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COVERED SERVICES

Support Waiver 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:

- Supported employment;
- Day habilitation;
- Prevocational;
- Respite;
- Habilitation;
- Housing stabilization transition;
- Housing transition;
- Support coordination; and
- The Personal Emergency Response System (PERS).

The services are described in detail below.

Supported Employment

Supported employment (SE) are services that 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:

- Customized employment or self-employment;
- Where the person is compensated at or above the 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.

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Supported employment 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 waiver 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 defined as 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.

Integrated work setting is defined as job sites 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.

On-going 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.

Supported employment services may be utilized to:

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

Supported employment services are:

- NOT meant to support a beneficiary in a volunteer job. This should be completed under prevocational services or day habilitation services; and

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- Do NOT include 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:

- Individual employment, including Self-Employment or Microenterprise:
 - Job assessment, discovery and development; and
 - Initial job support and job retention.
- Group Employment:
 - Job assessment, discovery and development; and
 - Initial job support and job retention.

Job assessment, discovery and development is the process of:

- Identifying specific career interests of a beneficiary;
- Identifying appropriate community employment options that match information gained from a beneficiary's assessment, profile and/or plan;
- Ensuring the identified position will meet the occupational, physical and financial requirements of the beneficiary; and
- 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:

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- Vocational assessments to determine a person's career interests;
- Job analysis for each job the individual is interested in obtaining;
- Community-based situational assessments;
- Facility-based situational assessments;
- Placement plan;
- Assisting with personal care in activities of daily living; and
- Ongoing career planning.

Examples of Career Planning activities include, but are not limited to, the following:

- On-going Career Counseling:
 - On-going 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.
- 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.
- 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.
- Assistive Technology (AT) assessments:
 - These assessments are conducted as needed to enhance a beneficiary's employability.

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- 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:

- Completed vocational assessment;
- Completed job analysis;
- Notes from community-based/ situational assessments;
- Placement plan;
- Career planning activities documentation;
- Assistive technology (AT) assessments;
- Benefits planning documentation;
- Documentation of job internship;
- Documentation of job shadowing experience; and
- Additional documentation that substantiates other assessment activity.

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

- The objectives and time lines outlined in the Individualized Service Plan (ISP) were met timely; and

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- The written assessment that includes, at a minimum, the following information and the identification of:
 - Specific career interest(s); Assets and abilities regarding employment;
 - Potential targeted job tasks;
 - Job conditions;
 - Anticipated support needs;
 - Potential employers;
 - Maximum hours per week and times of day the beneficiary will consider working;
 - Minimum rate of pay the beneficiary will accept;
 - Benefits that might impact the beneficiary's earnings, in particular Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) benefits;
 - Areas of town, city or parish(s) the beneficiary will consider working;
 - Transportation options and selection;
 - Identification of current work strengths/skills of the beneficiary to achieve their job choice; Identification of current barriers to the beneficiary job choice; and
 - 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:

- 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;

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- Assisting the beneficiary to make use of all available job services through one-stop career centers;
- 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;
- Assisting the beneficiary in creating a resume;
- Assisting the beneficiary in preparing for a job interview;
- Transporting the beneficiary to a job interview;
- Accompanying the beneficiary to a job interview, if requested;
- Referring beneficiary to work incentives, planning and assistance representatives when necessary, or as requested;
- Reconfiguring an existing position to fit the employer and beneficiary's needs, also known as job restructuring;
- Consulting and/or negotiating as needed and/or requested with employer on rate of pay, benefits, and employment contracts;
- Restructuring a work site to maximize a beneficiary's ability to perform the job, also known as job accommodations;
- Training to enable a beneficiary to independently travel from his/her home to place of employment;
- Providing employee education and training as requested by employer on disability issues;
- 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);
- Assisting with personal care activities of daily living; and
- Planning ongoing career activities.

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

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

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:**

- 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;
- 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);
- 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;

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- 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);
- Job accommodation, travel training, and any other employment related activities specific to an identified job in a community business;
- Amount of time spent in discovery and development per day; Confidentiality release forms in the beneficiary's native language, if applicable, that he/she approved contacts, meetings, education or training to occur in his/her absence; and
- 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.

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 his/her 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

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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 (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.

Reimbursement Requirements

Beginning September 1, 2016, 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).

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, his/her 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 time lines 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 time line 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.

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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 (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 480 standard units are utilized in a service year, job discovery and development could not begin until the next service year.

Reimbursement Requirements

Beginning September 1, 2016, 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 LaSRS system.

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, his/her 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 time lines 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 time line 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.

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:

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- Provision of support at a job site by provider staff that ensures the beneficiary can maintain and meet the expectations of the employer;
- Assisting with personal care activities of daily living in the employment setting by provider staff;
- 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 beneficiary needing travel re-training to the work site due to changes in transportation; and
 - A beneficiary needing assistance in setting up an alarm clock system at home in order to be at work on time; The beneficiary wishing to discuss a problem that involves personal issues that could affect his/her ability to retain the job at a place other than the work site.
- 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;
- Communications with the beneficiary by telephone, e-mail or fax that is necessary for the beneficiary to maintain gainful employment; and
- Meetings with the community employer without the beneficiary present are limited to five days per service year; 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:
 - 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
 - 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 available upon request of the support coordinator,

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Office of Citizens with Developmental Disabilities (OCDD)/Waiver Supports and Services (WSS) or Health Standards (HSS) staff:

- Date, time, names of persons in attendance at meeting;
- Location and method of meeting (i.e. face-to-face with employer, by phone, or internet/videoconference);
- Reason for meeting without beneficiary and results of meeting;
- Written documentation through applicable confidentiality release forms in the beneficiary's native language that the beneficiary approved contacts and/or meetings to occur in his/her absence; and
- 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 can a provider charge a beneficiary, his/her responsible representative(s), family members or other support team members a separate transportation fee.

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:

- Provision of support by provider staff at their job site that ensures the beneficiary can maintain and meet the expectations of the job;
- Assistance with personal care activities of daily living in the employment setting by provider staff;
- 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:

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- A beneficiary needing travel re-training to the work site due to changes in transportation;
 - A beneficiary needing assistance in setting up an alarm clock system at home in order to be at work on time;
 - The beneficiary wishing to discuss a problem that involves personal issues that could affect his/her ability to retain the job at a place other than the work site;
 - The 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
 - Communications with the beneficiary by telephone, e-mail or fax that is necessary for the beneficiary to maintain their employment.
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- Assistance acquisition of skills necessary for operation of the business including clerical, payroll, tax functions, and inventory tracking system;
 - Assistance with interviewing, hiring or terminating employees;
 - Assistance with communications with vendors and customers; and
 - 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 facility when the following occurs:

- The beneficiary is paid the same wage as a regular employee of that provider, but at least minimum wage;
- There is a job description for the position that would be utilized by the provider for a person without a disability; and
- The beneficiary is paid all benefits, including holidays, absentee and vacation time that other employees without disabilities would receive in a comparable position.

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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.

Restrictions with Other Services

Beneficiaries receiving individualized supported employment services may also receive day habilitation or prevocational services, but these services cannot be billed for during the same service day and cannot equal more than 5 hours combined.

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

Individual job, self-employment and 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:

A standard unit of service is 15 minutes (1/4 hour).

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

Reimbursement Requirements

Beginning September 1, 2016, 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 LaSRS system.

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 or leased facility when the following occurs:

- The building in which business is conducted is in a separate physical location from the rest of the provider facility; and
- Members of the public are the primary customers who utilize the services of the business.

Examples of this include, but are not limited to the following:

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- Laundry/ironing services;
- Restaurants; and
- Retail shops.

Initial job support and retention will only be authorized for the 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.

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 beneficiaries and individuals without disabilities in those workplaces.

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 an individual 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 vocational services provided in facility based work settings or volunteer work.

Career planning may be included in 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 one hour or more per day.

Reimbursement Requirements

Beginning September 1, 2016, 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 LaSRS system.

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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:

- One staff to one beneficiary;
- 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;
- One staff to two beneficiaries;
- One staff to three to four beneficiaries; or
- One staff to five to eight beneficiaries.

The maximum ratio for group employment is one staff to eight beneficiaries.

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 Supported Employment

Prior to receiving individual or group 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. Services will be considered unavailable if a beneficiary applies, is eligible and qualifies for LRS services but is put on a waiting list. However, if there is no waiting list, the beneficiary must utilize LRS services prior to receiving individual supported employment services through the waiver.,

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

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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, 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 supported employment, but whenever possible, family, neighbors, friends, co-workers or community resources that can provide transportation without charge should be utilized. Under no circumstances can a provider charge a beneficiary, his/her responsible representative(s), family members or other support team members a separate transportation fee.

Provider Qualifications

Provider of individual supported employment services must meet the following requirements:

- Possess and maintain a 40-hour certificate of compliance from an LRS approved program as a community rehabilitation provider and maintain this certificate;
- Complete annual training of 16 hours of approved training; and
- Meet all requirements in the Standards for Participation for Medicaid Home and Community-Based Waiver Services.

Providers of group supported employment services must meet the following requirements:

- Possess and maintain a 40-hour certificate of compliance from an LRS approved program as a community rehabilitation provider and maintain this certificate;
- Complete annual training of 16 hours of approved training; and
- Meet all requirements in the Standards for Participation for Medicaid Home and Community-Based Waiver Services.

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- Be licensed as an Adult Day Care provider by the Louisiana Department of Health (LDH);
- At least one vocational supervisor receives 15 hours of vocational training annually; and
- Meet all requirements in the *Standards for Participation for Medicaid Home and Community-Based Waiver Services*.

Day Habilitation

Day habilitation services should focus on the person-centered planning process. Through this process, the beneficiary's likes, dislikes, interests and desires will be discovered which will assist with planning on the beneficiary's itinerary. Time should be spent exploring the community activities and experiences available to an individual in order to provide the opportunity to determine and choose how they would like to spend their time in the community.

The integration with individuals without disabilities is expected. Activities should not be created for the sole purpose of serving individuals with developmental disabilities. Beneficiaries should participate in activities already established in the community.

Day habilitation is furnished in a variety of community settings, (i.e. local recreation department, garden clubs or other clubs of interest, libraries, etc.) other than the person's residence and is not to be limited to a fixed- site facility.

Day habilitation activities should assist the individual to gain their desired community living experience, including:

- The acquisition, retention or improvement in self-help;
- Socialization and adaptive skills; and/or
- To provide the individual an opportunity to contribute to his or her community.

These activities could be educational or recreational in nature, which would include activities that are related to the beneficiary's interests, hobbies, clubs, sports, political events, etc.

Identified therapies in the beneficiary's person-centered POC may be coordinated with day habilitation services. For individuals with degenerative conditions, day habilitation may include training and supports designed to maintain skills and functioning and to slow or prevent regression

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rather than acquiring new skills or improving existing skills. These types of therapies should be utilized in the community at places that already offer these services to people without disabilities and not created solely for individuals with disabilities.

Career planning activities may be a component of day habilitation services where the beneficiary may explore and discover opportunities consistent with their skills and interests.

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

- Self- exploration activities developed to assist the beneficiary in becoming aware of their interests, skills, and values that can help guide the career exploration/development process and allow them to think about going to work;
- Volunteering- to be done in the community in the areas identified in career exploration activities to further define a career;
- Benefits planning should be completed by a certified work incentive coordinator to assist the beneficiary in answering any questions regarding Social Security benefits and working;
- Financial literacy activities 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 and deciding that they want to go to work;
- Field trips in the community to explore places of interests that may lead to them deciding to explore work;
- Tours of businesses and meetings which provide work-based learning of career opportunities allowing beneficiaries to meet with employers to find in businesses that they may be interested in working; and
- Other activities that may assist the beneficiary in increasing his/her knowledge in areas that can assist the beneficiary in decision-making which leads to a beneficiary in deciding to go explore work.

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.

Beneficiaries 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 other

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senior centers. This may also involve altering schedules to allow for more rest time throughout the day. Assistance with personal care may be a component part of day habilitation services as necessary to meet the needs of a participant, but may not comprise the entirety of the service.

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 cannot be billed as day habilitation.

Some examples of day habilitation activities include, but are not limited to, the following:

- Participation in community inclusion activities to gain information about a specific interest;
- Participation in a basic nutrition and/or cooking class in the community;
- Participation in a painting class or other arts/crafts class offered in the community alongside those who do not have disabilities; and
- Participation in exercise classes of their choosing offered in a local gym or community center.

Other examples of day habilitation activities include, but are not limited to, a beneficiary:

- Learning how to make proper food choices based on their nutritional needs and learns how to order from a restaurant;
- Learning basic personal safety skills or safe travel techniques;
- Volunteering in the community alongside peers without disabilities to be a part of the community and to learn the value of giving back to their community;
- A beneficiary and, as appropriate, his/her family receive information and counseling on benefits planning and assistance in the process;
- A beneficiary participates in inclusive sports activities in their community;
- A beneficiary participates in town hall meetings and other community meetings to gather a better understanding of his community;

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- A beneficiary receives a basic understanding of his/her right to vote and how to vote and is given the opportunities to participate in political activities of his/her choosing in the community;
- A beneficiary receives information on current events and community events that may be of interest to him/her; and
- A beneficiary receives 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.

Place of Service

Day habilitation is furnished in a variety of community settings, (i.e. local recreation department, garden clubs or other clubs of interest, libraries, etc.) other than the person's residence and is not to be limited to a fixed- site facility.

NOTE: Volunteering cannot occur in a provider-owned business or facility and must be community oriented.

Facility-based activities should include activities that are chosen by the beneficiary and should be integrated to the extent that the individual desires. Facility-based activities must be integrated just as community activities.

Restrictions with Other Services

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

Day habilitation services begin when the beneficiary arrives at the site where the activity will take place and the activities begin.

Staffing Ratios

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

- One staff to one beneficiary;

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- One staff to two to four beneficiaries; or
- One staff to five to eight beneficiaries.

The maximum ratio for day habilitation is one staff to eight beneficiaries.

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 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 can a provider charge a beneficiary, his/her responsible representative(s), family members or other support team members a separate transportation fee.

Service Limits

Day habilitation 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 (1/4 hour).

Reimbursement Requirements

Beginning March 1, 2016, the use of the Electronic Visit Verification (EVV) system is mandatory for day habilitation services. The EVV system requires the electronic check in/out in the LaSRS.

Authorization of Services

In order to receive prior authorization 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 and on the ISP. 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.

The support coordinator will:

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- Facilitate development of a POC that specifies but does not duplicate the training, supports and staff ratio, and time lines for Day Habilitation and Habilitation services;
- Cross reference the POC and the provider(s) ISP to ensure that no duplication of services will occur;
- Approve PA; and
- Forward the approved provider(s) ISP to the local governing entity (LGE) the same or next business day after completing the cross checks.

Provider Qualifications

Day habilitation providers must meet the following requirements:

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

Prevocational Services

Prevocational services are intended for those beneficiaries who want to work and have the end goal of individual integrated community employment, integrated community group employment or self-employment.

Prevocational Services are expected to last no longer than four years. Prevocational services are to be provided in a variety of locations in the community alongside individuals without disabilities. Activities are NOT to be limited to a fixed site facility. Beneficiaries receiving prevocational services may choose to pursue employment opportunities at any time and do not have to participate the entire 4 years.

Prevocational services are intended to assist the individual in developing general, non-job-task-specific strengths and skills that contribute to employability success in paid employment in integrated community settings and to assist them in developing a career path with an employment goal that is matched to the beneficiary's interests, skills, strengths, priorities, abilities and capabilities.

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Prevocational services may include, but are not limited to:

- Activities to increase the beneficiary's ability to communicate effectively and appropriately when in a work environment;
- Activities to increase the beneficiary's ability to problem solve as independently as possible;
- Activities to increase their ability to be a 'team player' and understand the importance of working as part of a team in a work environment;
- Activities to assist the beneficiary in understanding the importance of having a good attitude when at work;
- Activities to assist the beneficiary in engaging in appropriate work conversations and activities with fellow co-workers;
- Participation in a class to increase their employability at the local technical college;
- Participation in a job readiness programs available through the local One Stop or other agencies;
- Activities to teach the beneficiary how to use general work related equipment;
- Activities to teach the beneficiary basic work-related personal safety skills;
- Assistance and prompting in the development of personal skills needed to gain independence at work. This may include assistance with personal hygiene, dressing, grooming, eating, toileting, ambulation or transfers, behavioral support needs and any medical task, which can be delegated. However, personal care assistance may not comprise the entirety of this service; and
- Any other activity that increases the beneficiary's employability.

Every beneficiary MUST have a Career Plan and should include activities focused on the participant becoming employed to their highest ability. All career planning activities should be focused on building a plan for a path to community employment at the highest level for each participant with an employment goal.

Examples of Career Plan activities include but are not limited to the following:

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- Self- exploration activities - This is to include activities that helps the beneficiary become aware of their interests, skills, and values that can help guide the career exploration/development;
- Vocational Assessments - Assessments can be used to further develop the career goal;
- Career Exploration - Activities that helps 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;
- Volunteering - To be done in the community in the areas identified in career exploration activities. This will help to further define a career;
- Ongoing career counseling - On-going discussions should be had with the beneficiary to help them answer questions they may have or to assist them in any aspect of defining a career goal;
- Benefits planning - Should be completed by a Certified Work Incentive Coordinator to assist the beneficiary in answering any questions regarding Social Security benefits and working ;
- 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;
- Assistive technology (AT) assessments as needed to enhance a beneficiaries' employability;
- Job shadowing - Type of 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;
- Tours of businesses and meetings to learn about what businesses do and career opportunities - Type of work-based learning which 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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- Internships – Type of 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;
- Apprenticeships - Type of 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
- 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 **MUST** volunteer in the community. 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. In the event beneficiaries are compensated, pay must be in accordance with the United States Fair Labor Standards Act of 1985 as amended. If beneficiaries are paid in excess of 50% of minimum wage, the provider must:

- Conduct productivity time studies on the beneficiaries every six months;
- Do six month formal reviews of the beneficiary's ISP to determine the appropriateness of continued prevocational services as opposed to supported employment; and
- Provide the support coordinator with documentation of both the productivity time studies and ISP reviews at the beneficiary's annual POC meeting.

The end goal of prevocational services, whether it's the beneficiary's choice to move to the next phase or the four year time limit is up, the beneficiary should have an employment goal and be prepared to enter into the next phase of the career path, the job search.

If at any point the beneficiary has decided that employment is not their end goal, the beneficiary should be referred to their support coordinator and be given the option to choose other day services, such as becoming part of a community group or day habilitation.

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Place of Service

Prevocational services are provided in a variety of locations in the community integrated alongside individuals without disabilities. Activities are NOT to be limited to a fixed site facility.

Staffing Ratios

Prevocational activities may occur with one of the following staff ratios:

- One staff to one beneficiary;
- One staff to two to four beneficiaries; or
- One staff to five to eight beneficiaries.

The maximum ratio for prevocational services is one staff to eight beneficiaries.

Transportation

All transportation costs are included in the reimbursement for Prevocational 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 agreed upon by the team. This location shall be documented in the service plan.

NOTE: Under no circumstances can a provider charge a beneficiary, his/her responsible representative(s), family members or other support team members a separate transportation fee.

Restrictions with Other Services

Beneficiaries receiving prevocational services may also receive day habilitation, individual supported employment or group employment assessment services, but 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)

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of the Individuals with Disabilities Education Act (23 U.S.C. 1401) (16 and 71) and those covered under the State Plan.

Service Limits

Prevocational services 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 (1/4 hour). Choice of this service and staff ratio needed to support the beneficiary must be documented on the POC.

Reimbursement Requirements

Beginning March 1, 2016, the use of the Electronic Visit Verification (EVV) system is mandatory for prevocational services. The EVV system requires the electronic check in/out in the LaSRS system.

Provider Qualifications

Providers of prevocational services must meet the following requirements:

- Possess a certificate of compliance from Louisiana Rehabilitation Services as a Community Rehabilitation Provider and maintain this certificate;
- Meet all requirements in the Standards for Participation for Medicaid Home and Community-Based Waiver Services;

OR

- Be licensed as an Adult Day Care provider by the LDH;
- At least one vocational supervisor receives 15 hours of vocational training annually; and
- Meet all requirements in the Standards for Participation for Medicaid Home and Community-Based Waiver Services.

Respite

Respite is a service provided on a short-term basis to a beneficiary unable to care for him/herself because of the absence of or need for relief of those unpaid caregivers/persons normally providing

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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; he/she and his/her responsible party should receive a FOC list of respite providers and interview these providers. In this manner, the beneficiary and his/her 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 (1/4 hour).

Reimbursement Requirements

Beginning September 1, 2016, the use of the Electronic Visit Verification (EVV) system is mandatory for center-based respite. The EVV system requires the electronic check in/out in the LaSRS system.

Provider Qualifications

Respite service providers must meet the following requirements:

- Be licensed as a respite care service provider; and/or
- Licensed personal care attendant service provider by LDH; and
- Meet all requirements in the Standards for Participation for Medicaid Home and Community-Based Waiver Services.

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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.

Habilitation services include but are not limited to the following:

- A beneficiary participates in activities in the community to enhance his/her social skills;
- A beneficiary learns 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;
- A beneficiary is taught 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;
- A beneficiary participates 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;
- A beneficiary receives assistance in learning how to maintain their home including, washing dishes, laundry, vacuuming, mopping and other household tasks;
- A beneficiary acquires skills needed to cook/prepare nutritional meals in their home;
- A beneficiary receives 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;

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- A beneficiary receives 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
- A beneficiary is taught 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 time lines, as evidenced by information from their standardized assessment, personal outcome interviews and information from their support team members.

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 beneficiary ratio.

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 time lines for each service that will be used to achieve the goals and time lines as outlined on the POC. This documentation

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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 time lines 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:

- Facilitate development of a POC that specifies but does not duplicate the training, supports and staff ratio, and time lines for Day Habilitation and Habilitation services;
- Cross reference the POC and the provider(s) ISP(s) to ensure that no duplication of services will occur;
- Approve prior authorization; and
- 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:

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

OR

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- 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 unit, including those transitioning from institutions to secure 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:

- 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:
 - Access to housing;
 - Meeting the terms of a lease;
 - Eviction prevention;
 - Budgeting for housing/living expenses;
 - Obtaining/accessing sources of income necessary for rent;
 - Home management;
 - Establishing credit; and
 - Understanding and meeting the obligations of tenancy as defined in the lease terms.
- Assisting the beneficiary to view and secure housing as needed. This may include:
 - Arranging or providing transportation;

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- Assisting in securing supporting documentation/records;
- Assisting with the completing/submitting applications;
- Assisting in securing deposits; and
- Assisting with locating furnishings.
- Developing an individualized housing support plan based upon the housing assessment that:
 - Includes short- and long term measurable goals for each issue;
 - Establishes the beneficiary's approach to meeting the goal; and
 - Identifies where other provider(s) or services may be required to meet the goal.
- Participating in the development of the POC and incorporating elements of the housing support plan; and
- Exploring alternatives to housing if permanent supporting housing is unavailable to support completion of transition.

Standards

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

Service Exclusions

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

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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 permanent supportive housing unit.

No more than 72 units of housing stabilization services can be used per POC year without approval from the OCDD State Office.

Reimbursement

Payment will not be authorized until the local governing entity 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 permanent supportive housing provider (PSH) 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. A standard unit of service is equal to 15 minutes (1/4 hour).

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:

- 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:
 - Access to housing;
 - Meeting the terms of a lease;

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- Eviction prevention;
- Budgeting for housing/living expenses;
- Obtaining/accessing sources of income necessary for rent;
- Home management;
- Establishing credit; and
- Understanding and meeting the obligations of tenancy as defined in the lease terms.
- Participating in the development of the Plan of Care, incorporating elements of the housing support plan;
- Developing an individualized housing stabilization service provider plan based upon each assessment that:
 - Includes short- and long-term measurable goals for each issue;
 - Establishes the beneficiary's approach to meeting the goal; and
 - Identifies where other provider(s) or service may be required to meet the goal.
- 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;
- Providing ongoing communication with the landlord or property manager regarding:

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- The beneficiary's disability;
 - Accommodations needed; and
 - Components of emergency procedures involving the landlord or property manager.
- Updating the housing support plan annually or as needed due to changes in the beneficiary's situation or status.

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 permanent supportive housing 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 Freedom of Choice (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 permanent supportive housing unit.

No more than 93 units of housing stabilization services can be used per year without written approval from the support coordinator.

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Reimbursement

Payments will not be authorized until the OCDD state office gives final Plan of Care 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.

Housing stabilization services will be reimbursed at a prospective flat rate for each approved unit of service provided to the beneficiary. **A standard unit of service is equal to 15 minutes (1/4 hour).**

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 person'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 System. 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.

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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 and other services, regardless of the funding source for the services.

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

- Convening the person-centered planning team comprised of 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;
- On-going coordination and monitoring of supports and services included in the beneficiary's approved POC;
- On-going 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;
- Building and implementing the supports and services as described in the POC;
- 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;
- 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 his/her desired personal outcomes;
- Assisting with problem solving with the beneficiary, supports, and services providers;

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- 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;
- 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;
- Training and supporting the beneficiary in self-advocacy, i.e. the selection of providers and utilization of community resources to achieve and maintain his/her desired outcomes;
- Oversight of the service providers to ensure that their beneficiary receives appropriate services and outcomes as designated in the POC;
- Assisting the beneficiary to overcome obstacles, recognize potential opportunities and developing creative opportunities;
- Meeting with the beneficiary in a face-to-face meetings as well as phone contact as specified. This includes meeting them where the services take place;
- Must report and document any incidents/complaints/abuse/neglect according to the OCDD policy;
- Must arrange any necessary professional/clinical evaluations needed and ensure beneficiary choice;
- Must identify, gather and review the array of formal assessments and other documents that are relevant to the beneficiary's needs, interests, strengths, preferences and desired personal outcomes;
- Prepare the annual social summary; and
- Develop 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 defined as assuring that the beneficiary receives appropriate supports and services of high quality and locating additional services not readily available in the community.

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Service Limits

Support Coordination shall not exceed 12 units. A unit is considered a month.

Provider Qualifications

Support Coordination providers must meet the following requirements:

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

NOTE: Please refer to the Case Management manual for additional information.

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