervision or assistance in performing instrumental activities of daily living;
3. Protective supervision provided solely to assure the health and welfare of a beneficiary;
4. Supervision or assistance with health related tasks, meaning any health related procedures governed under the Nurse Practice Act, in accordance with applicable laws governing the delegation of medical tasks/medication administration.
5. Supervision or assistance while escorting/accompanying the individual outside of the home to perform tasks, including instrumental activities of daily living, health maintenance, or other needs as identified in the plan of care, and to provide the same supervision or assistance as would be rendered in the home; and
6. Extension of therapy services to maximize independence when the caregiver has been instructed in the performance of the activities by a licensed therapist or registered nurse.

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7. Beneficiaries electing monitored in-home caregiving (MIHC) are not eligible to receive the following NOW services during the period of time that the beneficiary is receiving MIHC services:
- a. Individual family support;
 - b. Center-based respite;
 - c. Supported independent living;
 - d. Adult companion care; or
 - e. Skilled nursing care.