
CHAPTER 43: SUPPORTS WAIVER

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OVERVIEW

The Supports Waiver (SW) is a 1915(c) waiver designed to enhance the home and community-based supports and services available to beneficiaries with developmental disabilities who require the level of care of an intermediate care facility for individuals with intellectual disabilities (ICF/IID). The SW is funded by the Centers for Medicare and Medicaid Services (CMS), a federal agency, and matching state dollars. The waiver is operated by the Office for Citizens with Developmental Disabilities (OCDD) under the authorization of the Bureau of Health Services Financing (BHSF), both of which are under the Louisiana Department of Health (LDH).

The mission of this waiver is to create options and provide meaningful opportunities for those individuals, 18 years of age and older who have a developmental disability, through vocational and community inclusion. The waiver is available to provide:

1. The supports necessary in order for individuals to achieve their desired community living and work experience;
2. The services needed to acquire, retain, and/or improve self-help, socialization and adaptive skills; and
3. The beneficiary an opportunity to contribute to their community.

Objectives:

1. Promote independence for beneficiaries through the provision of services, which meet the highest standard of quality and are based on national best practices, while ensuring their health and welfare through a comprehensive system of safeguards;
2. Offer an alternative to institutionalization and costly comprehensive services through the provision of an array of services and supports that promote community inclusion and independence by enhancing (not replacing) existing informal networks;
3. Support beneficiaries and their families to exercise their rights and share responsibility for their programs, regardless of the service delivery method;
4. Offer access to services on a short-term basis that would protect the health and welfare of beneficiaries if their families or caregivers are unable to continue to provide care and supervision; and

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5. Increase high school to community transition resources by offering supports and services to those 18 years and older.

Services provided through the waiver include the following:

1. Individual supported employment;
2. Group supported employment;
3. Onsite day habilitation;
4. Community life engagement;
5. Onsite prevocational;
6. Community career planning;
7. Habilitation;
8. Respite;
9. Housing stabilization transition;
10. Housing stabilization;
11. Personal emergency response system;
12. Support coordination; and
13. Adult dental services.

All services must comply with the CMS Home and Community-Based Services (HCBS) Settings Final Rule 42 CFR441.530. Any residential or non-residential setting where individuals live and/or receive HCBS must demonstrate the following:

1. Integrate in and support full access of individuals to the greater community:
 - a. Provide opportunities to seek employment, work in competitive integrated settings, engage in community life, control personal resources; and

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- b. Ensure that individuals receive services in the community, to the same degree of access as individuals not receiving home and community-based services (HCBS).
2. Selection by the individual from among setting options including non-disability specific settings and options for a private unit in a residential setting:
 - a. Person-centered service plan documents options based on the individual's needs, preferences, and for residential settings, resources available for room and board.
3. Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint;
4. Optimize individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact; and
5. Facilitate individual choice regarding services and supports and who provides them.

Beneficiaries have a choice of available support coordination (SC) agencies and provider agencies and are able to select enrolled qualified agencies through the Freedom of Choice (FOC) process.

The plan of care (POC) is developed using a person-centered planning process and identifies all of a beneficiary's needs, both non-funded and funded.

All natural supports, available community resources, and applicable Medicaid State Plan services must be exhausted prior to utilization of waiver funding. Also, if the beneficiary meets the criteria for the programs, the beneficiary must apply for, and exhaust any similar services available through Louisiana Rehabilitation Services (LRS) or the Individuals with Disabilities Education Act (IDEA).

Providers are required to follow the regulations and requirements as specified in this chapter, the Supports Waiver Rule (LAC 50:XXI.Chapter 1), the Standards for Participation Rule for home and community-based waiver providers (LAC 50:XXI.Chapters 53-61) and all applicable licensure and/or certification requirements.