RECIPIENT REQUIREMENTS

To qualify for the Residential Options Waiver (ROW), an individual must be offered a waiver opportunity and meet all of the following eligibility criteria:

- A developmental disability as defined in the Developmental Disability Law (See Appendix A),

- Financial and non-financial Medicaid eligibility criteria for home and community-based waiver services:

    - Income equals 300% of the Supplemental Security Income (SSI) Federal Benefit Rate (FBR).
    - SSI disability criteria,
    - Intermediate care facility for people with developmental disability (ICF/DD) level of care criteria, and
    - All other non-financial requirements such as:

        - Citizenship (U.S. citizen or qualified alien),
        - Resident of Louisiana,
        - Social Security number, and

- A Plan of Care (POC) that is sufficient to assure the health and welfare of the waiver applicant in order to be approved for waiver participation or continued participation. Health and welfare requirements of the person must be assured within the cost limit of the ROW (100% of the cost of care for the highest acuity level for persons in private ICFs/DD).

- Criteria for one of the following target groups:
    - Meets the ICF/DD level of care and is being served in the Office for Citizens with Developmental Disabilities (OCDD) Host Home contracts;
    - Meet the ICF/DD level of care and needs Home and Community-Based Services (HCBS) due to a heath and/or safety crises situation (crisis diversion);
    - Is an adult in a nursing facility (NF) who is appropriate for transition to HCBS residential services, meets the level of care (LOC) to qualify for ROW eligibility and who is on the Request For Services Registry (RFSR);

- Is a child (birth through age 18) 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 and must participate in the Money Follows the Person (MFP) Rebalancing Demonstration;
- Is a resident in an ICF/DD who wishes to transition to HCBS residential services through a voluntary conversion opportunity and who has a choice of participating in the MFP Rebalancing Demonstration;
- Is a resident in an ICF/DD who is on the RFSR who wishes to transition to HCBS residential services and are eligible for the ROW: or
- Is a resident in a Supports and Services Center who wishes to transition to HCBS residential services.

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

To remain eligible for waiver services, a recipient must receive a waiver service every thirty days.

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

Request for Services Registry

Enrollment in the waiver is dependent upon the number of approved and available funded waiver slots. Requests for waiver services are made through the applicant's local OCDD regional office or Human Services Authority or District. Only requests from the applicant or his/her authorized representative will be accepted.

Once it has been determined by the OCDD regional office or 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 in request date order and the applicant/family will be sent a letter stating the individual's name has been secured on the RFSR along with the original request date. Entry into the waiver will be offered to applicants from the RFSR by date/time order of the earliest request for services. Applicants or their family may verify the date of request on the RFSR by calling the applicant's local OCDD regional office or Human Services Authority or District.

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 Appendix A. The OCDD Regional Supports and Services Office or Human Services Authority or District will issue either a Statement of Approval (SOA) or a Statement of Denial (SOD).

The "Request for Medical Eligibility Determination," BHSF Form 90-L is the instrument used to determine if an applicant meets the level of care of an ICF/DD. The Form 90-L is submitted by the Medicaid data contractor at the time the initial waiver offer is sent to the applicant/family. The Form 90-L must be:

- Completed 90 days or less before the date the ROW service is approved to begin and annually thereafter,
- Completed, signed and dated by the applicant's Louisiana licensed primary care physician, and
- Submitted with the initial or annual POC.

The applicant/family is responsible for obtaining the completed Form 90-L from the applicant's primary care physician within the following timeframes:

- Prior to linkage to a support coordination agency for an initial offer.
- No more than 90 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 OCDD Regional Waiver Supports and Services Office or Human Services Authority or District for a decision to determine if the applicant meets the criteria and level of care requirements for admission to an ICF/DD. The OCDD 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

Recipients will be denied admission to or discharged from the waiver if one of the following criteria is met:

- The individual does not meet the criteria for Medicaid financial eligibility.
- The individual does not meet the criteria for an ICF/DD level of care as determined by the OCDD Regional Waiver Supports and Services Office or Human Services Authority or District.
- The recipient is incarcerated or placed under the jurisdiction of penal authorities, courts or state juvenile authorities.
- The recipient resides in another state or has a change of residence to another state.
- The recipient is admitted to an ICF/DD or nursing facility without the intent to 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 still in the facility. Payment for waiver services will not be authorized when the recipient is in a facility.
- The health, safety and welfare of the individual cannot be assured through the provision of reasonable amounts of waiver services in the community, i.e., the recipient presents a danger to himself/herself or others.
- The individual fails to cooperate in the eligibility determination process, the initial or annual implementation of the POC, or fulfilling his/her responsibilities as a ROW recipient.
- Continuity of services is interrupted as a result of the recipient not receiving and/or refusing waiver services (exclusive of support coordination services) for a period of 30 consecutive days.

  NOTE: Continuity of services will not apply to interruptions due to hospitalization, institutionalization or if a family member has agreed to provide all paid documented supports (not to exceed 90 days) that are listed in the POC during a non-routine lapse of time in waiver services. There will not be an authorization for payment of waiver services during this time.

In the event of a Force Majeure, support coordination agencies, direct service providers, and recipients whenever possible, will be informed in writing, and/or 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 they have knowledge that the recipient has met any of the above stated discharge criteria.