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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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**COVERED SERVICES**

Supports Waiver (SW) services are designed to enhance the beneficiary's independence through involvement with employment and other community activities. All services must be based on need documented in the approved plan of care (POC), and provided within the state of Louisiana. The services that are available include:

1. Supported employment;
  - a. Individual supported employment:
    - i. Virtual delivery of supported employment.
  - b. Group employment.
2. Day habilitation;
  - a. Community life engagement (1:2-4, 1:1); and
  - b. Onsite day habilitation (1:5-8).
    - i. Virtual delivery of onsite day habilitation.
3. Prevocational;
  - a. Community life engagement (1:2-4, 1:1); and
  - b. Onsite prevocational (1:5-8).
    - i. Virtual delivery of onsite prevocational.
4. Respite;
  - a. Center-based; and
  - b. In-home.
5. Habilitation;
6. Housing stabilization transition;

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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7. Housing transition;
8. Support coordination;
9. Personal Emergency Response System (PERS); and
10. Extended dental services.

The use of the electronic visit verification (EVV) system is mandatory for all supported employment services. The EVV system requires the electronic check in/out in the Louisiana Services Reporting System (LaSRS).

### **Supported Employment**

Supported employment (SE) services are designed to support a beneficiary in community-based employment who, because of their disability, require ongoing support and extended follow-along to obtain and maintain a job in an integrated competitive work setting, including:

1. Customized employment or self- employment;
2. Compensation at or above the minimum wage, but not less than the customary wage; and
3. Level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

SE services significantly expand available options for a beneficiary who requires services to achieve and maintain integrated, competitive employment in the community. These services include ongoing support and follow-along services, either through paid services, unpaid natural supports such as co-workers, family, friends, and/or other comparable services as appropriate.

Beneficiaries who have the most significant disabilities may require long-term employment supports to successfully maintain a job due to the ongoing nature of the beneficiary's support needs, changes in life situations or evolving and changing job responsibilities, and where natural supports would not meet this need.

Competitive employment is work performed, on a full time or part time basis, in an integrated setting which an individual is compensated at or above minimum wage, but not less than the customary wage and level of benefits paid by an employer for the same or similar work performed by individuals without disabilities.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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An integrated work setting is a job site in the community where most employees do not have a disability and individuals with significant disabilities interact on a regular basis with individuals without disabilities in performing their job duties.

Ongoing supports and follow-along are services that are needed to support or maintain a beneficiary with a disability in employment, based upon the needs of the beneficiary and continue indefinitely.

SE services may be utilized to:

1. Support a beneficiary in an employment opportunity in the community;
2. Support a beneficiary in establishing and/or maintaining self-employment, including home based self-employment; and
3. Support a group of no more than eight beneficiaries in an employment opportunity in the community.

Supported employment services do not support the following:

1. A beneficiary in a volunteer job. This should be completed under prevocational services or day habilitation services; and
2. Facility-based employment furnished in specialized facilities that are not a part of the general work place and do NOT include people who do not have a disability.

These services are divided into two categories:

1. Individual employment, including self-employment or microenterprise:
  - a. Job assessment, discovery and development; and
  - b. Initial job support and job retention.
2. Group employment:
  - a. Job assessment, discovery and development; and
  - b. Initial job support and job retention.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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The job assessment, discovery and development process includes:

1. Identifying specific career interests of a beneficiary;
2. Identifying appropriate community employment options that match information gained from a beneficiary's assessment, profile and/or plan;
3. Ensuring the identified position will meet the occupational, physical, and financial requirements of the beneficiary; and
4. Assisting the beneficiary and employer in achieving a successful job match, placement, and sustaining employment.

The outcome of job assessment, discovery and development is sustained paid employment in an integrated setting in the general workforce in the community in a job that meets personal and career goals.

**Job Assessment**

Job assessment is the evaluation of a beneficiary's skills and interests, and consists of a combination of assessment activities including:

1. Vocational assessments to determine a beneficiary's career interests;
2. Job analysis for each job the beneficiary is interested in obtaining;
3. Community-based situational assessments;
4. Facility-based situational assessments;
5. Placement plan;
6. Assisting with personal care in activities of daily living; and
7. Ongoing career planning.

Examples of career planning activities include, but are not limited to, the following:

1. Ongoing career counseling;

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES**

---

**PAGE(S) 49**

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Ongoing discussions should be conducted with the beneficiary to help answer their questions and/or to assist them in any aspect of defining a career goal.

2. Benefits planning:

Benefit planning should be completed by a certified work incentive coordinator to assist the beneficiary in answering questions regarding Social Security benefits and working.

3. Financial literacy:

Financial literacy is intended to assist the beneficiary in gaining skills and knowledge in the area of their personal finances which will help them in making more cost-conscious decisions.

4. Assistive technology (AT) assessments:

These assessments are conducted as needed to enhance a beneficiary's employability.

5. Other activities that may assist the beneficiary in increasing their knowledge in areas that enhance their decision-making to obtain an employment goal and career path.

Job assessment will not be authorized for services that include teaching concepts such as compliance, attendance, task completion, problem-solving, and safety that are associated with performing compensated work, as well as, activities aimed at a generalized outcome.

**Note:** These activities should be completed under prevocational services.

### **Documentation Requirements**

To receive post-authorization for job assessment, one or more of the following documents must be submitted to the beneficiary's support coordinator for approval:

1. Completed vocational assessment;
2. Completed job analysis;
3. Notes from community-based/situational assessments;

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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4. Placement plan;
5. Career planning activities documentation;
6. Assistive technology (AT) assessments;
7. Benefits planning documentation;
8. Documentation of job internship;
9. Documentation of job shadowing experience; and
10. Additional documentation that substantiates other assessment activity.

Approval of job assessment documents will be based on the following information:

1. Objectives and time lines outlined in the individualized service plan (ISP) were met timely; and
2. The written assessment that includes, at a minimum, the following information and the identification of:
  - a. Specific career interest(s);
  - b. Assets and abilities regarding employment;
  - c. Potential targeted job tasks;
  - d. Job conditions;
  - e. Anticipated support needs;
  - f. Potential employers;
  - g. Maximum hours per week and times of day the beneficiary will consider working;
  - h. Minimum rate of pay the beneficiary will accept;

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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- i. Benefits that might impact the beneficiary's earnings, in particular Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) benefits;
- j. Areas of town, city or parish(s) the beneficiary will consider working;
- k. Transportation options and selection;
- l. Identification of current work strengths/skills of the beneficiary to achieve their job choice;
- m. Identification of current barriers to the beneficiary job choice; and
- n. Identification of the anticipated support needs for the beneficiary.

**Job Discovery and Development**

Job discovery and development consists of one or more of the following activities:

- 1. Marketing agency services to employers that match the beneficiary's interest in order to establish business relationships that could result in job opportunities for the beneficiary;
- 2. Assisting the beneficiary to make use of all available job services through one-stop career centers;
- 3. Contacting specific employers whose business matches the beneficiary's career interests, or who are advertising for open positions through newspaper advertisements, websites, or word of mouth;
- 4. Assisting the beneficiary in creating a resume;
- 5. Assisting the beneficiary in preparing for a job interview;
- 6. Transporting the beneficiary to a job interview;
- 7. Accompanying the beneficiary to a job interview, if requested;
- 8. Referring the beneficiary to work incentives, planning, and assistance representatives when necessary, or as requested;

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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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9. Reconfiguring an existing position to fit the employer and beneficiary's needs, also known as job restructuring;
10. Consulting and/or negotiating as needed and/or requested with employer on rate of pay, benefits, and employment contracts;
11. Restructuring a work site to maximize a beneficiary's ability to perform the job, also known as job accommodations;
12. Training to enable a beneficiary to independently travel from their home to place of employment;
13. Providing employee education and training, as requested by employer on disability issues;
14. Providing employers with information on benefits available when hiring a person with a developmental disability, such as on the job training (OJT) or Work Opportunities Tax Credit (WOTC);
15. Assisting with personal care activities of daily living; and
16. Planning ongoing career activities.

The following activities, in addition to the activities listed above, may be included for self-employment/microenterprise:

1. Coordinating access to grants and other resources needed to begin and/or sustain the enterprise;
2. Identifying equipment and supplies needed;
3. Facilitating consultation with groups able to offer guidance, such as Louisiana Economic Development (LED) and the Small Business Administration (SBA);
4. Assisting with creation of a business plan;
5. Facilitating interactions with required legal entities such as necessary business licensing agencies, fire marshals and building inspectors; and
6. Assisting with hiring, training, and retaining appropriate employees.



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CHAPTER 43: SUPPORTS WAIVER

---

## SECTION 43.4: COVERED SERVICES

PAGE(S) 49

---

**NOTE:** Funds for self-employment may not be used to defray any expenses associated with setting up or operating a business.

**Documentation Requirements**

The following documentation reflecting the beneficiary's choice of occupation as documented on the ISP, must be submitted to the beneficiary's support coordinator for approval. **These elements can be listed or contained in a narrative report:**

1. All objectives and timelines related to job discovery and development outlined in the ISP were met timely. If changes were made, the revised ISP and new signature page with dates must be attached;
2. Dates, times, names and addresses of companies contacted and method of contact (e.g. in-person, by phone, letter, e-mail or through employer's website);
3. Job restructuring activities, including meetings specific to an identified position in a community business including date, time, and names and job titles of community business staff in attendance. If meeting(s) occurred, meeting minutes must be submitted;
4. Community business education and/or trainings specific to an identified job in a community business, including date, time, names and job titles of community business staff in attendance, and content of education and/or training session(s);
5. Job accommodation, travel training, and any other employment related activities specific to an identified job in a community business;
6. Amount of time spent in discovery and development per day;
7. Confidentiality release forms in the beneficiary's native language, if applicable, that they approved contacts, meetings, education or training to occur in their absence; and
8. Other documentation related to job discovery and development activities.

The beneficiary may **or** may not be present during the job discovery and development activities. If the beneficiary is not present, a signed and dated confidentiality release form must be completed.

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CHAPTER 43: SUPPORTS WAIVER

---

## SECTION 43.4: COVERED SERVICES

PAGE(S) 49

---

**Staffing Ratios for Job Assessment, Discovery and Development****Job Assessment**

The beneficiary **must be** present in order to receive individual, self-employment/microenterprise or group employment job assessment services. Individual or self-employment/microenterprise job assessments must be conducted on a one staff to one beneficiary ratio. For group employment, rates for job assessment are paid per beneficiary, **not** per group.

**Job Discovery and Development**

Individual and group employment job discovery and development may be billed on a one staff to multiple beneficiary ratio. The staff ratio needed to support the beneficiary must be documented on the plan of care (POC).

When individual job discovery and development is billed on one staff to multiple beneficiary ratios, post authorization documentation must show individual outcomes. For example, if an employer bills for two beneficiaries on the same day for the same time period, post authorization documentation must show that job development efforts were made for each individual according to their identified specific career interests.

**Scenario:** If more than one beneficiary's identified career interest is childcare, then billing could reflect a visit to one childcare facility on behalf of both beneficiaries. However, if a beneficiary's identified career interest is childcare and the other beneficiary wishes to work in a medical setting, documentation must show visits to the specific type of business for each beneficiary.

**Service Limits for Individual Job Assessment, Discovery and Development**

Activities will be authorized for a maximum of **2880** standard units in a service year for individual job assessment, discovery and development.

A standard unit of service is 15 minutes ( $\frac{1}{4}$  hour) in job assessment, discovery, and development.

Utilization of job assessment units will be counted towards the total available units for job assessment, discovery and development for a service year. Therefore, if 2880 standard units are utilized in a service year, job discovery and development could not begin until the next service year. If all available units in job assessment, discovery and development are used only for job assessment for a beneficiary in one service year, only job discovery and development activities and not job assessment will be authorized for the next service year.

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CHAPTER 43: SUPPORTS WAIVER

---

## SECTION 43.4: COVERED SERVICES

PAGE(S) 49

---

**Authorization of Services**

To receive prior-authorization for job assessment, discovery and development services, the portion of the ISP covering these services must be submitted to the beneficiary's support coordinator with measurable goals, objectives and time lines that address these services. The ISP must be signed and dated by the beneficiary, their responsible representatives and the support team members indicating agreement with the goals, objectives and timelines. **The Job Assessment, Job Discovery, Job Development form must be completed** (see Appendix D).

Specific documentation that shows evidence that the goals, objectives and timelines on the ISP related to those activities have been met must be submitted to the beneficiary's support coordinator for post-authorization. If an objective or timeline cannot be met timely, the provider must facilitate changes prior to the end date of the objectives and timelines on the ISP and obtain team members' dated signatures indicating agreement with the changes. Partial completion of job assessment, discovery and/or development of ISP objectives and timelines will **not** qualify for post authorization and payment.

**Service Limits for Group Job Assessment, Discovery and Development**

Activities will be authorized for a maximum of **480** standard units in a service year for group job assessment, discovery and development.

A standard unit of service is 15 minutes (¼ hour) in job assessment, discovery, and development. Utilization of job assessment units will be counted towards the total available units for job assessment, discovery and development for a service year. Therefore, if 480 standard units are utilized in a service year, job discovery and development could not begin until the next service year.

**Authorization of Services**

To receive prior-authorization for job assessment, discovery and development services, the portion of the ISP covering these services must be submitted to the beneficiary's support coordinator with measurable goals, objectives and time lines that address these services. The ISP must be signed and dated by the individual, their responsible representatives and support team members indicating agreement with the goals, objectives and time lines. **The Job Assessment, Job Discovery, Job Development form must be completed** (see Appendix D).

Specific documentation that shows evidence that the goals, objectives and timelines on the ISP related to those activities have been met, must be submitted to the beneficiary's support coordinator for post-authorization. If an objective or timeline cannot be met timely, the provider

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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must facilitate changes prior to the end date of the objectives and timelines on the ISP and obtain team members' dated signatures indicating agreement with the changes. Partial completion of job assessment, discovery and/or development of ISP objectives and timelines will **not** qualify for post authorization and payment.

**Individual Initial Job Support, Retention, and Follow-Along**

Initial job support is provided to the beneficiary on or off the job site by provider staff. It may be intensive, intermittent, short-term and/or ongoing.

Initial job support and retention consists of one or more of the following activities:

1. Provision of support at a job site by provider staff that ensures the beneficiary can maintain and meet the expectations of the employer;
2. Assisting with personal care activities of daily living in the employment setting by provider staff;
3. Face-to-face support off the job site by provider staff that is necessary for the beneficiary to maintain gainful employment. Examples of this kind of contact include, but are not limited to:
  - a. A beneficiary needing travel re-training to the work site due to changes in transportation; and
  - b. A beneficiary needing assistance in setting up an alarm clock system at home in order to be at work on time,
4. The beneficiary wishing to discuss a problem that involves personal issues that could affect their ability to retain the job at a place other than the work site;
5. The beneficiary needing assistance with completing documentation required by the employer or by an agency providing benefits that are affected by work income, such as SSI;
6. Communications with the beneficiary by telephone, e-mail or fax that is necessary for the beneficiary to maintain gainful employment; and

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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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7. Meetings with the community employer without the beneficiary present; which are counted as part of the total maximum number of standard units available. Examples of when such a meeting might occur include, but are not limited to:
  - a. Explanation and/or demonstration of significant change in job duties which the employer feels may require re-training for the beneficiary to remain successfully employed; or
  - b. Discussion of a behavioral issue that may adversely impact the beneficiary's ability to remain successfully employed.

If the beneficiary is not present at a meeting with the community employer, the provider will be expected to have the following documentation as part of the case record and provide upon request of the support coordinator, Office of Citizens with Developmental Disabilities (OCDD)/Waiver Supports and Services (WSS) or Health Standards (HSS) staff:

1. Date, time, and names of persons in attendance at meeting;
2. Location and method of meeting (i.e. face-to-face with employer, by phone, or internet/videoconference);
3. Reason for meeting without beneficiary and results of meeting;
4. Written documentation through applicable confidentiality release forms in the beneficiary's native language that the beneficiary approved contacts and/or meetings to occur in their absence; and
5. Transportation to or from a community business site by provider staff in a staff or provider-owned vehicle. However, the provider must produce documentation upon request of the support coordinator or OCDD, WSS or HSS staff that all other possible sources of transportation, including those incurring a charge or without charge, have been exhausted.

**NOTE:** Under no circumstances may a provider charge a beneficiary, their responsible representative(s), family members or other support team members a separate transportation fee.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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**Self-Employment/Microenterprise, Initial Job Support, Retention Activities and Follow-Along Activities**

Initial job support is provided to the beneficiary, on or off the job site, by provider staff. It may be intensive, intermittent, short-term and/or ongoing. These activities can include, but are not limited to, the following activities:

1. Provision of support by provider staff at their job site that ensures the beneficiary can maintain and meet the expectations of the job;
2. Assistance with personal care activities of daily living in the employment setting by provider staff;
3. Face-to-face support off the job site by provider staff that is necessary for the beneficiary to maintain gainful employment. Examples of this kind of contact include, but are not limited, to the following:
  - a. Beneficiary needing travel re-training to the work site due to changes in transportation;
  - b. Beneficiary needing assistance in setting up an alarm clock system at home in order to be at work on time;
  - c. The beneficiary wishing to discuss a problem that involves personal issues that could affect their ability to retain the job at a place other than the work site;
  - d. Beneficiary needing assistance with completing documentation required by the job or by an agency providing benefits that are affected by work income, such as SSI; and
  - e. Communications with the beneficiary by telephone, e-mail or fax that is necessary for the beneficiary to maintain their employment.
4. Assistance acquiring skills necessary for operation of the business including clerical, payroll, tax functions, and inventory tracking system;
5. Assistance with interviewing, hiring or terminating employees;
6. Assistance with communications with vendors and customers; and

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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7. Assistance with all functions of business operations.

Initial job support and retention will be authorized for a job a beneficiary holds in a provider-owned/controlled business when the following occurs:

1. Beneficiary is paid the same wage as a typical employee that doesn't have a disability of that business, but at least minimum wage;
2. There is a job description for the position that would be utilized to hire a person without a disability; and
3. Beneficiary is paid all benefits, including holidays, absentee and vacation time that other employees without disabilities would receive in a comparable position.

Follow-along services in a provider owned/controlled business is not allowed after the initial job support and retention phase is completed.

Initial job support and retention will only be authorized for individual job, self-employment/microenterprise or group employment for which the beneficiary is paid in accordance with the United States Fair Labor Standards Act of 1985 as amended.

In-person visits for individual job follow-along services are required in the following circumstances as outlined:

1. An initial assessment of beneficiary on the job site; and
2. Discussion of HIPAA compliance prior to beginning virtual services.

Individual job follow-along services may be delivered virtually following the guidelines below.

Specific circumstances should be present for virtual follow-along services to occur and those circumstances are defined in the *OCDD Policy and Procedures Manual*. Individual SE follow-along services can be delivered virtually in a 1:1 ratio if requested by the individual or the employer and meet the criteria. These services are delivered based on the already determined amount of follow-along services necessary for the individual to maintain their employment. There is not a predetermined percentage of time that virtual services will occur, as this is an individual choice. Virtual delivery of one to one ongoing supported employment follow-along is based on the beneficiary's needs for what is required to support the beneficiary on the job.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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When using virtual delivery, providers are expected to follow these guidelines:

1. Receive written instructions on the delivery of virtual services based on the HIPAA compliance officer's instructions;
2. Ensure beneficiaries understand the guidelines for participation in a virtual service delivery, HIPAA, and the use of the technology. Written instructions and guidelines will be provided to each beneficiary;
3. In all circumstances, the employer/supervisor and the beneficiary must be in agreement with a virtual visit and if the beneficiary needs a means to conduct the virtual visit, the employer/supervisor must be willing to assist the beneficiary in doing a virtual visit if they require assistance;
4. Visit should be coordinated with the employer/supervisor and the beneficiary;
5. Confidentiality still applies for services delivered through virtual delivery. The session must not be recorded without consent from the beneficiary or authorized representative;
6. Develop a back-up plan (e.g., phone number where beneficiary can be reached) to restart the session or to reschedule it in the event of technical problems;
7. Develop a safety plan that includes at least one emergency contact and the closest emergency room (ER) location, in the event of a crisis;
8. Verify beneficiary's identity, if needed;
9. Providers need the consent of the beneficiary and the beneficiary's parent or legal guardian (and their contact information) prior to initiating a telemedicine/telehealth service with the beneficiary if the beneficiary is 18 years old or under;
10. Beneficiary must be informed of all persons who are present and the role of each person;
11. Beneficiaries may refuse services delivered through telehealth; and



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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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12. It is important for the provider and the beneficiary and the employer to be in a quiet, private space that is free of distractions during the session. Beneficiaries and employer will be instructed on the following:
  - a. Finding a space that allows for privacy while participating in the virtual delivery of the service;
  - b. Turn the camera off and mute the session if the beneficiary leaves the room while participating in the session, or if someone who is not part of the session enters the room;
  - c. Utilizing the technology required to participate in the virtual delivery of this service, including how to utilize the specific format, signing in and out, etc. The provider will also provide written instructions to the beneficiary;
  - d. Scheduling the delivery of services; and
  - e. Instructions if a job coach is needed onsite.

The beneficiary's need for hands on/physical assistance on the job will already be established and therefore if the beneficiary requires hands on assistance, someone will be present to provide assistance to the beneficiary. If the need for virtual delivery of job coaching services arises, a process will be in place with the support worker and the job coach in order for the beneficiary to receive the assistance required on the job, but that both services will not be billed at the same time.

Requirements for virtual visits of job coaching include:

1. Must utilize some type of format that allows for face-to-face interaction;
2. Must be approved by LGE or OCDD State Office;
3. Utilize the Virtual Supported Employment Follow-along Services Report; and
4. This service cannot be utilized at the same time another service.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES**

---

**PAGE(S) 49**

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**Restrictions with Other Services**

Beneficiaries receiving individualized supported employment services may also receive day habilitation or prevocational services, and these services can be billed for during the same service day, but cannot equal more than five hours combined.

**Staffing Ratios for Individual Initial Job Support, Retention and Follow-Along**

Individual self-employment/ microenterprise initial job support and retention must be provided with a one staff to one beneficiary ratio.

**Service Limits for Individual Initial Job Support, Retention and Follow-Along:**

Activities will be authorized for a maximum of **960** standard units in a service year for initial job support, retention and follow-along.

A standard unit of service is 15 minutes ( $\frac{1}{4}$  hour).

**Group Employment Initial Job Support, Retention and Follow-Along**

Group employment initial job support, retention and follow-along activities may be authorized in a provider-owned business or other business when the following occurs:

1. Waiver beneficiary earns at least minimum wage and/or the going rate for the job for people without disabilities;
2. Waiver beneficiary has the same or similar interactions with the public as people without disabilities;
3. Waiver beneficiary participates in quarterly discussion about individual job opportunities in the community; and
4. Must have a job description and a person without a disability could be hired for the same job.

In addition to the items listed above, if the business is a provider owned/operated business (i.e. thrift store, bakery, restaurant, etc.) the following must occur:

1. The business must meet the criteria that a typical business is required to meet (i.e. license to operate, etc.);

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**CHAPTER 43: SUPPORTS WAIVER****SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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2. The building in which the business operates from must be a separate physical location from the rest of the provider facility and cannot coexist where other services, such as onsite day habilitation, are delivered; and
3. Members of the public are the primary customers who utilize the services of the business.

**Service Limits for Group Employment Initial Job Support, Retention and Follow-Along**

Group employment services are provided in regular business, industry, and community settings for groups of two to eight beneficiaries with disabilities. Supported employment group services must be provided in a manner that promotes integration into the workplace and interaction between, coworkers without disabilities in those workplaces, and customers. Provider owned businesses should be operated as a regular business as described above.

The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment for which beneficiary is compensated at or above minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Group employment does not include:

1. Vocational services provided in facility based work settings; and
2. Volunteer work.

Career planning may be included as part of this service as well so that beneficiaries can further plan for individual employment.

Group employment initial job support, retention and follow-along activities may be authorized for only **240** standard units in a service year. Rates are paid per beneficiary, not per group. A standard unit of service is paid as a daily rate, and must be at least one hour or more per day to get paid.

**Staffing Ratios for Group Supported Employment**

Group employment initial job support and retention must have one of the following staff to beneficiary ratios in order to receive payment:

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**CHAPTER 43: SUPPORTS WAIVER****SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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1. One staff to one beneficiary (1:1);

This option is only available when the staff providing the one-to-one support is in addition to a crew supervisor and is in attendance for the entire shift.

2. One staff to two beneficiaries (1:2);
3. One staff to three to four beneficiaries (1:3-4); or
4. One staff to five to eight beneficiaries (1:5-8).

The maximum ratio for group employment is one staff to eight beneficiaries (1:5)-8.

**Restrictions with Other Services**

Beneficiaries receiving group supported employment follow-along services may also receive day habilitation or prevocational services, but these services cannot be billed for on the same service day.

**Additional Requirements for Individual and Group Supported Employment**

Prior to receiving individual SE services, the beneficiary must apply for, and exhaust any similar services available through Louisiana Rehabilitation Services (LRS) or the Individuals with Disabilities Education Act (IDEA) if the beneficiary is still attending high school. LRS services will be considered unavailable if a beneficiary applies, is eligible and qualifies for LRS services but is put on a waiting list or has not received timely services from LRS (within 90 days of eligibility) at which time, waiver services can be utilized for individual SE services.

For individuals choosing group employment services, they do not have to apply for LRS, as LRS does not fund group employment.

There must be documentation in the beneficiary's file that individual SE services are not available from programs funded under the Rehabilitation Act of 1973, the IDEA or Medicaid State Plan, if applicable.

**Place of Service**

Individual supported employment is conducted in a variety of settings, in particular at work sites in which persons without disabilities are employed. When services are provided at a work site in which persons without disabilities are employees, payment will be made only for the adaptations,

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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES**

---

**PAGE(S) 49**

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supervision, and training required by beneficiaries receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

**Transportation**

Transportation is included in the rates for group SE, but whenever possible, family, neighbors, friends, co-workers or community resources that can provide transportation without charge should be utilized. Under no circumstances may a provider charge a beneficiary, their responsible representative(s), family members or other support team members a separate transportation fee.

**Provider Qualifications**

Providers of both individual and group SE services must meet the following requirements:

1. Possess and maintain a 40-hour SE certificate of completion from an approved program as a community rehabilitation provider and maintain this certificate and provide documentation to the local governing entity (LGE) office;
2. Complete 20 hours of approved employment related training every two years and provide proof to the local LGE office; and
3. Meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services* and other home and community-based services (HCBS) guidance as provided.

In addition to the requirements listed above, providers of group SE services must meet the following requirements.

1. Be licensed as an adult day care provider by the Louisiana Department of Health (LDH); and
2. Group employment supervisor receives 20 hours of employment related training every two years and provide proof to the local LGE office.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES**

---

**PAGE(S) 49**

---

**Day Habilitation**

Day habilitation services should focus on the beneficiary, using the person-centered planning process thereby assisting the beneficiary to develop their meaningful day, that supports the beneficiary in how they spend their time, and what's important to each beneficiary.

The integration with individuals without disabilities is expected and should not just include people who are paid to support the beneficiary. Activities should not be created for the sole purpose of serving beneficiaries with developmental disabilities. Beneficiaries should participate in activities and events that are already established in the community.

Day habilitation activities should focus on assisting the beneficiary to gain their desired community living experience, including the acquisition, retention, or improvement in self-help, self-advocacy, socialization and/or adaptive skills, increasing independence, and/or to provide the beneficiary an opportunity to contribute to their community. Day habilitation activities may be educational or recreational in nature, which would include activities that are related to the beneficiary's interests, hobbies, clubs, or sports. Day habilitation can assist a beneficiary in exploring the community and in making community connections. Volunteering in the community is encouraged and should be provided under the guidelines of the United States Fair Labor Standards Act of 1985 as amended.

NOTE: Volunteering for the provider agency or provider-owned business is not allowed.

Day habilitation services may be coordinated with needed therapies in the beneficiary's person-centered POC, such as physical therapy. The beneficiary, who is of retirement age, may also be supported in senior community activities or other meaningful retirement activities in the community, such as the local council on aging or senior centers.

Assistance with personal care may be a component part of day habilitation services, as necessary, to meet the needs of a beneficiary, but may not comprise the entirety of the service. Day habilitation is to be furnished in a variety of community settings (i.e., local recreation department, garden clubs, libraries, etc.) other than the person's residence and is not to be limited to a fixed-site.

**Day habilitation may not provide for the payment of services that are 'vocational' in nature – for example, the primary purpose of producing goods or performing services for payment.**

Under the service umbrella of 'day habilitation', there are two (2) distinct services that may be delivered. Both services may be delivered on the same day in order to support the beneficiary to

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES**

---

**PAGE(S) 49**

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have the day that they desire. The goal is to support the beneficiary to make choices of how they spend their day, both in the community and onsite, in order to help the beneficiary create their meaningful day. Beneficiaries should be involved in making choices and guiding the inclusion of new activities. Discussions should be occurring at least quarterly to ensure that the beneficiary is receiving the supports they need and engaging in activities that are important to them.

The two day habilitation services that are available are described in detail below.

**Community Life Engagement**

Community life engagement (CLE) refers to services that help support beneficiaries with disabilities to access and participate in purposeful and meaningful activities in their community. The activities may include such things as volunteering, hobbies, shopping, or club participation. The role of CLE varies depending on the particular needs of the beneficiary. This service promotes opportunities and support for community inclusion by building interests and developing skills and potential for not only meaningful community engagement, but it can also help the beneficiary in figuring out areas of interests that could lead to possible competitive integrated employment in the community. Services should be completed in the community in small groups, which allows for a more person-centered planning of activities. Services should result in active, valued participation and engagement in a broad range of integrated activities that build on the beneficiary's interests, preferences, gifts, and strengths, while reflecting their desired outcomes related to community involvement and membership.

This service involves participation in integrated community settings, in activities that include persons without disabilities and with people who are not paid or unpaid caregivers. This service is expected to result in the beneficiary developing and maintaining social roles and relationships, building natural supports, increasing independence, increasing potential for employment, and/or experiencing meaningful community participation and inclusion. Volunteering is expected to be a part of this service as well.

Providers must use an approved activity log to document activities done in the community and frequency. Services may be delivered during the days and times that activities are available and there are no limits to the days or times.

**Onsite Day Habilitation**

Onsite day habilitation are services that are typically delivered onsite, inside of a day program building. This service should focus on the person-centered planning process, which allows the beneficiary a choice in how they spend their day when onsite and should also consider how to assist the beneficiary to support their time spent in CLE services.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES**

---

**PAGE(S) 49**

---

Onsite day habilitation activities should be consistent with the individual's interests, skills, and desires, and should assist the beneficiary to gain their desired meaningful day. Onsite day habilitation should be individualized and have choices of activities available that can contribute to a meaningful day for each person. Individual discussions should occur, at least quarterly, to discover new interests and to see how those interests can be incorporated into the day center. Exploring future CLE activities and doing any preparation for those activities is a great way to utilize onsite day habilitation.

Onsite day habilitation can also be offered in a variety of community settings in the ratio of 1:5-8, but should just be in addition to the CLE in a 1:2-4 delivered in the community. The community should be a regular part of Onsite day habilitation activities including volunteers and community partnerships and engagement both onsite and in the community. The use of 'reverse integration' does not supplant the inclusion of CLE, but should support a meaningful day.

**NOTE:** If a beneficiary is already approved to receive 1:1 or 1:2-4 services for day habilitation, those individuals may continue to receive that service ratio even when participating in onsite day habilitation.

Virtual delivery of onsite day habilitation should be utilized during times that does not allow the beneficiary to attend in person (i.e. medical issues/surgery, an emergency where a provider agency may be closed) or when the beneficiary chooses to not attend in person. Virtual delivery is not the typical delivery method. In order to participate in virtual delivery of the service, the beneficiary should be independent or have natural supports, as this service cannot be billed at the same time as another service. The beneficiary should also have the technology necessary to participate in the virtual service (i.e., internet connection, laptop, smartphone, and/or tablet).

Prior to the beginning of virtual delivery, the following in-person visits are required:

1. Initial assessment of beneficiary and home to determine if it's feasible; and
2. HIPPA compliance training prior to beginning virtual delivery.

Beneficiaries are encouraged to participate in the community through CLE services or onsite day habilitation services in person. Virtual delivery of day habilitation will be discussed with each beneficiary, by the support coordinator, as well as with the service provider and will be included in the plan of care if chosen by the beneficiary.

Providers will receive written instructions on the delivery of virtual services based on the HIPAA compliance officer's instructions.



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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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When using virtual delivery, providers will follow these guidelines:

1. Confidentiality still applies for services delivered through virtual delivery. The session must not be recorded without consent from the beneficiary or authorized representative;
2. Develop a back-up plan (e.g., phone number where beneficiary can be reached) to restart the session or to reschedule it, in the event of technical problems;
3. Develop a safety plan that includes at least one emergency contact and the closest ER location, in the event of a crisis;
4. Verify beneficiary's identity, if needed;
5. Providers need the consent of the beneficiary and the beneficiary's parent or legal guardian (and their contact information) prior to initiating a telemedicine/telehealth service with the beneficiary if the beneficiary is 18 years old or under;
6. Beneficiary must be informed of all persons who are present and the role of each person;
7. Beneficiaries may refuse services delivered through telehealth; and
8. It is important for the provider and the beneficiary to be in a quiet, private space that is free of distractions during the session.

Providers will ensure that beneficiaries understand the guidelines for participation in a virtual service delivery and HIPAA. Written instructions and guidelines will be provided to each beneficiary.

Beneficiaries and natural supports will be instructed on the following:

1. Finding a space that allows for privacy while participating in the service;
2. Turning the camera off and mute the session if they leave to go to the bathroom or leave the room while participating in the session, or if someone who is not part of the group comes into the room; and

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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3. How to utilize the technology required to participate in the virtual delivery of day habilitation, including how to utilize the specific format, signing in and out, etc. The provider will also provide written instructions.

To ensure that virtual delivery of day habilitation facilitates community integration, the provider agency will continue to incorporate already established community partners into the virtual delivery of day habilitation. For instance, if a meeting that is typically attended in the community with community participation occurring, the beneficiary will join via a face-to-face format virtually and therefore still be included in the meeting. Providers will also seek opportunities for beneficiaries to join community online groups in a face-to-face format and seek out such activities as online church services and groups, exercise classes, cooking, and drawing classes. Through virtual delivery of this service, beneficiaries can continue to interact with their friends and community connections during the times when the beneficiary is not participating in person.

If the beneficiary is able to be unsupported during this service, an existing protocol is in place for the person if a health and safety issue arises during this virtual service. The provider agency staff, who is conducting the virtual delivery of this service, will be able to support the beneficiary through any health and safety situation that might arise during the virtual delivery of day habilitation. If the beneficiary is participating in virtual services with the assistance of natural supports, the natural supports will ensure the health and safety of the beneficiary.

All virtual day habilitation services must be on the approved Plan of Care and should be delivered as outlined in the OCDD Policy and Procedures manual.

**Minimum Requirements for VDH:**

1. Must utilize a virtual format that allows for face-to-face interaction;
2. Must utilize EVV to check in and out of VDH; and
3. Must utilize an approved activity log to track the days, times and activities that the participant is utilizing VDH.

**Place of Service**

Community Life Engagement is delivered in the community and outside of the day habilitation center.

Onsite Day Habilitation is not limited to a fixed-site building, as it can be furnished in a variety of community settings, other than the person's residence.

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**CHAPTER 43: SUPPORTS WAIVER****SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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**Restrictions with Other Services**

Beneficiaries receiving day habilitation/community life engagement services may also receive prevocational or supported employment services, but these services cannot be provided during the same time period and cannot be billed for more than 5 hours per day of combined day and employment services.

Day habilitation/community life engagement services begin when the beneficiary arrives at the site where the activity will take place, which could include the onsite building or if going straight to an activity, when they arrive at the site where the activity will take place.

**Staffing Ratios**

Community Life Engagement activities may occur with the following staff ratios:

1. One staff to one beneficiary (1:1); or
2. One staff to two to four beneficiaries (1:2-4).

Onsite Day Habilitation activities may occur with one of the following staff ratios:

1. One staff to one beneficiary (1:1);
2. One staff to two to four beneficiaries (1:2-4); or
3. One staff to five to eight beneficiaries (1:5-8).

**NOTE:** If a beneficiary is already approved to receive 1:1 or 1:2-4 services for day habilitation, those individuals may continue to receive that service ratio even when participating in onsite day habilitation.

**Transportation**

All transportation costs are included in the reimbursement for day habilitation services. If a beneficiary needs transportation, the provider must provide, arrange or pay for appropriate transport to and from a central location convenient for the beneficiary and agreed upon by the team. The need for transportation and the location must be documented on the ISP. Beneficiaries must be present to receive this service. Under no circumstances shall a provider charge a

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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES**

---

**PAGE(S) 49**

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beneficiary, their responsible representative(s), family members or other support team members a separate transportation fee.

**Service Limits**

Day habilitation and community life engagement must be scheduled on the service plan for one or more days per week and may be prior authorized for up to 4800 standard units of service in a POC year. A standard unit of service is 15 minutes (¼ hour).

**Provider Qualifications**

Onsite day habilitation/community life engagement providers must meet the following requirements:

1. Be licensed as an Adult Day Care provider by the LDH; and
2. Meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services* and other HCBS guidance as provided.

**Prevocational Services**

All Prevocational services are designed to create a path to integrated, individual, community employment, in typical businesses, for which a beneficiary is compensated at or above minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Good candidates for all prevocational services may include, but are not limited to, beneficiaries who have never worked, beneficiaries who have only worked in ‘sheltered employment’, beneficiaries who have worked as part of a group model, or beneficiaries who are unsure of what career path they want to choose and need to explore further options.

This service is not a required pre-requisite for individual supported employment services and at any time during this service, one may choose to leave this service to seek employment or because they are no longer interested in working. The outcome of this service should be the creation of an individual career profile that will provide valuable information for the next phase of the career path.

This service should be delivered in practical situations in the community, including businesses, job centers, and/or in conjunction with Louisiana Rehabilitation Services.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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Examples of career planning activities include, but are not limited, to the following:

1. Self-exploration activities that help the beneficiary become aware of their interests, skills, and values that can help guide the career exploration/development;
2. Vocational Assessments used to further develop the career goal;
3. Career exploration activities that help the beneficiary learn how to identify career and life goals that are consistent with their interests, skills and values. It also involves opportunities to learn about the skills and qualities required to be successful in various career and the education and training needed to pursue the career;
4. Volunteering in the community in the areas identified in career exploration activities. This will help to further define a career;
5. Ongoing career counseling discussions with the beneficiary to help them answer questions they may have or to assist them in any aspect of defining a career goal;
6. Benefits planning completed by a Certified Work Incentive Coordinator to assist the beneficiary in answering any questions regarding Social Security benefits and working;
7. Financial literacy intended to assist the beneficiary in gaining skills and knowledge in the area of their personal finances which will help them in making more cost-conscious decisions;
8. Assistive technology (AT) assessments as needed to enhance a beneficiaries' employability;
9. Job shadowing work based learning which allows beneficiaries to 'shadow' someone who works in a particular area of interests for a short period of time to gain a better understanding of what the duties are of a specific type of job;
10. Tours of businesses and meetings to learn about what businesses do and career opportunities. This work-based learning allows beneficiaries to meet with employers in specific businesses to find out more about a business that they may be interested in working;

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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11. Internship work-based learning which allows beneficiaries to secure internships (either paid or unpaid) in a business in order to learn more in depth aspects of the particular job they are interested in doing;
12. Apprenticeship work-based learning which allows beneficiaries to secure apprenticeships that will help them develop skills in a particular area and further define a career goal; and
13. Any other activities that may assist the beneficiary in increasing their knowledge in areas that can assist the beneficiary in making decisions which leads to an employment goal and career path.

Every beneficiary would benefit from volunteering in the community to gain valuable experience that could be beneficial in the career path determination. Volunteering will provide a beneficiary, especially someone who has never worked, an opportunity to gain insight into being a responsible employee, provides them with valuable knowledge and experience which will allow them to add skills to their resume', as well as, help them to decide the type of job they desire. Volunteer activities are to be provided under the guidelines of the United States Fair Labor Standards Act of 1985 as amended.

All prevocational service activities are time limited to one year, with a targeted service for beneficiaries who think they want to become employed in an individual job in the community but may need additional information and experiences in order to determine such things as their areas of interests for work, skills, strengths, and conditions needed for successful employment.

Assistance with personal care may be a component of all prevocational services, but may not comprise the entirety of the service.

Under the service umbrella of 'Prevocational', there are two distinct services that may be delivered during the same day in order to support the beneficiary in their career discovery path. The goal is to support the beneficiary in creating a career profile that will further their goal of individual employment. Beneficiaries should be involved in making choices and guiding the inclusion of new activities in their job discovery process. Discussions should be on-going to ensure that the individual is receiving the supports they need to do develop the profile to assist in going to work.

The two services available under Prevocational Services are described below.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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**Community Career Planning**

Community career planning is an individualized, person-centered, comprehensive service that assists the beneficiary in establishing their path to obtain individual, competitive, integrated employment in the community. The outcome of this service is to create an ‘Individual Career Profile’ that can be utilized to create their employment plan. Community career planning services may be provided in a variety of settings including home visits conducted as part of individual discovery and getting to know the beneficiary in their day-to-day life.

Career planning services are intended to use the person-centered planning process to discover the various interest, skills, and general information about each beneficiary that will assist in developing a path to employment in the community. Based off the person-centered planning, activities should be tailored for each beneficiary in preparing them for paid employment in the community.

Community career planning services should be delivered in the community, in practical situations, alongside people without disabilities who may be exploring their career path as well. Services should be delivered in typical businesses and industries or in typical agencies that provide career resources/training activities.

**Onsite Prevocational**

Onsite prevocational services, also referred to as ‘onsite career planning’ services, are intended to support the beneficiary in developing general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings.

Onsite prevocational services could consist of activities such as:

1. Making contact with businesses via phone or email that might have opportunities for internships, mentoring programs, etc.;
2. Research via the internet for opportunities volunteer positions;
3. Preparing/planning for community exploration activities; and
4. Development of an ‘Individual Career Profile’ for each beneficiary.

Onsite career planning services should consider the community career planning services and should work together to accomplish the goals set forth.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES**

---

**PAGE(S) 49**

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**Virtual delivery of onsite prevocational services in a 1:5-8 ratio may occur.**

There is not a predetermined percentage of time that virtual delivery of services will occur as this is an individual choice to participate in this delivery method or not. Virtual service delivery is an option during times that does not allow the beneficiary to attend in person (i.e. medical issues/surgery), an emergency, or when the beneficiary chooses to not attend in-person for personal reasons. The beneficiary should be independent or have natural supports, as this service cannot be billed at the same time as another service. The beneficiary must have the means necessary to participate in the virtual service (i.e., laptop, tablet, etc.).

Virtual delivery is not the preferred method as beneficiaries are encouraged to participate in the community through either onsite prevocational or community career planning services and are offered these options as well. Virtual delivery will be included in the discussion with each beneficiary by the support coordinator and the service provider and will only be included in the plan of care if chosen by the beneficiary.

Prior to the beginning of virtual delivery the following in-person visits are required:

1. An initial assessment of beneficiary and home to determine if it's feasible; and
2. HIPPA compliance training prior to beginning virtual delivery.

Providers will receive written instructions on the delivery of virtual services based on the HIPAA compliance officer's instructions.

When using virtual delivery, providers will follow these guidelines:

1. Confidentiality still applies for services delivered through virtual delivery. The session must not be recorded without consent from the beneficiary or authorized representative;
2. Develop a back-up plan (e.g., phone number where beneficiary can be reached) to restart the session or to reschedule it, in the event of technical problems;
3. Develop a safety plan that includes at least one emergency contact and the closest ER location, in the event of a crisis;
4. Verify beneficiary's identity, if needed;



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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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5. Providers need the consent of the beneficiary and the beneficiary's parent or legal guardian (and their contact information) prior to initiating a telemedicine/telehealth service with the beneficiary if the beneficiary is 18 years old or under;
6. The beneficiary must be informed of all persons who are present and the role of each person;
7. Beneficiaries may refuse services delivered through telehealth; and
8. It is important for the provider and the beneficiary to be in a quiet, private space that is free of distractions during the session.

Providers will ensure that beneficiaries understand the guidelines for participation in a virtual service delivery and HIPAA. Written instructions and guidelines will be provided to each beneficiary.

Beneficiaries and natural supports will be instructed on the following:

1. Finding a space that allows for privacy while participating in the service;
2. Turning the camera off and mute the session if they leave to go to the bathroom or leave the room while participating in the session, or if someone who is not part of the group comes into the room; and
3. How to utilize the technology required to participate in the virtual delivery of day habilitation, including how to utilize the specific format, signing in and out, etc. The provider will also provide written instructions.

To ensure that virtual delivery of this service facilitates community integration, the provider agency will continue to incorporate already established community partners into the virtual delivery of the service. For instance, if the beneficiary typically attends a career exploration class in the community with community participation occurring, the beneficiary will join via a face-to-face format virtually and therefore still be included in the meeting. Providers will also seek opportunities for beneficiaries to join community online groups in a face-to-face format and seek out such activities as career preparation, mock interview sessions, etc. Through virtual delivery of this service, beneficiaries can continue to interact with their friends and community connections during the times when the beneficiary is not participating in person, but will allow for the beneficiary to not miss out on opportunities for inclusion.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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If the beneficiary is able to be unsupported during this service, an existing protocol is in place for the beneficiary if a health and safety issue arises during this virtual service. The provider agency staff, who is conducting the virtual delivery of this service, will be able to support the beneficiary through any health and safety situation that might arise during the virtual delivery of prevocational services. If the beneficiary is participating in virtual services with the assistance of natural supports, the natural supports will ensure the health and safety of the beneficiary.

All virtual delivery of onsite prevocational services must be on the approved Plan of Care.

Minimum Requirements for virtual delivery:

1. Must utilize a virtual format that allows for face-to-face interaction;
2. Must utilize EVV to check in and out of VDH; and
3. Must utilize an approved Activity Log to track the days, times and activities that the participant is utilizing VDH.

Prevocational services is not a requirement to find individual employment, but rather a tool to assist in the career path. If at any point the beneficiary has decided that individual employment is not their end goal, the beneficiary should be referred to their support coordinator and be given the option to choose other day and/or employment services.

The end goal of all prevocational services, is individual community employment. These services are time limited to one year, with the ability to request additional time from the LGE if needed. At the end of this service, the beneficiary should have developed an individual career profile and be prepared to move into the next phase of the career path in finding employment.

**Place of Service**

All Community Career Planning/Onsite Prevocational services are provided in a variety of locations in the community, integrated alongside individuals without disabilities. During onsite prevocational services, the beneficiary can be at the provider facility.

**Staffing Ratios**

Community career planning may occur with one of the following staff ratios:

1. One staff to one beneficiary (1:1); or

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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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2. One staff to two to four beneficiaries (1:2-4).

Onsite Prevocational may occur in the following staff ratios:

1. One staff to one beneficiary (1:1);
2. One staff to two to four beneficiaries (1:2-4); or
3. One staff to five to eight beneficiaries (1:5-8).

**NOTE:** If a beneficiary is already approved to received 1:1 or 1:2-4 services for prevocational, those individuals may continue to receive that service ratio even when participating in onsite prevocational.

**Transportation**

All transportation costs are included in the reimbursement for prevocational/community career planning services. Transportation needed by the beneficiary must be documented on the POC. The beneficiary must be present to receive this service. If the beneficiary needs transportation, the provider must physically provide, arrange, or pay for appropriate transport to and from a central location convenient for the beneficiary and agreed upon by the team. This location shall be documented in the service plan.

**NOTE:** Under no circumstances shall a provider charge a beneficiary, their responsible representative(s), family members or other support team members a separate transportation fee.

**Restrictions with Other Services**

Beneficiaries receiving prevocational/community career planning services may also receive day habilitation/community life engagement, individual supported employment or group employment assessment services, however these services cannot be provided during the same time period and the total of the services cannot equal more than five hours per day. Beneficiaries may receive group supported employment follow-along services, however, these services cannot be on the same service day.

There must be documentation in the beneficiary's file that this service is not available from programs funded under Section 110 of the Rehabilitation Act of 1973 or Sections 602 (16) or (17) of the Individuals with Disabilities Education Act (23 U.S.C. 1401) (16 and 71) and those covered under the State Plan, if applicable.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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**Service Limits**

Prevocational/community career planning services must be scheduled and documented on the service plan for one or more days per week and may be prior authorized for up to **4800** standard units of service in a POC year. A standard unit of service is 15 minutes ( $\frac{1}{4}$  hour).

**Provider Qualifications**

Providers of prevocational/community career planning services must meet the following requirements:

1. Possess and maintain a certificate of completion of a 40 hour approved Supported Employment certification program and provide documentation to the local LGE office;
2. Complete 20 hours of employment related training every two years and provide proof of completion to the local LGE office; and;
3. Meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services* and other HCBS guidance as provided.

**OR**

1. Be licensed as an Adult Day Care provider by the LDH;

At least one supervisor receives 20 hours of employment related training every two years and provide proof of completion to the local LGE office; and

2. Meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services* and other HCBS guidance as provided.

**Respite**

Respite is a service provided on a short-term basis to a beneficiary unable to care for themselves because of the absence of or need for relief of those unpaid caregivers/persons normally providing care for the beneficiary. Services may be provided in the beneficiary's home or private residence, or in a licensed respite care facility determined appropriate by the beneficiary or responsible party.

Respite services may be preplanned on the POC; however, if a beneficiary anticipates needing respite in the POC year, but does not know when this will occur, they and their responsible party

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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES**

---

**PAGE(S) 49**

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should receive a Freedom of Choice (FOC) list of respite providers and interview these providers. In this manner, the beneficiary and their responsible party(ies) and the provider chosen will be familiar with each other. When a situation occurs during the POC year in which respite will be needed, a revision to the POC will be done by the support coordinator and the beneficiary will be able to access the service in a timely manner.

**Restrictions with Other Services**

Beneficiaries receiving respite may use this service in conjunction with other SW services as long as services are not provided during the same period in a day.

**Service Limits**

The need for respite must be documented in the POC. Respite shall not exceed **428** standard units of service in a plan year. A standard unit of service is 15 minutes (¼ hour).

**Provider Qualifications**

Respite service providers must meet the following requirements:

1. Be licensed as a respite care service provider; and/or
2. Be a licensed personal care attendant service provider by LDH; and
3. Meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services* and other HCBS guidance as provided.

**Habilitation**

Habilitation services are designed to assist beneficiaries in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and/or in community settings.

These services are educational in nature and focus on achieving a goal utilizing specific teaching strategies. Goals may cover a wide range of opportunities including, but not limited to, learning how to clean house, do laundry, wash dishes, grocery shop, bank, cook meals, shop for clothing and personal items, become involved in community recreational and leisure activities, do personal yard work, and utilize transportation to access community resources.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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Habilitation services include, but are not limited to, the following:

1. Participation in activities in the community to enhance their social skills;
2. Learning how to make choices about their day. For example, going to a restaurant, making choices about what they want to order and learning to place their order;
3. Learning to use the bus system or other public transportation sources and learns how to get about in their community including getting to their own individual job;
4. Participation in clubs or organizations which are related to their hobbies, sports or other areas of interest, such as political or civic events and learns how to be a contributing member of their community;
5. Assistance in learning how to maintain their home including, washing dishes, laundry, vacuuming, mopping and other household tasks;
6. Acquiring skills needed to cook/prepare nutritional meals in their home;
7. Assistance in learning how to grocery shop in the community as well as other community activities such as going to the bank, library and other places in the community;
8. Assistance and prompting with personal hygiene, dressing, grooming, eating, toileting, ambulation or transfers, other personal care and behavioral support needs, and any medical task which can be delegated. However, personal care assistance may not comprise the entirety of this service; and
9. Learning how to observe basic personal safety skills in the community.

Habilitation services may be provided at any time of day or night on any day of the week, as needed by the beneficiary, to achieve a specified goal.

Beneficiaries in habilitation services are reasonably expected to independently achieve the goal(s) identified on their service plan within measurable timelines, as evidenced by information from their standardized assessment, personal outcome interviews, and information from their support team members.

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**CHAPTER 43: SUPPORTS WAIVER****SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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**Place of Service**

Habilitation services are provided in the home or community with the beneficiary's place of residence as the primary setting, and include the necessary transportation.

**Staffing Ratio**

Habilitation services may **only** be provided on a one staff to one (1:1) beneficiary ratio.

Family members who provide habilitation services must meet the same standards as providers who are unrelated to the beneficiary and must be employed by a provider agency. Service hours shall be capped at 40 hours per week/per staff, Sunday to Saturday, for services delivered by family members living in the home. Legally responsible individuals (such as a parent or spouse) and legal guardians may provide habilitation services for a beneficiary.

**Restrictions with Other Services**

Beneficiaries receiving habilitation may use this service in conjunction with other Supports Waiver services as long as services are not provided during the same time period in a day.

Travel training to places in the community, where the beneficiary's life activities take place, is considered a service; however, travel training to the beneficiary's group supported employment, day habilitation, or prevocational sites is **not** considered a habilitation service.

**Authorization of Services**

To receive PA when day habilitation and habilitation services are chosen in conjunction with one another, the provider must submit specific educational strategies and timelines for each service that will be used to achieve the goals and timelines as outlined on the POC. This documentation must be submitted to the support coordinator within five working days after receiving the completed POC. This process must occur regardless of whether the same provider is chosen by the beneficiary for both services or different providers are chosen for each service.

Day habilitation ISP recreational goals, strategies and timelines should not be submitted. If the day habilitation ISP contains only recreational goals, the habilitation portion of the ISP is the only document that needs to be submitted to the support coordinator.

The support coordinator will:

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CHAPTER 43: SUPPORTS WAIVER

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## SECTION 43.4: COVERED SERVICES

PAGE(S) 49

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1. Facilitate development of a POC that specifies but does not duplicate the training, supports and staff ratio, and timelines for Day Habilitation and Habilitation services;
2. Cross reference the POC and the provider(s) ISP(s) to ensure that no duplication of services will occur;
3. Approve prior authorization; and
4. Forward the approved provider(s)' ISP(s) to the OCDD/WSS Regional Office the same or next business day after completing the cross checks.

**Service Limits**

Habilitation shall not exceed **285** standard units of service in a plan year. A standard unit of service is 15 minutes (¼ hour).

**Provider Qualifications**

Providers of Habilitation services shall meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services* and one of the following two requirements:

1. Be licensed as a respite care service provider and/or a personal care attendant service provider by the LDH;

**OR**

2. Be a licensed occupational therapist in the State of Louisiana, or a licensed physical therapist in the State of Louisiana or certified through the National Council for Therapeutic Recreation as a therapeutic recreational specialist, and be an employee of an agency holding a personal care attendant and/or adult day care license through the LDH Health Standards Section.

**Housing Stabilization Transition Services**

Housing stabilization transition services enable beneficiaries who are transitioning into a permanent supportive housing (PSH) unit, including those transitioning from institutions to secure



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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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their own housing. The service is provided while the beneficiary is in an institution and preparing to exit the institution using the waiver. The service includes the following components:

1. Conducting a housing assessment that identifies the beneficiary's preferences related to housing (type and location of housing, living alone or living with someone else, accommodations needed, and other important preferences), and identifying the beneficiary's needs for support to maintain housing including:
  - a. Access to housing;
  - b. Meeting the terms of a lease;
  - c. Eviction prevention;
  - d. Budgeting for housing/living expenses;
  - e. Obtaining/accessing sources of income necessary for rent;
  - f. Home management;
  - g. Establishing credit; and
  - h. Understanding and meeting the obligations of tenancy as defined in the lease terms.
2. Assisting the beneficiary with viewing and securing housing as needed. This may include:
  - a. Arranging or providing transportation;
  - b. Assisting in securing supporting documentation/records;
  - c. Assisting with completing/submitting applications;
  - d. Assisting in securing deposits; and
  - e. Assisting with locating furnishings.

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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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3. Developing an individualized housing support plan based upon the housing assessment that:
  - a. Includes short and long term measurable goals for each issue;
  - b. Establishes the beneficiary's approach to meeting the goal; and
  - c. Identifies where other provider(s) or services may be required to meet the goal.
4. Participating in the development of the POC and incorporating elements of the housing support plan; and
5. Exploring alternatives to housing if PSH is unavailable to support completion of transition.

**Standards**

Housing stabilization transition services may be provided by PSH agencies that are enrolled in Medicaid to provide this service, comply with LDH rules and regulations, and are listed as a provider of choice on the FOC form.

**Service Exclusions**

No more than **165** units of combined housing stabilization transition services and housing stabilization services (see definition) may be used per POC year without written approval from the OCDD state office.

**Service Limitations**

This service is only available upon referral from the support coordinator and is not duplicative of other waiver services, including support coordination. This service is only available to persons who are residing in, or who are linked for, the selection process of a State of Louisiana PSH unit.

No more than **72** units of housing stabilization services may be used per POC year without approval from the OCDD state office. A standard unit of service is equal to 15 minutes (1/4 hour).

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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**Reimbursement**

Payment will not be authorized until the LGE gives final POC approval.

The OCDD state office reviews and ensures that all requirements are met. If all requirements are met, the POC is approved and the payment is authorized. The PSH provider is notified of the release of the PA and can bill the Medicaid fiscal intermediary for services provided.

Housing stabilization transition services will be reimbursed at a prospective flat rate for each approved unit of service provided to the beneficiary.

**Housing Stabilization Services**

Housing stabilization services enable waiver beneficiaries to maintain their own housing as set forth in the beneficiary's approved POC. Services must be provided in the home or a community setting. This service includes the following components:

1. Conducting a housing assessment that identifies the beneficiary's preferences related to housing (type and location of housing, living alone or with someone else, accommodations needed, and other supportive preferences), and identifying the beneficiary's needs for support to maintain housing, including:
  - a. Access to housing;
  - b. Meeting the terms of a lease;
  - c. Eviction prevention;
  - d. Budgeting for housing/living expenses;
  - e. Obtaining/accessing sources of income necessary for rent;
  - f. Home management;
  - g. Establishing credit; and

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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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- h. Understanding and meeting the obligations of tenancy as defined in the lease terms.
- 2. Participating in the development of the Plan of Care, incorporating elements of the housing support plan;
- 3. Developing an individualized housing stabilization service provider plan based upon each assessment that:
  - a. Includes short and long-term measurable goals for each issue;
  - b. Establishes the beneficiary's approach to meeting the goal; and
  - c. Identifies where other provider(s) or service may be required to meet the goal.
- 4. Providing supports and interventions according to the individualized housing support plan. If additional supports or services are identified as needed outside the scope of housing stabilization service, the needs must be communicated to the support coordinator;
- 5. Updating the housing support plan annually or as needed due to changes in the beneficiary's situation or status; and
- 6. Providing ongoing communication with the landlord or property manager regarding:
  - a. The beneficiary's disability;
  - b. Accommodations needed; and
  - c. Components of emergency procedures involving the landlord or property manager.

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**CHAPTER 43: SUPPORTS WAIVER**

---

**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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If at any time the beneficiary's housing is placed at risk (eviction, loss of roommate or income), housing stabilization services will provide supports to retain housing or locate and secure housing to continue community-based supports, including locating new housing, sources of income, etc.

**Standards**

Housing stabilization services may be provided by PSH agencies that are enrolled in Medicaid to provide this service, comply with LDH rules and regulations, and are listed as a provider of choice on the FOC form.

**Service Exclusions**

No more than **165** units of combined housing stabilization transition or housing stabilization services (see definition) can be used per POC year without written approval from the OCDD state office.

**Service Limitations**

This service is only available upon referral from the support coordinator. This service is not duplicative of the other waiver services including support coordination. This service is only available to persons who are residing in a state of Louisiana PSH unit.

No more than **93** units of housing stabilization services can be used per year without written approval from the support coordinator. A standard unit of service is equal to 15 minutes (1/4 hour).

**Reimbursement**

Payments will not be authorized until the OCDD state office gives final POC approval.

OCDD state office reviews all documents to ensure all requirements are met. If all requirements are met, the LGE approves the POC and authorizes the payment.

The PSH provider is notified of the release of the PA and can bill the Medicaid fiscal intermediary for services provided.

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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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Housing stabilization services will be reimbursed at a prospective flat rate for each approved unit of service provided to the beneficiary.

**Personal Emergency Response Systems**

A Personal Emergency Response System (PERS) is a rented electronic device that enables beneficiaries to secure help in an emergency.

The beneficiary may wear a portable "help" button to allow for mobility. The PERS is connected to the beneficiary's phone and programmed to signal a response center once the "help" button is activated. The response center is staffed by trained professionals.

**Service Limits**

Coverage of the PERS is limited to the rental of the electronic device. The monthly rental fee, regardless of the number of units in the household, must include the cost of maintenance and training the beneficiary on how to use the equipment.

Reimbursement will be made for a one-time installation fee for the PERS unit.

**Agency Provider Type**

Providers must be enrolled as a Medicaid Home and Community-Based Services Waiver service provider of Personal Emergency Response Systems (PERS). The provider shall install and support PERS equipment in compliance with all applicable federal, state, parish and local laws, and meet manufacturer's specifications, response requirements, maintenance records, and beneficiary education requirements.

**Support Coordination**

Support coordination is a service that will assist beneficiaries in gaining access to all of their needed support services, including medical, social, educational, employment and other services, regardless of the funding source for the services.

At a minimum, Support Coordinators (SCs) are required to make the following contacts with each beneficiary:

1. Monthly telephone phone calls; and

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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES**

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**PAGE(S) 49**

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2. Quarterly face-to-face visits.

At a minimum, all initial and annual plan of care meetings and one additional visit must be delivered face-to-face in the beneficiary's home during each plan of care year. If a beneficiary participates in day service and/or employment service, the SC should observe the beneficiary in the environment during one of the quarterly face-to-face visits. The two additional required face-to-face visits may be delivered virtually if agreed upon by the beneficiary and/or legal guardian and all of the requirements necessary for virtual visits are met.

**Support Coordination activities include, but are not limited to, the following:**

1. Convening and facilitating the person-centered planning team meetings, that are run by the beneficiary and consists of whomever the beneficiary chooses to invite, but could include: the beneficiary, beneficiary's family, direct service providers, medical and social work professionals, as necessary, and advocates, who assist in determining the appropriate supports and strategies needed in order to meet the beneficiary's needs and preferences;
2. Offering Freedom of Choice of providers that include non-disability specific settings;
3. Ongoing coordination and monitoring of supports and services included in the beneficiary's approved POC;
4. Ongoing discussions with the beneficiary about employment including identifying barriers to employment and working to overcome those barriers, connecting the beneficiary to certified work incentive coordinators (CWIC) to do benefits planning, referring the beneficiary to Louisiana Rehabilitation Services (LRS) and following the case through closure with LRS, and other activities of the employment process as identified. This includes the quarterly completion of and data input using the Path to Employment form;
5. Building and implementing the supports and services as described in the POC;
6. Assisting the beneficiary to use the findings of formal and informal assessments to develop and implement support strategies to achieve the personal outcomes defined and prioritized by the beneficiary in the POC;

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**CHAPTER 43: SUPPORTS WAIVER**

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**SECTION 43.4: COVERED SERVICES****PAGE(S) 49**

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7. Providing information to the beneficiary on potential community resources, including formal resources and informal/natural resources, which may be useful in developing strategies to support the beneficiary in attaining their desired personal outcomes;
8. Assisting with problem solving with the beneficiary, supports, and services providers;
9. Assisting the beneficiary to initiate, develop and maintain informal and natural support networks and to obtain the services identified in the POC assuring that they meet their individual needs;
10. Advocacy on behalf of the beneficiary to assist them in obtaining benefits, supports or services (i.e., to help establish, expand, maintain and strengthen the beneficiary's information and natural support networks). This may involve calling and/or visiting beneficiaries, community groups, organizations, or agencies with or on behalf of the beneficiary;
11. Training and supporting the beneficiary in self-advocacy (i.e., the selection of providers and utilization of community resources to achieve and maintain their desired outcomes);
12. Oversight of the service providers to ensure that their beneficiary receives appropriate services and outcomes as designated in the POC;
13. Assisting the beneficiary to overcome obstacles, recognize potential opportunities and developing creative opportunities;
14. Meeting with the beneficiary in face-to-face meetings as well as phone contact as specified. This includes meeting them where the services take place;
15. Reporting and documenting any incidents/complaints/abuse/neglect according to the OCDD policy;
16. Arranging any necessary professional/clinical evaluations needed and ensure beneficiary choice;



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CHAPTER 43: SUPPORTS WAIVER

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## SECTION 43.4: COVERED SERVICES

PAGE(S) 49

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17. Identifying, gathering and reviewing the array of formal assessments and other documents that are relevant to the beneficiary's needs, interests, strengths, preferences and desired personal outcomes;
18. Preparing the annual social summary; and
19. Developing an action plan in conjunction with the beneficiary to monitor and evaluate strategies to ensure continued progress toward the beneficiary's personal outcomes.

**NOTE:** Advocacy is assuring that the beneficiary receives appropriate supports and services of high quality and locating additional services not readily available in the community.

**Service Limits**

Support Coordination shall not exceed **12** units in a POC year. A standard unit of service for support coordination is one (1) month.

**Provider Qualifications**

Support coordination providers must meet the following requirements:

1. Be licensed as a support coordination provider; and
2. Meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services* and other HCBS guidance as provided.

**NOTE:** See SW Section 43.8, Support Coordination, for additional guidance.

**Expanded Dental Services for Adult Waiver Beneficiaries**

Please refer to the Dental Benefit Program Manager Manual:

[https://ldh.la.gov/assets/medicaid/DBPMP/DBPM\\_Manual\\_2022-04-01.pdf](https://ldh.la.gov/assets/medicaid/DBPMP/DBPM_Manual_2022-04-01.pdf)