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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

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**COVERED SERVICES**

Residential Options Waiver (ROW) services must be provided in accordance with the service criteria defined in this section, the Centers for Medicare and Medicaid Services (CMS) application, state rule, and in conjunction with the recipient's approved Plan of Care (POC).

Recipients must be able to choose to receive services and supports from any provider in their region listed on the Freedom of Choice (FOC) listing. Direct service providers cannot offer FOC to recipients.

Under no circumstances may a service provider or direct service worker charge a recipient, their authorized representative, or their family member(s), or other support team members a separate transportation fee or any other fee for covered services.

ROW services are provided as a supplement to regular Medicaid State Plan services and natural supports, and should not be viewed as a lifetime entitlement or a fixed annual allocation. The average recipient expenditures for all waiver services shall not exceed the average Medicaid expenditures for Intermediate Care Facilities for Individuals with Developmental Disabilities, (ICF/DD) services.

All ROW recipients must receive a residential service (community living supports, companion care, host home, or shared living) and support coordination services. Other services are to be selected based on recipient need/want and individual budget.

Recipients must receive a residential service and support coordination at least once every 30 days.

All services must first be processed through Third Party Liability, Medicare, and private insurance prior to accessing ROW services except for the following:

- Support Coordination
- Companion Care
- Community Living Supports
- Host Home
- Shared Living
- One-Time Transitional Funding

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

- Personal Emergency Response System
- Transportation-Community Access
- Supported Employment
- Day Habilitation
- Prevocational Services
- Environmental Adaptations

Providers are to meet Standards for Participation for Medicaid Home and Community-Based Waiver Services. (Refer to the Appendix C for the web address to access the Standards for Participation)

**Support Coordination**

Support coordination consists of the coordination of supports and services that will assist recipients who receive Residential Options Waiver services in gaining access to needed waiver and other Medicaid services, as well as needed medical, social, educational and other services, regardless of the funding source. Recipients/families choose a support coordination agency through the Freedom of Choice listing provided by the Medicaid data contractor upon acceptance of a waiver opportunity. The support coordinator is responsible for convening the person-centered planning team comprised of the recipient, recipient's family, direct service providers, medical and social work professionals, as necessary, and advocates, who assist in determining the appropriate supports and strategies to meet the recipient's needs and preferences. The support coordinator shall be responsible for the ongoing coordination and monitoring of supports and services included in the recipient's POC.

When recipients choose to self-direct their waiver services, the support coordinator is responsible for reviewing the Self-Direction Employer Handbook with each recipient who has elected this option for service delivery. Support coordinators will be available to recipients for on-going support and assistance in the following decision-making areas, as well as employer responsibilities:

- Recruiting, hiring, and terminating staff;
- Verifying employee qualifications;
- Orienting and instructing staff in duties;

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

- Scheduling staff;
- Reviewing/approving employee timesheets;
- Conducting employee performance evaluations; and
- Reviewing/approving provider invoices.

**Community Living Supports**

Community Living Supports (CLS) is a residential option available to recipients who either have natural supports and/or who need very little support on an on-going basis. Based on their need of supports, recipients can either live with family members or reside independently in their own residence. The overall goal for each recipient is to obtain or maintain their level of independence, level of productivity, and involvement in the community as outlined in each recipient's approved POC. Individual specific goals are identified in the POC and provided by the recipient's direct support worker.

Supports provided include the following:

- Self-Help Skills:
  - Activities of daily living and self-care (i.e., bathing, grooming, dressing, nutrition, money management, laundry, travel training, and safety skills)
  - Intended to increase level of independence
  - Travel-training to community activities/locations (not intended to be used when the recipient is learning to go to and from a vocational setting)
- Socialization Skills:
  - Appropriate communication with others, both verbal and nonverbal (i.e., manners, making eye contact, shaking hands, and behavior)
  - Intended to increase involvement in the community (i.e., church membership, voting, participation in sports, and volunteering)
- Cognitive and Communication Tasks:

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

- Learning activities  
(i.e., attention to task, self-control, verbal/nonverbal communication, and interpersonal communication-verbal/nonverbal cues)
- Intended to increase level of understanding and to communicate more effectively
- Acquisition of Appropriate, Positive Behavior:
  - Appropriate behavior  
(i.e., non-aggression and appropriate social interaction)
  - Intended to increase socially appropriate behavior

Community Living Supports providers are to work collaboratively with the recipient's natural supports, support coordinator, vocational provider, and/or professional provider to identify specific training opportunities based on the recipient's daily routine, need, and level of interest. Training components can include self-help skills, socialization skills, cognitive and communication skills, and acquisition of appropriate/positive behavior.

**Community Living Supports (Shared Supports)**

Community Living Supports may be shared by up to three recipients who may or may not live together and who have a common direct service provider. In order to share Community Living Supports, recipients and their family/legal guardians must agree. The health and welfare of each recipient must also be assured. Shared staff must be reflected in each recipient's POC and be based on an individual basis. A shared rate is billed when recipients share Community Living Supports.

When this service is provider managed, the provider has 24 hour responsibility to deliver back-up and emergency staff to meet unpredictable needs of the recipient in a way that promotes maximum dignity and independence while enhancing supervision, safety and security.

When the self-directed option is utilized the recipient must have an individualized back-up plan and evacuation plan both of which must be submitted with the POC for review and approval. The direct support workers must meet minimum qualifications.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

**Transportation**

The cost of transportation is built into the Community Living Supports rate and must be provided when it is integral to Community Living Services. Transportation-Community Access service can be utilized by Community Living Support recipients as long as Transportation-Community Access is not billed at the same time as Community Living Supports.

**Service Units and Limitations**

- Service Unit: 15 minutes
- Payment does not include room and board, maintenance, upkeep, and/or improvement of the recipient's or family's residence;
- The recipient and Community Living Supports staff may not live at the same residence;
- Staff providing services may not sleep during billable hours of Community Living Supports;
- Community Living Supports may not be provided in a licensed respite care center;
- Provider may not bill for Community Living Supports for the same time on the same day as respite services;
- Community Living Supports are not available to individuals receiving Shared Living Services, Host Home Services, or Companion Care Services (the same type of supports that Community Living Supports provides are integral to and built into the rate for these three services, and prevents duplication of services)
- Payment will not be made for travel training to vocational services;
- Community Living Supports cannot be provided or billed for at the same time on the same day as:
  - Supported Employment,
  - Day Habilitation, or
  - Prevocational Services.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

- Transportation-Community Access services may not be provided at the same time as Community Living Supports services.

**Host Home Services**

Host Home services is a residential option available to recipients who wish to live in a family setting when residing with their immediate family is not an option. Host Home services are available to recipients of any age and take into account individual compatibility which includes individual interests, age, privacy needs, and supervision/support needs. The Host Home Family provides the recipient with a welcoming, safe, and nurturing family environment. In addition, the recipient is provided any assistance needed with activities of daily living and support. Community activities identified in the recipient's POC are also encouraged and supported.

**Place of Service**

The primary source of service is considered to the Host Home Family residence. The Host Home Family must own, rent, or lease their place of residence. The Host Home Family can also provide supports and services in the community setting as indicated in the recipient's POC.

**Service Units and Limitations**

- Service Unit is a per diem rate based on the recipient's Inventory for Client and Agency Planning (ICAP),
- Children eligible for Title IV-E services are not eligible for Host Home services;
- Regardless of the funding source, a Host Home Family shall not have more than two people for whom the Host Home Family is receiving compensation, (regardless of funding source);
- Must not allow more than three persons unrelated to the principal caregiver to live in the home;
- Payment is not made for room and board;
- Separate payment will not be made for the following services:
  - Community Living Supports;
  - Respite Care Services-Out of Home;

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

- Shared Living;
  - Companion Care;
  - Environmental Accessibility Adaptations; and
  - One-Time Transitional Services.
- The Host Home Family may not be the owner or administrator of the Host Home Provider agency to prevent conflict of interest

**Companion Care Services**

Companion Care Services is a residential option available to recipients who do not typically require 24-hour supports. Recipients in this residential option receive supports provided by a companion who lives in the residence as the recipient's roommate. The companion provides supports and assistance as identified in the recipient's POC. An agreement is developed between the recipient and the companion that outlines the specifics of the arrangement. This residential option is most feasible for adults (age 18 and older) who either own their own home or who rent. Companion Care Services are designed to support recipients who are able to manage their own household with the need for only limited supports.

**Companion Care Services:**

- Focus on assisting the recipient to achieve and/or maintain the outcomes of increased independence, productivity and inclusion in the community;
- Provide assistance with the activities of daily living as specified in the recipient's POC;
- Provide assistance with community access and coordination of transportation, including medical appointments;
- Provide assistance/support consistent with the recipient's goals as identified in the recipient's POC;
- Are provided by a companion (roommate) who:
  - Must be at least 18 years of age;
  - Must live with the recipient;
  - Must purchase personal food and personal care items; and

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

- Is a contracted employee of the provider agency and is paid a flat daily rate to provide limited, daily direct services as negotiated with the recipient
- Include a daily pre-arranged schedule for supports in addition to the companion being accessible by telephone 24 hours a day for crisis support on short notice to ensure the health and safety of the recipient.

**Recipient/Companion Agreement**

The Recipient/Companion Agreement is developed between the recipient and companion to identify the specific type(s) of assistance the recipient needs both in the home setting and in the community that the companion is to provide. The agreement also includes responsibilities which are to be shared by the recipient and companion. It also includes a typical weekly schedule.

The provider assists by facilitating the development of the written agreement. The agreement then becomes part of the recipient's POC. Revisions to the Recipient/Companion Agreement must be facilitated by the recipient's provider and approved by the POC team. Revisions may occur at the request of the recipient, the companion, the provider or the recipient's support team.

**Place of Service**

Companion Care services are delivered in the recipient's home. The companion also supports the recipient by assisting the recipient in the community as indicated in the recipient's POC and in the Recipient/Companion Agreement.

**Service Units and Limitations**

- Service Unit is a per diem rate based on the recipient's ICAP
- Separate payment will not be made for:
  - Respite Care Services;
  - Community Living Supports;
  - Host Home; and
  - Shared Living Services.



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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

**Shared Living Services**

Shared Living Services are chosen by the waiver recipient and developed in accordance with the recipient's goals and wishes regarding compatibility, interests, age and privacy. Services and supports are provided according to the recipient's POC to assist in acquiring, retaining and improving the self-care, adaptive and leisure skills needed to reside successfully in a shared living setting within the community. The Shared Living Provider is responsible to provide overall assurances for the health, safety and welfare of the recipient.

A Shared Living Provider delivers supports to include 24-hour staff availability and responsibilities as required in each person's approved POC, daily schedule and health and welfare needs related to the residential setting. This service includes assistance with all activities of daily living (ADLs) as needed and indicated in the POC.

Shared Living Services may include the "Conversion Option" or the "New/Non-Conversion Option":

- Conversion Option:
  - Providers of existing ICF/DD group or community homes (up to 8 beds as of 7/01/09) permanently close one or more homes and surrender the ICF/DD Medicaid license for each home closed;
  - The certified and enrolled beds which were in the ICF's/DD are closed are used to fund new community-based waiver opportunities (slots) through Money-Follows-the-Person;
  - Providers are able to provide Shared Living services up to a maximum of 4 recipients; and
  - Recipients are able to choose any ROW residential option including Shared Living.
- Non-Conversion (New) Option:
  - Providers are able to provide Shared Living services for up to a maximum of 3 recipients; and
  - Funding for Shared Living (New) services are legislatively funded waiver opportunities (slots).

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

**ICF/DD Conversion**

Provider begins agency planning for the conversion by involving the individuals who are currently residing in the ICF/DD and their families/legal representatives. The provider will discuss options with the individuals, family members, and primary correspondents. The provider completes a Conversion Proposal and submits to OCDD State Office;

The OCDD State Office and the Bureau of Health Services Financing (BHSF) evaluate the Conversion Proposal and return a response to the provider regarding the Determination of Conversion Proposal. If the Conversion Proposal is approved, the provider will be sent the Conversion Agreement; and the number of ROW opportunities being made available.

The provider enters into a Conversion Agreement which includes:

- Closure of ICF/DD beds and
- Surrender of ICF/DD license;

Individuals are offered a ROW opportunity and Support Coordination Freedom of Choice. Each individual has the option of choosing to continue to reside in an ICF/DD or to accept the ROW opportunity.

If an individual chooses to accept a ROW opportunity, the Support Coordinator will assist the individual with the Freedom of Choice selection of a provider. The individual can choose to remain with the current provider or select another provider.

**Place of Service**

Shared Living services are delivered in the recipient's place of residence and in the community as indicated in the recipient's POC.

- A recipient may live in a residence that they own, rent, or lease. Environmental modifications are available to the recipient in this setting.
- A recipient may live in a residence that the provider owns or leases. Environmental modifications are not available to the recipient in this setting. Providers are responsible for making modifications.

**Transportation**

The cost of transportation is built into the Shared Living rate. As a result, Transportation-Community Access is not available to recipients receiving Shared Living services.

---

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

**Service Units and Limitations**

Service Unit is per diem with the rate based on the recipient's ICAP.

Recipients receiving Shared Living services are not eligible to receive:

- Respite Care Services;
- Companion Care;
- Host Home;
- Community Living Supports; or
- Transportation - Community Access.

Recipients who live in a residence that is owned or leased by the provider are not eligible to receive Environmental Modification services. Payments are not made for room and board, the cost of home maintenance, upkeep or improvements.

**Respite Care Services – Out of Home**

Center-based respite care is a service provided to recipients unable to care for themselves and is furnished on a temporary/short-term basis due to the absence or need for relief of those persons normally providing unpaid care. This service must be provided in a licensed center-based respite care facility. Services are provided according to a POC that takes into consideration the specific needs of the person.

Participation in community activities is to be available in accordance with the recipient's approved POC. Transportation to and from these activities are also included in Respite Care Services-Out of Home. As a result, recipients are able to continue activities they typically engage in which include school attendance, school related activities, or other activities the recipient would attend if he/she were in their typical residential setting.

**Service Units and Limitations**

Respite Care Services - Out of Home:

- Service unit is 15 minutes;

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

- Limited to 720 hours per recipient, per POC year. The process for approving hours in excess of 720 hours must go through the established approval process with proper justification and documentation; and
- Cannot be provided in a private residence.

Since Shared Living, Host Home and Companion Care Services already include in their rate the cost of providing relief for individuals normally providing unpaid care, Respite Services-Out of Home are not provided to recipients receiving:

- Shared Living Services;
- Host Home Services; or
- Companion Care Services.

**Personal Emergency Response System (PERS)**

A Personal Emergency Response System (PERS) is a rented electronic device that enables recipients to secure help in an emergency. PERS services are available to recipients who meet the following criteria:

- Have a demonstrated need for quick emergency back-up,
- Are unable to use other communication systems as the systems are not adequate to summon emergency assistance, or
- Do not have 24 hour direct supervision.

The recipient may wear a portable "help" button to allow for mobility. The PERS is connected to the person's phone and programmed to signal a response center to secure help in an emergency once the "help" button is activated. The response center is staffed by trained professionals.

PERS services include the initial installation of the equipment, training for the recipient in the use of the device, rental of the device, and monthly maintenance fees.

The monthly fee, regardless of the number of units in the household, shall include the cost of maintenance and training the recipient to use the equipment.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

Reimbursement will be made for a one time installation fee for the PERS unit. A monthly fee will be paid for the maintenance of the PERS. (See Appendix E for Rate and Billing Code information)

**Service Units and Limitations**

- Service unit is initial installation and monthly service;
- Reimbursement will be made for an installation fee for the PERS unit; and
- Coverage of the PERS is limited to the rental of the electronic device; a monthly fee will be paid for the maintenance of the PERS.

**One - Time Transitional Services**

One – Time Transitional Expenses are non-reoccurring set-up expenses for recipients, age 18 and older, who are transitioning from an Intermediate Care Facility for People with Developmental Disabilities (ICF/DD) to their own home or apartment in the community of their choice.

The recipient's home is defined as the recipient's own residence and does not include the residence of any family member or a Host Home.

Allowable transitional expenses include the following:

- The purchase of essential furnishings such as
  - Bedroom and living room furniture,
  - Table and chairs,
  - Window blinds,
  - Eating utensils,
  - Food preparation items, and
  - Bed/bath linens.

**NOTE:** Purchased items belong to the recipient and may not be misused or sold under any circumstances.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

- Moving expenses required to occupy and use a community domicile,
- Health and safety assurances, such as pest eradication, allergen control or one-time cleaning prior to occupancy, and
- Nonrefundable security deposits and set-up fees (i.e. telephone, utility, heating by gas) which are required to obtain a lease on an apartment or home.

This service shall only be provided by the Louisiana Department of Health and Hospitals, Office for Citizens with Developmental Disabilities (OCDD) with coordination of appropriate entities.

**Service Units and Limitations**

- There is a one-time, life time maximum of \$3,000 per recipient;
- Service expenditures must be prior authorized and are time limited;
- Cannot be used for refundable security deposits;
- Security deposits are not to include rental payments;
- May not be used to pay for furnishings or setting up living arrangements for:
  - Residences of any family member;
  - Persons receiving Host Home Services; or
  - Payment for housing or rent.

**Environmental Accessibilities Adaptations**

Environmental Accessibilities Adaptations include physical adaptations to the recipient's home or vehicle which are necessary to ensure the health, welfare and safety of the recipient, or which enable the recipient to function with greater independence in the home. Prior to the recipient receiving any environmental adaptation, an evaluation is to be completed by an occupational therapist and/or a physical therapist. The therapist is to assess for need and type of device/adaptation and are to make a recommendation regarding the specific environmental adaptation necessary to address the identified needs of the recipient. All environmental accessibilities adaptations are to be included in the recipient's POC.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

**Home Adaptations**

Home Accessibility Adaptations may include:

- Performance of necessary assessments in addition to occupational therapy/physical therapy evaluations that may be necessary to determine the types of modifications that are necessary;
- Installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the recipient;
- Training the recipient and provider in the use and maintenance of the adaptation;
- Repair of all equipment and/or devices, including battery purchases and other reoccurring replacement items that contribute to the ongoing maintenance of the adaptation(s); and
- Provision of service contracts and other warranties from manufactures and providers related to the environmental adaptations.

**Place of Service**

Provided at the recipient's home and may not be furnished to adapt living arrangements that are owned or leased by waiver providers; and may be applied to rental or leased property only with the written approval of the landlord and approval of OCDD.

**Service Units and Limitations**

Service unit is per item/service. All adaptations must meet all applicable standards of manufacture, design, and installation.

Home modification funds are not intended to cover basic construction cost. Waiver funds may be used only to cover the difference between constructing a bathroom and building an accessible or modified bathroom, but in any situation must pay for a specific approved adaptation;

Funds may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

Funds may not include modification which adds to the total square footage of the home except when the additional square footage is necessary to make the required adaptations work. (For example, if a bathroom is very small and a modification cannot be done without increasing the space).

When new construction or remodeling is involved, coverage is available only for the difference between the cost of regular construction and the cost of specialized construction for the person with the disability.

Adaptations may not include modifications to the home which are of general utility, and are not of direct medical or remedial benefit to the individual (such as flooring, roof repair, central air conditioning, hot tubs, swimming pools, exterior fencing, or general home repair and maintenance); and cannot be paid for in provider-owned settings, such as Host Homes and provider-owned or leased Shared Living settings.

A written, itemized, detailed bid, including drawings with the dimensions of the existing and proposed floor plans relating to the modification must be obtained and submitted to the OCDD Regional Waiver Office for prior authorization. The OCDD Regional Waiver Office must approve the "Environmental Modifications Job Completion Forms" (Form-PF-01-010). Upon completion of the work and prior to payment, the provider shall give the recipient a certificate of warranty for all labor and installation, and all warranty certificates from manufacturers. The warranty for labor and installation must cover a period of at least six (6) months. Payment will not be authorized until written documentation which demonstrates that the job has been completed to the satisfaction of the recipient has been received by the support coordinator. The Environmental Accessibility Adaptation, must be accepted by the recipient, fully delivered, installed, operational, and reimbursed in the current POC year in which it was approved. The support coordinator must contact the OCDD Regional Waiver Office before approving modifications for a recipient leaving an ICF/DD.

**Vehicle Adaptations**

Vehicle Adaptations are modifications to an automobile or van that is the recipient's primary means of transportation in order to accommodate their special needs. Vehicle Adaptations must be specified in the POC as necessary to enable the recipient to integrate more fully into the community and to ensure the health, welfare and safety of the recipient.

Vehicle Adaptations may include:

- The performance of necessary assessments in addition to occupational therapy/physical therapy evaluations to determine the types of modifications that are necessary;



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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

- A lift or other adaptations to make the vehicle accessible to the recipient or to make the vehicle accessible for the recipient to drive;
- Training the recipient and provider in the use and maintenance of the adaptation;
- Repair of all equipment and/or devices, including battery purchases and other reoccurring replacement items that contribute to the ongoing maintenance of the adaptation(s); and
- Provision of service contracts and other warranties from manufactures and providers related to the Environmental Adaptations.

**Service Units and Limitations**

- Service unit is per service;
- Payment may not be made to adapt vehicles that are owned or leased by paid caregiver or providers of waiver services;
- The following vehicle adaptations are excluded:
  - Modifications which are of general utility and are not of direct medical or remedial benefit to the recipient;
  - Purchase or lease of a vehicle; and
  - Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.
- Car seats not considered a vehicle adaptation.

A written, itemized, detailed bid must be obtained and submitted to the OCDD Regional Waiver Office for prior authorization. The OCDD Regional Waiver Office must approve the "Environmental Modifications Job Completion Forms." Upon completion of the work and prior to payment, the provider shall give the recipient a certificate of warranty for all labor and installation, and all warranty certificates from manufacturers. The warranty for labor and installation must cover a period of at least six (6) months. Payment will not be authorized until written documentation which demonstrates that the job has been completed to the satisfaction of the recipient has been received by the support coordinator. The Environmental Accessibility Adaptation, must be accepted by the recipient, fully delivered, installed, operational, and reimbursed in the current POC year in which it was approved.

---

**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

The support coordinator must contact the OCDD Regional Waiver Office before approving modifications for a recipient leaving an ICF/DD.

**Assistive Technology/Specialized Medical Equipment and Supplies**

Assistive Technology/Specialized Medical Equipment and Supplies (AT/SMES) include items, devices, and equipment that are used to increase, maintain, and/or improve the functional capability of the recipient. AT/SMES include items that are necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; any necessary durable and non-durable medical equipment not available under the State Plan to address recipient functional limitations; and necessary medical supplies which are not available under the State Plan.

Prior to the recipient receiving any Assistive Technology device, an evaluation is to be completed by an occupational therapist and/or a physical therapist. The therapist is to assess for need and type of device and are to make a recommendation regarding the specific Assistive Technology device necessary to address the identified needs of the recipient. AT/SMES are to be included in the recipient's POC.

Assistive Technology/Specialized Medical Equipment and Supplies includes:

- Evaluation of the assistive technology needs of a recipient, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the recipient in the customary environment of the recipient in addition to occupational therapy/physical therapy evaluations;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices for the recipient;
- Training or technical assistance for the recipient, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the recipient;
- Training or technical assistance for professionals or other individuals who provide services to, employ, or who are otherwise substantially involved in the major life functions of the recipient;
- Coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the POC;

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

- Provision of service contracts and other warranties from manufactures and providers related to the AT/SMES; and
- Repair of all items purchased, including battery purchases and other reoccurring replacement items that contribute to ongoing maintenance of these devices.

**Requirements**

All equipment, accessories and supplies must meet all applicable manufacture, design and installation requirements.

**Place of Service**

AT/SMES equipment, accessories and supplies are delivered in the recipient's home and in the community as applicable. Training is to be provided at the recipient's home, at sites where the recipient receives waiver services and/or at other places where the recipient engages in activities in his/her community where the devices will be utilized. Place of service must be in accordance with the recipient's POC.

**Limitations**

Excluded are those durable and non-durable items that are available under the Medicaid State Plan. Support coordinators shall pursue and document all alternate funding sources that are available to the recipient before submitting a request for approval to purchase or lease assistive technology/specialized medical equipment and supplies.

To avoid delays in service provisions/implementation, the support coordinator should be familiar with the process for obtaining assistive technology/specialized medical equipment and supplies or durable medical equipment (DME) through the Medicaid State Plan.

Excluded are those equipment and supplies that are of general utility or maintenance and are not of direct medical or remedial benefit to the recipient, such as:

- Appliances (washer, dryer, stove, dishwasher, vacuum cleaner, etc.),
- Daily hygiene products (deodorant, lotions, soap, toothbrush, toothpaste, feminine products, Band-Aids, Q-tips, etc.),
- Rent subsidy,
- Food, bed covers, pillows, sheets etc.,
- Swimming pools, hot tubs etc.,

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

- Eye exams,
- Athletic and tennis shoes,
- Automobiles,
- Van lifts for vehicles that do not belong to the recipient or his/her family,
- Adaptive toys or recreation equipment (swing set, etc.),
- Personal computers and software,
- Exercise equipment,
- Taxi fares, intra and interstate transportation services, and bus passes,
- Pagers, including monthly service,
- Telephones, including mobile telephones and monthly service, and
- Home security systems, including monthly service.

**Transportation – Community Access Services**

Transportation – Community Access Services is available to recipients who are receiving Community Living Supports and Companion Care. This transportation service is available to assist the recipient in increasing their level of independence, productivity, and community inclusion.

Transportation – Community Access Services provides the recipient with a means of access to community activities, community services, and community resources as outlined in the recipient's POC.

**Place of Service**

Transportation – Community Access Services is delivered from the recipient's home to the community and back to the recipient's home.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

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**Service Units and Limitations**

- Service unit is “one-way,” limited to three round trips per day with an annual limit of 264 “one-way” units;
- All trips have to be in accordance with and included in the POC;
- All trips must be clustered together for geographic efficiency;
- Greater than three trips per day will require prior approval from the OCDD Regional Office/Authority/District;
- Whenever possible, family, neighbors, friends, or community agencies which can provide transportation into the community are to do so without charge;
- Whenever possible, public transportation or the most cost-effective method of transport will be utilized, including public transportation;
- Shall not replace transportation services to medically necessary services under the State Plan and transportation services provided as a means to get to and from school;
- Not to be used to transport the recipient to any day habilitation, pre-vocational, or supported employment services;
- May not be provided at the same time on the same day as Community Living Supports;
- Not available to recipients receiving Shared Living Services or Host Home Services; and
- Provider is limited to providing service to three recipients.

**Professional Services**

Professional services are provided to the recipient based on individual need and must be specified in the recipient’s POC. Professional services available include: Occupational Therapy, Physical Therapy, Speech Therapy, Nutrition/Dietary, Social Work and Psychology. The specific type of professional service delivered must be consistent with the scope of the license held by the professional. Service intensity, frequency, and duration may be short-term, intermittent, or long-term and is determined by individual need.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

Recipients under age 21 are to access professional services through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program prior to accessing professional services through ROW.

Professional services may only be furnished and reimbursed through ROW when the services are not covered under the Medicaid State Plan and after Third Party Liability.

The specific professional service may be utilized to:

- Assist in increasing the recipient's independence, participation and productivity at home, at vocational/employment setting and/or in the community;
- Perform assessments and/or re-assessments and provide recommendations, treatment and follow-up;
- Provide information to the recipient, family, and support team to assist in the planning and implementation of the recipient's POC;
- Provide training to family/caregivers regarding recipient skill acquisition and support techniques (medical and behavior supports);
- Provide necessary therapy to the recipient as indicated in the POC;
- Provide consultative services and recommendations;
- Provide counseling for the natural, adoptive, or host home family members with the goal of developing and maintaining healthy, stable relationships between the recipient and family/support; and
- Intervene/stabilize a crisis situation (behavioral or medical) that could result in the loss of home and community-based services; close coordination between the professional(s) and community medical/therapy supports is provided through the support coordinator.

**Service Units and Limitations**

- Service unit is 15 minutes, and
- The recipient must be present for professional services to be billed.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

**Nursing Services**

Nursing services are medically necessary services that are ordered by a physician and are provided by a registered nurse or licensed practical nurse within the scope of the state's Nurses Practice Act. Nursing services are available to recipients as medically indicated and must be in the recipient's POC.

Nursing services may include assessments, health related training/education for recipients and caregivers. Nursing services address the healthcare needs of the recipient and may include both prevention and primary care activities.

Nursing services must be included in the recipient's POC along with the following documentation:

- Physician's order;
- Physician's letter of medical necessity;
- 90-L and 485;
- Individual nursing service plan;
- Summary of medical history; and
- Skilled nursing checklist.

The nurse must submit updates every 60 days and include any changes in the recipient's needs and/or any physician's orders.

**Service Units and Limitations**

- Service unit is 15 minutes;
- Assessment services are offered on an individual basis only and must be performed by a Registered Nurse; and
- Health related training/education service is the only nursing service which can be provided to more than one recipient simultaneously. In this instance, the cost of the service is allocated equally among all recipients receiving the health-related training/education.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

**Place of Service**

Services can be provided in the recipient's home, vocational/employment setting, or in the community.

**Dental Services**

Dental services include the following services: diagnostic, preventative, restorative, endodontic, periodontic, removable prosthodontic, maxillo facial prosthetic, fixed prosthodontic, oral and maxillo facial surgery, orthodontics, and adjunctive general. Recipients who need denture services are to first use the denture services provided in State Plan. Recipients under the age of twenty-one are to access dental services through EPSDT.

**Adult Dental Procedures**

Routine examinations, cleaning, and x-rays can be included on the recipient's POC and provided after going through the POC approval process. If it is determined during the planning process that the recipient may require additional dental procedures, an estimated monetary amount can be included in the recipient's planning budget to ensure the recipient will be able to access dental services (specific dental codes and rates can be found at [www.lamedicaid.com](http://www.lamedicaid.com)). After approval of the POC, the recipient will schedule an appointment with a Medicaid enrolled dentist. The dental providers will determine the need for any additional dental procedures. The Dental Provider will follow current Medicaid approval procedures including sending the dental procedure recommendation(s) to LSU School of Dentistry for review.

After review, the LSU School of Dentistry will approve or deny the recommendation. Approved procedures will be put in a "pending" status and forwarded to fiscal intermediary agency then on to the Medicaid data contractor for review. If funding is available in the recipient's approved POC budget, the Medicaid data contractor will approve the procedure(s) and forward a letter to the dental provider. If funding is not available in the recipient's approved POC budget, Medicaid data contractor will not approve the procedure(s).

**Service Units and Limitations**

- Service unit is per service;
- The recipient may obtain denture services through ROW, but only after exhausting the Medicaid State Plan Denture Program; and
- Dental services are not provided to children (under the age of 21). Children are able to access dental services through State Plan (EPSDT).



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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

**Supported Employment**

Supported Employment is intensive, ongoing supports and services necessary for a recipient to achieve the desired outcome of employment in a community setting where the majority of the persons employed do not have disabilities. Recipients may require long-term supports where natural supports do not meet their needs.

Supported Employment options:

- Individual placement: An employment specialist (job coach) assists the recipient in locating and securing employment, provides training and support to the recipient, and then gradually reduces time and assistance at the worksite dependent upon the recipient's individual needs.
- Micro-enterprise: Services that assist a recipient to develop and operate a business. This assistance consists of: (a) assisting the recipient to identify potential business opportunities; (b) assistance in the development of a business plan, including potential sources of business financing as well as other types of supports related to the development and start-up of a business; (c) identification of supports necessary for the recipient to operate the business; and, (d) ongoing assistance, counseling and guidance after the business has started.
- Mobile Work Crew: A group of eight or fewer recipients employed as a team who typically work in a variety of locations with the support of an employment specialist (job coach).
- Enclave: A group of eight or fewer recipients employed as a team who typically work in a particular work setting with the support of an employment specialist (job coach).

**Initial Job Support and Retention**

Support provided to the recipient on or off the job site by provider staff consisting of one or more of the following activities:

- On-the-job support that ensures the recipient is able to obtain the necessary skills needed for the job and meet the employer's expectations;
- Personal care assistance with activities of daily living (as needed); and

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

- Travel training for the purpose of teaching the recipient how to use transportation services.

**Transportation**

Transportation for Supported Employment services has a specific procedure code for billing purposes. Whenever possible, natural supports are encouraged to provide transportation. Under no circumstances can a provider charge a recipient, his/her responsible representative(s), family members or other support team members a separate transportation fee. Transportation providers must carry \$1,000,000 liability insurance on the vehicles used in transporting the recipients.

**Service Units and Limitations**

- Individual placement – must have one hour or more spent on the job site or training with the job coach per recipient per day;
- Micro-enterprise – must have one hour or more spent on the job site or training with the job coach per recipient per day;
- Mobile Work Crew – must have 2.5 hours up to 5 hours for the first unit; 5 hours and over for the second unit spent at the job site per recipient per day; and
- Enclave – must have 2.5 hours up to 5 hours for the first unit; 5 hours and over for the second unit spent at the job site per recipient per day.

For mobile crews and enclaves, a total of two units may be billed if the recipient spends a minimum of 5 hours spent at the service site. No rounding up of hours, such as 4.5 equals 5 hours is allowed. Any time less than the minimum number of hours of service specified above for any model is not billable or payable.

Time spent in transportation to and from the jobsite shall not be included in the total number of Support Employment service hours provided per day, however, travel training for the purpose of teaching the recipient how to use transportation services may be included in determining the total number of service hours, but for only the period of time specified in the recipient's POC.

The provider is responsible for all transportation from the agency to all work sites related to the provision of services. Transportation to and from the service site is offered and billable as a component of Supported Employment. Transportation is payable only when a supported employment service is provided on the same day.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

When Supported Employment services are provided at a work site in which persons without disabilities are employees, payment will be made only for the adaptations, supervision and training required by the recipient as a result of their disabilities, but payment will not be made for the supervisory activities rendered as a normal part of the business setting.

Payments are not billable or payable for vocational training that is not directly related to the recipient's supported employment as indicated in the POC.

Exclusions include incentive payments, subsidies, or unrelated vocational training expenses including:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program; or
- Payments that are passed through to recipients of supported employment programs.

Recipient may receive more than one type of vocational /habilitation service per day as long as it meets the billing criteria and the requirements for the minimum time spent at the site.

Billing for multiple vocational/habilitative services at the same time is prohibited. Supported Employment services may not be billed for on the same day at the same time as the following:

- Community Living Supports,
- Professional Services (except those direct contacts needed to develop a behavioral management plan or other therapeutic plan), and
- Respite Care Services - Out of Home.

Supported Employment services are not available to individuals who are eligible to participate in programs under the Rehabilitation Act of 1973 or Section 602 (16) and (17) of the Individuals with Disabilities Education Act (IDEA).

**Prevocational Services**

Prevocational services are prevocational activities designed to assist a recipient in acquiring and maintaining basic work-related skills necessary to acquire and retain employment and indicated in the POC.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

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Prevocational services include real and simulated vocational tasks to determine vocational potential and level of assistance to develop the required skills. Types of prevocational activities include learning to following instructions, attention to task, task completion, problem solving, and safety skills. Prevocational activities focus on teaching general skills rather than teaching a specific job task and are based on the recipient's vocational preferences and goals. Progress for each activity is to be routinely reviewed and evaluated with revisions made as necessary.

Prevocational services are provided to persons who:

- Will be able to work in a paid work setting, and
- Need intensive ongoing support to perform in a paid work setting.

In the event recipients are compensated when performing prevocational activities, the following must be adhered to:

- Pay must be in accordance with the United States Fair Labor Standards Act of 1985.
- If a recipient is paid in excess of 50% of minimum wage:
  - The provider must conduct at a minimum:
    - Conduct 6 month formal reviews to determine the suitability of this service rather than Supported Employment services;
    - Make a recommendation to transition the recipient to a more appropriate vocational opportunity; and
    - Provide the support coordinator with documentation of both the productivity time studies and documented reviews of current placement feasibility.

**Transportation**

Transportation for Prevocational services has a specific procedure code for billing purposes. Whenever possible, natural supports are encouraged to provide transportation. Under no circumstances can a provider charge a recipient, his/her responsible representative(s), family members or other support team members a separate transportation fee. However, the provider is responsible for all transportation from the agency to all sites related to Prevocational services. Transportation is payable only when a Prevocational service is provided on the same day.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

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Transportation providers must carry \$1,000,000 liability insurance on the vehicles used in transporting the recipients.

**Service Units and Limitations**

- Services are to be furnished on a regularly scheduled basis for one or more days per week based on a 2.5 hour unit of service.
- Must have 2.5 hours up to 5 hours for the first unit; 5 hours and over for the second unit spent at the service site per recipient per day.
- A total of two units may be billed if the recipient spends a minimum of 5 hours spent at the service site.
- Any time less than 2.5 hours of service is not billable or payable.
- No rounding up of hours, such as 4.5 equals 5, is allowed.
- Services shall be limited to no more than 8 hours a day, 5 days a week.
- Time spent in transportation to and from the program for the purpose of training the recipient on the use of transportation services may be included in the number of hours of services provided per day for the period of time specified in the POC, but when this occurs, providers must not also bill for the transportation component as it is included in the rate for the number of service hours provided.
- Recipient may receive more than one type of vocational/habilitation service per day provided the billing criteria and the requirements for the minimum time spent on site are met.
- Billing for multiple vocational/habilitative services at the same time is prohibited.
- Prevocational services cannot be billed for on the same day at the same time as any of the following services:
  - Community Living Supports;
  - Professional Services (except those direct contacts needed to develop a behavioral management plan); or
  - Respite Care Services - Out of Home.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

---

**Day Habilitation Services**

Day Habilitation services are provided to recipients with the goal of developing activities and/or skills acquisition to increase independence, autonomy, and assist in the development of community integration.

The primary focus of Day Habilitation services is acquisition of new skills or maintenance of existing skills based on individualized preferences and goals. Day Habilitation services are to focus on providing supports and teaching opportunities which will enable recipients to attain their maximum skill capacity and shall be coordinated with any physical, occupational, or speech therapies listed in the recipient's POC. In addition, Day Habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings. Progress for skill acquisition/maintenance activities is to be routinely reviewed and evaluated with revisions made as necessary to promote continued skill acquisition. The recipient does not receive payment for the activities in which they are engaged.

Day Habilitation services must be directed by a service plan that has been developed by the provider to address the recipient's POC goals, and to provide assistance and/or training in the performance of tasks related to acquiring, maintaining, or improving skills including but not limited to the following:

- Personal grooming,
- Housekeeping,
- Laundry,
- Cooking,
- Shopping, and
- Money management.

Some examples of Day Habilitation services include, but are not limited to, the following:

- Assisting and prompting with personal hygiene, dressing, grooming, eating, toileting, ambulation or transfers, other personal care and behavioral support needs, and any medical task which can be delegated. Personal care assistance may not comprise the entirety of this service.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

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- Receiving personal care skills training at a facility to improve his/her adaptive skills.
- Participating in a community inclusion activity designed to enhance the recipient's social skills.
- Training in basic nutrition and cooking skills at a community center.
- Participating, for an older recipient, with a group of senior citizens in a structured activity. This may include activities such as community-based activities sponsored by the local Council on Aging.
- Receiving aerobic aquatics in an inclusive setting to maintain the recipient's range of motion.
- Learning how to use a vacuum cleaner.
- Learning how to make choices and ordering from a fast food restaurant.
- Learning how to observe basic personal safety skills.
- Doing non-paid work in the community alongside peers without disabilities to improve social skills and establish connections.
- Receiving, as appropriate with his/her family, information and counseling on benefits planning and assistance in the process.

**Transportation**

Transportation for Day Habilitation services has a specific procedure code for billing purposes. Whenever possible, natural supports are encouraged to provide transportation. Under no circumstances can a provider charge a recipient, his/her responsible representative(s), family members or other support team members a separate transportation fee. However, the provider is responsible for all transportation from the agency to all sites related to Day Habilitation services. Transportation is payable only when a Day Habilitation service is provided on the same day. Transportation providers must carry \$1,000,000 liability insurance on the vehicles used in transporting the recipients.

**Service Units and Limitations**

Services are to be furnished on a regularly scheduled basis, for one or more days per week based on a 2.5 hour unit of service.

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**CHAPTER 38: RESIDENTIAL OPTIONS WAIVER**

---

**SECTION 38.1: COVERED SERVICES****PAGE(S) 32**

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- Must have 2.5 hours up to 5 hours for the first unit; 5 hours and over for the second unit spent at the service site per recipient per day.
- A total of two units may be billed if the recipient spends a minimum of 5 hours spent at the service site.
- Any time less than 2.5 hours of service is not billable or payable.
- No rounding up of hours, such as 4.5 equals 5 is allowed.
- The recipient may receive more than one type of vocational/habilitation service per day provided that the billing criteria and the requirements for the minimum time spent on site are met.
- Billing for multiple vocational/habilitative services at the same time is prohibited.
- Day Habilitation services cannot be billed for on the same day at the same time as any of the following services:
  - Community Living Supports;
  - Professional Services (except those direct contacts needed to develop a behavioral management plan); or
  - Respite Care Services - Out of Home.