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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 (RFSR) 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% of the Supplemental Security Income (SSI) Federal Benefit Rate (FBR);
- Meet the medical requirements;
- Meet the requirements for an Intermediate Care Facility for the Developmentally Disabled (ICF/DD) 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.

**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 (RFSR) and are selected for a waiver opportunity in the date order in which they applied. Exceptions include people who qualify for the SW program through emergency placements or other designated placements. Requests for waiver services must be made from the applicant or his/her authorized representative by contacting the applicant's local Office for Citizens with Developmental Disabilities (OCDD) regional office or Human Services Authority or District.

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/authorized representative 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 SW will be offered to applicants from the RFSR by date/time order of the earliest request for services.

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**Inactive Status**

An applicant may choose to be placed in an inactive status on the RFSR by notifying the OCDD regional office or Human Services Authority or District. When the applicant determines that he/she is ready to begin the SW evaluation process, he/she must request in writing to the OCDD regional office or Human Services Authority or District 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 local OCDD regional office or Human Services Authority or District.

**Level of Care**

The SW program 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 office or Human Services Authority or District will issue either a Statement of Approval (SOA) or a Statement of Denial (SOD).

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/DD. 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 POC to the OCDD regional waiver office. The OCDD regional waiver office 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.