BENEFICIARY REQUIREMENTS

To qualify for the Residential Options Waiver (ROW), an individual must meet all of the following eligibility criteria:

1. Have an intellectual and/or developmental disability and meets the medical requirements as defined in the Developmental Disability Law (See Appendix A);

2. Be determined eligible through the developmental disabilities entry process;

3. His/her name is Request for Services Registry (RFSR);

4. Meet the financial Medicaid eligibility criteria for Medicaid services;

5. Meet the requirement 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 disability professional;

6. Have justification, based on a uniform needs-based assessment and a person-centered planning discussion that the ROW is the Office for Citizens with Developmental Disabilities (OCDD) waiver that will meet the needs of the individual;

7. Must be a resident of Louisiana;

8. Must be a citizen of the United States or a qualified alien; and

9. Have assurance that health and welfare of the individual can be maintained in the community with the provision of the ROW services.

Criteria for one of the following target groups:

1. Meets ICF/IID level of care and is being served in the (OCDD Host Home contracts;

2. Meets ICF/IID level of care and needs home and community-based services (HCBS) due to a heath and/or safety crisis situation (crisis diversion);

3. Is an adult in a nursing facility (NF) who is appropriate for transition to HCBS residential services;

4. Meets the level of care (LOC) to qualify for ROW eligibility and is on the RFSR;

5. Is a child (birth through age 18 years) in a NF requiring high-need rates who is appropriate for transition to HCBS residential services and who meets the LOC to qualify for ROW eligibility. Members of this group must participate in the Money Follows the Person (MFP) Rebalancing Demonstration;

6. Is a resident in an ICF/IID who wishes to transition to HCBS residential services through a voluntary conversion opportunity. Members of this group have the choice of participating in the MFP Rebalancing Demonstration;

7. Is a resident in an ICF/IID who is on the RFSR who wishes to transition to HCBS residential services and is eligible for the ROW;

8. Is a resident in a Supports and Services Center who wishes to transition to HCBS residential services; or

9. Transition of eligible Individuals with Intellectual and Developmental Disability services in either OAAS Community Choices Wavier (CCW) or OAAS Adult Day Health Care Waiver (ADHC) to the ROW.

Persons residing in an ICF/IID who wish to transition to HCBS residential services, and who are eligible for the ROW, have a choice of participating in the MFP Rebalancing Demonstration. All persons who participate must meet criteria for participation as established by OCDD protocol and must meet demonstration operational parameters (e.g. available funding) established by the demonstration award.

As part of OCDD's Tiered Waiver approach, all children under age 21enter the waiver system into the Children's Choice Waiver and all adults enter into the Supports Waiver. A person-centered planning process, which includes completion of a needs-based assessment, is utilized during the initial phase to develop the individual's life vision/goals and develop support strategies and identify services/supports needed. If an individual's needs cannot be met with the initial waiver they may request moving up to the next waiver in the Tiers. The ROW is the second tier within the OCDD Tiered Waiver process.

To remain eligible for waiver services, a beneficiary must receive residential services and support coordination at least once every 30 days.

NOTE: There is no age restriction for individuals to access the ROW.

Developmental Disability Request for Services Registry

Enrollment in the waiver is dependent upon the number of approved and available funded waiver slots. Requests for developmental disabilities services are made through the entry unit of the applicant's local governing entity (LGE) for the geographic area in which he or she resides. Only requests from the individual or his/her authorized representative will be accepted.

Once it has been determined by the entry unit of the LGE that the individual meets the definition of having a developmental disability as defined by the Louisiana Developmental Disability Law (See Appendix A) as eligible for Developmental Disabilities (DD) services and the individual is seeking Waiver services, the LGE staff will request addition of the individual's name to the Request for Services Registry (RFSR).

Once an individual is added to the RFSR, he or she will be assigned to a screener who will conduct the required screening.

Waiver opportunities are offered based on an individual's urgency of need which is determined by screening with the use of an appropriate screening tool as prescribed by OCDD (currently the Screening for Urgency of Need (SUN) tool). Available Waiver opportunities are sent to individuals based on their SUN score.

If there are not enough Waiver opportunities for those who have met SUN score requirements, the available Waiver opportunities will be offered to individuals based on both their SUN Score and their RFSR protected date/time beginning with those who have the highest SUN scores and the earliest protected date. Individuals or their family may verify the date of request on the RFSR by calling the applicant's LGE.
OCDD currently uses a tiered waiver system for accessing DD HCBS Waiver services. This system was designed to ensure that the needs of individuals who qualify for Waiver services are sufficiently met by linking them to the most appropriate waiver program based on person-centered planning and a needs-based assessment. Initial offers are made for participation in the most appropriate Waiver program. If an individual accepts an offer for a Waiver program other than the ROW and finds that he or she is in need of the ROW, the individual must contact the Support Coordinator to make a request for participation in the ROW.

NOTE: Acceptance of any waiver offer means automatic closure on the RFSR. Once an individual accepts an offer for Waiver Services, he or she will be linked to the Waiver program chosen and the request will be closed on the RFSR.

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 LGE (See Appendix C).

Level of Care

The ROW is an alternative to institutional care. All waiver applicants must meet the definition of developmental disability (DD) as defined in the Developmental Disability Law (See Appendix A). The LGE 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:

1. Submitted with the individual's initial and annual POC;

2. Completed 180 days or less before the date on which the ROW service is approved to begin, and annually thereafter;

3. Completed, signed, and dated by the applicant'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;

4. Submitted with the initial or annual POC to the LGE office. The LGE office is responsible for determining that the required level of care is met for each beneficiary; and

5. The applicant or his/her authorized representative is responsible for obtaining the completed 90-L Form from the applicant's primary care physician within the following timeframes:

    a. Prior to certification for the waiver for an initial POC; and

    b. No more than 180 days before the annual POC start date.

The support coordinator is responsible for collecting the material necessary to make this determination and convening the person-centered planning team to formulate the POC, which documents all services to be arranged, including both natural supports and those reimbursed under ROW.

Documentation of level of care and the POC is submitted to the LGE for a decision to determine if the applicant meets the criteria and level of care requirements for admission to an ICF/IID. The LGE staff assesses the overall support needs of the applicant, including health and welfare, and determines if they will be met by the services and supports designed.

Denial or Discharge Criteria

Beneficiary's will be denied admission to, or discharged from, the waiver if one of the following occurs:

1. The individual does not meet the criteria for Medicaid financial eligibility;

2. Loss of Medicaid financial eligibility, as determined by the BHSF;

3. The individual does not meet requirements or loses eligibility for ICF/IID level of care, as determined by the LGE;

4. The individual does not meet or loses developmental disability system eligibility;

5. The beneficiary is incarcerated or placed under the jurisdiction of penal authorities, courts, or state juvenile authorities;

6. The beneficiary resides in another state, or has a change of residence to another state, with the intent to become a resident of that state;

7. The beneficiary is admitted to an ICF/IID or nursing facility with the intent to stay and not return to waiver services;

   NOTE: The waiver beneficiary 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 beneficiary will be discharged from the waiver on the 91st day if the beneficiary is still in the facility. Payment for waiver services will not be authorized when the beneficiary is in a facility.

8. The health and welfare of the beneficiary in the community cannot be assured through the provision of waiver services, as determined by the LGE, or OCDD Central Office, i.e., the beneficiary presents a danger to himself/herself or others;

9. Failure to cooperate in either the eligibility determination process, the development of the POC, or the initial or annual implementation of the POC, or to fulfill his/her responsibilities as a ROW beneficiary; or

10. Continuity of stay/services is interrupted as a result of the beneficiary not receiving and/or refusing waiver services (exclusive of support coordination services) for a period of 30 consecutive days.

NOTE: Continuity of stay/services will not apply to interruptions due to admission to a hospital, an ICF/IID facility, or to a nursing facility. This interruption cannot exceed 90 days. During this 90-day period, OCDD will not authorize payment for ROW services. The beneficiary must be discharged from the ROW if the treating physician documents that the institutional stay will exceed 90 days.

In the event of Force Majeure, support coordination agencies, direct service providers, and beneficiaries 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.

The direct service provider is required to notify the support coordination agency within 24 hours if the provider has knowledge that the beneficiary has met any of the above stated discharge criteria.