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**PROVIDER REQUIREMENTS**

Provider participation in the Louisiana Medicaid program is voluntary. In order to participate in the Medicaid program, a provider must:

- Meet all of the requirements for licensure as established by state laws and rules promulgated by the Department of Health and Hospitals (DHH),
- Agree to abide by all rules and regulations established by the Centers for Medicare and Medicaid Services (CMS), DHH and other state agencies if applicable, and
- Comply with all the terms and conditions for Medicaid enrollment.

Providers must attend all mandated meetings and training sessions as directed by OCDD as a condition of enrollment and continued participation as a waiver provider. Attendance at a provider enrollment orientation is required prior to enrollment as a Medicaid provider. A Provider Enrollment Packet must be completed for each DHH administrative region in which the agency will provide services. Providers will not be added to the Freedom of Choice (FOC) list of available providers until they have been issued a Medicaid provider number.

Providers must participate in the initial training for prior authorization and data collection and any training provided on changes in the system. Initial training is provided at no cost to the agency. Any repeat training must be paid for by the requesting agency.

Providers must have available computer equipment and software necessary to participate in prior authorization and data collection.

All providers must maintain a toll-free telephone line with 24-hour accessibility manned by an answering service. This toll-free number must be given to recipients at intake or at the first meeting.

Brochures providing information on the agency's experience must include the agency's toll-free number along with the OCDD's toll-free information number. OCDD must approve all brochures prior to use.

Providers must develop a Quality Improvement and Self-Assessment Plan. This is a document completed by the provider describing the procedures that are used, and the evidence that is presented, to demonstrate compliance with program requirements. The first Self-Assessment is due six months after approval of the Quality Improvement Plan and yearly thereafter. The Quality Improvement Plan must be submitted for approval within 60 days after the training is provided by DHH.

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Providers must be certified for a period of one year. Re-certification must be completed no less than 60 days prior to the expiration of the certification period.

The agency must not have been terminated or actively sanctioned by Medicaid, Medicare or other health-related programs in Louisiana or any other state. The agency must not have an outstanding Medicaid Program audit exception or other unresolved financial liability owed to the state.

Changes in the following areas are to be reported to the Bureau of Health Services Financing Health Standards Section, OCDD and the Fiscal Intermediary's Provider Enrollment Section in writing at least 10 days prior to any change:

- Ownership,
- Physical location,
- Mailing address,
- Telephone number, and
- Account information affecting electronic funds transfer (EFT).

The provider must complete a new provider enrollment packet when a change in ownership of 5 percent to 50 percent of the controlling interest occurs, but may continue serving recipients. When 51 percent or more of the controlling interest is transferred, a complete re-certification process must occur and the agency shall not continue serving recipients until the re-certification process is complete.

Waiver services are to be provided only to persons who are waiver recipients, and strictly in accordance with the provisions of the approved Plan of Care (POC).

Providers may not refuse to serve any waiver recipient that chooses their agency unless there is documentation to support an inability to meet the individual's health, safety and welfare needs, or all previous efforts to provide services and supports have failed and there is no option but to refuse services. Such refusal to serve an individual must be put in writing by the provider, and include a detailed explanation as to why the provider is unable to serve the individual. Written notification must be submitted to the OCDD Regional Waiver Office or the Human Service Authority or District. Providers who contract with other entities to provide waiver services must maintain copies of such contracts signed by both agencies. Such contracts must state that the subcontractor may not refuse to serve any waiver recipient referred to them by the enrolled direct service provider agency.

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The recipient's provider and support coordination agency must have a written working agreement that includes the following:

- Written notification of the time frames for POC planning meetings,
- Timely notification of meeting dates and times to allow for provider participation,
- Information on how the agency is notified when there is a POC or service delivery change, and
- Assurance that the appropriate provider representative is present at planning meetings as invited by the recipient.

The ROW services outlined below may be provided by the provider or by an agreement with other contracted agents. The actual provider of the service, whether it is the provider or a subcontracted agent, must meet the following licensure or other qualifications:

<b>Waiver Service</b>	<b>Requirements</b>	<b>Service Provided by</b>
Support Coordination	<p>Case Management License</p> <p>Providers of support coordination for the ROW program must have a signed performance agreement with OCDD to provide services to waiver recipients.</p> <p>Support coordination agencies must meet all of the performance agreement requirements in addition to any additional criteria outlined in the Case Management Services manual chapter, state rule, and ROW Provider Manual.</p>	<p><b>Provider Type 45:</b> Case Management-Contract</p> <p><b>Specialty 81:</b> Case Management</p> <p><b>Subspecialty:</b> 4W</p>
Community Living Supports	<p>Personal Care Attendant Module</p> <p>Self-Direction Option Available</p>	<p><b>Provider Type 82:</b> Personal Care Attendant</p> <p><b>Specialty 82:</b> Personal Care Attendant</p> <p><b>Subspecialty:</b> 4W</p>
Companion Care	<p>Personal Care Attendant Module</p>	<p><b>Provider Type 82:</b> Personal Care Attendant</p> <p><b>Specialty 82:</b> Personal Care Attendant</p> <p><b>Subspecialty:</b> 4W</p>

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Shared Living	<p>Supervised Independent Living Module Supervised Independent Lining Conversion Module</p> <p>Shared Living Providers must also have OCDD approval which includes:</p> <ul style="list-style-type: none"> <li>Conversion Option: <ul style="list-style-type: none"> <li>Current ICF/DD provider in good standing and licensed to operate by DHH-Health Standards Section (Conversion Module);</li> <li>Apply for and meet ROW provider qualifications for the Shared Living Conversion; and</li> <li>OCDD regional office will document that the Shared Living option was explained to, understood by and agreed upon by all individuals who will be affected when the ICF/DD is closed and the license is surrendered.</li> </ul> </li> <li>New Option: <ul style="list-style-type: none"> <li>If any ICF/DD license is held or was previously held, the licensee must be or have been a provider in good standing; and</li> <li>Apply for and meet ROW provider qualifications for the Shared Living.</li> </ul> </li> </ul>	<p><b>Provider Type 11:</b> Shared Living</p> <p><b>Specialty 4A:</b> DD</p> <p><b>Subspecialties:</b> <u>Conversion Option:</u> 4J-Provider Owned/Leased Residence 4H- Participant Owned/Leased Residence</p> <p><u>New Option:</u> 4G-Provider Owned/Leased Residence 4L- Participant Owned/Leased Residence</p>
One Time Transitional Expenses		OCDD
Host Home	<p>Substitute Family Care Module when providing services to adults</p> <p>Class "A" Child Placing License when provider services to children</p> <p>Providers must:</p> <ul style="list-style-type: none"> <li>Have experience in delivering therapeutic services to persons with developmental disabilities; and</li> <li>Have staff who have experience working with persons with developmental disabilities</li> </ul>	<p><b>Provider Type 84:</b> Substitute Family Care</p> <p><b>Specialty 84:</b> Substitute Family Care</p> <p><b>Subspecialty:</b> 4W</p>
Center Based Respite	Respite Module for a facility	<p><b>Provider Type 83:</b> Waiver-Respite Care</p> <p><b>Specialty 83:</b> Respite Care</p>

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Environmental Accessibility Adaptations	<p>Home Adaptations:</p> <p>Providers must be registered through the Louisiana State Licensing Board for Contractors as a General Contractor, Home Improvement Contractor, or Residential Building Contractor.</p> <p>Environmental Modification providers must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Must be enrolled as a Medicaid Environmental Modifications Provider</li> <li>• Must comply with all applicable Local (City or Parish) Occupational License(s).</li> <li>• All services shall be provided in accordance with applicable State or local requirements.</li> <li>• Must meet any state or local requirements for licensure or certification for the work performed, as well as the person performing the service (i.e., building contractors, plumbers, electricians, or engineers);</li> <li>• Must meet such standards for modifications to the home when state and local building or housing code standards are applicable;</li> <li>• If currently enrolled in Louisiana Medicaid as a DME provider, documentation from the manufacturing company (on their company letterhead) that confirms this DME provider is an authorized distributor of a specific product that attaches to a building. This letter must specify the product and must state that this DME provider has been trained on its installation.</li> </ul>	<p><b>Provider Type 15:</b> Environmental Modifications</p> <p><b>Specialty 80:</b> Environmental Modifications</p>
	<p>Vehicle Adaptations</p> <p>Providers must be licensed by the Louisiana Motor Vehicle Commission as a Specialty Vehicle Dealer and accredited by the National Mobility Equipment Dealers Association under the Structural Vehicle Modifier category.</p> <p>Vehicle Modification providers must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Must be enrolled as a Medicaid Environmental Modifications Provider</li> <li>• Must comply with all applicable Local (City or Parish) Occupational License(s).</li> <li>• All services shall be provided in accordance with applicable State or local requirements.</li> </ul>	

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Assistive Technology/Specialized Medical Equipment and Supplies	<p>Must meet all applicable vendor standards and requirements for manufacturing, design and installation of technological equipment and supplies.</p> <p>If currently enrolled in Louisiana Medicaid as a DME provider, documentation from the manufacturing company (on their letterhead) that confirms this DME provider is an authorized distributor of a specific product that attaches to a building. This letter must specify the product and must state that this DME provider has been trained on its installation.</p>	<p><b>Provider Type 17:</b> Assistive Devices</p> <p><b>Specialty 91:</b> Assistive Devices</p>
Personal Emergency Response Systems	<p>Must meet all applicable vendor requirements, federal, state, parish and local laws for installation.</p>	<p><b>Provider Type 16:</b> Personal Emergency Response Systems</p> <p><b>Specialty 90:</b> Personal Emergency Response Systems (Waiver)</p>
Transportation- Community Access	<p>Must maintain the state minimum automobile liability insurance coverage, have a current state inspection sticker, and have a current valid driver's license</p>	<p><b>Provider Type 42:</b> Friends and Family</p> <p><b>Specialty:</b> 4W</p> <p><b>Subspecialty:</b> 4W</p>
Professional Services:	<p>Must possess a current valid Louisiana license to practice in the field of expertise:</p> <p style="text-align: center;">Registered Dietician Speech Therapist Occupational Therapist Physical Therapist Social Worker Psychologist</p> <p>Professionals are able to enroll individually and/or be linked to an agency. Professional Providers must meet the following requirements:</p> <p>Professionals must have one year experience delivering services to persons with developmental disabilities. OCDD requires verification that every professional meets the one year experience requirement for delivering services to persons with developmental disabilities based on the following criteria:</p>	<p><b>Individual Enrollment</b></p> <p><b>Provider Type 41:</b> Registered Dietician</p> <p><b>Specialty 4R:</b> Registered Dietician</p> <p><b>Provider Type 39:</b> Speech Therapist</p> <p><b>Specialty 71:</b> Speech Therapy</p> <p><b>Provider Type 37:</b> Occupational Therapist</p>

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	<ul style="list-style-type: none"> <li>• Full-time employment gained in advanced and accredited training programs (i.e., masters or residency level training programs) which includes services for persons with developmental disabilities);</li> <li>• Paid, full-time professional experience in specialized service/treatment settings for persons with developmental disabilities (i.e., intermediate care facilities for persons with developmental disabilities);</li> <li>• Paid, full-time professional experience in multi-disciplinary programs for persons with developmental disabilities (i.e., mental health treatment programs for persons with dual diagnosis-mental illness and developmental disabilities);</li> <li>• Paid, full-time professional experience in specialized educational, vocational and therapeutic programs or settings for persons with developmental disabilities (i.e., school special education program);</li> <li>• Two years of part-time experience (minimum of 20 hours per week) may be substituted for one year of full-time experience;</li> <li>• Items that do not qualify for the required experience: <ul style="list-style-type: none"> <li>• Volunteer professional experience; and</li> <li>• Experience gained in caring for a relative or friend with developmental disabilities.</li> </ul> </li> </ul> <p>If a professional chooses to link to an agency, the agency must be licensed by the Louisiana Department of Health and Hospitals as one of the following:</p> <ul style="list-style-type: none"> <li>• Home Health Agency;</li> <li>• Free-Standing Rehab Clinic;</li> <li>• Supervised Independent Living Agency (Shared Living)</li> <li>• Substitute Family Care (Host Home-Adult); or</li> <li>• Class "A" Child Placing Agency (Host Home-Child) by the Department of Children and Family Services</li> </ul>	<p><b>Specialty 74:</b> Occupational Therapy</p> <p><b>Provider Type 35:</b> Physical Therapist</p> <p><b>Specialty 65:</b> Indiv Physical Therapy</p> <p><b>Provider Type 73:</b> Social Worker</p> <p><b>Specialty 73:</b> Social Work</p> <p><b>Provider Type 31:</b> Psychologist</p> <p><b>Specialty 62:</b> Psychologist (Crossovers Only)</p> <p><b>Specialty 95:</b> Psychologist (PBS Program Only)</p> <p><b>Specialty 96:</b> Psychologist (PBS Program and Crossovers)</p> <p><b>For All Professionals:</b> <b>Subspecialty:</b> 4W</p> <p><b>Individual Professionals can link to:</b></p> <p><b>Provider Type 11:</b> Shared Living and/or</p> <p><b>Provider Type 84:</b> Substitute Family Care</p>
Nursing	<p>Registered Nurse and Licensed Practical Nurse: must meet Louisiana licensing requirements</p> <p>Nurses are only able to provide services by linking to an agency. The agency must be licensed by the Louisiana Department of Health and Hospitals as one of the following:</p> <ul style="list-style-type: none"> <li>• Home Health Agency; or</li> <li>• Shared Living (only Subspecialty-Conversion)</li> </ul>	<p><b>Must be linked to:</b></p> <p><b>Provider Type 11:</b> Shared Living Agency (only w/Subspecialty 4H and/or 4J)</p> <p>or</p> <p><b>Provider Type 44:</b> Home Health</p>

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	<p>Nurses must have one year experience delivering services to persons with developmental disabilities. OCDD requires verification that every professional meets the one year experience requirement for delivering services to persons with developmental disabilities based on the following criteria:</p> <ul style="list-style-type: none"> <li>• Full-time experience gained in advanced and accredited training programs (i.e., masters or residency level training programs) which includes treatment services to persons with developmental disabilities);</li> <li>• Paid, full-time experience in specialized service/treatment services for persons with developmental disabilities (i.e., intermediate care facilities for persons with developmental disabilities);</li> <li>• Paid, full-time nursing experience in multi-disciplinary programs for persons with developmental disabilities (i.e., mental health treatment programs for persons with dual diagnosis-mental illness and developmental disabilities); or</li> <li>• Paid, full-time nursing experience in specialized education, vocational and therapeutic programs or settings for persons with developmental disabilities (i.e., school special education program)</li> <li>• <u>Note:</u> Two years of part-time experience (minimum of 20 hours per week) may be substituted for one year of full-time experience.</li> <li>• Activities not included toward the required experience include: <ul style="list-style-type: none"> <li>• Volunteer nursing experience; and</li> <li>• Experience gained by caring for a relative or friend with developmental disabilities.</li> </ul> </li> </ul>	<p>Agency</p> <p><b>Specialty 87:</b> All Other</p> <p><b>Subspecialty:</b> 4W</p>
Dental	Current valid Louisiana license to practice in the field of expertise/specialty	<p><b>Provider 27:</b> Dental-Individual or Group</p> <p><b>Specialty19:</b> Orthodontist</p> <p><b>Specialty 66:</b> Dentist, DDS, DMS</p> <p><b>Specialty 67:</b> Oral Surgeon, Dental</p> <p><b>Specialty 68:</b> Pedodontist</p>



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Supported Employment	Valid Certificate of Compliance as a Community Rehabilitation Provider from Louisiana Rehabilitation Services or Adult Day Center Module	<b>Provider Type 98:</b> Habilitative Supportive Employment  <b>Specialty 98:</b> Supported Employment
Prevocational Services	Adult Day Center Module	<b>Provider Type 13:</b> Prevocational Habilitation  <b>Specialty 36:</b> Prevocational Habilitation
Day Habilitation	Adult Day Center Module	<b>Provider Type 14:</b> Adult Day Habilitation  <b>Specialty 50:</b> Day Habilitation

When required by state law, the person performing the service, such as building contractors, plumbers, electricians, or engineers, must meet applicable requirements for professional licensure and modifications to the home and must meet all applicable building code standards.

A provider is able to enroll and select up to three sub-specialties per one provider number. For example, if a Shared Living Provider wishes to enroll and provide all four subspecialties, two separate provider numbers will need to be obtained.

**Provider Responsibilities for All Providers**

All providers of ROW services are responsible for the following:

- Ensuring an appropriate representative from the agency attends the POC planning meeting and is an active participant in the team meeting,

Note: An appropriate representative is considered to be someone who has knowledge and authority to make decisions about the recipient's service delivery. This person may be a program manager, a direct service professional who works with or will work with the recipient, the executive director or designee.

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- Communicating and working with support coordinators and other support team members to achieve the recipient's personal outcomes,
- Ensuring the recipient's emergency contact information and list of medications are kept current,
- Informing the support coordinator by telephone or e-mail as soon as the agency recognizes that any goals, objectives or time lines in the POC will not meet the recipient's needs, but not later than 10 days prior to the expiration of any time lines in the service plan that cannot be met,
- Ensuring the provider agency support team member(s) sign and date any revisions to the service plan indicating agreement with the changes to the goals, objectives or time lines,
- Providing the support coordination agency or DHH representatives with requested written documentation including, but not limited to:
  - Completed, signed and dated service plan,
  - Service logs, progress notes, and progress summaries,
  - Direct service worker attendance and payroll records
  - Written grievances or complaints filed by recipients/family,
  - Critical or other incident reports involving the recipient, and
  - Entrance and exit interview documentation.
- Explaining to the recipient/family in his/her native language the recipient rights and responsibilities within the agency, and
- Assuring that recipients are free to make a choice of providers without undue influence.

**Provider Responsibilities for All Residential Care Service Providers**

Direct service provider agencies must have written policy and procedure manuals that include but are not limited to the following:

- Training policy that includes orientation and staff training requirements according to the Personal Care Attendant Module Standards, Supervised Independent Living Module Standards, Substitute Family Care Module Standards, Class A Child Placing Licensing Standards (as applicable to specific residential service being provided),

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- Direct care abilities, skills and knowledge requirements that employees must possess to adequately perform care and assistance as required by waiver recipients,
- Employment and personnel job descriptions, hiring practices including a policy against discrimination, employee evaluation, promotion, disciplinary action, termination, and hearing of employee grievances, staffing and staff coverage plan,
- Record maintenance, security, supervision, confidentiality, organization, transfer, and disposal,
- Identification, notification and protection of recipient's rights both verbally and in writing in a language the recipient/family is able to understand,
- Written grievance procedures, and
- Information about abuse and neglect as defined by DHH regulations and state and federal laws.

**Individualized Service Plan**

The direct service provider must develop an individualized service plan to include all waiver services that the agency provides to the recipient based on the recipient's identified POC goals.

The individualized service plan must be person-centered, focus on the recipient's desired outcomes, and include the following elements:

- Specific goals matching the goals outlined in the recipient's approved POC,
- Measurable objectives and timelines to meet the specified goals,
- Strategies to meet the objectives,
- Identification of the direct service provider staff and any other support team members who will be involved in implementing the strategies, and
- The method that will be used to document and measure the implementation of specified goals and objectives.

The individualized service plan must be reviewed and updated as necessary to comply with the specified goals, objectives, and timelines stated in the recipient's approved POC.

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**Back-up Planning**

Direct service providers are responsible for providing all necessary staff to fulfill the health and welfare needs of the recipient when paid supports are scheduled to be provided. This includes times when the scheduled direct service worker is absent or unavailable or unable to work for any reason.

All direct service providers are required to develop a functional individualized back-up plan for each recipient that includes detailed strategies and person-specific information that addresses the specialized care and supports needed by the recipient. Direct service providers are required to have policies in place which outline the protocols the agency has established to assure that back-up direct service workers are readily available, lines of communication and chain of command procedures have been established, and procedures for dissemination of the back-up plan information to recipients, their authorized representatives and support coordinators. Protocols must also describe how and when the direct support staff will be trained in the care needed by the recipient. This training must occur prior to any direct support staff being solely responsible for a recipient.

Back-up plans must be updated at least annually to assure that the information is kept current and applicable to the recipient's needs. The back-up plan must be submitted to the recipient's support coordinator in a timely manner to be included as a component of the recipient's initial and annual POC.

Direct service providers may not use the recipient's informal support system as a means of meeting the agency's individualized back-up plan and/or emergency evacuation response plan requirements. The recipient's family members and others identified in the recipient's circle of support may elect to provide backup, but this does not exempt the provider from the requirement of providing the necessary staff for backup purposes.

**Emergency Evacuation Planning**

Emergency evacuation plans must be developed in addition to the recipient's individualized back-up plan. Providers must have an emergency evacuation plan that specifies in detail how the direct service provider will respond to potential emergency situations such as fires, hurricanes, tropical storms, hazardous material release, flash flooding, ice storms, and terrorist attacks.

The emergency evacuation plan must be person-specific and include at a minimum the following components:

- Individualized risk assessment of potential health emergencies,

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- A detailed plan to address the recipient's individualized evacuation needs, including a review of the recipient's individualized back-up plan, during geographical and natural disaster emergencies and all other potential emergency conditions,
- Policies and procedures outlining the agency's implementation of emergency evacuation plans and the coordination of these plans with the local Office of Emergency Preparedness and Homeland Security,
- Establishment of effective lines of communication and chain of command procedures,
- Establishment of procedures for the dissemination of the emergency evacuation plan to recipients and support coordinators, and
- Protocols outlining how and when direct service workers and recipients will be trained in the implementation of the emergency evacuation plan and post-emergency procedures.

Training for direct service workers must occur prior to the worker being solely responsible for the support of the recipient.

The recipient must be provided with regular, planned opportunities to practice the emergency evacuation response plan.

OCDD, support coordination agencies, and direct service provider agencies are responsible for following the established emergency protocol before, during, and after hurricanes as outlined in the "Emergency Protocol for Tracking Location Before, During, and After Hurricanes" document (Refer to Appendix D for website information).

### **Host Home Provider Responsibilities**

The Host Home provider is responsible for screening, training, overseeing and providing technical assistance to Host Home families in accordance with OCDD requirements including the coordination of medical, behavioral, and other professional services geared to persons with developmental disabilities. Host Home Providers must provide on-going assistance to Host Home Families so that all HCBS waiver health and safety assurances, monitoring and critical incident reporting requirements are met. The Host Home provider and the Host Home family are required to participate in the POC process and follow the POC as indicated.

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Host Home Providers are responsible for:

- Assisting in the selection of Host Home Families (determining suitable matches between Host Home Families and Host Home recipients).
- Inspecting the home setting, completing reference checks on each person in the home (criminal record and background checks), conducting a home study, verifying Host Home Family has a stable income sufficient to meet routine expenses independent of ROW service payments, and making a certification determination of prospective Host Home Families.
- Developing contracts with Host Home Families.
- Participating in the development of the recipient's POC.
- Providing and/or arranging routine and specialized training specific to the needs of the recipient.
- Providing ongoing follow-up and oversight of Host Home Families to ensure the POC is being followed (including the documentation and maintenance of data and records), that the services being provided meet quality standards, that there is continuity of services, and that the home environment continues to be a safe and suitable environment.
- Providing emergency services as needed.
- Providing 24-hour oversight and supervision of Host Home services including approved alternative supports, and supervision as identified in the approved POC.
- Providing Host Home Family relief supports (scheduled and unscheduled relief) during absences of the Host Home Family with the following guidelines:
  - Limited to 360 hours (15 days) per POC year as indicated in the POC;
  - Relief staff for scheduled and unscheduled absences are included in the Host Home Provider's rate;
  - Relief staff for scheduled and unscheduled absences may be provided either in the Host Home Family setting or at a location of the recipient's choosing, but must be indicated in the POC;
  - The recipient (or if the recipient is a minor, the recipient's legal representative) may agree to have the recipient reside with another Host Home Family; and
  - Regardless of where the Host Home services are provided, the Host Home Provider is responsible for oversight, supervision and back-up of the Host Home service.
- Assuring that only persons approved in accordance with licensing regulations are allowed to provide services to or reside in the same residence as the recipient.

Host Home Families are responsible for:

- Participating with the Host Home Provider during the selection of Host Home families (determination of families as a suitable match for Host Home recipients);

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- Being available during inspections of the home setting, participating in a home study, and complying with all activities conducted by the Host Home Provider in the determination process;
- Participating in the Host Home Provider's contract development for the Host Home family;
- Participating in routine and specialized training specific to the needs of the recipient;
- Participating in the development of the recipient's POC;
- Following the recipient's POC and providing any specialized supports as specified in the POC;
- Providing assistance to ensure the recipient has access to community services/activities and in the development of community recreational and social interests;
- Providing assistance to the recipient in keeping medical appointments, therapy appointments, and other appointments necessary for the health and well-being of the recipient;
- Providing or arranging appropriate transportation to school, work, medical appointments, therapy appointments, and other appointments/activities necessary for the health and well-being of the recipient;
- If indicated in the POC, the Host Home Family will support the recipient in maintaining contact with his/her biological family and/or natural supports;
- Providing unpaid supports when the recipient is either working or interested in working;
- Maintaining adequate records to substantiate service delivery and producing such records upon request;
- Maintaining data to assist in the evaluation of the recipient's personal goals as identified in the POC and producing such records upon request; and
- Immediately reporting to the Host Home Provider any major issues or concerns related to the recipient's safety and well-being.

**Host Home Services (Provided to Children)**

Host Home Families who provide serves to children are required to provide daily supports and supervision on a 24-hour basis:

- To meet the on-going support needs of the recipient; and
- To handle emergencies as any family would do for their minor child as required based on age, capabilities, health conditions and special needs.

Providers serving children or adults in the Host Home setting must meet the following requirements:

- Have experience in delivering therapeutic services to persons with developmental disabilities;

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- Have staff who have experience working with persons with developmental disabilities;
- Screen, train, oversee and provide technical assistance to Host Home Families in accordance with OCDD requirements including the coordination of medical, behavioral and other professional services geared to persons with developmental disabilities; and
- Must provide on-going assistance to Host Home Families so that all HCBS waiver health and safety assurances, monitoring and critical incident reporting requirements are met.

**Host Home Services (Provided to Adults)**

Host Home Families who serve adults who have been interdicted must ensure that services are furnished in accordance with the legal requirements of the interdiction and must assist in providing information to supervisory authorities.

**Host Home Families Employed Outside the Home**

Host Home Families who are employed outside the home must adjust their employment/business duties/responsibilities to allow for the flexibility needed to meet their responsibilities to the recipient.

**Companion Care Provider Responsibilities**

Responsibilities of the Provider include:

- Assisting in the selection of companions who would be a suitable match for each recipient;
- Participating in the development of the recipient's POC;
- Facilitating in the development of the Recipient/Companion Agreement;
- Ensuring that the POC is being followed;
- Conducting an initial inspection as well as periodic inspections of the recipient's home;
- Providing all required training to companions, including any training specific to the special needs of the recipient;
- Contacting the companion a minimum of once per week or more if specified in the POC;
- Providing 24 hour oversight, back-up, and supervision of the companion care service;
- Providing emergency services; and
- Providing Companion Care relief supports (scheduled and unscheduled relief) during absences of the companion with the following guidelines:
  - Limited to 360 hours (15 days) per POC year as indicated in the POC;



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- Relief staff or scheduled and unscheduled absences are included in the Companion Care rate; and
- The Companion Care Provider is responsible for oversight, supervision, and back-up of the Companion Care service.

**Responsibilities of the Companion**

Responsibilities of the Companion include:

- Participating in the recipient's POC;
- Participating in the development of the Recipient/Companion Agreement;
- Following the POC and Recipient/Companion Agreement which includes:
  - Implementing the identified supports as indicated;
  - Assisting with activities of daily living as indicated;
  - Assisting the recipient in accessing community activities as indicated;
  - Being available as indicated and outlined in the pre-arranged time schedule as outlined;
  - Being available on short notice by telephone during crises situations as outlined; and
  - Coordinating transportation as needed; and
- Maintaining records in accordance with OCDD and provider requirements.

**Shared Living Provider Responsibilities**

In addition to the aforementioned responsibilities, Shared Living providers must also have OCDD approval which includes the following:

- Conversion Option:
  - Current ICF/DD provider in good standing and licensed to operate by DHH-Health Standards Section;
  - Apply for and meet ROW provider qualifications for the Shared Living Conversion; and
  - OCDD Regional Office or Human Services Authority or District will document that the Shared Living option was explained to, understood by and agreed upon by all individuals who will be affected when the ICF/DD is closed and the license is surrendered.
- New Option:
  - If any ICF/DD license is held or was previously held, the licensee must be or have been a provider in good standing; and
  - Apply for and meet ROW provider qualifications for the Shared Living.

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**Day Habilitation Provider Responsibilities**

The service provider must adhere to the following requirements in order to provide transportation to recipients:

- The provider's vehicles used in transporting recipients must
  - Be in good repair,
  - Have a current Louisiana inspection sticker,
  - Have a first aid kit on board, and
  - Carry \$1,000,000 liability insurance.
- Drivers must have a current Louisiana driver's license applicable to the vehicle being used, and
- The provider must document this service in the recipient's record and the trip must be documented in the provider's transportation log.

**Supported Employment Provider Responsibilities**

Supported Employment providers must maintain documentation in the file of each individual recipient that the services are not available to the recipient in programs funded under Section 110 of the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1401 (16) and (71).

The service provider must adhere to the following requirements in order to provide transportation to recipients:

- The provider's vehicles used in transporting recipients must:
  - Be in good repair,
  - Have a current Louisiana inspection sticker, and
  - Have a first aid kit on board.
- Drivers must have a current Louisiana driver's license applicable to the vehicle being used.
- The provider must document this service in the recipient's record and the trip must be documented in the provider's transportation log.

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**Prevocational Provider Responsibilities**

The provider must maintain documentation in the file of each individual recipient receiving Prevocational services that the services are not available to eligible recipients in programs funded under Section 110 of the Rehabilitation Act of 1973 or Section 602 (16) and (17) of the Individuals with Disabilities Education Act (IDEA) 20 U.S.C. 1401 (16) and (71).

The service provider must adhere to the following requirements in order to provide transportation to recipients:

- The provider's vehicles used in transporting recipients must:
  - Be in good repair,
  - Have a current Louisiana inspection sticker, and
  - Have a first aid kit on board.
- Drivers must have a current Louisiana driver's license applicable to the vehicle being used.
- The provider must document this service in the recipient's record and the trip must be documented in the provider's transportation log.

**Professional Services Provider Responsibilities (Psychological)**

Providers of psychological services must:

- Perform an initial evaluation to assess the recipient's need for services,
- Develop an Individualized Service Plan for the provision of psychological services, which must document the supports that will be provided to the recipient to meet his/her goals based on the recipient's approved POC,
- Implement the recipient's therapy service plan in accordance with appropriate licensing and certification standards,
- Complete progress notes for each session, within ten days of the session, and provide notes to the recipient's support coordinator every three months or as specified in the POC,
- Maintain both current and past records and make them available upon request to OCDD, service providers, support coordinators, the Centers for Medicare and Medicaid Services (CMS), and/or Legislative Auditors, and

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- Bill only for services rendered, based on the recipient's approved POC and Prior Authorization.

**Nursing Services Provider Responsibilities**

Provider agencies of Nursing Services must:

- Ensure that all nurses employed to provide Nursing services are either registered nurses or licensed practical nurses who have a current Louisiana Board of Nursing license with a minimum of one year of supervised nursing experience in providing Skilled Nursing services in a community setting to recipients.
- Provide an orientation on waiver services to licensed nurses and assure that licensed nurses adhere to the OCDD Critical Incident Reporting policy. (See Appendix D for information regarding this policy)
- Collect and submit the following documents to the recipient's support coordination agency:
  - Primary care physician's order for Nursing services. The physician's order must be signed, dated, and contain the number of hours per day and duration of Nursing services required to meet the recipient's needs. This order must be updated at least every 60 days. A copy of the physician's order must be sent to the support coordination agency prior to expiration of the previous approval to ensure continuation of services. The physician's order must be submitted to the OCDD Regional Waiver Office or Human Services Authority or District with the recipient's annual POC. Prior Authorization will not be released if the physician's order is not submitted as required.
  - Primary care physician's letter of necessity for Nursing services. The physician's letter of necessity must be on the physician's letterhead, identify all nursing duties to be performed by the nurse, and state the recipient's current medical condition and need for Nursing services.
  - Current Form 90-L signed by the recipient's primary care physician.
  - Summary of the recipient's medical history, which indicates the recipient's service needs, based on a documented record review and specifies any recent (within one year) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) extended home health approvals.
  - CMS Form 485 completed by the Home Health agency to identify the Skilled Nursing service needs.

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- Develop and implement an Individual Nursing Service Plan in conjunction with the recipient's physician, support team, and the support coordinator to identify and fulfill the recipient's specific needs in a cost-effective manner.
- Render services to the recipient as ordered by the recipient's primary care physician and as reflected in the recipient's POC within the requirements of the Louisiana Nurse Practice Act. For the purpose of this policy, nursing assessments, nursing care planning, and revisions of care planning must be consistent with the Outcome and Assessment Information Set (OASIS) requirements used by Home Health Agencies who provide Skilled Nursing services.
- Complete progress notes for each treatment, assessment, intervention, and critical incident.
- Provide the support coordination agency with physician-ordered changes every 60 days regarding the recipient's health status and health needs.
- Inform the support coordinator immediately of the providers' inability to provide staff according to the recipient's nursing service plan.
- Report any recipient's non-compliance with or refusal of the established Individual Nursing Service Plan, and provide these notes to the designated support coordinator every three months, or as specified in the POC.
- Maintain both current and past records and make them available upon request to the OCDD, service providers, support coordinators, the Centers for Medicare and Medicaid Services (CMS), and/or legislative auditors.
- Bill for prior authorized services rendered based on the recipient's approved POC.
- Ensure the Home Health nurse and the recipient's support coordinator communicate at least monthly to determine if any further planning is required.
- Report any changes in the recipient's nursing service needs to the support coordinator. If necessary, the support coordinator will call an Interdisciplinary Team meeting to review the POC and to discuss any needed revisions. Changes which increase Nursing services in accordance with regulations, must revise the Individual Nursing Services Plan every 60 days.

**NOTE:** It is not necessary to revise the POC every 60 days unless there is a change in the recipient's medical condition requiring the need for additional Skilled Nursing services or the recipient requests a change.

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- Changes in the Individual Nursing Service Plan must be approved by the primary care physician and reflect the physician's orders for the Skilled Nursing service.
- Ensure the Individual Nursing Service Plan is current and available in the recipient's home at all times.
- Follow all ROW requirements, Minimum Standards for Home Health Agencies, and State and Federal rules and regulations for licensed Home Health Agencies and nursing care.
- Comply with OCDD standards for payment, Medical Assistance Program Integrity Law (MAPIL), Health Insurance Portability and Accountability Act (HIPAA), Americans with Disabilities Act (ADA), and licensing requirements.