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**CHAPTER 43: SUPPORTS WAIVER**

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**RECIPIENT REQUIREMENTS**

To qualify for the Supports Waiver (SW), a person must be 18 years of age or older, be offered a waiver opportunity slot and meet all of the following eligibility criteria:

- Be a citizen of the United States or qualified alien, and be able to provide original or certified copies of documents as evidence;
- Be a resident of Louisiana;
- Meet the Developmental Disability Law criteria as defined in Appendix A,
- Have his/her name on the Developmental Disabilities Request for Services Registry (DDRFSR) for the SW;
- Meet financial eligibility for the Medicaid Program as defined in the home and community-based waiver group, which includes individuals whose income level equals 300 percent of the Supplemental Security Income (SSI) Federal Benefit Rate (FBR);
- Meet the medical requirements;
- Meet the requirements for an Intermediate Care Facility for the Persons with Intellectual Disabilities (ICF/ID) level of care, which requires active treatment of developmental disabilities under the supervision of a qualified developmental disability professional; and
- Meet the health and welfare requirements.

To remain eligible for waiver services, a recipient must receive one or more waiver services every 30 days.

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**Request for Services Registry**

Enrollment in the waiver is dependent upon the number of approved and available funded waiver slots.

Individuals who request waiver services are placed on a statewide Developmental Disabilities Request for Services Registry (DDRFSR) and are selected for a waiver opportunity in the date order in which they applied. Requests for waiver services must be made from the applicant or his/her authorized representative by contacting the applicant's local Human Services Authority or District, hereafter referred to as the local governing entity (LGE).

**Note:** Exceptions include people who qualify for the SW program through emergency placements or other designated placements.

Once it has been determined by the LGE that the applicant meets the definition of a person with intellectual disability as defined by the Louisiana Developmental Disability Law (see Appendix A), the applicant's name will be placed on the DDRFSR in request date order and the applicant/authorized representative will be sent a letter stating the individual's name has been secured on the DDRFSR along with the original request date. Entry into the SW will be offered to applicants from the DDRFSR by date/time order of the earliest request for services.

**Inactive Status**

An applicant may choose to be placed in an inactive status on the DDRFSR by notifying the LGE. When the applicant determines that he/she is ready to begin the SW evaluation process, he/she must request in writing to the LGE that his/her name be removed from inactive status. The applicant's original request date will be reinstated and he/she will be notified when the next SW opportunity becomes available.

**Verifying Request Date**

Applicants or their authorized representatives may verify their request date by calling their LGE.

**Level of Care**

The SW program is an alternative to institutional care. All waiver applicants must meet the definition of a person with developmental intellectual disability (ID) as defined in Appendix A. The LGE will issue either a Statement of Approval (SOA) or a Statement of Denial (SOD).

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The BHSF “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/ID. The 90-L Form must be completed, signed, and dated by the individual’s Louisiana licensed primary care physician. The 90-L Form must be submitted with the individual’s initial or annual Plan of Care (POC) to the LGE. The LGE is responsible for determining that the required level of care is met for each recipient.

The applicants/authorized representatives are ultimately responsible for obtaining the completed 90-L Form from the applicant’s primary care physician. This form must be obtained prior to linkage to a support coordination agency for an initial POC and no more than 90 days before the annual POC start date.

**Recipient Discharge Criteria**

Recipients will be discharged from the SW if one of the following criteria is met:

- Loss of Medicaid eligibility as determined by the parish Medicaid Office.
- Loss of eligibility for an ICF/ID level of care as determined by the LGE.
- Incarceration or placement under the jurisdiction of penal authorities, courts or state juvenile authorities.
- Change of residence to another state with the intent of becoming a resident of that state.
- Admission to an ICF/ID facility or nursing facility with the intent to not 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 the recipient is still in the ICF/ID facility. Payment for SW services will not be authorized while the recipient is in an ICF/ID facility or nursing facility.
- Determination by the LGE that the recipient’s health and welfare cannot be assured in the community through the provision of reasonable amounts of waiver services, i.e. the recipient presents a danger to himself or others.

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- Failure to cooperate in any eligibility determination process, the initial or annual implementation of the approved POC, or the responsibilities of the SW recipient.
- Continuity of stay is interrupted as a result of the recipient not receiving SW services during a period of 30 or more consecutive days. Continuity of stay will not apply to interruptions in waiver services because of hospitalization or institutionalization (such as admission to an ICF/ID or nursing facility) as long as there is documented expectation from the treating licensed physician that the recipient will return to waiver services no later than 90 days from admission to the hospital or institution.
- In the case of an event or effect that cannot be reasonably anticipated or controlled (Force Majeure), support coordination agencies, service providers, and recipients, whenever possible, will be informed in writing, and/or by phone, and/or via the Medicaid website of interim guidelines and timelines for retention of waiver opportunities and/or temporary suspension of continuity of stay.

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