
CHAPTER 38: RESIDENTIAL OPTIONS WAIVER

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OVERVIEW

The purpose of the Residential Options Waiver (ROW), a 1915(c) home and community-based services waiver, is to assist beneficiaries in leading healthy, independent, and productive lives to the fullest extent possible and to promote the full exercise of their rights as citizens of Louisiana. Services are provided with the goal of promoting independence through strengthening the beneficiary's capacity for self-care and self-sufficiency. ROW is a person-centered waiver incorporating the beneficiary's support needs and preferences with a goal of integrating the beneficiary within the community.

ROW provides an opportunity for eligible individuals with intellectual disabilities to transition from an intermediate care facility for individuals with intellectual disabilities (ICF/IID), or from a nursing facility placement, by creating community-based alternatives in home settings along with an array of comprehensive supports for those individuals with intensive and/or complex needs.

There is no age restriction as part of the ROW eligibility determination.

The objectives of the ROW are to:

1. Promote independence for beneficiaries through the provision of services meeting the highest standards of quality and national best practices, while ensuring health and safety through a comprehensive system of beneficiary safeguards;
2. Offer an alternative to institutionalization and costly comprehensive services through the provision of an array of services and supports that promote community inclusion and independence by enhancing and not replacing existing informal networks; and
3. Offer access to services, which would protect the health and safety of the beneficiary.

The Louisiana Department of Health (LDH) Bureau of Health Services Financing (BHSF) is the single state Medicaid agency that maintains administrative and supervisory oversight of the ROW. The department within BHSF that has oversight authority of the ROW is the Medicaid Program Support and Waivers (MPSW) section. BHSF MPSW designates the authority for implementation and programmatic oversight of the waiver to the Office for Citizens with Developmental Disabilities (OCDD) through an interagency agreement, with responsibility for day-to-day operations delegated to local governing entities (LGEs).

ROW services are accessed through a single point of entry in the LGE.

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As part of OCDD's Tiered Waiver approach, all children under age 21 enter the waiver system into the Children's Choice Waiver and all adults enter into the Supports Waiver. If a beneficiary's needs cannot be met within the initial/current waiver, they may request to move up to the next waiver in the tier. ROW is the second tier within the OCDD Tiered Waiver process.

Beneficiaries may exceed assigned ROW acuity/budget cap level(s) to access defined additional support needs to prevent institutionalization on a case-by-case basis according to policy and as approved by the OCDD assistant secretary or their designee.

This program is not intended to provide continuous 24 hours a day one-to-one supports. 24 hours a day one-to-one supports may be provided for short terms during period of crisis or changing needs. Services should be return to assigned I-Cap acuity budget level with resolution of crisis.

If it is determined that the ROW can no longer meet the beneficiary's health and safety and/or support the beneficiary, the support coordination agency will conduct person centered discovery activities to discover what services are needed.

All Medicaid service options will be explored, including ICF/IID placement, based upon the assessed need.

All waiver beneficiaries choose their support coordination and direct service provider agencies through the freedom of choice process.

The plan of care (POC) shall be developed using a person-centered process coordinated by the beneficiary's support coordinator. The initial POC developed during this person-centered planning process must be approved by the LGE. The support coordination agency supervisor as allowed by OCDD policy may approve annual reassessments.

All services must be prior authorized and delivered in accordance with an approved POC. Prior authorization is completed through an independent entity contracted by LDH that also maintains the service data on all waivers for the intellectually disabled population.

ROW services are accessed through the beneficiary's support coordinator and are based on the individual needs and preferences of the beneficiary. A beneficiary's support team consists of the following persons:

1. Support coordinator;
2. Authorized representative;
3. Appropriate professionals;

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4. Service providers; and
5. Others whom the beneficiary chooses to develop the beneficiary's plan of care (POC) through a person centered planning process.

The POC contains all services and activities involving the beneficiary, including non-waiver services as well as waiver support services. The average beneficiary's expenditures for all waiver services shall not exceed the average Medicaid expenditures for ICF/IID services. The completed POC is submitted to the support coordination agency supervisor or LGE for review and approval as designated in OCDD policy. POCs approved by the support coordination agency supervisor shall be submitted to the LGE.

The ROW services include:

1. Community Living Supports;
2. Companion Care;
3. Supported Employment;
4. Day Habilitation;
5. Prevocational services;
6. Transportation Community Access;
7. Respite services;
 - a. Out of Home; and
8. Shared Living Services.
9. Host Home;
10. Housing Stabilization Transition;
 - a. Housing Stabilization; and
 - b. One-time Transition Services.
11. Environmental Accessibility Adaptations;

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12. Assistive Technology/Specialized Medical Equipment and Supplies;
13. Personal Emergency Response System;
14. Professional Services;
15. Nursing;
16. Expanded Dental Services for Adult Waiver Beneficiaries;
17. Adult Day Health Care (ADHC);
18. Monitored In-Home Caregiving;
19. Support Coordination;
20. Community Life Engagement Development; and
21. Financial Management Services.

The ROW gives the beneficiary or authorized representative an opportunity to act as the employer in the delivery of designated self-directed services. This option provides beneficiaries with maximum flexibility and control over their supports and services.

Providers are responsible for complying with the requirements in Chapter 1, General Information and Administration of the *Medicaid Services Manual*. This manual is available on the Louisiana Medicaid website under the “Provider Manuals” tab at: www.lamedicaid.com/provweb1/Providermanuals/manuals/GIA/GIA.pdf

The Medicaid data contractor is responsible for performing prior and post authorization of waiver services based on the information included in the beneficiary’s approved POC and services entered into the service provider data collection system. The LDH fiscal intermediary maintains a computerized claims processing system, with an extensive system of edits and audits, for payment of claims to providers.

Services provided in the ROW program must comply with the following CMS Home and Community-Based Services (HCBS) Settings criteria according to 42 CFR 441.530:

1. Beneficiaries receiving any ROW services are expected to be integrated in and have full access to the greater community while receiving services, to the same extent as individuals without disabilities, as well as have opportunities to seek employment and work in competitive integrated settings. Additionally, beneficiaries have the

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right to control their personal resources, engage in community life, and receive services in the community to the same degree of access as individuals not receiving home and community based services.

2. The setting is selected by the beneficiary from among setting options, including non-disability specific settings and an option for a private unit in a residential setting.
3. The setting options are identified and documented in the POC and are based on the beneficiary's needs, preferences, and, for residential settings, resources available for room and board;
4. The setting ensures a beneficiary's rights of privacy, dignity and respect, and freedom from coercion and restraint, including the right to respectful interactions and privacy in both residential and non-residential settings;
5. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact;
6. Beneficiaries have choice regarding services and supports, and who provides them; and
7. Residential settings owned or controlled by the provider must also meet the following requirements:
 - a. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the beneficiary receiving services, and the beneficiary has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of Louisiana, the parish, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement, or other form of written agreement will be in place for each HCBS beneficiary, and that the document provides protections that address eviction processes and appeals comparable to those provided under Louisiana's landlord/tenant law;
 - b. The setting where services are provided must be physically accessible to the beneficiary such that all areas of normal access are not restricted;

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- c. Beneficiaries can control their own schedules and activities, including access to food at any time to the same extent as beneficiaries who are not receiving Medicaid home and community based services;
- d. Beneficiaries are able to have visitors of their choosing at any time;
- e. Units have entrance doors lockable by the beneficiary, with only appropriate staff having keys to doors, as needed. Beneficiaries in provider owned or controlled residential settings shall have privacy in their living or sleeping unit;
- f. Beneficiaries sharing units have a choice of roommates in that setting;
- g. Beneficiaries have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement;
- h. Staff may be shared across the Children's Choice or New Opportunities Waiver at the same time;
- i. No reimbursement for ROW services shall be made for a beneficiary who is admitted to an inpatient setting except Support Coordination monthly flat rate; and
- j. Providers shall meet the requirements of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) home and community-based setting requirements for home and community-based services (HCBS) waivers as delineated in LAC 50:XXI.901 or any superseding rule.

The intent of this chapter is to provide a ROW provider the information needed to fulfill its vendor agreement 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 a provider to remain in compliance with federal and state laws and LDH rules.